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2021

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**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2021**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Summa Insurance Company, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ <input checked="" type="checkbox"/> ] Dental Service Corporation[ <input type="checkbox"/> ] Other[ <input type="checkbox"/> ]	Property/Casualty[ <input checked="" type="checkbox"/> ] Vision Service Corporation[ <input type="checkbox"/> ] Is HMO Federally Qualified? Yes[ <input type="checkbox"/> ] No[ <input checked="" type="checkbox"/> ] N/A[ <input type="checkbox"/> ]	Hospital, Medical & Dental Service or Indemnity[ <input type="checkbox"/> ] Health Maintenance Organization[ <input type="checkbox"/> ]			
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (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)996-8410 (Area Code) (Telephone Number) (Extension) (Fax Number)			

**OFFICERS**

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

**OTHERS**

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

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

**DIRECTORS OR TRUSTEES**

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

State of Ohio  
 County of Summit ss

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

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

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

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

Subscribed and sworn to before me this  
 15th day of Nov , 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 .....	25,535,683		25,535,683	26,207,205
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....20,609,767), cash equivalents (\$.....0) and short-term investments (\$.....1,085,464) .....	21,695,231		21,695,231	13,233,919
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	47,230,914		47,230,914	39,441,123
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	93,475		93,475	105,311
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,106,590	42,427	3,064,163	1,319,642
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				166,838
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	91,313		91,313	448,294
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....	745,220		745,220	745,220
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	75,515		75,515	929,016
24. Health care (\$.....1,714,757) and other amounts receivable .....	3,202,775	1,488,017	1,714,758	1,933,728
25. Aggregate write-ins for other-than-invested assets .....	147,030	147,030		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	54,692,832	1,677,474	53,015,358	45,089,172
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	54,692,832	1,677,474	53,015,358	45,089,172
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	147,030	147,030		
2502. Deferred ACA Asset .....				
2503. Pharmacy Rebates .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	147,030	147,030		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	8,208,602		8,208,602	11,407,964
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	395,397		395,397	395,397
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,821,629		3,821,629	2,926,375
9. General expenses due or accrued	1,587,282		1,587,282	1,213,926
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	988,950		988,950	2,412,978
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)	15,001,860		15,001,860	18,356,640
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	2,500,062	2,500,062
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	97,866,381	97,866,381
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(62,352,945)	(73,633,911)
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	38,013,498	26,732,532
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	53,015,358	45,089,172
<b>DETAILS OF WRITE-INS</b>				
2301. Minority Interest				
2302. Deferred gain on sale of bonds to SummaCare, Inc.				
2303. Miscellaneous				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. ACA Annual Fee on Health Insurers	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 .....	149,930	164,801	215,035
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	83,282,610	82,232,829	112,350,271
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 .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	83,282,610	82,232,829	112,350,271
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		43,381,958	53,810,276	71,061,840
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		12,751,395	14,424,220	19,257,822
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		56,133,353	68,234,496	90,319,662
<b>Less:</b>				
17. Net reinsurance recoveries .....		(1,103,985)	(2,044,575)	(1,736,236)
18. Total hospital and medical (Lines 16 minus 17) .....		57,237,338	70,279,071	92,055,898
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....643,626 cost containment expenses .....		2,274,798	1,853,436	2,791,040
21. General administrative expenses .....		12,137,449	11,816,224	15,017,044
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) .....		71,649,585	83,948,731	109,863,982
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	11,633,025	(1,715,902)	2,486,289
25. Net investment income earned .....		304,276	366,643	427,497
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		304,276	366,643	427,497
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 .....		344	310	389
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 .....	11,937,645	(1,348,949)	2,914,175
31. Federal and foreign income taxes incurred .....	XXX .....	356,981	(1,233,752)	(13,303)
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	11,580,664	(115,197)	2,927,478
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	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. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	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 .....			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. Medimpact network performance guarantee .....				
2902. Miscellaneous Income (Expense) .....		344	310	389
2903. Finance and service charges not included in premiums .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		344	310	389

