



10649202220100100

2022

Document Code: 201

ANNUAL STATEMENT
For the Year Ended DECEMBER 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)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Michael Dennis Weals (Name) wealsm@summacare.com (E-Mail Address)		(330)996-8410 (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/CFO
Lydia Alexander Cook M.D.	Vice Chair

OTHERS

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

Anne Armao, VP - Member Experience & Product Development

DIRECTORS OR TRUSTEES

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

(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
1st day of March, 2023

- 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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299997 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	1,150,722	26,355	(312)	133,006	144,200	1,165,571
0299999 TOTAL Group	1,150,722	26,355	(312)	133,006	144,200	1,165,571
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,150,722	26,355	(312)	133,006	144,200	1,165,571

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medimpact	1,800,389	.....	.....	1,827,897	1,827,897	1,800,389
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,800,389	.....	.....	1,827,897	1,827,897	1,800,389
Claim Overpayment Receivables						
OHIO HEALTH CORPORATION	28,040	.....	.....	.....	.....	28,040
MAUI MEMORIAL MEDICAL CENTER	8,915	.....	.....	.....	.....	8,915
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	36,955	.....	.....	.....	.....	36,955
Other Health Care Receivables						
Magellan	90,000	.....	.....	90,000	90,000	90,000
MEWA	184,697	.....	.....	.....	.....	184,697
Performance Guarantee	90,000	.....	.....	.....	.....	90,000
0699998 Other Health Care Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Health Care Receivables	364,697	.....	.....	90,000	90,000	364,697
0799999 Gross Health Care receivables	2,202,041	.....	.....	1,917,897	1,917,897	2,202,041

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	3,008,983	3,214,032	3,628,286	3,008,983	3,008,983	2,697,642
2. Claim overpayment receivables	138,780	.....	36,954	138,780	138,780	138,780
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables	115,422	126,940	454,697	115,422	115,422	182,000
7. TOTALS (Lines 1 through 6)	3,263,185	3,340,972	4,119,937	3,263,185	3,263,185	3,018,422

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	9,141,677	2,137,000	1,856,000	787,000	745,000	14,666,677
0499999 Subtotals	9,141,677	2,137,000	1,856,000	787,000	745,000	14,666,677
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	14,666,677
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Summa Management Services Organization	1,021,241					1,021,241	
0199999 Individually listed receivables	1,021,241					1,021,241	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,021,241					1,021,241	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health System	Various accounts payable checks and wires	3,988,090	3,988,090	.....
Apex Benefits Services, LLC	Amisys System Usage	309,413	309,413	.....
SummaCare	General admin expenses per reallocation	741,737	741,737	.....
0199999 Individually Listed Payables	XXX	5,039,240	5,039,240	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	5,039,240	5,039,240	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	14,140	0.016			15,803	(1,663)
3. All other providers						
4. TOTAL Capitation Payments	14,140	0.016			15,803	(1,663)
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	88,903,511	99.984	XXX	XXX	14,773,283	74,130,228
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	88,903,511	99.984	XXX	XXX	14,773,283	74,130,228
13. TOTAL (Line 4 plus Line 12)	88,917,651	100.000	XXX	XXX	14,789,086	74,128,565

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000	Austin Primary Care	4,050			
00000	Brian R Cain MD and Associates	7,950			
00000	Community Health Care	52,809			
00000	Diana Brewster	600			
00000	Family Physician	2,700			
00000	Manor Management Company	1,350			
00000	Ohio Family Practice	750			
00000	Partner Physicians Group	225			
00000	Pioneer	(81,397)			
00000	South Court Family Physicians	1,800			
00000	Stark County Medical Group	1,800			
00000	Summa Health Medical Group	1,950			
00000	Summa Health System	15,803			
00000	Total Lifetime Care Medical Affiliates	1,500			
00000	Waleed Nemer MD	2,250			
9999999 TOTALS		14,140	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



