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2022

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**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2022**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**SummaCare, Inc.**

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

**OFFICERS**

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Dawn Dorsett Ahner	Treasurer #
William Carl Epling	President
Alan Philip Fehlner	Assistant Treasurer
Lydia Alexander Cook M.D.	Vice Chair #

**OTHERS**

Charles Zonfa M.D., Chief Medical Officer  
Anne Armao, VP - Member Experience and Product Development

Melissa Rusk, VP of Operations #  
Susan Crawford, VP - Sales

Alan Fehlner, Chief Financial Officer

**DIRECTORS OR TRUSTEES**

Lydia Alexander Cook M.D.	Frank Anthony Carrino
Rajiv Vishnu Taliwal M.D.	Benjamin Paul Sutton
Henry Leigh Gerstenberger	Russell Floyd Mohawk
Caroline Fisher Pearson	Thomas Clifford Deveny M.D.
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)  
3.  
(Printed Name)  
(Title)

Subscribed and sworn to before me this  
13th day of May, 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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	52,364,974		52,364,974	52,368,491
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	38,726,626		38,726,626	37,060,291
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....5,217,366), cash equivalents (\$.....0) and short-term investments (\$.....264,281) .....	5,481,647		5,481,647	1,895,315
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....	1,501,246		1,501,246	1,501,045
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				1
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	98,074,493		98,074,493	92,825,143
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	161,257		161,257	154,209
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,773,668	30,831	4,742,837	3,523,921
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 .....	300,453		300,453	278,651
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....	4,100,000		4,100,000	6,835,399
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,723,850		1,723,850	1,012,149
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	284,333		284,333	327,963
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	263,165	263,165		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	245,683		245,683	358,828
24. Health care (\$.....8,009,215) and other amounts receivable .....	8,440,715	431,500	8,009,215	7,965,514
25. Aggregate write-ins for other-than-invested assets .....	1,216,750	1,216,750		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	119,584,367	1,942,246	117,642,121	113,281,777
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	119,584,367	1,942,246	117,642,121	113,281,777
<b>DETAILS OF WRITE-INS</b>				
1101. Misc .....				1
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) .....				1
2501. Prepaid assets .....	1,216,750	1,216,750		
2502. Deposits .....				
2503. Pharmacy Rebates .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,216,750	1,216,750		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	32,501,217		32,501,217	33,889,157
2. Accrued medical incentive pool and bonus amounts	7,722,166		7,722,166	7,792,312
3. Unpaid claims adjustment expenses	678,268		678,268	678,268
4. Aggregate health policy reserves, including the liability of \$.....2,091,386 for medical loss ratio rebate per the Public Health Service Act	2,091,386		2,091,386	2,091,386
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	377,409		377,409	400,507
9. General expenses due or accrued	3,357,730		3,357,730	4,973,676
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated	94,177		94,177	134,390
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	9,088,963		9,088,963	7,798,221
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)	55,911,316		55,911,316	57,757,917
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	67,084,767	67,084,767
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(5,353,962)	(11,560,907)
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	61,730,805	55,523,860
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	117,642,121	113,281,777
<b>DETAILS OF WRITE-INS</b>				
2301. Payroll liability				
2302. Other accrued liabilities				
2303. Medicaid Pharmacy Reserve				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months .....	XXX .....	69,842	69,463	275,582
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	76,975,661	75,546,587	287,324,785
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 .....	868		
8. Total revenues (Lines 2 to 7) .....	XXX .....	76,975,661	75,547,455	287,324,785
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		56,245,933	54,898,756	230,963,557
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		6,554,542	6,159,583	22,198,250
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		1,766,527	2,491,919	2,924,609
16. Subtotal (Lines 9 to 15) .....		64,567,002	63,550,258	256,086,416
<b>Less:</b>				
17. Net reinsurance recoveries .....		21,803		278,650
18. Total hospital and medical (Lines 16 minus 17) .....		64,545,199	63,550,258	255,807,766
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....691,080 cost containment expenses .....		1,408,735	1,341,840	4,787,774
21. General administrative expenses .....		9,840,047	9,949,170	36,832,178
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) .....		75,793,981	74,841,268	297,427,718
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	1,181,680	706,187	(10,102,933)
25. Net investment income earned .....		47,594	87,683	291,162
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		47,594	87,683	291,162
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				500,868
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 .....	1,229,274	793,870	(9,310,903)
31. Federal and foreign income taxes incurred .....	XXX .....	(711,701)	(812,894)	(255,721)
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	1,940,975	1,606,764	(9,055,182)
<b>DETAILS OF WRITE-INS</b>				
0601. Administrative Services Revenue .....	XXX .....			
0602. Misc income received from prior year taxes .....	XXX .....			
0603. Gain/loss on disposal of asset .....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. <b>TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)</b> .....	XXX .....			
0701. Proceeds from the Sale of the Medicaid Product Line .....	XXX .....			
0702. Miscellaneous Income .....	XXX .....		868	
0703. Miscellaneous Revenue .....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. <b>TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)</b> .....	XXX .....		868	
1401. .....				
1402. .....				
1403. .....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. <b>TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)</b> .....				
2901. Medimpact Performance Guarantee .....				
2902. Miscellaneous Income .....				500,868
2903. Gain on disposal of asset .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. <b>TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)</b> .....				500,868

