



10649202120100100

2021

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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[] Dental Service Corporation[] Other[]	Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (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 Website Address	SummaCare.com					
Statutory Statement Contact	Michael Dennis Weals (Name) wealsm@summacare.com (E-Mail Address)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
			(330)996-8410 (Area Code) (Telephone Number)			
			(Fax Number)			

OFFICERS

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

OTHERS

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

Stephen Adamson, VP, Chief Operations Officer
 Anne Armao, VP - Member Experience & Product Development

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)
 (Printed Name)
 3.
 (Title)

Subscribed and sworn to before me this
 1st day of March, 2022

a. Is this an original filing?
 b. If no: 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	26,603,279		26,603,279	26,207,205
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....25,930,516, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....102,020, Schedule DA)	26,032,536		26,032,536	13,233,919
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	52,635,815		52,635,815	39,441,123
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	108,977		108,977	105,311
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,345,296	68,092	1,277,204	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	397,407		397,407	448,294
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit	372,610		372,610	745,220
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	796,695		796,695	929,016
24. Health care (\$.....1,488,047) and other amounts receivable	3,018,422	1,530,375	1,488,047	1,933,728
25. Aggregate write-ins for other than invested assets	86,314	86,314		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	58,761,536	1,684,781	57,076,755	45,089,172
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	58,761,536	1,684,781	57,076,755	45,089,172
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	86,314	86,314		
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)	86,314	86,314		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	10,031,110		10,031,110	11,407,964
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	382,156		382,156	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 reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	4,875,204		4,875,204	2,926,375
9. General expenses due or accrued	1,504,901		1,504,901	1,213,926
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	3,223,093		3,223,093	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)	20,016,464		20,016,464	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	97,866,382	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	(63,306,153)	(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	37,060,291	26,732,532
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	57,076,755	45,089,172
DETAILS OF WRITE-INS				
2301. Minority Interest				
2302. Deferred gain on sale of bonds to SummaCare, Inc.				
2303. Miscellaneous				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. ACA Annual Fee on Health Insurers	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	196,745	215,035
1. Member Months	XXX	196,745	215,035
2. Net premium income (including \$.....0 non-health premium income)	XXX	109,419,820	112,350,271
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	109,419,820	112,350,271
Hospital and Medical:			
9. Hospital/medical benefits		60,035,770	71,061,840
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		17,370,652	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)		77,406,422	90,319,662
Less:			
17. Net reinsurance recoveries		(1,652,829)	(1,736,236)
18. TOTAL Hospital and Medical (Lines 16 minus 17)		79,059,251	92,055,898
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....466,365 cost containment expenses		2,697,572	2,791,040
21. General administrative expenses		17,378,035	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)		99,134,858	109,863,982
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	10,284,962	2,486,289
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		384,458	427,497
26. Net realized capital gains (losses) less capital gains tax of \$.....0			
27. Net investment gains (losses) (Lines 25 plus 26)		384,458	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		451	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	10,669,871	2,914,175
31. Federal and foreign income taxes incurred	XXX	35,108	(13,303)
32. Net income (loss) (Lines 30 minus 31)	XXX	10,634,763	2,927,478
DETAILS OF WRITE-INS			
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 (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Medimpact network performance guarantee			
2902. Miscellaneous Income (Expense)		451	389
2903. Finance and service charges not included in premiums			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		451	389

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	26,732,532	23,994,651
34. Net income or (loss) from Line 32	10,634,763	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	(307,005)	(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	1	
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)	10,327,759	2,737,881
49. Capital and surplus end of reporting year (Line 33 plus 48)	37,060,291	26,732,532
DETAILS OF WRITE-INS		
4701. Gain on sale of bonds		
4702. Correction of an error - Federal Income Tax		
4703. Correction of an Error - Hospital / Medical Benefits		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	111,411,087	111,401,547
2.	Net investment income	397,576	465,848
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	111,808,663	111,867,395
5.	Benefit and loss related payments	80,493,427	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	19,797,875	19,609,242
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....15,780 tax on capital gains (losses)	(15,780)	(430,946)
10.	TOTAL (Lines 5 through 9)	100,275,522	110,630,052
11.	Net cash from operations (Line 4 minus Line 10)	11,533,141	1,237,343
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	3,550,226	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	TOTAL Investment proceeds (Lines 12.1 to 12.7)	3,550,226	2,250,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	3,963,084	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	TOTAL Investments acquired (Lines 13.1 to 13.6)	3,963,084	5,118,492
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(412,858)	(2,868,492)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	1,678,334	(1,300,569)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,678,334	(1,300,569)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	12,798,617	(2,931,718)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	13,233,919	16,165,637
19.2	End of year (Line 18 plus Line 19.1)	26,032,536	13,233,919

