



QUARTERLY STATEMENT
AS OF JUNE 30, 2023
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[<input checked="" type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input checked="" type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[<input checked="" type="checkbox"/>] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<input type="checkbox"/>]			
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 Web Site 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
Hugh Riley M.D., Chief Medical Officer #

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)

Subscribed and sworn to before me this
10th day of August, 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)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	32,215,626		32,215,626	31,973,618
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....31,880,698), cash equivalents (\$.....0) and short-term investments (\$.....211,525)	32,092,223		32,092,223	30,767,866
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	64,307,849		64,307,849	62,741,484
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	155,971		155,971	146,987
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,728,271	22,683	1,705,588	1,165,571
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	353,787		353,787	7,001
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	852,006		852,006	566,603
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	862,870		862,870	1,021,241
24. Health care (\$.....2,097,173) and other amounts receivable	4,117,999	2,020,826	2,097,173	2,202,041
25. Aggregate write-ins for other-than-invested assets	167,900	167,900		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	72,546,653	2,211,409	70,335,244	67,850,928
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	72,546,653	2,211,409	70,335,244	67,850,928
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	167,900	167,900		
2502. Deferred ACA Asset				
2503. Pharmacy Rebates				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	167,900	167,900		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	12,380,563		12,380,563	14,666,677
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	392,284		392,284	392,284
4. Aggregate health policy reserves, including the liability of \$.....2,786,048 for medical loss ratio rebate per the Public Health Service Act	10,423,182		10,423,182	5,883,636
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,402,347		3,402,347	3,271,038
9. General expenses due or accrued	2,221,677		2,221,677	1,259,100
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	4,883,929		4,883,929	5,039,240
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	33,703,982		33,703,982	30,511,975
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	97,866,443	97,866,443
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(63,735,181)	(63,027,490)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	36,631,262	37,338,953
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	70,335,244	67,850,928
DETAILS OF WRITE-INS				
2301. Minority Interest				
2302. Deferred gain on sale of bonds to SummaCare, Inc.				
2303. Miscellaneous				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. ACA Annual Fee on Health Insurers	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
1. Member Months	XXX	110,698	111,237	225,420
2. Net premium income (including \$.....0 non-health premium income)	XXX	59,530,239	61,534,443	120,153,474
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	59,530,239	61,534,443	120,153,474
Hospital and Medical:				
9. Hospital/medical benefits		35,949,802	35,253,676	72,947,016
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		11,279,638	8,692,325	20,206,202
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		47,229,440	43,946,001	93,153,218
Less:				
17. Net reinsurance recoveries		(262,984)	(1,423,509)	(1,677,310)
18. Total hospital and medical (Lines 16 minus 17)		47,492,424	45,369,510	94,830,528
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....492,151 cost containment expenses		1,184,250	1,728,148	2,769,065
21. General administrative expenses		12,153,325	11,450,624	21,897,382
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		60,829,999	58,548,282	119,496,975
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,299,760)	2,986,161	656,499
25. Net investment income earned		316,489	167,000	360,569
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		316,489	167,000	360,569
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses		189	192	406
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(983,082)	3,153,353	1,017,474
31. Federal and foreign income taxes incurred	XXX	(285,403)	648,634	222,195
32. Net income (loss) (Lines 30 minus 31)	XXX	(697,679)	2,504,719	795,279
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Medimpact network performance guarantee				
2902. Miscellaneous Income (Expense)		189	192	406
2903. Finance and service charges not included in premiums				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		189	192	406