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	26,732,532	23,994,651	23,994,651
34. Net income or (loss) from Line 32 .....	11,580,664	(115,197)	2,927,478
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(299,698)	(1,718,023)	(189,597)
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) .....	11,280,966	(1,833,220)	2,737,881
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	38,013,498	22,161,431	26,732,532
<b>DETAILS OF WRITE-INS</b>			
4701. Gain on sale of bonds .....			
4702. Correction of an error - Federal Income Tax .....			
4703. Correction of an Error - Hospital / Medical Benefits .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
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
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	82,433,343	81,502,234	111,401,547
2.	Net investment income .....	329,553	348,864	465,848
3.	Miscellaneous income .....			
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>82,762,896</b>	<b>81,851,098</b>	<b>111,867,395</b>
5.	Benefit and loss related payments .....	60,269,862	68,253,021	91,451,756
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	14,038,891	13,546,239	19,609,242
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		(80,049)	(430,946)
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>74,308,753</b>	<b>81,719,211</b>	<b>110,630,052</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>8,454,143</b>	<b>131,887</b>	<b>1,237,343</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	2,500,000	1,750,000	2,250,000
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	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>2,500,000</b>	<b>1,750,000</b>	<b>2,250,000</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	1,841,920	403,531	5,118,492
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>1,841,920</b>	<b>403,531</b>	<b>5,118,492</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>658,080</b>	<b>1,346,469</b>	<b>(2,868,492)</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(650,911)	(3,076,553)	(1,300,569)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(650,911)	(3,076,553)	(1,300,569)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	8,461,312	(1,598,197)	(2,931,718)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	13,233,919	16,165,637	16,165,637
19.2	End of period (Line 18 plus Line 19.1) .....	21,695,231	14,567,440	13,233,919

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

20.0001				
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	16,656	2,031	14,146	32						447
2. First Quarter .....	16,830	1,944	14,414	27						445
3. Second Quarter .....	16,749	1,915	14,357	24						453
4. Third Quarter .....	16,132	1,919	13,731	24						458
5. Current Year .....										
6. Current Year Member Months .....	149,930	17,253	128,400	228						4,049
Total Member Ambulatory Encounters for Period:										
7. Physician .....	18,363	2,764	15,567	32						
8. Non-Physician .....	11,040	1,709	9,327	4						
9. Total .....	29,403	4,473	24,894	36						
10. Hospital Patient Days Incurred .....	2,768	515	2,253							
11. Number of Inpatient Admissions .....	607	102	505							
12. Health Premiums Written (a) .....	81,405,694	11,807,328	69,427,404	69,599						101,363
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	81,405,694	11,807,328	69,427,404	69,599						101,363
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	58,811,856	9,821,849	49,558,407	47,627						(616,027)
18. Amount Incurred for Provision of Health Care Services .....	56,133,353	9,886,185	46,795,800	57,650						(606,282)

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	5,678,602	1,240,000	821,000	288,000	181,000	8,208,602
0499999 Subtotals .....	5,678,602	1,240,000	821,000	288,000	181,000	8,208,602
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	8,208,602
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

**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) .....	6,507,000	53,999,044	31,000	7,440,558	6,538,000	11,283,279
2. Medicare Supplement .....	12,000	36,245		22,439	12,000	12,685
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....	2,000	(119,589)		714,605	2,000	112,000
9. Health subtotal (Lines 1 to 8) .....	6,521,000	53,915,700	31,000	8,177,602	6,552,000	11,407,964
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	6,521,000	53,915,700	31,000	8,177,602	6,552,000	11,407,964

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

# Notes to Financial Statement

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

### A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of September 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 #	09/30/2021	12/31/2020
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4).....	XXX	XXX	XXX	\$ 11,580,664	\$ 2,927,478
(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	\$ 11,580,664	\$ 2,927,478
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX	XXX	XXX	\$ 38,013,498	\$ 26,732,532
(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	\$ 38,013,498	\$ 26,732,532

### 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 - None

#### (4) Preferred stocks - None

#### (5) Mortgage loans - None

#### (6) Loan-backed securities - None

#### (7) Investments in subsidiaries, controlled and affiliated entities - None

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

#### (9) Accounting policy for derivatives

The Company does not invest in derivative instruments.

#### (10) Investments in joint ventures, partnerships and limited liability companies

The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.

#### (11) Liabilities for losses and loss/claim adjustment expenses

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing liabilities are continually reviewed and any adjustments are reflected in the period determined.

#### (12) Changes in capitalization policy

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

#### (13) Pharmaceutical rebate receivables

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

# **Notes to Financial Statement**

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

D. Going Concern - None

## **2. Accounting Changes and Corrections of Errors - None**

## **3. Business Combinations and Goodwill - None**

## **4. Discontinued Operations - None**

## **5. Investments - None**

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

## **7. Investment Income**

A. Due and Accrued Income Excluded from Surplus

All accrued investment income was admitted for the period.