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

20.0001
---------	-------	-------	-------

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	109,419,820	105,141,407	91,235						4,187,178	
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	109,419,820	105,141,407	91,235						4,187,178	
8. Hospital/medical benefits	60,035,770	59,993,667	44,341						(2,238)	XXX
9. Other professional services									XXX	
10. Outside referrals									XXX	
11. Emergency room and out-of-area									XXX	
12. Prescription drugs	17,370,652	18,216,485							(845,833)	XXX
13. Aggregate write-ins for other hospital and medical									XXX	
14. Incentive pool, withhold adjustments and bonus amounts									XXX	
15. Subtotal (Lines 8 to 14)	77,406,422	78,210,152	44,341						(848,071)	XXX
16. Net reinsurance recoveries	(1,652,829)	(12,688)							(1,640,141)	XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	79,059,251	78,222,840	44,341						792,070	XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....466,365 cost containment expenses	2,697,572	2,725,583	1,545						(29,556)	
20. General administrative expenses	17,378,035	17,558,476	9,955						(190,396)	
21. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts										
23. TOTAL Underwriting Deductions (Lines 17 to 22)	99,134,858	98,506,899	55,841						572,118	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	10,284,962	6,634,508	35,394						3,615,060	
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)	106,442,872		1,301,465	105,141,407
2. Medicare Supplement	91,235			91,235
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health	135,313	4,484,443	432,578	4,187,178
9. Health subtotal (Lines 1 through 8)	106,669,420	4,484,443	1,734,043	109,419,820
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	106,669,420	4,484,443	1,734,043	109,419,820

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	78,883,275	79,670,821	51,526						(839,072)	
1.2 Reinsurance assumed	1,540,141								1,540,141	
1.3 Reinsurance ceded	154,150	154,150								
1.4 Net	80,269,266	79,516,671	51,526						701,069	
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	9,831,110	9,822,610	5,500						3,000	
3.2 Reinsurance assumed	200,000								200,000	
3.3 Reinsurance ceded										
3.4 Net	10,031,110	9,822,610	5,500						203,000	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	11,307,964	11,283,279	12,685						12,000	
8.2 Reinsurance assumed	100,000								100,000	
8.3 Reinsurance ceded										
8.4 Net	11,407,964	11,283,279	12,685						112,000	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	166,838	166,838								
12. Incurred benefits:										
12.1 Direct	77,406,421	78,210,152	44,341						(848,072)	
12.2 Reinsurance assumed	1,640,141								1,640,141	
12.3 Reinsurance ceded	(12,688)	(12,688)								
12.4 Net	79,059,250	78,222,840	44,341						792,069	
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	9,831,110	9,822,610	5,500	.....	.....	.....	.....	.....	3,000	.....
2.2 Reinsurance assumed	200,000	.....	.....	.....	.....	.....	.....	.....	200,000	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	10,031,110	9,822,610	5,500	.....	.....	.....	.....	.....	203,000	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	9,831,110	9,822,610	5,500	.....	.....	.....	.....	.....	3,000	.....
4.2 Reinsurance assumed	200,000	.....	.....	.....	.....	.....	.....	.....	200,000	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	10,031,110	9,822,610	5,500	.....	.....	.....	.....	.....	203,000	.....

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	6,509,000	73,174,159		9,822,610	6,509,000	11,283,279
2. Medicare Supplement	12,000	39,876		5,500	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	102,000	599,069		203,000	102,000	112,000
9. Health subtotal (Lines 1 to 8)	6,623,000	73,813,104		10,031,110	6,623,000	11,407,964
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	6,623,000	73,813,104		10,031,110	6,623,000	11,407,964

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	13,999	13,999	13,999	13,999	13,999
2. 2017	134,037	150,581	150,581	150,581	150,581
3. 2018	XXX	137,050	149,352	149,352	149,352
4. 2019	XXX	XXX	100,801	111,464	111,464
5. 2020	XXX	XXX	XXX	80,896	87,519
6. 2021	XXX	XXX	XXX	XXX	73,813

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(193,717)	(193,719)	13,999	13,999	13,999
2. 2017	149,794	150,585	150,581	150,581	150,581
3. 2018	XXX	153,235	149,354	149,352	149,352
4. 2019	XXX	XXX	111,710	111,464	111,464
5. 2020	XXX	XXX	XXX	92,304	87,519
6. 2021	XXX	XXX	XXX	XXX	83,844