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	37,338,953	37,060,291	37,060,291
34. Net income or (loss) from Line 32	(697,679)	2,504,719	795,279
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(10,012)	62,370	(516,616)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			(62)
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			61
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(707,691)	2,567,089	278,662
49. Capital and surplus end of reporting period (Line 33 plus 48)	36,631,262	39,627,380	37,338,953
DETAILS OF WRITE-INS			
4701. Gain on sale of bonds			
4702. Correction of an error - Federal Income Tax			
4703. Correction of an Error - Hospital / Medical Benefits			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	63,661,077	59,921,845	124,544,577
2.	Net investment income	309,247	192,484	338,746
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	63,970,324	60,114,329	124,883,323
5.	Benefit and loss related payments	50,020,456	41,688,101	90,543,347
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	12,374,997	12,027,995	24,902,119
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		1	391,393
10.	TOTAL (Lines 5 through 9)	62,395,453	53,716,097	115,836,859
11.	Net cash from operations (Line 4 minus Line 10)	1,574,871	6,398,232	9,046,464
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	2,000,000	1,950,000	2,950,000
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	2,000,000	1,950,000	2,950,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	2,243,750	1,794,604	8,336,526
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	2,243,750	1,794,604	8,336,526
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(243,750)	155,396	(5,386,526)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(6,764)	(1,064,488)	1,075,392
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(6,764)	(1,064,488)	1,075,392
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,324,357	5,489,140	4,735,330
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	30,767,866	26,032,536	26,032,536
19.2	End of period (Line 18 plus Line 19.1)	32,092,223	31,521,676	30,767,866

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	19,217	5,498	13,281	22										416
2. First Quarter	18,671	5,814	12,438	21										398
3. Second Quarter	18,268	5,640	12,211	21										396
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	110,698	33,754	74,430	126										2,388
Total Member Ambulatory Encounters for Period:														
7. Physician	14,541	4,973	9,549	19										
8. Non-Physician	7,378	2,925	4,453											
9. Total	21,919	7,898	14,002	19										
10. Hospital Patient Days Incurred	2,046	777	1,269											
11. Number of Inpatient Admissions	435	154	281											
12. Health Premiums Written (a)	56,596,492	14,956,575	41,519,377	41,942										78,598
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	56,596,492	14,956,575	41,519,377	41,942										78,598
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	49,515,555	14,557,700	35,811,690	25,225										(879,060)
18. Amount Incurred for Provision of Health Care Services	47,229,440	14,194,613	33,872,030	43,925										(881,128)

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

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
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	8,294,563	1,661,000	886,000	577,000	962,000	12,380,563
0499999 Subtotals	8,294,563	1,661,000	886,000	577,000	962,000	12,380,563
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	12,380,563
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) Individual	4,222,714	9,672,906	100,000	3,088,727	4,322,714	3,551,814
2. Comprehensive (hospital & medical) Group	8,596,563	27,215,126	511,000	8,052,603	9,107,563	10,503,263
3. Medicare Supplement	5,000	20,225		25,300	5,000	6,600
4. Dental only						
5. Vision only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare						
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health	5,000	41,004		602,933	5,000	605,000
13. Health subtotal (Lines 1 to 12)	12,829,277	36,949,261	611,000	11,769,563	13,440,277	14,666,677
14. Healthcare receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)	12,829,277	36,949,261	611,000	11,769,563	13,440,277	14,666,677

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Summa Insurance Company's (the Company or SIC) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of June 30, 2023 and December 31, 2022 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material. Additionally, the Company's risk based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

	SSAP #	F/S Page	F/S Line #	06/30/2023	12/31/2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4).....	XXX.....	XXX.....	XXX.....	\$.....(697,679)	\$..... 795,279 ..
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4).....	XXX.....	XXX.....	XXX.....	\$.....(697,679)	\$..... 795,279 ..
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX.....	XXX.....	XXX.....	\$..... 36,631,262	\$..... 37,338,953 ..
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8).....	XXX.....	XXX.....	XXX.....	\$..... 36,631,262	\$..... 37,338,953 ..

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with *Accounting Practices and Procedures Manual*, the NAIC Annual Statement Instructions and other accounting practices prescribed or permitted by the ODI requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Cash and Short-Term Investments

Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.

(2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R - None

(3) Common stocks - None

(4) Preferred stocks - None

(5) Mortgage loans - None

(6) Loan-backed securities - None

(7) Investments in subsidiaries, controlled and affiliated entities - None

(8) Investments in joint ventures, partnerships and limited liability companies - None

(9) Accounting policy for derivatives

The Company does not invest in derivative instruments.

(10) Investments in joint ventures, partnerships and limited liability companies

The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.

(11) Liabilities for losses and loss/claim adjustment expenses

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in capitalization policy

The Company's capitalization policy and predefined thresholds have not changed from the prior period.