B. Total Amount Excluded

\$0

## **8. Derivative Instruments - None**

## **9. Income Taxes**

The 2021 amounts were calculated in accordance with SSAP No. 101. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including:

1. The nature of the deferred tax assets and liabilities;
2. Whether they are ordinary or capital;
3. The timing of reversal;
4. Taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards;
5. The length of time that carryovers can be used;
6. Unique tax rules that would impact the utilization of the deferred tax assets;
7. Any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

In 2021 and 2020, the Company determined a full valuation allowance was necessary.

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

The components of deferred tax asset / liability at September 30, 2021 and December 31, 2020 are as follows:

#### (1) Change between years by tax character

	09/30/2021			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	\$ 1,003,482	\$ .....	\$ 1,003,482	\$ 3,091,107	\$ .....	\$ 3,091,107	\$ (2,087,625)	\$ .....	\$ (2,087,625)
(b) Statutory valuation allowance adjustments	989,122	.....	989,122	3,076,701	.....	3,076,701	(2,087,579)	.....	(2,087,579)
(c) Adjusted gross deferred tax assets (1a - 1b)	14,360	.....	14,360	14,406	.....	14,406	(46)	.....	(46)
(d) Deferred tax assets nonadmitted	.....	.....	.....	.....	.....	.....	.....	.....	.....
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 14,360	\$ .....	\$ 14,360	\$ 14,406	\$ .....	\$ 14,406	\$ (46)	\$ .....	\$ (46)
(f) Deferred tax liabilities	14,360	.....	14,360	14,406	.....	14,406	(46)	.....	(46)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ .....	\$ -	\$ -	\$ .....	\$ -	\$ -	\$ .....	\$ -

# Notes to Financial Statement

## 9. Income Taxes (Continued)

### (2) Admission calculation components SSAP No. 101

	09/30/2021			12/31/2020			Change		
	(1)	(2)	(3) Total (Col 1+2)	(4)	(5)	(6) Total (Col 4+5)	(7)	(8)	(9) Total (Col 7+8)
	Ordinary	Capital	Ordinary (Col 1+2)	Ordinary	Capital	Ordinary (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Ordinary (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	5,702,025	XXX	XXX	4,009,880	XXX	XXX	1,692,145
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	14,360		14,360	14,406		14,406	(46)		(46)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 14,360	\$ 14,360	\$ 14,360	\$ 14,406	\$ 14,406	\$ (46)	\$ (46)	\$ (46)	\$ (46)

### (3) Ratio used as basis of admissibility

	09/30/2021	12/31/2020
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,048,000 %	630,000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 38,013,498	\$ 26,732,532

### (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

	09/30/2021		12/31/2020		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 14,360	\$ 14,360	\$ 14,406	\$ 14,406	\$ (46)	\$ (46)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		%		%		%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 14,360	\$ 14,360	\$ 14,406	\$ 14,406	\$ (46)	\$ (46)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		%		%		%

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

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

### B. Regarding Deferred Tax Liabilities That Are Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at September 30, 2021 and December 31, 2020.

### C. Major Components of Current Income Taxes Incurred

		(1)	(2)	(3)
		09/30/2021	12/31/2020	Change (1-2)
Current income taxes incurred consist of the following major components:				
1. Current Income Tax				
(a) Federal	\$ 356,981	\$ (487,375)	\$ 844,356	
(b) Foreign				
(c) Subtotal	\$ 356,981	\$ (487,375)	\$ 844,356	
(d) Federal income tax on net capital gains				
(e) Utilization of capital loss carry-forwards				
(f) Other		474,072		(474,072)
(g) Federal and foreign income taxes incurred	\$ 356,981	\$ (13,303)	\$ 370,284	