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017	170,195	150,581	2,784	1.849	153,365	90.111			153,365	90.111
2. 2018	170,796	149,352	2,808	1.880	152,160	89.089			152,160	89.089
3. 2019	126,049	111,464	2,655	2.382	114,119	90.535			114,119	90.535
4. 2020	112,350	87,519	2,725	3.113	90,244	80.324			90,244	80.324
5. 2021	109,419	73,813	2,351	3.185	76,164	69.608	10,031	382	86,577	79.124

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	13,979	13,979	13,979	13,979	13,979
2. 2017	133,252	149,776	149,776	149,776	149,776
3. 2018	XXX	136,504	148,786	148,786	148,786
4. 2019	XXX	XXX	100,207	110,136	110,136
5. 2020	XXX	XXX	XXX	79,399	85,908
6. 2021	XXX	XXX	XXX	XXX	73,174

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(193,737)	(193,739)	13,979	13,979	13,979
2. 2017	148,987	149,780	149,776	149,776	149,776
3. 2018	XXX	152,674	148,788	148,786	148,786
4. 2019	XXX	XXX	110,375	110,136	110,136
5. 2020	XXX	XXX	XXX	90,682	85,908
6. 2021	XXX	XXX	XXX	XXX	82,996

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017	169,160	149,776	2,769	1.849	152,545	90.178			152,545	90.178
2. 2018	170,210	148,786	2,799	1.881	151,585	89.057			151,585	89.057
3. 2019	124,813	110,136	2,653	2.409	112,789	90.366			112,789	90.366
4. 2020	109,907	85,908	2,722	3.169	88,630	80.641			88,630	80.641
5. 2021	105,141	73,174	2,350	3.211	75,524	71.831	9,822	382	85,728	81.536

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	9	9	9	9	9
2. 2017	63	70	70	70	70
3. 2018	XXX	68	81	81	81
4. 2019	XXX	XXX	75	82	82
5. 2020	XXX	XXX	XXX	51	63
6. 2021	XXX	XXX	XXX	XXX	40

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	9	9	9	9	9
2. 2017	72	70	70	70	70
3. 2018	XXX	77	81	81	81
4. 2019	XXX	XXX	87	82	82
5. 2020	XXX	XXX	XXX	64	63
6. 2021	XXX	XXX	XXX	XXX	46

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017	133	70	1	1.429	71	53.383			71	53.383
2. 2018	132	81	1	1.627	82	62.362			82	62.362
3. 2019	125	82	2	2.413	84	67.183			84	67.183
4. 2020	114	63	2	3.314	65	57.095			65	57.095
5. 2021	91	40	2	4.038	42	45.731	6	48	48	52.325

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

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

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

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

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

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

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

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	11	11	11	11	11
2. 2017	722	735	735	735	735
3. 2018	XXX	478	485	485	485
4. 2019	XXX	XXX	519	1,246	1,246
5. 2020	XXX	XXX	XXX	1,446	1,548
6. 2021	XXX	XXX	XXX	XXX	599

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	11	11	11	11	11
2. 2017	735	735	735	735	735
3. 2018	XXX	484	485	485	485
4. 2019	XXX	XXX	1,248	1,246	1,246
5. 2020	XXX	XXX	XXX	1,558	1,548
6. 2021	XXX	XXX	XXX	XXX	802

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017	902	735	14	1.905	749	83.038			749	83.038
2. 2018	454	485	8	1.649	493	108.590			493	108.590
3. 2019	1,111	1,246			1,246	112.151			1,246	112.151
4. 2020	2,329	1,548			1,548	66.466			1,548	66.466
5. 2021	4,187	599			599	14.306	203		802	19.155

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves
2. Additional policy reserves (a)
3. Reserve for future contingent benefits
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)
5. Aggregate write-ins for other policy reserves
6. TOTALS (Gross)
7. Reinsurance ceded
8. TOTALS (Net) (Page 3, Line 4)
9. Present value of amounts not yet due on claims
10. Reserve for future contingent benefits
11. Aggregate write-ins for other claim reserves
12. TOTALS (Gross)
13. Reinsurance ceded
14. TOTALS (Net) (Page 3, Line 7)
DETAILS OF WRITE-INS									
0501.
0502.
0503.
0598. Summary of remaining write-ins for Line 5 from overflow page
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)