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

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	55,523,860	53,143,954	53,143,954
34. Net income or (loss) from Line 32 .....	1,940,975	1,606,764	(9,055,182)
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	1,666,535	2,071,378	10,327,776
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	2,599,435	(746,119)	1,107,313
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			(1)
48. Net change in capital and surplus (Lines 34 to 47) .....	6,206,945	2,932,023	2,379,906
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	61,730,805	56,075,977	55,523,860
<b>DETAILS OF WRITE-INS</b>			
4701. Change in Minimum Pension Liability - Unrestricted Funds .....			
4702. Federal income tax adjustment .....			
4703. Gain on sale of bonds .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			(1)
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			(1)

**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	75,733,647	71,369,832	291,446,618
2.	Net investment income .....	65,217	128,940	404,908
3.	Miscellaneous income .....		868	500,868
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>75,798,864</b>	<b>71,499,640</b>	<b>292,352,394</b>
5.	Benefit and loss related payments .....	66,619,837	57,976,253	251,387,707
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	9,578,280	11,855,935	46,408,255
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			(191,325)
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>76,198,117</b>	<b>69,832,188</b>	<b>297,604,637</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>(399,253)</b>	<b>1,667,452</b>	<b>(5,252,243)</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	1,500,000	2,000,000	8,000,000
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>1,500,000</b>	<b>2,000,000</b>	<b>8,000,000</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	1,521,152	994,766	8,692,830
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>1,521,152</b>	<b>994,766</b>	<b>8,692,830</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>(21,152)</b>	<b>1,005,234</b>	<b>(692,830)</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	4,006,737	(2,665,920)	(3,852,885)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	4,006,737	(2,665,920)	(3,852,885)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,586,332	6,766	(9,797,958)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	1,895,315	11,693,273	11,693,273
19.2	<b>End of period (Line 18 plus Line 19.1) .....</b>	<b>5,481,647</b>	<b>11,700,039</b>	<b>1,895,315</b>

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

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	22,741							22,741		
2. First Quarter .....	23,194							23,194		
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	69,842							69,842		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	18,534							18,534		
8. Non-Physician .....	10,892							10,892		
9. Total .....	29,426							29,426		
10. Hospital Patient Days Incurred .....	10,578							10,578		
11. Number of Inpatient Admissions .....	1,431							1,431		
12. Health Premiums Written (a) .....	76,983,396							76,983,396		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	76,983,396							76,983,396		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	66,025,088							66,025,088		
18. Amount Incurred for Provision of Health Care Services .....	64,567,002							64,567,002		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....76,983,396.

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	20,210,217	7,133,000	2,919,000	1,396,000	843,000	32,501,217
0499999 Subtotals .....	20,210,217	7,133,000	2,919,000	1,396,000	843,000	32,501,217
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	32,501,217
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	7,722,166

**UNDERWRITING AND INVESTMENT EXHIBIT**

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	24,311,000	39,855,613	2,361,000	30,140,217	26,672,000	33,889,157
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	24,311,000	39,855,613	2,361,000	30,140,217	26,672,000	33,889,157
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	1,537,973	298,700	6,254,339	1,467,827	7,792,312	7,792,312
13. Totals (Lines 9 - 10 + 11 + 12) .....	25,848,973	40,154,313	8,615,339	31,608,044	34,464,312	41,681,469

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

# Notes to Financial Statements

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

### A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of March 31, 2022 and December 31, 2021 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 #	03/31/2022	12/31/2021
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4) .....	XXX	XXX	XXX	\$ 1,940,975	\$ (9,055,182)
(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	\$ 1,940,975	\$ (9,055,182)
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4) .....	XXX	XXX	XXX	\$ 61,730,805	\$ 55,523,860
(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	\$ 61,730,805	\$ 55,523,860

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

The preparation of financial statements in conformity with *Accounting Practices and Procedures Manual*, the NAIC Annual Statement Instructions and other accounting practices prescribed or permitted by the ODI requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

### C. Accounting Policy

The Company uses the following accounting policies:

#### (1) Cash and Short-Term Investments

Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.

#### (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R - None

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

#### (4) Preferred stocks - None

#### (5) Mortgage loans - None

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

#### (7) Investments in subsidiaries, controlled and affiliated entities

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

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

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

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

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

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

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

#### (12) Changes in capitalization policy

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

# Notes to Financial Statements

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

### (13) Pharmaceutical rebate receivables

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

D. Going Concern - None

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

## 3. Business Combinations and Goodwill - None

## 4. Discontinued Operations - None

## 5. Investments

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

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities - None

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

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

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

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

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

J. Real Estate - None

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

L. Restricted Assets

### (1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted to Total Assets
a. Subject to contractual obligation for which liability is not shown	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
b. Collateral held under security lending agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
c. Subject to repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
d. Subject to reverse repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
e. Subject to dollar repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
f. Subject to dollar reverse repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
g. Placed under option contracts	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
i. FHLB capital stock	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
j. On deposit with states	420,853	416,018	4,835	\$ 420,853	\$ 420,853	0.352	0.358
k. On deposit with other regulatory bodies	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
m. Pledged as collateral not captured in other categories	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
n. Other restricted assets	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
<b>o. Total restricted assets</b>	<b>\$ 420,853</b>	<b>\$ 416,018</b>	<b>\$ 4,835</b>	<b>\$ 420,853</b>	<b>\$ 420,853</b>	<b>0.352 %</b>	<b>0.358 %</b>

