



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 (City or Town, State, Country and Zip Code)			
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	Akron, OH, 44305 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com		(330)996-8410 (Area Code) (Telephone Number)			
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/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  
Benjamin Paul Sutton  
Henry Leigh Gerstenberger  
Caroline Fisher Pearson  
George Emerson Strickler  
William Carl Epling

Rajiv Vishnu Taliwal M.D.  
Lydia Alexander Cook M.D.  
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.

(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)
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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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	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
<b>Pharmaceutical Rebate Receivables</b>						
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
<b>Claim Overpayment Receivables</b>						
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
<b>Other Health Care Receivables</b>						
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

		Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		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	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables .....	3,008,983	3,214,032		3,628,286	3,008,983	2,697,642
2.	Claim overpayment receivables .....	138,780			36,954	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	182,000
7.	TOTALS (Lines 1 through 6) .....	3,263,185	3,340,972		4,119,937	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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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	2	3	4	5
Affiliate	Description	Amount	Current	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 .....	X X X .....	5,039,240	5,039,240	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	5,039,240	5,039,240	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	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	X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

30 Ohio

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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 products .....19,217 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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 products .....19,217 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
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	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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 .....						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

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	Relation- ship 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 Percentage	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	80.0	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					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	0000002
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-3600079				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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	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)	.....	.....	.....	.. (104,541,043)	.....
.....	.....	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	.....	..... 3,456	.....	.....	.....	..... 3,456	.....
.....	.. 34-1790929 ..	SUMMA PHYSICIANS INC .....	.....	.....	.....	..... 14,419,530	.....	.....	.....	.....	..... 14,419,530	.....
.....	.. 27-3857055 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	..... 1,058,964	.....	.....	.....	.....	..... 1,058,964	.....
.....	.. 46-1145832 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	.....	.....	..... 31,508,672	.....	.....	.....	..... 31,508,672	.....
.....	.. 82-2881193 ..	SUMMA HOME HEALTH .....	.....	.....	.....	..... 8,956,975	.....	.....	.....	.....	..... 8,956,975	.....
.....	.. 27-1952573 ..	SUMMA REHAB HOSPITAL .....	.....	.....	.....	..... 4,001,562	.....	.....	.....	.....	..... 4,001,562	.....
.....	.. 26-1421110 ..	MEDINA SUMMIT .....	.....	.....	.....	..... 76,226	.....	.....	.....	.....	..... 76,226	.....
9999999 Control Totals .....		.....	.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

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



10649202220500000 2022 Document Code: 205

Schedule SIS



10649202224200000 2022 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



10649202237100000 2022 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



10649202223700000 2022 Document Code: 370

Medicare Part D Coverage Supplement



10649202236500000 2022 Document Code: 365

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



1064920222400000 2022 Document Code: 224

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



10649202222500000 2022 Document Code: 225

Approval for Relief related to Require. for Audit Committees



10649202222600000 2022 Document Code: 226

LTC Supplemental Interrogatories



10649202230600000 2022 Document Code: 306

Health Life Supplement - April



10649202221100000 2022 Document Code: 211

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	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	2	3
	Uncovered	Total	Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	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. 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	2
	Current Year	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  
Address (City, State and Zip Code): Akron, OH 44305  
Person Completing This Exhibit: Roy Hall  
Title: Regulatory Accountant  
Telephone Number: (330)996-8410-

Supp360 Ohio

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	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":