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

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	19,367	19,367	284,054		322,788
2. Salaries, wages and other benefits	67,631	1,269,646	7,524,345		8,861,622
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			2,848,420		2,848,420
4. Legal fees and expenses			14,089		14,089
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			336,303		336,303
7. Traveling expenses		679	4,863		5,542
8. Marketing and advertising			437,294		437,294
9. Postage, express and telephone	370	399	168,823		169,193
10. Printing and office supplies			192,239		192,638
11. Occupancy, depreciation and amortization			28,444		28,444
12. Equipment			65,106		65,106
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	378,997	788,957	3,446,155		4,614,109
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			76,106		76,106
17. Collection and bank service charges				31,593	31,593
18. Group service and administration fees			152,160	617,073	769,233
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			4,738		4,738
23.2 State premium taxes			485,351		485,351
23.3 Regulatory authority licenses and fees			314,414		314,414
23.4 Payroll taxes			491,790		491,790
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			38,428		38,428
26. TOTAL Expenses Incurred (Lines 1 to 25)	466,365	2,231,208	17,378,035	31,593	(a) 20,107,201
27. Less expenses unpaid December 31, current year		382,156	1,504,901		1,887,057
28. Add expenses unpaid December 31, prior year		395,397	1,213,926		1,609,323
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	466,365	2,244,449	17,087,060	31,593	19,829,467

DETAILS OF WRITE-INS

2501. Miscellaneous Expenses			38,428		38,428
2502. Donations					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			38,428		38,428

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	436,019	415,825
1.1 Bonds exempt from U.S. tax	(a) .....	.....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....	.....
1.3 Bonds of affiliates	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans	(c) .....	.....	.....
4. Real estate	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(e) .....	.....	.....
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL gross investment income	436,019	415,825	.....
11. Investment expenses	(g)	31,367	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....	.....
13. Interest expense	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	31,367	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	384,458

DETAILS OF WRITE-INS

0901. .....	.....	.....	.....
0902. .....	.....	.....	.....
0903. .....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. .....	.....	.....	.....
1502. .....	.....	.....	.....
1503. .....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	227	.....	227	.....	.....
1.1 Bonds exempt from U.S. tax
1.2 Other bonds (unaffiliated)
1.3 Bonds of affiliates
2.1 Preferred stocks (unaffiliated)
2.11 Preferred stocks of affiliates
2.2 Common stocks (unaffiliated)
2.21 Common stocks of affiliates
3. Mortgage loans
4. Real estate
5. Contract loans
6. Cash, cash equivalents and short-term investments
7. Derivative instruments
8. Other invested assets
9. Aggregate write-ins for capital gains (losses)
10. TOTAL Capital gains (losses)	227	.....	227	.....	.....

DETAILS OF WRITE-INS

0901. .....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	68,092	218,866	150,774
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	1,530,375	1,113,035	(417,340)
25. Aggregate write-ins for other than invested assets	86,314	45,875	(40,439)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,684,781	1,377,776	(307,005)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	1,684,781	1,377,776	(307,005)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid Expenses	86,314	45,875	(40,439)
2502. Deferred gain on bonds sold to SummaCare			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	86,314	45,875	(40,439)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	16,656	16,830	16,749	16,132	15,653	196,745
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	16,656	16,830	16,749	16,132	15,653	196,745
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of December 31, 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 #	2021	2020
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3).....	XXX	XXX	XXX	\$ 10,634,763	\$ 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	\$ 10,634,763	\$ 2,927,478
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX	XXX	XXX	\$ 37,060,291	\$ 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	\$ 37,060,291	\$ 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 Statements

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

D. Going Concern - None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

All accrued investment income was admitted for the period.

B. Total Amount Excluded

\$0

8. Derivative Instruments - None

9. Income Taxes

The 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 December 31, 2021 and December 31, 2020 are as follows:

(1) Change between years by tax character

	2021			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	\$ 946,538	\$	\$ 946,538	\$ 3,091,107	\$	\$ 3,091,107	\$ (2,144,569)	\$	\$ (2,144,569)
(b) Statutory valuation allowance adjustments	934,990		934,990	3,076,701		3,076,701	(2,141,711)		(2,141,711)
(c) Adjusted gross deferred tax assets (1a - 1b)	11,548		11,548	14,406		14,406	(2,858)		(2,858)
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 11,548	\$	\$ 11,548	\$ 14,406	\$	\$ 14,406	\$ (2,858)	\$	\$ (2,858)
(f) Deferred tax liabilities	11,548		11,548	14,406		14,406	(2,858)		(2,858)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes to Financial Statements**9. Income Taxes (Continued)**