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

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

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

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities - None

P. Short Sales - None

Q. Prepayment Penalty and Acceleration Fees - None

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

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

# Notes to Financial Statements

## 7. Investment Income

### A. Due and Accrued Income Excluded from Surplus

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

### B. Total Amount Excluded - None

## 8. Derivative Instruments - None

## 9. Income Taxes

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

The components of deferred tax asset as of March 31, 2022 and December 31, 2021 are:

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

	03/31/2022			12/31/2021			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	\$ 2,476,290	\$	\$ 2,476,290	\$ 3,759,339	\$	\$ 3,759,339	\$ (1,283,049)	\$	\$ (1,283,049)
(b) Statutory valuation allowance adjustments	1,191,105		1,191,105	2,705,842		2,705,842	(1,514,737)		(1,514,737)
(c) Adjusted gross deferred tax assets (1a - 1b)	1,285,185		1,285,185	1,053,497		1,053,497	231,688		231,688
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 1,285,185	\$	\$ 1,285,185	\$ 1,053,497	\$	\$ 1,053,497	\$ 231,688	\$	\$ 231,688
(f) Deferred tax liabilities	1,285,185		1,285,185	1,053,497		1,053,497	231,688		231,688
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

	03/31/2022			12/31/2021			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	9,216,971	XXX	XXX	8,279,385	XXX	XXX	937,586
(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	1,285,185		1,285,185	1,053,497		1,053,497	231,688		231,688
(d) Deferred tax assets admitted as the result of application of SSAP No. 101									
Total (2(a) + 2(b) + 2(c))	\$ 1,285,185	\$	\$ 1,285,185	\$ 1,053,497	\$	\$ 1,053,497	\$ 231,688	\$	\$ 231,688

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

	03/31/2022	12/31/2021
(a) Ratio percentage used to determine recovery period and threshold limitation amount		492.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 61,446,472	\$ 55,195,897

# Notes to Financial Statements

## 9. Income Taxes (Continued)

### (4) Impact of tax-planning strategies

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

	03/31/2022		12/31/2021		Change		
	(1)		(3)		(4)		
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)	
1. Adjusted gross DTAs amount from Note 9A1(c).....	\$ 1,285,185		\$ 1,053,497		\$ 231,688		
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).....	\$ 1,285,185		\$ 1,053,497		\$ 231,688		
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.....	%		%		%		%

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

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

#### B. Regarding Deferred Tax Liabilities That Are Not Recognized - None

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

	(1)		(2)		(3)		
	03/31/2022		12/31/2021		Change (1-2)		
Current income taxes incurred consist of the following major components:							
1. Current Income Tax							
(a) Federal.....	\$ (711,701)		\$ (723,954)		\$ 12,253		
(b) Foreign.....							
(c) Subtotal.....	\$ (711,701)		\$ (723,954)		\$ 12,253		
(d) Federal income tax on net capital gains.....							
(e) Utilization of capital loss carry-forwards.....							
(f) Other.....					468,233		(468,233)
(g) Federal and foreign income taxes incurred.....	\$ (711,701)		\$ (255,721)		\$ (455,980)		
	(1)		(2)		(3)		
	03/31/2022		12/31/2021		Change (1-2)		
2. Deferred Tax Assets							
(a) Ordinary							
(1) Discounting of unpaid losses.....	\$ 87,642		\$ 91,358		\$ (3,716)		
(2) Unearned premium reserve.....			15,851		16,821		(970)
(3) Policyholder reserves.....			62,995		62,995		—
(4) Investments.....			64,715		64,715		—
(5) Deferred acquisition costs.....							
(6) Policyholder dividends accrual.....							
(7) Fixed assets.....							
(8) Compensation and benefits accrual.....							
(9) Pension accrual.....							
(10) Receivables - nonadmitted.....			407,872		953,753		(545,881)
(11) Net operating loss carry-forward.....			1,062,634		1,801,308		(738,674)
(12) Tax credit carry-forward.....							
(13) Other (including items less than 5% of total ordinary tax assets).....			774,581		768,389		6,192
(99) Subtotal.....	\$ 2,476,290		\$ 3,759,339		\$ (1,283,049)		
(b) Statutory valuation allowance adjustment.....			1,191,105		2,705,842		(1,514,737)
(c) Nonadmitted.....							
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c).....	\$ 1,285,185		\$ 1,053,497		\$ 231,688		
(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).....	\$ 1,285,185		\$ 1,053,497		\$ 231,688		