(13) Pharmaceutical rebate receivables

The pharmaceutical rebate receivables are estimated from a report provided by the pharmacy benefit manager.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

D. Going Concern - None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

All accrued investment income was admitted for the period.

B. Total Amount Excluded

\$0

8. Derivative Instruments - None

9. Income Taxes

The 2023 amounts were calculated in accordance with SSAP No. 101. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including:

1. The nature of the deferred tax assets and liabilities;
2. Whether they are ordinary or capital;
3. The timing of reversal;
4. Taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards;
5. The length of time that carryovers can be used;
6. Unique tax rules that would impact the utilization of the deferred tax assets;
7. Any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

In 2023 and 2022, the Company determined a full valuation allowance was necessary.

A. Components of the Net Deferred Tax Asset/(Liability)

The components of deferred tax asset / liability at June 30, 2023 and December 31, 2022 are as follows:

(1) Change between years by tax character

	06/30/2023			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) Total (Col 7+8)
(a) Gross deferred tax assets	\$ 979,081	\$	\$ 979,081	\$ 1,057,268	\$	\$ 1,057,268	\$ (78,187)	\$	\$ (78,187)
(b) Statutory valuation allowance adjustments	970,422		970,422	1,048,578		1,048,578	(78,156)		(78,156)
(c) Adjusted gross deferred tax assets (1a - 1b)	8,659		8,659	8,690		8,690	(31)		(31)
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 8,659	\$	\$ 8,659	\$ 8,690	\$	\$ 8,690	\$ (31)	\$	\$ (31)
(f) Deferred tax liabilities	8,659		8,659	8,690		8,690	(31)		(31)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes to the Financial Statements

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

	06/30/2023			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) Total (Col 7+8)
	\$	\$	\$	\$	\$	\$	\$	\$	\$
(a) Federal income taxes paid in prior years recoverable through loss carrybacks.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below).....									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date.....									
2. Adjusted gross deferred tax assets allowed per limitation threshold.....	XXX.....	XXX.....	5,494,689.....	XXX.....	XXX.....	5,600,843.....	XXX.....	XXX.....	(106,154)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities.....	8,659.....		8,659.....	8,690.....		8,690.....	(31).....		(31).....
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c)).....	\$ 8,659	\$	\$ 8,659	\$ 8,690	\$	\$ 8,690	\$ (31)	\$	\$ (31)

(3) Ratio used as basis of admissibility

	06/30/2023	12/31/2022
(a) Ratio percentage used to determine recovery period and threshold limitation amount.....	853.000 %	869.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.....	\$ 36,631,262	\$ 37,338,953

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	06/30/2023		12/31/2022		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) Ordinary (Col. 1-3)	(6) Capital (Col. 2-4)
	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
1. Adjusted gross DTAs amount from Note 9A1(c).....	\$ 8,659	\$	\$ 8,690	\$	\$ (31)	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies.....		%		%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e).....	\$ 8,659	\$	\$ 8,690	\$	\$ (31)	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.....		%		%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance?..... **NO**

B. Regarding Deferred Tax Liabilities That Are Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at June 30, 2023 and December 31, 2022.

C. Major Components of Current Income Taxes Incurred

		(1) 06/30/2023	(2) 12/31/2022	(3) Change (1-2)
Current income taxes incurred consist of the following major components:				
1. Current Income Tax				
(a) Federal.....	\$ (285,403)	\$ 213,194	\$ (498,597)	
(b) Foreign.....				
(c) Subtotal (1a+1b).....	\$ (285,403)	\$ 213,194	\$ (498,597)	
(d) Federal income tax on net capital gains.....				
(e) Utilization of capital loss carry-forwards.....				
(f) Other.....			9,001	(9,001)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f).....	\$ (285,403)	\$ 222,195	\$ (507,598)	

