

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 (City or Town, State, Country and Zip Code)				(330)996-8410 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (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 (City or Town, State, Country and Zip Code)				(330)996-8410 (Area Code) (Telephone Number)	
Internet Web Site Address	SummaCare.com					
Statutory Statement Contact	Michael Dennis Weals (Name)				(330)996-5112 (Area Code)(Telephone Number)(Extension)	
	wealsm@summacare.com (E-Mail Address)					
					(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

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

Alan Fehlner, Chief Financial Officer

Anne Armao, VP - Member Experience and Product Development

DIRECTORS OR TRUSTEES

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

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

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.

Alan Philip Fehlner

(Signature)

(Printed Name)

1.

Chief Financial Officer

(Title)

William Carl Epling

(Signature)

(Printed Name)

2.

President

(Title)

(Signature)

(Printed Name)

3.

(Title)

Subscribed and sworn to before me this 12th day of October, 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[]

Michael T. Frye

(Notary Public Signature)



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