# Notes to Financial Statements

## 9. Income Taxes (Continued)

	(1) 03/31/2022	(2) 12/31/2021	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments .....	\$ .....	\$ .....	\$ .....
(2) Fixed assets .....	80,024	100,336	(20,312)
(3) Deferred and uncollected premium .....	987,000	735,000	252,000
(4) Policyholder reserves .....			
(5) Other (including items <5% of total ordinary tax liabilities) .....	218,161	218,161	-
(99) Subtotal .....	\$ 1,285,185	\$ 1,053,497	\$ 231,688
(b) Capital			
(1) Investments .....	\$ .....	\$ .....	\$ .....
(2) Real estate .....			
(3) Other (including items <5% of total capital tax liabilities) .....			
(99) Subtotal .....	\$ .....	\$ .....	\$ .....
(c) Deferred tax liabilities (3a99 + 3b99) .....	<u>\$ 1,285,185</u>	<u>\$ 1,053,497</u>	<u>\$ 231,688</u>
4. Net deferred tax assets/liabilities (2i - 3c) .....	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

## D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows as of March 31, 2022:

	03/31/2022	Effective Tax Rate
Income (loss) before taxes .....	\$ 258,143	21.000 %
Meals & entertainment .....	(988)	-0.080
Prior Year true up(excluding VA) .....		
Change in valuation allowance .....	(1,514,737)	-123.224
Change in nonadmitted assets .....	545,881	44.408
Total .....	<u>\$ (711,701)</u>	<u>-57.897 %</u>

	03/31/2022	Effective Tax Rate
Federal income taxes incurred .....	\$ (711,701)	-57.897 %
Change in net deferred income taxes .....		
Total statutory income taxes .....	<u>\$ (711,701)</u>	<u>-57.897 %</u>

## E. Operating Loss and Tax Credit Carryforwards

### (1) Unused loss carryforwards available

The company has a net operating loss carry-forward of \$5,060,162 as of March 31, 2022.

### (2) Income tax expense available for recoupment

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

### (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of March 31, 2022 and December 31, 2021.

## F. Consolidated Federal Income Tax Return

### (1) Summa Health System Corporation files a consolidated federal income tax which includes the following entities: SummaCare, Inc., Summa Insurance Company, Summa Integrated Services Organization, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Wadsworth-Rittman Professional Services Corporation, Ohio Health Choice, Summa Management Services Organization, Health Care Center Physicians and Cornerstone Medical Services.

### (2) Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

## G. Federal or Foreign Income Tax Loss Contingencies - None

## H. Repatriation Transition Tax (RTT) - None

## I. Alternative Minimum Tax (AMT) Credit - None

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

### A. Nature of the Relationships

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

# Notes to Financial Statements

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

Affiliated and subsidiary organizations of SC include Summa Health System Community; Summa Health: Summa Health System, Inc. (SHS); Summa Insurance Company (SIC); Summa Health Network LLC (SHN); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Wadsworth-Rittman Professional Services Corporation; Summa Physicians, Inc. (SPI); Summa Foundation; Health Care Center Physicians Inc. (HCCP); Middlebury Assurance Corp. (MAC); Summa Rehabilitation Hospital, LLC; Ohio Health Choice, Inc. (OHC); Cornerstone Medical Services (Cornerstone); ARIS Teleradiology LLC (ARIS); Summa Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); Medina-Summit ASC, LLC; SummaCare of Michigan Inc.; Summa HHAH Holdings LLC; Summa Health Home and Hospice, LLC. Beginning in 2021, the partnership with HealthSpan ended. Their share of the company was purchased back by Summa.

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

### B. Transactions with Affiliated Organizations

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

The operating activities with affiliated entities as of March 31, 2022 and December 31, 2021 are as follows:

	2022	2021
Claims expense related to affiliated entities:		
SHS	14,387,503	60,668,328
SPI	2,495,668	11,185,093
SHH	2,440,246	10,998,935
Summa Rehab	969,977	7,541,633
Medina Summit	8,391	74,082
ACO	83,856	(424,635)
Directors' and officers insurance paid to MAC	-	32,236
Mangement fees charged from SMSO	4,734,746	21,541,314
Mangement fees charged from Apex	49,332	197,328
Corporate expense allocation paid to SHS	396,576	1,521,375

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

### D. Amounts Due To or From Related Parties

The balances outstanding with affiliated entities as of March 31, 2022 and December 31, 2021 are as follows:

	Due from		Due to	
	2022	2021	2022	2021
SCM	-	156	-	-
SIC	-	-	746,386	796,582
SHS	-	-	6,747,446	6,488,234
APEX	245,683	358,672	-	-
SMSO	-	-	1,588,428	492,827
SHMG	-	-	6,703	20,578
	<u>245,683</u>	<u>358,828</u>	<u>9,088,963</u>	<u>7,798,221</u>

### E. Management Service Contracts and Cost Sharing Arrangements

In 2022 and 2021, 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 \$4,734,746 and \$21,541,314 in 2022 and 2021, respectively.

### F. Guarantees or Contingencies - None

### G. Nature of Relationships that Could Affect Operations

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

### H. Amount Deducted for Investment in Upstream Company - None

I. As of March 31, 2022, the Company owned 100% of the common stock of SIC, whose carrying value is exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net income of SIC as of March 31, 2022 were:

Assets - \$60,853,931  
 Liabilities - \$22,127,305  
 Net Gain - \$1,581,422

### J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

### K. Foreign Subsidiary Value Using CARVM - None

### L. Downstream Holding Company Value Using Look-Through Method - None

### M. All SCA Investments - None

### N. Investment in Insurance SCAs

- (1) Summa Insurance Company's audited statutory equity is compliant with the NAIC statutory accounting practices and procedures.
- (2) The monetary effect on net income and surplus - None
- (3) None

# **Notes to Financial Statements**

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

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. SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of March 31, 2022 and December 31, 2021 is SHSC.