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 06/30/2023	(2) 12/31/2022	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 30,164	\$ 35,955	\$ (5,791)
(2) Unearned premium reserve	142,899	137,384	5,515
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual	72,901	112,405	(39,504)
(9) Pension accrual			
(10) Receivables - nonadmitted	464,396	462,293	2,103
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other	268,721	309,231	(40,510)
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 979,081	\$ 1,057,268	\$ (78,187)
(b) Statutory valuation allowance adjustment	970,422	1,048,578	(78,156)
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 8,659	\$ 8,690	\$ (31)
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 8,659	\$ 8,690	\$ (31)
	(1) 06/30/2023	(2) 12/31/2022	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 268	\$ 299	\$ (31)
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other	8,391	8,391	-
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 8,659	\$ 8,690	\$ (31)
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 8,659	\$ 8,690	\$ (31)
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	06/30/2023	Effective Tax Rate
Income (loss) before taxes	\$ (206,447)	21.000 %
Meals & entertainment	1,303	-0.133 ...
Non deductible club dues		
Annual fee for health insurers		
Change in valuation allowance	(78,156)	7.950 ...
Change in nonadmitted assets	(2,103)	0.214 ...
Deferred tax rate change		
Other		
Total	<u>\$ (285,403)</u>	<u>29.031 %</u>

Notes to the Financial Statements

9. Income Taxes (Continued)

	06/30/2023	Effective Tax Rate
Federal income taxes incurred	\$ (285,403)	29.031 %
Change in net deferred income taxes		
Total statutory income taxes	\$ (285,403)	29.031 %

E. Operating Loss and Tax Credit Carryforwards

(1) The company has \$0 in net operating loss or tax credit carry-forwards as of June 30, 2023.

(2) Income tax expense available for recoupment

The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses: \$213,194

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of June 30, 2023 and December 31, 2022.

F. Consolidated Federal Income Tax Return

- (1) Summa Health System Corporation files a consolidated federal income tax which includes the following entities: SummaCare, Inc., Summa Insurance Company, Summa Integrated Services Organization, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Ohio Health Choice, Summa Management Services Organization.
- (2) Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

G. Federal or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit - None

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Summa Insurance Company, Inc. (SIC or the Company) is incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (network provider) or a non-network provider at the member's option. The population from which SIC draws its membership is predominately in northeast Ohio. Affiliated organizations of SIC include Summa Health; Summa Health System (SHS); Summa Health System Corporation (SHSC); Summa Health Network LLC (SHN); SummaCare, Inc. (SC); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Summa Physicians, Inc. (SPI); Summa Foundation; Middlebury Assurance Corp. (MAC); Summa Rehabilitation Hospital, LLC; Ohio Health Choice, Inc. (OHC); Summa Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); Medina-Summit ASC; Summa HHAH Holdings LLC; Summa Health Home and Hospice, LLC. Beginning in 2021, the partnership with HealthSpan ended. Their share of the company was purchased back by Summa.

B. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of June 30, 2023 and December 31, 2022 are as follows:

Claims expense related to affiliated entities:	2023	2022
SHS	9,911,213	16,745,053
SPI	1,465,446	2,861,099
SHH	55,582	145,861
Summa Rehab	119,600	262,939
Medina Summit	31,411	39,101
SHS Outpatient	23,088	261
ACO	-	1,008
Directors' and officers insurance paid to MAC	-	956
Management fees charged from Apex	26,162	109,032
Management fees charged from SMSO	5,691,086	11,277,929
Nurse Call line fees charged from SHS	9,875	19,534
Corporate expense allocation paid to SHS	336,488	672,972

C. Transactions With Related Party Who Are Not Reported on Schedule Y - None

D. Balance outstanding with affiliated entities as of June 30, 2023 and December 31, 2022:

	Due from		Due to	
	2023	2022	2023	2022
SummaCare	862,870	-	-	741,737
SCM	-	-	-	-
APEX	-	-	507,897	309,413
SHS	-	-	3,515,090	3,988,090
SMSO	-	1,021,241	860,942	-
	862,870	1,021,241	4,883,929	5,039,240

E. In 2023 and 2022, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$5,691,086 and \$11,277,929 in 2023 and 2022, respectively.

In 2023 and 2022, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

In 2023 and 2022, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.