(2) Admission calculation components SSAP No. 101

	2021			2020			Change		
	(1)	(2)	(3) Total (Col 1+2)	(4)	(5)	(6) Total (Col 4+5)	(7)	(8) Ordinary (Col 1-4)	(9) Capital (Col 2-5)
	Ordinary	Capital		Ordinary	Capital		Ordinary	Capital	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	5,559,044	XXX	XXX	4,009,880	XXX	XXX	1,549,164
(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	11,548		11,548	14,406		14,406	(2,858)		(2,858)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 11,548	\$ 11,548	\$ 14,406	\$ 14,406	\$ (2,858)	\$ (2,858)			

(3) Ratio used as basis of admissibility

	2021	2020
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,023,000 %	630,000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 37,060,291	\$ 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

	2021		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)	\$ 11,548	\$ 11,548	\$ 14,406	\$ 14,406	\$ (2,858)	\$ (2,858)
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)	\$ 11,548	\$ 11,548	\$ 14,406	\$ 14,406	\$ (2,858)	\$ (2,858)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

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

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

B. Regarding Deferred Tax Liabilities That Are Not Recognized

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

C. Major Components of Current Income Taxes Incurred

	(1)	(2)	(3)		
				2021	2020
Current income taxes incurred consist of the following major components:					
1. Current Income Tax					
(a) Federal	\$ 382,390	\$ (487,375)	\$ 869,765		
(b) Foreign					
(c) Subtotal	\$ 382,390	\$ (487,375)	\$ 869,765		
(d) Federal income tax on net capital gains					
(e) Utilization of capital loss carry-forwards					
(f) Other	(347,282)	474,072	(821,354)		
(g) Federal and foreign income taxes incurred	\$ 35,108	\$ (13,303)	\$ 48,411		

Notes to Financial Statements**9. Income Taxes (Continued)**

	(1) 2021	(2) 2020	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 26,789	\$ 33,133	\$ (6,344)
(2) Unearned premium reserve	204,759	122,908	81,851
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets	8,409	8,784	(375)
(8) Compensation and benefits accrual	116,990	120,410	(3,420)
(9) Pension accrual			
(10) Receivables - nonadmitted	353,804	289,333	64,471
(11) Net operating loss carry-forward		2,224,520	(2,224,520)
(12) Tax credit carry-forward			
(13) Other (including items less than 5% of total ordinary tax assets)	235,787	292,020	(56,233)
(99) Subtotal	\$ 946,538	\$ 3,091,107	\$ (2,144,569)
(b) Statutory valuation allowance adjustment	934,990	3,076,701	(2,141,711)
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 11,548	\$ 14,406	\$ (2,858)
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total capital tax assets)			
(99) Subtotal	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 11,548	\$ 14,406	\$ (2,858)
	(1) 2021	(2) 2020	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 360	\$ 422	\$ (62)
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)	11,188	13,984	(2,796)
(99) Subtotal	\$ 11,548	\$ 14,406	\$ (2,858)
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 11,548	\$ 14,406	\$ (2,858)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	2021	Effective Tax Rate
Income (loss) before taxes	\$ 2,240,625	21.000 %
Meals & entertainment	665	0.006 ...
Non deductible club dues		
Annual fee for health insurers		
Change in valuation allowance	(2,141,711)	-20.073 ...
Change in nonadmitted assets	(64,471)	-0.604 ...
Deferred tax rate change		
Other		
Total	\$ 35,108	0.329 %

Notes to Financial Statements

9. Income Taxes (Continued)

	2021	Effective Tax Rate
Federal income taxes incurred	\$ 35,108	0.329 %
Change in net deferred income taxes		
Total statutory income taxes	<u>\$ 35,108</u>	<u>0.329 %</u>

E. Operating Loss and Tax Credit Carryforwards

(1) The company has \$0 in net operating loss or tax credit carry-forwards as of December 31, 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: \$382,390

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of December 31, 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 December 31, 2021 and December 31, 2020 are as follows:

	2021		2020	
	2021	2020	2021	2020
Claims expense related to affiliated entities:				
SHS	13,155,956	16,204,649		
SPI	1,816,084	1,622,089		
SHH	201,047	65,603		
Summa Rehab	223,765	221,161		
Medina Summit	9,993	10,646		
ACO	-	225,554		
Directors' and officers insurance paid to MAC	12,326	16,083		
Management fees charged from Apex	152,160	176,977		
Management fees charged from SMSO	9,494,521	5,706,742		
Corporate expense allocation paid to SHS	581,697	562,817		

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

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

	Due from		Due to	
	2021	2020	2021	2020
SummaCare	796,582	929,016	-	-
SCM	113	-	-	-
APEX	-	-	253,502	23,815
SHS	-	-	1,246,864	1,561,608
SMSO	-	-	1,722,727	827,555
	796,695	929,016	3,223,093	2,412,978

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 \$9,494,521 and \$5,706,742 in 2021 and 2020, respectively.

