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2022

Document Code: 201

ANNUAL STATEMENT
For the Year Ended DECEMBER 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 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 #

Anne Armao, VP - Member Experience and Product Development

Susan Crawford, VP - Sales

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	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)

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	5,245,509	11,690	8,905	42,124	42,741	5,265,487
0299999 TOTAL Group	5,245,509	11,690	8,905	42,124	42,741	5,265,487
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)	5,245,509	11,690	8,905	42,124	42,741	5,265,487

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	3,441,185	.....	.....	3,549,036	3,549,036	3,441,185
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	3,441,185	.....	.....	3,549,036	3,549,036	3,441,185
Claim Overpayment Receivables						
ACCREDO HEALTH GRP	16,264	.....	.....	.....	.....	16,264
ALTERCARE OF OHIO INC	10,032	.....	.....	.....	.....	10,032
METROHEALTH SYSTEM	9,352	.....	.....	.....	.....	9,352
OHIO ENDOVASCULAR LLC	3,154	.....	.....	.....	.....	3,154
ACUTE CARE SPECIALISTS LLC	221	.....	.....	.....	.....	221
AKRON RENAL CARE GROUP LLC	1,452	.....	.....	.....	.....	1,452
AULTMAN HOSPITAL	22	.....	.....	.....	.....	22
COOPERATIVE HEALTH PARTNERS LTD	331	.....	.....	.....	.....	331
DOCTORS CARE, PA	44	.....	.....	.....	.....	44
DR ORLANDO RODRIGUEZ LLC	68	.....	.....	.....	.....	68
GRAVITY DIAGNOSTICS, LLC	116	.....	.....	.....	.....	116
INPATIENT MEDICAL SERVICES, INC	331	.....	.....	.....	.....	331
LEGACY HEALTHCARE SERVICES, INC.	2,687	.....	.....	.....	.....	2,687
MARLBORO TOWNSHIP	391	.....	.....	.....	.....	391
MEDARBOR LLC	945	.....	.....	.....	.....	945
MYERS MILLER PODIATRY INC	209	.....	.....	.....	.....	209
NURSE PRACTITIONER HEALTH SERVICES, LLC	219	.....	.....	.....	.....	219
OHIO EYE CARE CONS LLC	40	.....	.....	.....	.....	40
PEARL ROAD SURGERY CENTER, LLC	1,398	.....	.....	.....	.....	1,398
PHYSICIANS AMBULANCE INC	110	.....	.....	.....	.....	110
PLASTIC SURGERY INSTITUTE OF OHIO LLC	183	.....	.....	.....	.....	183
RAYMOND J LEONE, DO.	168	.....	.....	.....	.....	168
SPRINGFIELD TOWNSHIP TRUSTEE	259	.....	.....	.....	.....	259
SUMMIT NEUROENDOVASCULAR SPECIALISTS LLC	966	.....	.....	.....	.....	966
UNIVERSITY HOSPITALS OF CLEVELAND	11,938	.....	.....	.....	.....	11,938
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	60,900	.....	.....	.....	.....	60,900
Capitation Arrangements Receivables						
CMS revenue due from membership true up	4,113	.....	.....	.....	.....	4,113
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables	4,113	.....	.....	.....	.....	4,113
Risk Sharing Receivables						
NHC Shared Savings	692,200	.....	.....	.....	.....	692,200
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables	692,200	.....	.....	.....	.....	692,200
Other Health Care Receivables						
MSP	100,000	.....	.....	.....	100,000	.....
Magellan	30,000	.....	.....	37,753	37,753	30,000
0699998 Other Health Care Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....