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 2022, 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, 2021, or (b) the Company's net gain from operations for the year ended December 31, 2021. Accordingly, during 2022, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$5,552,386.

D. Ordinary Dividends - None

E. Portion of reporting entity's profits that can 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. Special surplus funds - None

J. Unassigned Funds (Surplus)

The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values - \$1,942,246

Unrealized Gains (Losses) - (\$2,606,288)

K. Company-Issued Surplus Debentures or Similar Obligations - None

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

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

## **15. Leases**

A. Lessee Operating Lease

(1) Leasing arrangements

The company leases its facility under a noncancelable operating lease which expires during 2024. Rent expense was \$171,476 as of March 31, 2022 and was \$820,813 for year ending December 31, 2021.

(a) Rental expense - None

(b) Rental payment contingencies - None

(c) Terms of renewal or purchase options and escalation clauses - None

(d) Restrictions imposed by lease agreements - None

(e) Early termination of lease agreements - None

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

(a) Minimum aggregate rental commitments at period end

Future minimum payments under noncancelable operating leases are as follows:

Year Ending December 31	Operating Leases
1. 2022.....	\$..... 1,178,370
2. 2023.....	1,178,370
3. 2024.....	589,185
4. 2025.....	.....
5. 2026.....	.....
6. Total.....	\$..... 2,945,925

(b) Sublease minimum rentals to be received - None

(3) For sale-leaseback transactions - None

B. Lessor Leases - None

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

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

# Notes to Financial Statements

**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.

**(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.....	\$ 5,481,647	\$	\$	\$	\$ 5,481,647
Total assets at fair value/NAV.....	<u>\$ 5,481,647</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 5,481,647</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.....	\$ 49,758,686	\$ 52,364,974	\$ 49,758,686	\$	\$	\$	\$
Short-term investments.....	264,281	264,281	264,281	264,281	264,281	264,281	264,281

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

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

**21. Other Items** - None

**22. Events Subsequent**

Type I – Recognized Subsequent Events – None

Type II – Nonrecognized Subsequent Events – None

**23. Reinsurance**
**A. Ceded Reinsurance Report**
**Section 1 – General Interrogatories**

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

Yes ( ) No (X)

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

Yes ( ) No (X)

# Notes to Financial Statements

## 23. Reinsurance (Continued)

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

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

Yes ( ) No (X)

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

Yes ( ) No (X)

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

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

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

Yes ( ) No (X)

B. Uncollectible Reinsurance - None

C. Commutation of Reinsurance Reflected in Income and Expenses - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit - None

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

A. Method Used to Estimate

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

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by SummaCare at December 31, 2021 that are subject to retrospective rating features was (\$4,522,537), that represented -1.6% of the total net premiums written. There have been no adjustments to this as of March 31, 2022.

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

	(1) Individual	(2) Small Group Employer	(3) Large Group Employer	(4) Other Categories with Rebates	(5) Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(2) Medical loss ratio rebates paid	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(3) Medical loss ratio rebates unpaid	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(4) Plus reinsurance assumed amounts	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
(5) Less reinsurance ceded amounts	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
(6) Rebates unpaid net of reinsurance	XXX .....	XXX .....	XXX .....	XXX .....	\$ .....
					2,091,386 .....
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(8) Medical loss ratio rebates paid	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(9) Medical loss ratio rebates unpaid	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(10) Plus reinsurance assumed amounts	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
(11) Less reinsurance ceded amounts	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
(12) Rebates unpaid net of reinsurance	XXX .....	XXX .....	XXX .....	XXX .....	\$ .....
					2,091,386 .....

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

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

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?  
NO

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

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None

# Notes to Financial Statements

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

- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None
- (5) ACA risk corridors receivable as of reporting date - None

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

Activity in claims unpaid is summarized as follows:

	<b>2022</b>	<b>2021</b>
Balance at January 1	33,889,157	23,969,444
Incurred related to:		
Current year	69,995,830	254,069,600
Prior years	(7,217,157)	(1,186,444)
Total	62,778,673	252,883,156
Paid related to:		
Current year	39,855,613	220,184,443
Prior years	24,311,000	22,779,000
Total	64,166,613	242,963,443
Balance at End of Period	32,501,217	33,889,157

### 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, 2021 were \$33,889,157. As of March 31, 2022, \$24,311,000 has been paid for incurred claims attributable to insured events of prior years. There is \$2,361,000 in reserves remaining for prior years as of March 31, 2022. Therefore, there has been \$7,217,157 in favorable development since December 31, 2021 to March 31, 2022. This favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