Notes to Financial Statements

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 December 31, 2021, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock.
- 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 \$3,706,029.
- 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 – \$1,684,781
Unrealized Gains (Losses) – \$193,651
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments - None

15. Leases - None

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

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

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

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

20. Fair Value Measurements

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

Notes to Financial Statements

20. Fair Value Measurements (Continued)

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and short-term investments.....	\$ 26,032,536	\$	\$	\$	\$ 26,032,536
Total assets at fair value/NAV.....	<u>\$ 26,032,536</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 26,032,536</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.....	\$ 26,796,930	\$ 26,603,279	\$ 26,796,930	\$	\$	\$	\$
U.S. Government Agency Securities.....							
Short-term investments.....	102,020	102,020	102,020				

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 Statements

23. Reinsurance (Continued)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

Notes to Financial Statements

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

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

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 1,128,000
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment.....	\$ 5,504
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium).....	63,700
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$ 2,766,729
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	6,904
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 Statements**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)**

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

	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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program								
1. Premium adjustments receivable (including high risk pool payments)	\$ 660,000	\$ 2,235,183	\$ (1,575,183)	\$ 1,575,183	\$	\$	A	\$ -
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)	\$ 2,235,183	\$ (55,691)	\$ (1,575,183)	\$ 7,691	\$ 1,575,183	\$ (7,691)
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)	\$ 2,235,183	\$ (55,691)	\$ (1,575,183)	\$ 7,691	\$ 1,575,183	\$ (7,691)

Explanations of Adjustments

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

B: None

C: None

D: None

E: None

F: None

G: None

H: None

I: None

J: None

Notes to Financial Statements

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

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

Risk Corridors Program Year					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)	(5) Receivable	(6) (Payable)	(7) Receivable	(8) (Payable)	Ref	(9) Receivable	(10) (Payable)
a. 2014									A		
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Reserve for rate credits or policy experience rating refunds	B	.....	.....
b. 2015									C	\$	\$
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Reserve for rate credits or policy experience rating refunds	D	.....	.....
c. 2016									E	\$	\$
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$
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 Corridors 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:

	2021	2020
Balance at January 1	11,407,964	10,910,926
Incurred related to:		
Current year	83,844,214	92,304,002
Prior years	(4,784,964)	(248,104)
Total	79,059,250	92,055,898
Paid related to:		
Current year	73,813,104	80,896,038
Prior years	6,623,000	10,662,822
Total	80,436,104	91,558,860
Balance at End of Period	10,031,110	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 December 31, 2021, \$6,623,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$0. Therefore, there has been \$4,784,964 in favorable experience from December 31, 2020 to December 31, 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 December 31, 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 Statements**28. Health Care Receivables (Continued)**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 2,788,642	\$ 2,927,393	\$	\$	\$ 2,927,393
09/30/2021	2,835,945	2,795,180			2,795,180
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: 12/31/2021
3. Was anticipated investment income utilized in the calculation? YES

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

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

2.2 If yes, date of change:

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

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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

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

3.4 By what department or departments?

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2017.....
 12/31/2017.....
 11/07/2018.....

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business?
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business?
 4.22 renewals?

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

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

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

Yes[] No[X]

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

6.2 If yes, give full information:

Yes[] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,
 7.21 State the percentage of foreign control

0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC), or a DIHC itself, regulated by the Federal Reserve Board?

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

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

Yes[] No[X]

Yes[] No[X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity such company?

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 RSM US LLP, 801 Nicollet Mall, West Tower, Suite 1100, Minneapolis, MN 55402-2526

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

10.6 If the response to 10.5 is no or n/a please explain:

Yes[] No[X]

Yes[] No[X]

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

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Shumei Kuo, Risk & Regulatory Consulting (associated with RSM US LLP), 20 Batterson Park Rd, Suite 380, Farmington CT 06032

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No X

12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____
 12.13 Total book/adjusted carrying value _____
 \$.....0