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
0699999 Subtotal - Other Health Care Receivables	130,000	.....	.....	37,753	137,753	30,000
0799999 Gross Health Care receivables	4,328,398	.....	.....	3,586,789	3,686,789	4,228,398

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	6,250,787	7,189,749		6,990,221	6,250,787	6,122,163
2. Claim overpayment receivables	179,433			60,900	179,433	179,433
3. Loans and advances to providers						
4. Capitation arrangement receivables				4,114		30,038
5. Risk sharing receivables	966,093			692,200	966,093	1,300,000
6. Other health care receivables	1,006,106	39,964		167,753	1,006,106	1,077,048
7. TOTALS (Lines 1 through 6)	8,402,419	7,229,713		7,915,188	8,402,419	8,708,682

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	20,465,030	5,949,000	3,830,000	1,536,000	1,891,000	33,671,030
0499999 Subtotals	20,465,030	5,949,000	3,830,000	1,536,000	1,891,000	33,671,030
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	33,671,030
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	14,223,807

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 Insurance Company	741,737					741,737	
SummaCare of Michigan	3					3	
Apex Benefit Services	290,323					290,323	
0199999 Individually listed receivables	1,032,063					1,032,063	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,032,063					1,032,063	

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 Medical Group	Administrative fees	15,478	15,478	.....
Summa Management Services Organization	Salaries and Benefits	3,306,464	3,306,464	.....
Summa Health System	Administrative fees and Accounts Payable	6,985,215	6,985,215	.....
0199999 Individually Listed Payables	XXX	10,307,157	10,307,157	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	10,307,157	10,307,157	.....

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	149,830	0.057			149,830	
3. All other providers						
4. TOTAL Capitation Payments	149,830	0.057			149,830	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	245,497,679	93.921	XXX	XXX	68,517,144	176,980,535
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	15,738,810	6.021	XXX	XXX	300,768	15,438,042
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	261,236,489	99.943	XXX	XXX	68,817,912	192,418,577
13. TOTAL (Line 4 plus Line 12)	261,386,319	100.000	XXX	XXX	68,967,742	192,418,577

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	Summa Health System Geriatrics	149,830			
99999999 TOTALS		149,830	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	1,063,561	.....	967,483	.....	101,157	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	1,063,561	.....	967,483	.....	101,157	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

	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	22,741								22,741					
2. First Quarter	23,194								23,194					
3. Second Quarter	23,011								23,011					
4. Third Quarter	22,954								22,954					
5. Current Year	22,755								22,755					
6. Current Year Member Months	276,311								276,311					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	98,657								98,657					
8. Non-Physician	52,172								52,172					
9. TOTAL	150,829								150,829					
10. Hospital Patient Days Incurred	50,863								50,863					
11. Number of Inpatient Admissions	6,440								6,440					
12. Health Premiums Written (b)	315,966,210								315,966,210					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	315,966,210								315,966,210					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	261,386,319								261,386,319					
18. Amount Incurred for Provision of Health Care Services	267,599,687								267,599,687					

(a) For health business: number of persons insured under PPO managed care products0 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 \$....315,966,210



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95202

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	22,741								22,741					
2. First Quarter	23,194								23,194					
3. Second Quarter	23,011								23,011					
4. Third Quarter	22,954								22,954					
5. Current Year	22,755								22,755					
6. Current Year Member Months	276,311								276,311					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	98,657								98,657					
8. Non-Physician	52,172								52,172					
9. TOTAL	150,829								150,829					
10. Hospital Patient Days Incurred	50,863								50,863					
11. Number of Inpatient Admissions	6,440								6,440					
12. Health Premiums Written (b)	315,966,210								315,966,210					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	315,966,210								315,966,210					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	261,386,319								261,386,319					
18. Amount Incurred for Provision of Health Care Services	267,599,687								267,599,687					

(a) For health business: number of persons insured under PPO managed care products0 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 \$....315,966,210

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
			N O N E									
9999999 Total (Sum of 0799999 and 1099999)												

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 ....	.....	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					.....	.....
2199999 Total - Accident and Health - Non-Affiliates .....					.....	.....
2299999 Total - Accident and Health .....					.....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					.....	.....