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

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

## 26. Intercompany Pooling Arrangements - None

## 27. Structured Settlements - None

## 28. Health Care Receivables

### A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of March 31, 2022, a receivable was recorded equal to one quarter of rebates. For quarter ending March 31, 2022, pharmacy rebates receivable were estimated by projection amounts from the pharmacy department. Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/2022	\$ 3,618,522	\$	\$	\$	\$
12/31/2021	6,216,663	6,250,787			6,250,787
09/30/2021	6,335,097	6,430,300			6,430,300
06/30/2021	6,380,706	6,412,280			6,412,280
03/31/2021	7,083,828	5,094,100			5,094,100
12/31/2020	6,002,327	3,893,143			3,893,143
09/30/2020	3,794,435	3,794,150			3,974,150
06/30/2020	3,677,152	4,367,954			4,367,954
03/31/2020	3,835,592	4,323,276			4,323,276
12/31/2019	3,637,309	4,022,888			4,022,888
09/30/2019	3,494,828	4,195,445			4,195,445
06/30/2019	4,770,913	5,759,434			5,759,434
03/31/2019	3,629,681	3,631,254			3,631,254

### B. Risk-Sharing Receivables - None

## 29. Participating Policies - None

## 30. Premium Deficiency Reserves

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts. There were no premium deficiency reserves recorded as of March 31, 2022 and December 31, 2021, respectively.

- 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

## **Notes to Financial Statements**

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

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  
 Yes [ ]  No [X]  
 Yes [ ]  No [ ]  N/A [X]

1.2 If yes, has the report been filed with the domiciliary state?  
.....

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

2.2 If yes, date of change:  
.....

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

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

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

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

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
 Yes [ ]  No [X]

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

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

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

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

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

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

6.4 By what department or departments?  
.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  
 Yes[X]  No [ ]  N/A [X]

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  
 Yes [ ]  No [X]

7.2 If yes, give full information  
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  
 Yes[X]  No [X]

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.  
 Yes[X]  No [ ]

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

9.2 Has the code of ethics for senior managers been amended?  
 Yes [ ]  No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 Yes[X]  No [X]

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

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

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  
 Yes[X]  No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  
\$ ..... 245,683

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)  
 Yes[X]  No [X]

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

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  
 Yes[X]  No [ ]

14.2 If yes, please complete the following:  
.....

**GENERAL INTERROGATORIES (Continued)**

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....		
14.22	Preferred Stock .....		
14.23	Common Stock .....	37,060,292	38,726,626
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	37,060,292	38,726,626
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

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

Yes[ ] No[X]

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

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

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

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

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

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

Yes[X] No[ ]

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

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

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

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

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

Yes[ ] No[X]

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

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

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

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

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

Yes[X] No[ ]

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

Yes[ ] No[X]

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

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

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

Yes[X] No[ ]

18.2 If no, list exceptions:

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

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[ ] No[X]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

## **GENERAL INTERROGATORIES (Continued)**

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

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

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

Yes[ ] No[X]

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

## 1. Operating Percentages:

1.1 A&H loss percent	.....	84.749%
1.2 A&H cost containment percent	.....	0.898%
1.3 A&H expense percent excluding cost containment expenses	.....	13.716%

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

Yes[ ] No[X]

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

\$..... 0

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

Yes[ ] No[X]

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

\$..... 0

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

Yes[ ] No[X]

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

Yes[ ] No[X]

# **SCHEDULE S - CEDED REINSURANCE**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>									
60410	73-0714500	01/01/2022	AMERICAN FIDELITY ASSUR CO	OK	SSL/I	SLEL			

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

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL) .....	N .....									
2. Alaska (AK) .....	N .....									
3. Arizona (AZ) .....	N .....									
4. Arkansas (AR) .....	N .....									
5. California (CA) .....	N .....									
6. Colorado (CO) .....	N .....									
7. Connecticut (CT) .....	N .....									
8. Delaware (DE) .....	N .....									
9. District of Columbia (DC) .....	N .....									
10. Florida (FL) .....	N .....									
11. Georgia (GA) .....	N .....									
12. Hawaii (HI) .....	N .....									
13. Idaho (ID) .....	N .....									
14. Illinois (IL) .....	N .....									
15. Indiana (IN) .....	N .....									
16. Iowa (IA) .....	N .....									
17. Kansas (KS) .....	N .....									
18. Kentucky (KY) .....	N .....									
19. Louisiana (LA) .....	N .....									
20. Maine (ME) .....	N .....									
21. Maryland (MD) .....	N .....									
22. Massachusetts (MA) .....	N .....									
23. Michigan (MI) .....	N .....									
24. Minnesota (MN) .....	N .....									
25. Mississippi (MS) .....	N .....									
26. Missouri (MO) .....	N .....									
27. Montana (MT) .....	N .....									
28. Nebraska (NE) .....	N .....									
29. Nevada (NV) .....	N .....									
30. New Hampshire (NH) .....	N .....									
31. New Jersey (NJ) .....	N .....									
32. New Mexico (NM) .....	N .....									
33. New York (NY) .....	N .....									
34. North Carolina (NC) .....	N .....									
35. North Dakota (ND) .....	N .....									
36. Ohio (OH) .....	L .....	76,983,396							76,983,396	
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 .....	76,983,396							76,983,396	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....									
61. Total (Direct Business) .....	XXX .....	76,983,396							76,983,396	

**DETAILS OF WRITE-INS**

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

(a) Active Status Counts:

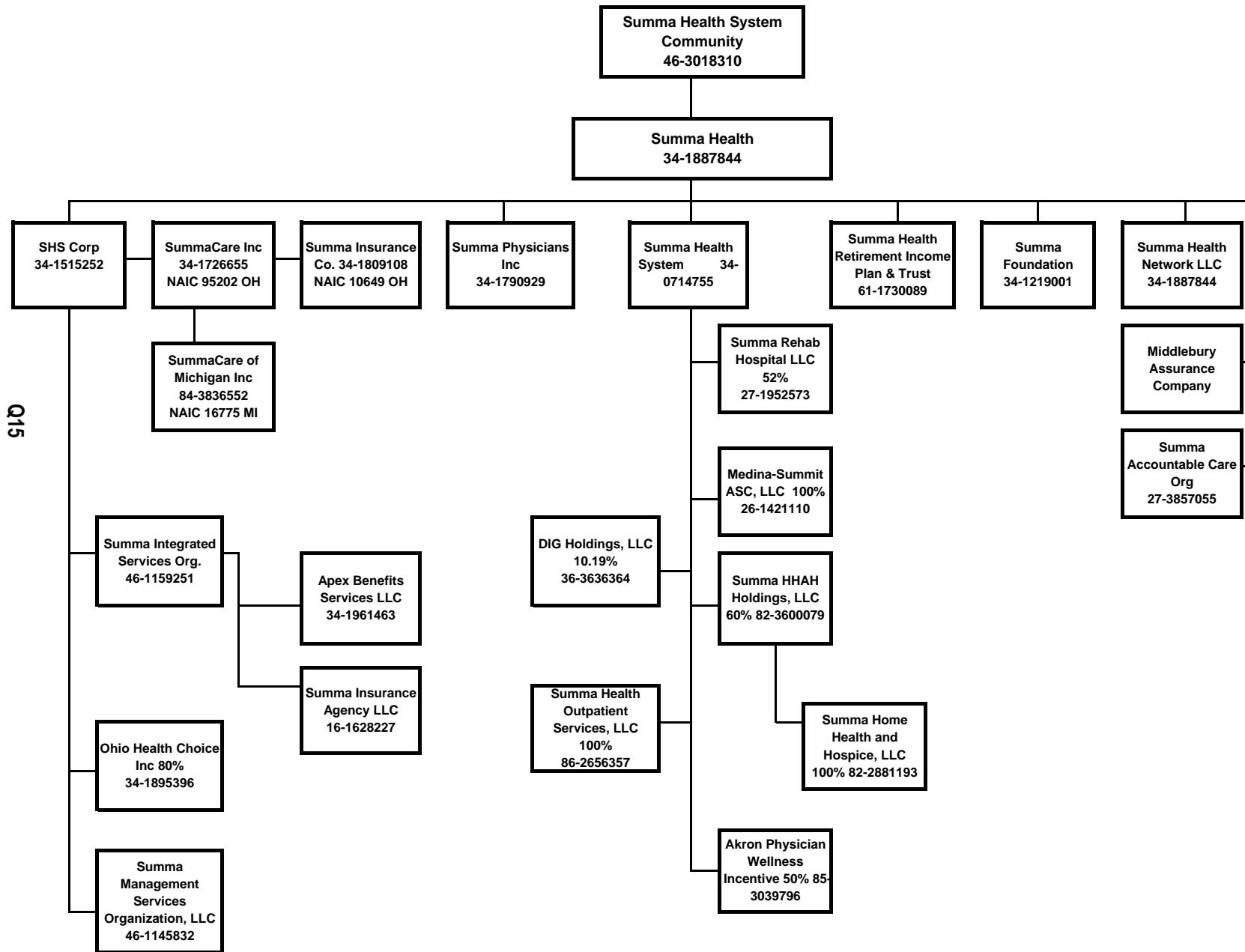
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 N - None of the above - Not allowed to write business in the state

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	34-1887844				SUMMA HEALTH	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY	Ownership		SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	0000001
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	0000002
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
3259	SUMMA INSURANCE COMPANY	16775	84-3836552				SUMMACARE OF MICHIGAN INC.	MI	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	36-3636364				DIG HOLDINGS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	10.2	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	85-3039796				AKRON PHYSICIAN WELLNESS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY	No	
		00000	61-1730089				SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY	No	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 * .....	
.....	.....	00000	86-2656357	.....	.....	SUMMA HEALTH OUTPATIENT SERVICES, LLC .....	.....	OH .. NIA ..	.....	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY .....	No ..	.....