12.2 If yes, provide explanation _____

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes No X N/A

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No X N/A

13.3 Have there been any changes made to any of the trust indentures during the year? Yes No X N/A

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No X N/A

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes X No

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

14.11 If the response to 14.1 is no, please explain: _____

14.2 Has the code of ethics for senior managers been amended? Yes No X

14.21 If the response to 14.2 is yes, provide information related to amendment(s). _____

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No X

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). _____

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No X

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. _____

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes X No

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes X No

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes X No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No X

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers _____
 20.12 To stockholders not officers _____
 20.13 Trustees, supreme or grand (Fraternal only) _____
 \$.....0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers _____
 20.22 To stockholders not officers _____
 20.23 Trustees, supreme or grand (Fraternal only) _____
 \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No X

21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others _____
 21.22 Borrowed from others _____
 21.23 Leased from others _____
 21.24 Other _____
 \$.....0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes No X

22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment _____
 22.22 Amount paid as expenses _____
 22.23 Other amounts paid _____
 \$.....0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes X No
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: _____
 \$.....796,695

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes No X

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party. _____

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....	???

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)	Yes [] No [X]
25.02 If no, give full and complete information, relating thereto All securities are in the possession of Huntington Bank	
25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)	\$ 0
25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$ 0
25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.	\$ 0
25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [] No [] N/A [X]
25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [] No [] N/A [X]
25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [] No [] N/A [X]
25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	
25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
25.093 Total payable for securities lending reported on the liability page.	\$ 0
26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03).	Yes [] No [X]
26.2 If yes, state the amount thereof at December 31 of the current year:	
26.21 Subject to repurchase agreements	\$ 0
26.22 Subject to reverse repurchase agreements	\$ 0
26.23 Subject to dollar repurchase agreements	\$ 0
26.24 Subject to reverse dollar repurchase agreements	\$ 0
26.25 Placed under option agreements	\$ 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
26.27 FHLB Capital Stock	\$ 0
26.28 On deposit with states	\$ 0
26.29 On deposit with other regulatory bodies	\$ 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
26.32 Other	\$ 0

26.3 For category (26.26) provide the following:

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

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [] No [X]
27.2 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.	Yes [] No [] N/A [X]
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:	
27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes [] No [X]
27.4 If the response to 27.3 is yes, does the reporting entity utilize:	

- 27.41 Special Accounting Provision of SSAP No. 108
- 27.42 Permitted Accounting Practice
- 27.43 Other Accounting Guidance

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

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

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [] No [X]
28.2 If yes, state the amount thereof at December 31 of the current year.	\$ 0
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?	Yes [X] No []
29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:	

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

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes [] No [X]
29.04 If yes, give full and complete information relating thereto:	

GENERAL INTERROGATORIES (Continued)

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

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

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[X] No[]

29.06 For those firms or individuals listed in the table for 29.05 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
.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

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

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

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

1	2 Statement (Admitted) Value	3 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	26,603,279	26,796,930	193,651
31.2 Preferred stocks			
31.3 Totals	26,603,279	26,796,930	193,651

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

The values are based on the prices of assets at the close of the stock market on 12/31/2021 as determined by Thomson Reuters

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[] No[X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[] No[] N/A[X]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

33.2 If no, list exceptions:

34. By self-designation 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]

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

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

GENERAL INTERROGATORIES (Continued)

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

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

36. 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]

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

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

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

OTHER

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

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

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any?

\$ 14,089

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

1 Name	2 Amount Paid
Bradley Arant Boult Cummings LLP	3,414
McDermott Will & Emery LLP	10,332

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

\$ 9,734

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

1 Name	2 Amount Paid
Ohio Association of Health Plans	5,105
America's Health Insurance Plans	4,629

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

	Yes[X] No[]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$ 91,235
1.2 If yes, indicate premium earned on U.S. business only:	\$ 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.31 Reason for excluding:	\$ 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$ 44,691
1.6 Individual policies - Most current three years:	\$ 0
1.61 TOTAL Premium earned	\$ 91,235
1.62 TOTAL Incurred claims	\$ 44,691
1.63 Number of covered lives	24
All years prior to most current three years:	\$ 0
1.64 TOTAL Premium earned	\$ 0
1.65 TOTAL Incurred claims	\$ 0
1.66 Number of covered lives	\$ 0
1.7 Group policies - Most current three years:	\$ 0
1.71 TOTAL Premium earned	\$ 0
1.72 TOTAL Incurred claims	\$ 0
1.73 Number of covered lives	\$ 0
All years prior to most current three years:	\$ 0
1.74 TOTAL Premium earned	\$ 0
1.75 TOTAL Incurred claims	\$ 0
1.76 Number of covered lives	\$ 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	109,419,820	112,350,271
2.2 Premium Denominator	109,419,820	112,350,271
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	10,031,110	11,407,964
2.5 Reserve Denominator	10,031,110	11,407,964
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