# Notes to Financial Statement

## 9. Income Taxes (Continued)

	(1) 09/30/2021	(2) 12/31/2020	(3) Change (1-2)
<b>2. Deferred Tax Assets</b>			
(a) Ordinary			
(1) Discounting of unpaid losses .....	\$ 22,103	\$ 33,133	\$ (11,030)
(2) Unearned premium reserve .....	160,508	122,908	37,600
(3) Policyholder reserves .....			
(4) Investments .....			
(5) Deferred acquisition costs .....			
(6) Policyholder dividends accrual .....			
(7) Fixed assets .....	8,503	8,784	(281)
(8) Compensation and benefits accrual .....	172,065	120,410	51,655
(9) Pension accrual .....			
(10) Receivables - nonadmitted .....	352,270	289,333	62,937
(11) Net operating loss carry-forward .....	79,683	2,224,520	(2,144,837)
(12) Tax credit carry-forward .....			
(13) Other (including items less than 5% of total ordinary tax assets) .....	208,350	292,020	(83,670)
(99) Subtotal .....	<u>\$ 1,003,482</u>	<u>\$ 3,091,107</u>	<u>\$ (2,087,625)</u>
(b) Statutory valuation allowance adjustment .....	989,122	3,076,701	(2,087,579)
(c) Nonadmitted .....			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	<u>\$ 14,360</u>	<u>\$ 14,406</u>	<u>\$ (46)</u>
(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 .....	<u>\$</u>	<u>\$</u>	<u>\$</u>
(f) Statutory valuation allowance adjustment .....			
(g) Nonadmitted .....			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....			
(i) Admitted deferred tax assets (2d + 2h) .....	<u>\$ 14,360</u>	<u>\$ 14,406</u>	<u>\$ (46)</u>
	(1) 09/30/2021	(2) 12/31/2020	(3) Change (1-2)
<b>3. Deferred Tax Liabilities</b>			
(a) Ordinary			
(1) Investments .....	\$ 376	\$ 422	\$ (46)
(2) Fixed assets .....			
(3) Deferred and uncollected premium .....			
(4) Policyholder reserves .....			
(5) Other (including items <5% of total ordinary tax liabilities) .....	13,984	13,984	-
(99) Subtotal .....	<u>\$ 14,360</u>	<u>\$ 14,406</u>	<u>\$ (46)</u>
(b) Capital			
(1) Investments .....	\$	\$	\$
(2) Real estate .....			
(3) Other (including items <5% of total capital tax liabilities) .....			
(99) Subtotal .....	<u>\$</u>	<u>\$</u>	<u>\$</u>
(c) Deferred tax liabilities (3a99 + 3b99) .....	<u>\$ 14,360</u>	<u>\$ 14,406</u>	<u>\$ (46)</u>
<b>4. Net deferred tax assets/liabilities (2i - 3c)</b> .....	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>D. Among the More Significant Book to Tax Adjustments</b>			

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:

	09/30/2021	Effective Tax Rate
Income (loss) before taxes .....	\$ 2,506,905	21.000 %
Meals & entertainment .....	592	0.005 ...
Non deductible club dues .....		
Annual fee for health insurers .....		
Change in valuation allowance .....	(2,087,579)	-17.487 ...
Change in nonadmitted assets .....	(62,937)	-0.527 ...
Deferred tax rate change .....		
Other .....		
<b>Total</b> .....	<u>\$ 356,981</u>	<u>2.990 %</u>

# Notes to Financial Statement

## 9. Income Taxes (Continued)

	09/30/2021	Effective Tax Rate
Federal income taxes incurred	\$ 356,981	2.990 %
Change in net deferred income taxes		
Total statutory income taxes	<u>\$ 356,981</u>	<u>2.990 %</u>

### E. Operating Loss and Tax Credit Carryforwards

(1) The company has \$0 in net operating loss or tax credit carry-forwards as of September 30, 2021.

(2) Income tax expense available for recoupment

The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses:  
\$0

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of September 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. Summa Insurance Company, Inc. (SIC or the Company) is incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (network provider) or a non-network provider at the member's option. The population from which SIC draws its membership is predominately in northeast Ohio. Affiliated organizations of SIC include Summa Health System Community; Summa Health; Summa Health System (SHS); Summa Health System Corporation (SHSC); Summa Health Network LLC (SHN); SummaCare, Inc. (SC); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Wadsworth-Rittman Professional Services Corporation; Summa Physicians, Inc. (SPI); Summa Foundation; Health Care Center Physicians Inc. (HCCP); Middlebury Assurance Corp. (MAC); Summa Rehabilitation Hospital, LLC; Ohio Health Choice, Inc. (OHC); Cornerstone Medical Services (Cornerstone); ARIS Teleradiology LLC (ARIS); Summa Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); Medina-Summit ASC; SummaCare of Michigan Inc.; Summa HHAH Holdings LLC; Summa Health Home and Hospice, LLC. Beginning in 2021, the partnership with HealthSpan ended. Their share of the company was purchased back by Summa.