- F. Guarantees or Contingencies - None
- G. All outstanding shares of common stock are owned by the parent, SummaCare, Inc.
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. As of June 30, 2023, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock.
- B. Dividend Rate of Preferred Stock - None
- C. In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2023, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company's capital and surplus as of December 31, 2022, or (b) the Company's net gain from operations for the year ended December 31, 2022. Accordingly, during 2023, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$3,733,895.
- D. Ordinary Dividends - None
- E. Portion of reporting entity's profits that can be paid as ordinary dividends
Reference number C above.
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)
Nonadmitted Asset Values – \$2,211,409
Unrealized Gains (Losses) – (\$1,760,424)
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments - None

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

Assets and liabilities measured and reported at fair value.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and short-term investments.....	\$..... 32,092,223	\$.....	\$.....	\$.....	\$..... 32,092,223
Total assets at fair value/NAV.....	<u>\$ 32,092,223</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 32,092,223</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) Policy on transfers into and out of Level 3 - None

(4) For fair value measurements categorized within level 2 and level 3 of the fair value hierarchy

The fair values of the Company's investment in U.S. Treasury and U.S. government agency bond securities are based on quoted prices or dealer quotes. For bonds not actively traded, fair values are estimated using values obtained from independent pricing services, or in the case of private placements, are estimated by discounting the expected future cash flows using current market rates applicable to the yield, credit and maturity of the investment.

(5) Derivatives - None

B. Other Fair Value Disclosures

The carrying amounts reported in the statutory statements of admitted assets, liabilities, and capital and surplus for cash and short-term investments, uncollected premiums, reinsurance recoverable, investment income due and accrued, other receivables, federal income tax receivable, receivables from and payables to parent, affiliates and subsidiary, claims unpaid, unpaid claims adjustment expenses, accrued medical incentive pool, premiums received in advance, general expenses due or accrued, and other liabilities approximate fair value because of the short-term nature of these items. A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

The following table summarizes the Company's fair value measurements for financial instruments where fair value is a financial statement disclosure item only.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. Treasury Securities.....	\$ 30,455,202	\$ 32,215,626	\$ 30,455,202	\$.....	\$.....	\$.....	\$.....
U.S. Government Agency Securities.....							
Short-term investments.....	211,525	211,525	211,525	.....	.....	.....	.....

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - None

22. Events Subsequent

Type I – Recognized Subsequent Events - None.

Type II – Nonrecognized Subsequent Events

The Company is subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). The fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The Consolidated Appropriation Act of 2020 is suspending this fee for years after 2020.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance - None
- C. Commutation of Reinsurance Reflected in Income and Expenses - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

Summa Insurance Company estimates accrued retrospective premium adjustments for its business based on a calculation including premium revenue and claims expense based on the 80% loss ratio threshold for Small Group and Individual, and 85% for Large Group.

B. Method Used to Record

Summa Insurance Company records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by Summa Insurance Company for Small Group at December 31, 2022 that are subject to retrospective rating features was \$1,800,000, that represented 5.5% of the total net premiums written on Small Group. As of June 30, 2023, the 2022 amount is at \$2,102,558. For 2023, this is \$683,490 which represents 4.6% of the total net premiums written on Small Group.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	(1) Individual	(2) Small Group Employer	(3) Large Group Employer	(4) Other Categories with Rebates	(5) Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid	.....	.....	.....	.....	.....
(3) Medical loss ratio rebates unpaid	.....	1,800,000	.....	.....	1,800,000
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
					\$
					1,800,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid	.....	.....	.....	.....	.....
(9) Medical loss ratio rebates unpaid	.....	2,786,048	.....	.....	2,786,048
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
					\$
					2,786,048

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?
YES

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 1,542,971
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment.....	\$ 24,680
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium).....	7,637,134
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$ (2,833,648)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	9,280
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA reinsurance.....	\$
2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability).....	.....
3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance.....	.....
Liabilities	
4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium.....	\$
5. Ceded reinsurance premiums payable due to ACA reinsurance.....	.....
6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance.....	.....
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA reinsurance.....	\$
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments.....	.....
9. ACA reinsurance contributions - not reported as ceded premium.....	.....
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA risk corridors liabilities	\$
2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors.....	.....
Operations (Revenue & Expense)	
3. Effect of ACA risk corridors on net premium income (paid/received).....	\$
4. Effect of ACA risk corridors on change in reserves for rate credits.....	.....