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

Yes[] No[X]

3.2 If yes, give particulars:

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

Yes[X] No[]

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$ 750,000
5.32 Medical Only	\$ 0
5.33 Medicare Supplement	\$ 0
5.34 Dental & Vision	\$ 0
5.35 Other Limited Benefit Plan	\$ 0
5.36 Other	\$ 0

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

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

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

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	7,000
8.2 Number of providers at end of reporting year	21,000

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

Yes[X] No[X]

9.2 If yes, direct premium earned:

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

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

Yes[X] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$ 0
10.22 Amount actually paid for year bonuses	\$ 0
10.23 Maximum amount payable withholds	\$ 0
10.24 Amount actually paid for year withholds	\$ 0

11.1 Is the reporting entity organized as:

Yes[X] No[X]

11.12 A Medical Group/Staff Model,	Yes[X] No[X]
11.13 An Individual Practice Association (IPA), or,	Yes[X] No[X]
11.14 A Mixed Model (combination of above)?	Yes[X] No[X]

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

Yes[X] No[X]

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

Ohio

11.4 If yes, show the amount required.

\$ 2,500,000

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

Yes[X] No[X]

11.6 If the amount is calculated, show the calculation.

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

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

GENERAL INTERROGATORIES (Continued)

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

13.1 Do you act as a custodian for health savings accounts? Yes[] No[X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$..... 0
 13.3 Do you act as an administrator for health savings accounts? Yes[] No[X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes[] No[] N/A[X]
 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
 15.1 Direct Premium Written \$..... 0
 15.2 Total incurred claims \$..... 0
 15.2 Number of covered lives

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[] No[X]
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	57,076,755	45,089,172	46,689,569	50,010,096	48,332,431
2. TOTAL Liabilities (Page 3, Line 24)	20,016,464	18,356,640	22,694,918	26,038,002	26,972,219
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	37,060,291	26,732,532	23,994,651	23,972,094	21,360,212
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	109,419,820	112,350,271	126,048,715	170,796,083	170,195,348
6. TOTAL Medical and Hospital Expenses (Line 18)	79,059,251	92,055,898	107,823,763	154,024,710	147,170,072
7. Claims adjustment expenses (Line 20)	2,697,572	2,791,040	2,599,408	2,844,889	2,785,411
8. TOTAL Administrative Expenses (Line 21)	17,378,035	15,017,044	17,415,627	26,446,582	25,715,951
9. Net underwriting gain (loss) (Line 24)	10,284,962	2,486,289	(1,790,083)	(12,520,098)	(5,476,086)
10. Net investment gain (loss) (Line 27)	384,458	427,497	457,126	395,243	415,300
11. TOTAL Other Income (Lines 28 plus 29)	451	389	1,157	1,312	151,659
12. Net income or (loss) (Line 32)	10,634,763	2,927,478	(659,561)	(11,897,506)	(5,029,001)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	11,533,141	1,237,343	(4,615,484)	(12,113,446)	(4,602,263)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	37,060,291	26,732,532	23,994,651	23,972,094	21,360,212
15. Authorized control level risk-based capital	3,622,246	4,240,856	4,850,501	6,703,222	6,222,333
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	15,653	16,656	19,884	30,903	31,491
17. TOTAL Members Months (Column 6, Line 7)	196,745	215,035	259,612	376,361	397,460
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	72.3	81.9	85.5	90.2	86.5
20. Cost containment expenses	0.4	0.9	0.4	0.3	0.3
21. Other claims adjustment expenses	2.0	1.6	1.6	1.3	1.3
22. TOTAL Underwriting Deductions (Line 23)	90.6	97.8	101.4	107.3	103.2
23. TOTAL Underwriting Gain (Loss) (Line 24)	9.4	2.2	(1.4)	(7.3)	(3.2)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	6,623,000	10,662,822	12,304,000	16,548,485	14,001,289
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	11,407,964	10,910,926	16,188,991	15,758,920	16,625,124
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	Active Status (a)	Direct Business Only									Deposit - Type Contracts
		2	3	4	5	6	7	8	9	10	
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8		
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	106,669,420								106,669,420	
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	106,669,420								106,669,420	
60. Reporting entity contributions for Employee Benefit Plans	XXX										
61. TOTAL (Direct Business)	XXX	106,669,420								106,669,420	

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

56

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