### B. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of September 30, 2021 and December 31, 2020 are as follows:

	2021		2020	
	2021	2020	2021	2020
<b>Claims expense related to affiliated entities:</b>				
SHS	9,750,551	16,204,649		
SPI	1,289,785	1,622,089		
ACO	(4,453)	225,554		
Directors' and officers insurance paid to MAC	9,175	16,083		
Mangement fees charged from Apex	114,120	176,977		
Mangement fees charged from SMSO	6,081,113	5,706,742		
Corporate expense allocation paid to SHS	469,836	562,817		

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

### D. Balance outstanding with affiliated entities as of September 30, 2021 and December 31, 2020:

	Due from		Due to	
	2021	2020	2021	2020
SummaCare	75,515	929,016	-	-
APEX	-	-	347,164	23,815
SHS	-	-	24,092	1,561,608
SMSO	-	-	617,694	827,555
	<b>75,515</b>	<b>929,016</b>	<b>988,950</b>	<b>2,412,978</b>

E. 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 \$6,081,113 and \$5,706,742 in 2021 and 2020, respectively.

# **Notes to Financial Statement**

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

In 2021 and 2020, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.

In 2021 and 2020, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.

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

## **11. Debt - None**

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

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

- A. As of September 30, 2021, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock. SC also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of \$.0001 per share.
- B. Dividend Rate of Preferred Stock - None
- C. In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2021, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company's capital and surplus as of December 31, 2020, or (b) the Company's net gain from operations for the year ended December 31, 2020. Accordingly, during 2021, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$3,801,350.
- D. Ordinary Dividends - None
- E. Portion of reporting entities profits that may be paid as ordinary dividends  
Reference number C above.
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)  
Nonadmitted Asset Values – \$1,677,474  
Unrealized Gains (Losses) – \$463,107
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

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

## **15. Leases - None**

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

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

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

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

## **20. Fair Value Measurements**

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

# Notes to Financial 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	\$ 21,695,231			\$ 21,695,231	
Total assets at fair value/NAV	<u>\$ 21,695,231</u>			<u>\$ 21,695,231</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	\$ 25,998,790	\$ 25,535,683	\$ 25,998,790	\$	\$	\$	\$
U.S. Government Agency Securities							
Short-term investments	1,085,464	1,085,464	1,085,464	1,085,464			

### D. Not Practicable to Estimate Fair Value - None

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

## 21. Other Items - None

## 22. Events Subsequent

Type I – Recognized Subsequent Events - None.

Type II – Nonrecognized Subsequent Events

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

## 23. Reinsurance

### A. Ceded Reinsurance Report

#### Section 1 – General Interrogatories

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

Yes ( ) No (X)

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

Yes ( ) No (X)

# Notes to Financial Statement

## 23. Reinsurance (Continued)

### Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No (X)

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

Yes ( ) No (X)

### Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No (X)

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

## 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

# Notes to Financial Statement

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

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

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments) .....	\$ 2,899,765
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment.....	\$ 3,853
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium).....	136,000
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$ 2,407,859
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	5,253
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA reinsurance.....	\$ .....
2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability).....	.....
3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance.....	.....
Liabilities	
4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium.....	\$ .....
5. Ceded reinsurance premiums payable due to ACA reinsurance.....	.....
6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance.....	.....
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA reinsurance.....	\$ .....
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments.....	.....
9. ACA reinsurance contributions - not reported as ceded premium.....	.....
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA risk corridors liabilities.....	\$ .....
2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors.....	.....
Operations (Revenue & Expense)	
3. Effect of ACA risk corridors on net premium income (paid/received).....	\$ .....
4. Effect of ACA risk corridors on change in reserves for rate credits.....	.....

**Notes to Financial Statement****24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)**

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

			Differences				Adjustments		Unsettled Balances as of the Reporting Date		
	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	(1) Receivable	(2) (Payable)	(3) Receivable	(4) (Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 660,000	\$	\$ 389,491	\$	\$ 270,509	\$	\$ 2,177,256	\$	A	\$ 2,447,765	\$
2. Premium adjustments (payable) (including high risk pool premium)			(48,000)		(55,691)		7,691		(7,691)	B	—
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 660,000	\$ (48,000)	\$ 389,491	\$ (55,691)	\$ 270,509	\$ 7,691	\$ 2,177,256	\$ (7,691)		\$ 2,447,765	\$ —
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA reinsurance - not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA risk sharing provisions	\$ 660,000	\$ (48,000)	\$ 389,491	\$ (55,691)	\$ 270,509	\$ 7,691	\$ 2,177,256	\$ (7,691)		\$ 2,447,765	\$ —

## Explanations of Adjustments

A: The receivable was adjusted to true up to an estimate by an outside actuarial firm