2022

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	15,653	1,863	13,308	24										458
2. First Quarter	18,756	5,296	13,000	23										437
3. Second Quarter	18,501	5,374	12,681	23										423
4. Third Quarter	19,107	5,522	13,142	23										420
5. Current Year	19,217	5,498	13,281	22										416
6. Current Year Member Months	225,420	63,249	156,794	269										5,108
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	28,546	8,769	19,745	32										
8. Non-Physician	15,365	5,371	9,988	6										
9. TOTAL	43,911	14,140	29,733	38										
10. Hospital Patient Days Incurred	4,288	1,447	2,841											
11. Number of Inpatient Admissions	903	299	604											
12. Health Premiums Written (b)	115,068,859	29,191,747	85,681,302	86,141										109,669
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	115,068,859	29,191,747	85,681,302	86,141										109,669
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	88,917,651	21,589,486	68,654,547	49,822										(1,376,204)
18. Amount Incurred for Provision of Health Care Services	93,153,218	23,452,864	71,023,637	50,922										(1,374,205)

(a) For health business: number of persons insured under PPO managed care products19,217 and number of persons insured under indemnity only products0.

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



2022

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	15,653	1,863	13,308	24										458
2. First Quarter	18,756	5,296	13,000	23										437
3. Second Quarter	18,501	5,374	12,681	23										423
4. Third Quarter	19,107	5,522	13,142	23										420
5. Current Year	19,217	5,498	13,281	22										416
6. Current Year Member Months	225,420	63,249	156,794	269										5,108
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	28,546	8,769	19,745	32										
8. Non-Physician	15,365	5,371	9,988	6										
9. TOTAL	43,911	14,140	29,733	38										
10. Hospital Patient Days Incurred	4,288	1,447	2,841											
11. Number of Inpatient Admissions	903	299	604											
12. Health Premiums Written (b)	115,068,859	29,191,747	85,681,302	86,141										109,669
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	115,068,859	29,191,747	85,681,302	86,141										109,669
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	88,917,651	21,589,486	68,654,547	49,822										(1,376,204)
18. Amount Incurred for Provision of Health Care Services	93,153,218	23,452,864	71,023,637	50,922										(1,374,205)

(a) For health business: number of persons insured under PPO managed care products19,217 and number of persons insured under indemnity only products0.

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

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
125	82-5056803	01/01/2022	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	6,072,545			600,000		
0899999 Subtotal - Non-Affiliates - U.S. Non-Affiliates							6,072,545			600,000		
1099999 Total - Non-Affiliates							6,072,545			600,000		
1199999 Total U.S. (Sum of 0399999 and 0899999)							6,072,545			600,000		
9999999 Total (Sum of 0799999 and 1099999)							6,072,545			600,000		

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60410	73-0714500	01/01/2022	AMERICAN FIDELITY ASSUR CO	OK	7,001	.....
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				7,001	.....
2199999	Total - Accident and Health - Non-Affiliates				7,001	.....
2299999	Total - Accident and Health				7,001	.....
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				7,001	.....
9999999	Total (Sum of 1199999 and 2299999)				7,001	.....

SCHEDULE S - PART 3 - SECTION 2**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60410	73-0714500	01/01/2022	AMERICAN FIDELITY ASSUR CO	OK	SLEL		987,929						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						987,929						
1099999	Total - General Account - Authorized - Non-Affiliates						987,929						
1199999	Total - General Account - Authorized						987,929						
4599999	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						987,929						
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						987,929						
9999999	Total (Sum of 4599999 and 9099999)						987,929						