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	<b>RESPONSE</b>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Premium Tax Recoverable				
2505.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date December 31
	1 Uncovered	2 Total	
	3 Total	4 Total	
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0704. Proceeds from the Sale of the Medicaid Product Line	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Rental Revenue			
2905. City Income Taxes			
2906. Minority Interest Income (Expense)			
2907. City Taxes			
2908. Network Access Fees - Providers			
2909. Minority Interest Expense			
2910. Write off of tax receivable			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

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

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

**SCHEDULE A - VERIFICATION**

## Real Estate

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

**SCHEDULE B - VERIFICATION**

## Mortgage Loans

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

**SCHEDULE BA - VERIFICATION**

## Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,501,045	..... 1,501,029
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease) .....	201	..... 16
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	1,501,246	..... 1,501,045
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	1,501,246	..... 1,501,045

**SCHEDULE D - VERIFICATION**

## Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	89,428,782	..... 78,504,261
2. Cost of bonds and stocks acquired .....	1,521,152	..... 8,692,830
3. Accrual of discount .....	6,661	..... 19,055
4. Unrealized valuation increase (decrease) .....	1,666,334	..... 10,327,760
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	1,500,000	..... 8,000,000
7. Deduct amortization of premium .....	31,329	..... 115,124
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	91,091,600	..... 89,428,782
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	91,091,600	..... 89,428,782

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	52,492,547	.....	.....	136,708	52,629,255	.....	.....	52,492,547
2. NAIC 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	52,492,547	.....	.....	136,708	52,629,255	.....	.....	52,492,547
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock .....	52,492,547	.....	.....	136,708	52,629,255	.....	.....	52,492,547

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....264,281; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999. Totals .....	264,281	XXX .....	264,281	10	

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

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	124,056	100,643
2. Cost of short-term investments acquired .....	140,225	23,413
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	264,281	124,056
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	264,281	124,056

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

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

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

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

**SI07 Schedule DB - Verification** ..... **NONE**

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

**E01 Schedule A Part 2 .....** **NONE**

**E01 Schedule A Part 3 .....** **NONE**

**E02 Schedule B Part 2 .....** **NONE**

**E02 Schedule B Part 3 .....** **NONE**

**E03 Schedule BA Part 2 .....** **NONE**

**E03 Schedule BA Part 3 .....** **NONE**

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>									
9128283F5	US Treasury Note .....		02/16/2022	Huntington Bank .....	XXX .....	1,521,152	1,500,000	8,764	1.A .....
0109999999	Subtotal - Bonds - U.S. Governments .....				XXX .....	1,521,152	1,500,000	8,764	XXX .....
2509999997	Subtotal - Bonds - Part 3 .....				XXX .....	1,521,152	1,500,000	8,764	XXX .....
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
2509999999	Subtotal - Bonds .....				XXX .....	1,521,152	1,500,000	8,764	XXX .....
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
4509999999	Subtotal - Preferred Stocks .....				XXX .....		XXX .....		XXX .....
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
5989999999	Subtotal - Common Stocks .....				XXX .....		XXX .....		XXX .....
5999999999	Subtotal - Preferred and Common Stocks .....				XXX .....		XXX .....		XXX .....
6009999999	Total - Bonds, Preferred and Common Stocks .....				XXX .....	1,521,152	XXX .....	8,764	XXX .....

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value (Decrease)	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recognized	13 Total Change in B/A.C.V. (11 + 12 - 13)	14 Foreign Exchange Change in B/A.C.V.	15							
<b>Bonds - U.S. Governments</b>																					
912828SF8	US Treasury Note		02/15/2022	Matured		... XXX ...	1,500,000	1,500,000	1,500,000	1,500,000									15,000	02/15/2022	1A ...
0109999999 Subtotal - Bonds - U.S. Governments						... XXX ...	1,500,000	1,500,000	1,500,000	1,500,000									15,000	... XXX	... XXX ...
2509999997 Subtotal - Bonds - Part 4						... XXX ...	1,500,000	1,500,000	1,500,000	1,500,000									15,000	... XXX	... XXX ...
2509999998 Summary Item from Part 5 for Bonds (N/A to Quarterly)						... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...
2509999999 Subtotal - Bonds						... XXX ...	1,500,000	1,500,000	1,500,000	1,500,000									15,000	... XXX	... XXX ...
4509999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)						... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...
4509999999 Subtotal - Preferred Stocks						... XXX ...														XXX ...	XXX ...
5989999998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)						... XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...	XXX ...
5989999999 Subtotal - Common Stocks						... XXX ...														XXX ...	XXX ...
5999999999 Subtotal - Preferred and Common Stocks						... XXX ...														XXX ...	XXX ...
6009999999 Total - Bonds, Preferred and Common Stocks						... XXX ...	1,500,000	XXX ...	1,500,000	1,500,000									15,000	... XXX	... XXX ...

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

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

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
Huntington - General Operating	Akron, Ohio						5,618,939	9,345,939	4,061,149	XXX
SummaCare - Petty Cash	Akron, Ohio						290	290	290	XXX
Huntington - Goodyear	Akron, Ohio						60	160	60	XXX
Huntington - SHS	Akron, Ohio						1,155,996	1,160,820	1,155,867	XXX
0199998 Deposits in .....	0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	XXX	XXX						XXX
0199999 Totals - Open Depositories			XXX	XXX			6,775,285	10,507,209	5,217,366	XXX
0299998 Deposits in .....	0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	XXX	XXX						XXX
0299999 Totals - Suspended Depositories			XXX	XXX						XXX
0399999 Total Cash On Deposit			XXX	XXX			6,775,285	10,507,209	5,217,366	XXX
0499999 Cash in Company's Office			XXX	XXX	XXX	XXX				XXX
0599999 Total Cash			XXX	XXX			6,775,285	10,507,209	5,217,366	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
8609999999 Total Cash Equivalents .....								

**N O N E**