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2022

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QUARTERLY STATEMENT
AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Summa Insurance Company, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		OH	
Country of Domicile United States of America						
Licensed as business type:	Life, Accident & Health [] Dental Service Corporation [] Other []	Property/Casualty [X] Vision Service Corporation [] Is HMO Federally Qualified? Yes [] No [X] N/A []	Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization []			
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309 (City or Town, State, Country and Zip Code)			
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		(330)996-8410 (Area Code) (Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals (Name) wealsm@summacare.com (E-Mail Address)		(330)996-5112 (Area Code) (Telephone Number) (Extension) (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
 Alan Fehlner, Chief Financial Officer
 Susan Crawford, VP - Sales

Melissa Rusk, VP of Operations #
 Anne Armao, VP - Member Experience & Product Development

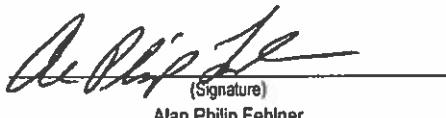
DIRECTORS OR TRUSTEES

Frank Anthony Camino
 Benjamin Paul Sutton
 Henry Leigh Gerstenberger
 Caroline Fisher Pearson
 George Emerson Stricker
 William Carl Epling

Rajiv Vishnu Taliwal M.D.
 Lydia Alexander Cook M.D.
 Russell Floyd Mohawk
 Thomas Clifford Deveny M.D.
 Mark Joseph Sims

State of Ohio
 County of Summit ss

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


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


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

(Signature)
 (Printed Name)
 3.
 (Title)

Subscribed and sworn to before me this
 13th day of April, 2022


 (Notary Public Signature)

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 []



Attorney Michael T. Frye
 Resident Summit County
 Notary Public, State of Ohio
 My Commission Has No Expiration Date
 Sec 147.03 RC