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	988	1,734	2,200	1,488	1,126
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	462	(13)	346	1,056	1,787
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	7		167	274	309
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	62,741,484		62,741,484
2. Accident and health premiums due and unpaid (Line 15)	1,165,571		1,165,571
3. Amounts recoverable from reinsurers (Line 16.1)	7,001	(7,001)	
4. Net credit for ceded reinsurance	X X X	7,001	7,001
5. All other admitted assets (Balance)	3,936,872		3,936,872
6. TOTAL Assets (Line 28)	67,850,928		67,850,928
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,666,677		14,666,677
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	3,271,038		3,271,038
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	12,574,260		12,574,260
15. TOTAL Liabilities (Line 24)	30,511,975		30,511,975
16. TOTAL Capital and Surplus (Line 33)	37,338,953	X X X	37,338,953
17. TOTAL Liabilities, Capital and Surplus (Line 34)	67,850,928		67,850,928
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	7,001		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	7,001		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	7,001		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CAN)
58. Aggregate other alien (OT)
59. TOTALS

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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
3259	SUMMA INSURANCE COMPANY	95202	34-1726655	.....	.....	SUMMACARE INC	OH .. UDP ..	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH	No ..	.....	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108	.....	.....	SUMMA INS CO INC	OH .. RE ..	SUMMACARE	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	34-1887844	.....	.....	SUMMA HEALTH	OH .. UIP ..	.....	.....	.....	.....	No ..	0000001		
		00000	34-1515252	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH .. UIP ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	16-1628227	.....	.....	SUMMA INSURANCE AGENCY LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	341961463	.....	.....	APEX BENEFITS SERVICES LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	34-1895396	.....	.....	OHIO HEALTH CHOICE	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	341790929	.....	.....	SUMMA PHYSICIANS INC	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	34-1219001	.....	.....	SUMMA FOUNDATION	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	27-1952573	.....	.....	SUMMA REHAB HOSPITAL	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	52.0	SUMMA HEALTH	No ..	.....	
		00000	26-1421110	.....	.....	MEDINA-SUMMIT ASC LLC	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	34-1887844	.....	.....	SUMMA HEALTH NETWORK LLC	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	27-3857055	.....	.....	SUMMA ACCOUNTABLE CARE ORGANIZATION	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	46-1145832	.....	.....	MIDDLEBURY ASSURANCE COMPANY	CYM .. IA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	0000002		
		00000	46-1159251	.....	.....	SUMMA MANAGEMENT SERVICES ORGANIZATION	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	34-0714755	.....	.....	SUMMA INTEGRATED SERVICES ORGANIZATION	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	82-3600079	.....	.....	SUMMA HEALTH SYSTEM	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	82-2881193	.....	.....	SUMMA HHAH HOLDINGS, LLC	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH	No ..	.....	
		00000	82-2881193	.....	.....	SUMMA HOME HEALTH AND HOSPICE, LLC	OH .. NIA ..	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	SUMMA HEALTH	No ..	.....	
3259	SUMMA INSURANCE COMPANY	16775	84-3836552	.....	.....	SUMMACARE OF MICHIGAN INC.	MI .. DS ..	SUMMACARE	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	36-3636364	.....	.....	DIG HOLDINGS	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	10.2	SUMMA HEALTH	No ..	.....	
		00000	85-3039796	.....	.....	AKRON PHYSICIAN WELLNESS	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	50.0	SUMMA HEALTH	No ..	.....	
		00000	61-1730089	.....	.....	SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	86-2656357	.....	.....	SUMMA HEALTH OUTPATIENT SERVICES, LLC	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No ..	.....	
		00000	87-4166252	.....	.....	SUMMA SUPPORT SERVICES LLC	OH .. NIA ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..	.....	