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		211,666						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						211,666						
1099999	Total - General Account - Authorized - Non-Affiliates						211,666						
1199999	Total - General Account - Authorized						211,666						
4599999	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						211,666						
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						211,666						
9999999	Total (Sum of 4599999 and 9099999)						211,666						

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				205	
2. Title XVIII-Medicare	212	248	242		165
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	(66)	279		114	3
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses		279		114	
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)	98,569,877		98,569,877
2. Accident and health premiums due and unpaid (Line 15)	8,778,061		8,778,061
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	16,253,078		16,253,078
6. TOTAL Assets (Line 28)	123,601,016		123,601,016
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	33,671,030		33,671,030
8. Accrued medical incentive pool and bonus payments (Line 2)	14,223,807		14,223,807
9. Premiums received in advance (Line 8)	332,031		332,031
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)	16,513,539		16,513,539
15. TOTAL Liabilities (Line 24)	64,740,407		64,740,407
16. TOTAL Capital and Surplus (Line 33)	58,860,609	X X X	58,860,609
17. TOTAL Liabilities, Capital and Surplus (Line 34)	123,601,016		123,601,016
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
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			

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)	*
		00000	34-1887844	OH	UIP	SUMMA HEALTH								No	0000002
		00000	34-1515252			SUMMA HEALTH SYSTEM CORPORATION		OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108			SUMMA INSURANCE COMPANY		OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH	No	
3259	SUMMA INSURANCE COMPANY	95202	34-1726655			SUMMACARE INC.		OH	RE	SUMMA HEALTH SYSTEM CORP	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	34-1961463			APEX BENEFITS SERVICES LLC		OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1895396			OHIO HEALTH CHOICE INC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1790929			SUMMA PHYSICIANS INC		OH	NIA	SUMMA HEALTH	Ownership	80.0	SUMMA HEALTH	No	
		00000	34-1219001			SUMMA FOUNDATION		OH	NIA	SUMMA HEALTH	Ownership	100.0	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	0000001
		00000	46-1159251			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC		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	27-1952573			SUMMA HEALTH SYSTEM		OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-3600079			SUMMA REHAB HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-2881193			SUMMA HHAH HOLDINGS, LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH	No	
		3259	SUMMA INSURANCE COMPANY	16775	84-3836552	SUMMACARE OF MICHIGAN INC.		MI	DS	SUMMACARE INC.	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	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health is the ultimate controlling entity
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)	
	34-1887844 ..	SUMMA HEALTH NETWORK, LLC										
	34-1961463 ..	APEX BENEFITS SERVICES, LLC					248,112				248,112	
	34-0714755 ..	AKRON CITY & ST. THOMAS HOSPITALS										
	34-1895396 ..	OHIO HEALTH CHOICE INC				(82,582,416)	(21,958,627)				(104,541,043)	
95202 ..	34-1726655 ..	SUMMACARE INC					3,456				3,456	
	34-1790929 ..	MIDDLEBURY ASSURANCE COMPANY				14,419,530					14,419,530	
	26-1375072 ..	SUMMA BARBERTON HOSPITAL										
	34-6549371 ..	SUMMA WADSWORTH-RITTMAN HOSPITAL										
	27-3857055 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION				1,058,964					1,058,964	
	46-1145832 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION					31,508,672				31,508,672	
	34-1887844 ..	SUMMA HEALTH SYSTEM				74,123,279	2,259,276				76,382,555	
	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	
	86-2656357 ..	SUMMA HEALTH OUTPATIENT SERVICES				1,202					1,202	
9999999 Control Totals												
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?	No
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?	No

AUGUST FILING

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

- 11.
12. SummaCare has less than 100 stockholders
- 15.
- 19.
- 20.

Bar Code:

Medicare Supplement Insurance Experience Exhibit



9520220223600000

2022

Document Code: 360

Schedule SIS



9520220224200000

2022

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



9520220223700000

2022

Document Code: 370

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



9520220222400000

2022

Document Code: 224

Health Life Supplement - March



9520220222500000

2022

Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



9520220223710000

2022

Document Code: 371

Medicare Part D Coverage Supplement



9520220223650000

2022

Document Code: 365

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



9520220222500000

2022

Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



952022022260000

2022

Document Code: 226

Health Life Supplement - April



95202202221100000

2022

Document Code: 211

LTC Supplemental Interrogatories



95202202230600000

2022

Document Code: 306

LHA Guaranty Association Reconciliation



95202202229000000

2022

Document Code: 290

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
2505.
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
	XXX .....	.....	.....
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)
0704. Proceeds from the Sale of the Medicaid Product Line
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. 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	2 Prior Year
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)