B: None

C: None

D: None

E: None

F: None

G: None

H: None

I: None

J: None

# Notes to Financial Statement

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

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

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

Explanations of Adjustments: None

(5) ACA risk corridors receivable as of reporting date

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

## 25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	<b>2021</b>	<b>2020</b>
Balance at January 1	11,407,964	10,910,926
Incurred related to:		
Current year	62,093,302	92,304,002
Prior years	(4,855,964)	(248,104)
Total	57,237,338	92,055,898
Paid related to:		
Current year	53,915,700	80,896,038
Prior years	6,521,000	10,662,822
Total	60,436,700	91,558,860
Balance at End of Period	8,208,602	11,407,964

### 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 \$11,407,964. As of September 30, 2021, \$6,521,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$31,000. Therefore, there has been \$4,855,964 in favorable experience from December 31, 2020 to September 30, 2021. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

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

## 26. Intercompany Pooling Arrangements - None

## 27. Structured Settlements - None

## 28. Health Care Receivables

### A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of September 30, 2021, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by projection amounts from the pharmacy department. The admission of pharmacy rebates receivable are subject to the terms stated within SSAP No. 84 (Certain Healthcare Receivables).

# **Notes to Financial Statement**

**28. Health Care Receivables (Continued)**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/2021	\$ 2,926,945	\$ 1,307,162	\$	\$	\$ 1,307,162
06/30/2021	3,116,118	2,317,894			2,317,894
03/31/2021	2,700,699	2,123,767			2,123,767
12/31/2020	2,238,142	2,339,032			2,339,032
09/30/2020	2,330,250	2,477,632			2,477,632
06/30/2020	2,326,747	2,386,324			2,386,324
03/31/2020	2,303,970	2,274,964			2,274,964
12/31/2019	2,051,678	2,231,203			2,231,203
09/30/2019	1,844,105	3,658,752			3,658,752
06/30/2019	2,261,589	3,186,461			3,186,461
03/31/2019	3,414,113				

B. Risk-Sharing Receivables - None

**29. Participating Policies - None****30. Premium Deficiency Reserves**

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts.

1. Liability carried for premium deficiency reserves: \$—
2. Date of the most recent evaluation of this liability: 12/31/2020
3. Was anticipated investment income utilized in the calculation? YES

**31. Anticipated Salvage and Subrogation - None**

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  
 Yes [ ]  No [X]  
1.2 If yes, has the report been filed with the domiciliary state?  
 Yes [ ]  No [X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  
 Yes [ ]  No [X]  
2.2 If yes, date of change:  
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.  
 Yes[X]  No [ ]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?  
 Yes[ ]  No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
 Yes[ ]  No[X]

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?  
 Yes[X]  No [X]  
N/A

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.  
.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.  
 Yes[ ]  No [X]

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.  
 Yes[ ]  No [ ]  N/A[X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  
.....  12/31/2017 .....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  
.....  12/31/2017 .....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  
.....  11/07/2018 .....

6.4 By what department or departments?  
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  
 Yes[ ]  No [X]

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 Yes[ ]  No[X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  
 Yes[ ]  No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.  
.....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... <input type="checkbox"/> No .....	..... <input type="checkbox"/> No .....	..... <input type="checkbox"/> No .....	..... <input type="checkbox"/> No .....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.  
9.11 If the response to 9.1 is No, please explain:  
9.2 Has the code of ethics for senior managers been amended?  
 Yes[ ]  No[X]  
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  
 Yes[ ]  No[X]  
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  
 Yes[X]  No [ ]  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  
\$.....  75,515

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)  
 Yes[ ]  No[X]  
11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:  
\$.....  0

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  
 Yes[ ]  No[X]  
14.2 If yes, please complete the following:  
.....

**GENERAL INTERROGATORIES (Continued)**

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

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

Yes[ ] No[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 National Bank .....	106 South Main St, Akron, OH 44308 .....

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

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

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

Yes[ ] No[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.
- 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.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

## **GENERAL INTERROGATORIES (Continued)**

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

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

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

Yes[ ] No[X]

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent	.....	69.499%
1.2 A&H cost containment percent	.....	0.773%
1.3 A&H expense percent excluding cost containment expenses	.....	13.801%

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

Yes[ ] No[X]

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

\$..... 0

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

Yes[ ] No[X]

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

\$..... 0

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

Yes[ ] No[X]

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

Yes[ ] No[X]

# **SCHEDULE S - CEDED REINSURANCE**

## **Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>									
60410	73-0714500	01/01/2021	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 .....	81,405,694								81,405,694
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 .....	81,405,694								81,405,694
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....									
61. Total (Direct Business) .....	XXX .....	81,405,694								81,405,694