Asterisk	Explanation
0000001	SUMMA HEALTH IS THE ULTIMATE CONTROLLING ENTITY
0000002	Middlebury Assurance Company is located in the Cayman Islands
0000003	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 10649 ..	34-1809108 ..	SUMMA INS CO INC .....	.....	.....	..... (20,055,322)	..... (12,060,889)	.....	.....	.....	..... (32,116,211)	.....	.....
	86-2656357 ..	SUMMA HEALTH OUTPATIENT SERVICES .....	.....	.....	..... 1,202	.....	.....	.....	.....	..... 1,202	.....	.....
	34-1961463 ..	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	..... 248,112	.....	.....	.....	..... 248,112	.....	.....
	34-1887844 ..	SUMMA HEALTH SYSTEM .....	.....	.....	..... 74,123,279	..... 2,259,276	.....	.....	.....	..... 76,382,555	.....	.....
	34-1895396 ..	OHIO HEALTH CHOICE INC. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 95202 ..	34-1726655 ..	SUMMACARE INC .....	.....	.....	..... (82,582,416)	..... (21,958,627)	..... 3,456	.....	.....	..... (104,541,043)	.....	.....
	34-1790929 ..	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	..... 14,419,530	.....	.....	.....	.....	..... 14,419,530	.....	.....
	27-3857055 ..	SUMMA PHYSICIANS INC .....	.....	.....	..... 1,058,964	.....	.....	.....	.....	..... 1,058,964	.....	.....
	46-1145832 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	.....	..... 31,508,672	.....	.....	..... 31,508,672	.....	.....
	82-2881193 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	..... 8,956,975	.....	.....	.....	.....	..... 8,956,975	.....	.....
	27-1952573 ..	SUMMA HOME HEALTH .....	.....	.....	..... 4,001,562	.....	.....	.....	.....	..... 4,001,562	.....	.....
	26-1421110 ..	SUMMA REHAB HOSPITAL .....	.....	.....	..... 76,226	.....	.....	.....	.....	..... 76,226	.....	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	..... XXX	.....	.....	.....	.....

Schedule Y Part 2 Explanation:

SCHEDULE Y**Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
SummaCare of Michigan	SummaCare	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes
Summa Insurance Company	SummaCare	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes
SummaCare	Summa Health System Corp	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | Yes |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

12. Summa Insurance Company has less than 100 shareholders.

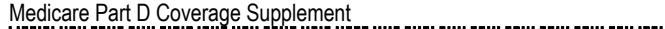
Bar Code:

Health Life Supplement - March



1064920222050000 2022 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



10649202237100000 2022 Document Code: 371

Medicare Part D Coverage Supplement



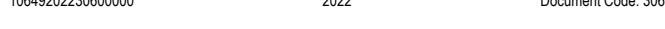
10649202236500000 2022 Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA



1064920222500000 2022 Document Code: 225

LTC Supplemental Interrogatories



10649202230600000 2022 Document Code: 306

Schedule SIS



1064920224200000 2022 Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



1064920223700000 2022 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



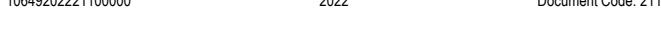
10649202222400000 2022 Document Code: 224

Approval for Relief related to Require. for Audit Committees



1064920222600000 2022 Document Code: 226

Health Life Supplement - April



10649202221100000 2022 Document Code: 211

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

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

STATEMENT OF REVENUE AND EXPENSES

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

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



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2022
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 3259

NAIC Company Code: 10649

Address (City, State and Zip Code): Akron, OH 44305

Person Completing This Exhibit: Roy Hall

Title: Regulatory Accountant

Telephone Number: (330)996-8410-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
Total Experience on Individual Policies																		
.... Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					14,928	4,420	29.6	4	
.... Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					61,315	45,810	74.7	15	
.... Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					4,076	395	9.7	1	
.... Yes	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					3,752	927	24.7	1	
.... Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					2,070			1	
0199999 Total Experience on Individual Policies															86,141	51,552	59.8	22
0299999 Total Experience on Group Policies																		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1200 East Market St. Suite 400, Akron OH 44305
 - 2.2 Contact Person and Phone Number: Anne Armao (330)996-8410-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address: P.O. Box 3620, Akron OH 44309-3620
 - 3.2 Contact Person and Phone Number: Michael T. Frye (330)996-8410-
4. Explain any policies identified above as policy type "O":