**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:

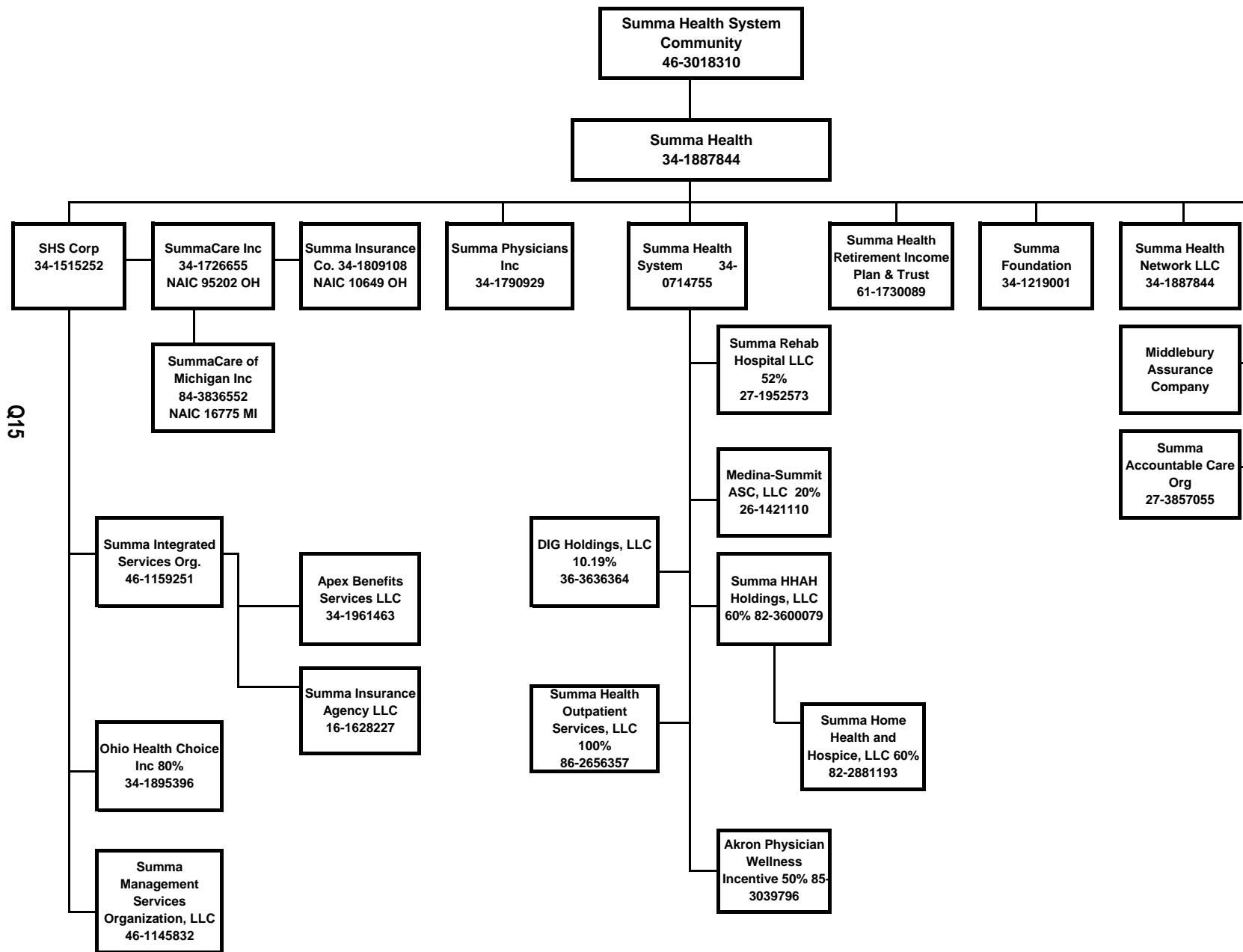
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 N - None of the above - Not allowed to write business in the state

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**

PART IV - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC	OH	UDP	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INS CO INC	OH	RE	SUMMACARE	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1887844				SUMMA HEALTH	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	341790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	52.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	20.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		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	000000

# 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 COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	82-3600079			SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	82-2881193			SUMMA HOME HEALTH AND HOSPICE, LLC	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		16775	84-3836552			SUMMACARE OF MICHIGAN INC.	MI	DS	SUMMACARE	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	SUMMA HEALTH SYSTEM COMMUNITY IS THE ULTIMATE CONTROLLING ENTITY WITH 100% OWNERSHIP.
0000002	
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



1064920213650003

2021

Document Code: 365

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

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704.			
4705.			
4706.			
4707.			
4708. Retired treasury stock			
4709. 2008 adjustments to minority interest & federal taxes			
4710. Common Stock Adjustment			
4711. Misc. Adjustment			
4712. Increase par value of common stock			
4713. Correction of an error - 2006 Premium Taxes			
4714. Deferred gain on sale of bonds to SummaCare, Inc.			
4715. Federal income tax adjustment			
4716. Miscellaneous			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

**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) .....	.....	.....

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

**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	26,207,205	23,363,466
2. Cost of bonds and stocks acquired .....	1,841,920	5,118,492
3. Accrual of discount .....	7,939	7,381
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	2,500,000	2,250,000
7. Deduct amortization of premium .....	21,381	32,134
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) .....	25,535,683	26,207,205
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	25,535,683	26,207,205

**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
<b>BONDS</b>								
1. NAIC 1 (a) .....	26,501,035	.....	.....	120,112	26,418,012	26,501,035	26,621,147	26,292,914
2. NAIC 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	26,501,035	.....	.....	120,112	26,418,012	26,501,035	26,621,147	26,292,914
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock .....	26,501,035	.....	.....	120,112	26,418,012	26,501,035	26,621,147	26,292,914

(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 \$.....1,085,464; 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. <b>Totals</b>	1,085,464	XXX	1,085,464	38	

**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	85,709	2,458,199
2. Cost of short-term investments acquired	999,755	(2,372,490)
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)	1,085,464	85,709
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,085,464	85,709

**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
<b>Bonds - U.S. Governments</b>									
91282CCH2 .	US Treasury Note .....		08/26/2021 .	Huntington Bank .....	XXX .....	151,318 .....	150,000 .....	297 .....	1A .....
0599999 Subtotal - Bonds - U.S. Governments .....					XXX .....	151,318 .....	150,000 .....	297 .....	XXX .....
8399997 Subtotal - Bonds - Part 3 .....					XXX .....	151,318 .....	150,000 .....	297 .....	XXX .....
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
8399999 Subtotal - Bonds .....					XXX .....	151,318 .....	150,000 .....	297 .....	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 .....	151,318 .....	XXX .....	297 .....	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	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	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 Prior Year Book/ Adjusted Carrying Value	12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
<b>Bonds - U.S. Governments</b>																						
912828F21 ..	US Treasury Note		09/30/2021	Matured .....	... XXX ...	1,000,000	1,000,000	1,005,742	1,001,149		(1,149)		(1,149)							21,250	09/30/2021	1A ...
0599999 Subtotal - Bonds - U.S. Governments					... XXX ...	1,000,000	1,000,000	1,005,742	1,001,149		(1,149)		(1,149)							21,250	.. XXX ..	XXX ..
8399997 Subtotal - Bonds - Part 4					... XXX ...	1,000,000	1,000,000	1,005,742	1,001,149		(1,149)		(1,149)							21,250	.. XXX ..	XXX ..
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...		XXX ...		XXX ...							XXX ...	XXX ..	XXX ..
8399999 Subtotal - Bonds					... XXX ...	1,000,000	1,000,000	1,005,742	1,001,149		(1,149)		(1,149)							21,250	.. XXX ..	XXX ..
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...		XXX ...		XXX ...							XXX ...	XXX ..	XXX ..
8999999 Subtotal - Preferred Stocks					... XXX ...	XXX ...	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 ..
9799999 Subtotal - Common Stocks					... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...		XXX ...		XXX ...								XXX ..	XXX ..
9899999 Subtotal - Preferred and Common Stocks					... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...		XXX ...		XXX ...								XXX ..	XXX ..
9999999 Total - Bonds, Preferred and Common Stocks					... XXX ...	1,000,000	XXX ...	1,005,742	1,001,149		(1,149)		(1,149)							21,250	.. XXX ..	XXX ..

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

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Huntington Bank .....	Akron, Ohio .....	.....	.....	.....	.....	22,536,097	24,220,046	20,609,767	XXX
0199998 Deposits in .....	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Totals - Open Depositories .....	.....	XXX	... XXX ..	.....	.....	22,536,097	24,220,046	20,609,767	XXX
0299998 Deposits in .....	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0299999 Totals - Suspended Depositories .....	.....	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit .....	.....	XXX	... XXX ..	.....	.....	22,536,097	24,220,046	20,609,767	XXX
0499999 Cash in Company's Office .....	.....	XXX	... XXX ..	... XXX ..	.....	.....	.....	.....	XXX
0599999 Total Cash .....	.....	XXX	... XXX ..	.....	.....	22,536,097	24,220,046	20,609,767	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**