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

	Differences						Adjustments		Unsettled Balances as of the Reporting Date		
	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments).....	\$ 885,000	\$	\$	\$ 885,000	\$	\$ 250,571	\$		A	\$ 1,135,571	\$
2. Premium adjustments (payable) (including high risk pool premium).....		(4,083,636)				(4,083,636)		(1,306,538)	B		(5,390,174)
3. Subtotal ACA Permanent Risk Adjustment Program.....	\$ 885,000	\$ (4,083,636)	\$	\$ 885,000	\$ (4,083,636)	\$ 250,571	\$ (1,306,538)			\$ 1,135,571	\$ (5,390,174)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid.....	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability).....									D		
3. Amounts receivable relating to uninsured plans.....									E		
4. Liabilities for contributions payable due to ACA reinsurance - not reported as ceded premium.....									F		
5. Ceded reinsurance premiums payable.....									G		
6. Liability for amounts held under uninsured plans.....									H		
7. Subtotal ACA Transitional Reinsurance Program.....	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium.....	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds.....									J		
3. Subtotal ACA Risk Corridors Program.....	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA risk sharing provisions	\$ 885,000	\$ (4,083,636)	\$	\$ 885,000	\$ (4,083,636)	\$ 250,571	\$ (1,306,538)			\$ 1,135,571	\$ (5,390,174)

Explanations of Adjustments

A: The receivable was adjusted to true up to an estimate by an outside actuarial firm

B: None

C: None

D: None

E: None

F: None

G: None

H: None

I: None

J: None

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(4) Roll-forward of risk corridors asset and liability balances by program benefit year

Risk Corridors Program Year					Differences		Adjustments		Unsettled Balances as of the Reporting Date	
	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Risk Corridors Program Year	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable
a. 2014									A	\$..... \$.....
1. Accrued retrospective premium	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	A	\$..... \$.....
2. Reserve for rate credits or policy experience rating refunds	.....	.....	.....	.....	.....	.....	.....	.....	B	.....
b. 2015									C	\$..... \$.....
1. Accrued retrospective premium	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	C	\$..... \$.....
2. Reserve for rate credits or policy experience rating refunds	.....	.....	.....	.....	.....	.....	.....	.....	D	.....
c. 2016									E	\$..... \$.....
1. Accrued retrospective premium	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	E	\$..... \$.....
2. Reserve for rate credits or policy experience rating refunds	.....	.....	.....	.....	.....	.....	.....	.....	F	.....
d. Total for Risk Corridors	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....		\$..... \$.....

Explanations of Adjustments: None

(5) ACA risk corridors receivable as of reporting date

Risk Corridors Program Year	(1)	(2)	(3)	(4)	(5)	(6)
	Estimated Amount to be Filed or Final Amount Filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance Gross of Nonadmissions (1-2-3)	Nonadmitted Amount	Net Admitted Asset (4-5)
a. 2014.....	\$..... 2,156,071	\$..... (152,081)	\$..... 2,308,152	\$..... –	\$..... –	\$..... –
b. 2015.....	296,547	28,741	267,806	–	–	–
c. 2016.....	1,891,491	183,320	1,708,171	–	–	–
d. Total (a+b+c).....	\$ 4,344,109	\$ 59,980	\$ 4,284,129	\$ –	\$ –	\$ –

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2023	2022
Balance at January 1	14,666,677	10,031,110
Incurred related to:		
Current year	48,718,824	95,003,229
Prior years	(1,226,400)	(172,700)
Total	47,492,424	94,830,529
Paid related to:		
Current year	36,949,261	80,336,552
Prior years	12,829,277	9,858,410
Total	49,778,538	90,194,962
Balance at End of Period	12,380,563	14,666,677

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2022 were \$14,666,677. As of June 30, 2023, \$12,829,277 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$611,000. Therefore, there has been \$1,226,400 in favorable experience from December 31, 2022 to June 30, 2023. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of June 30, 2023, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by projection amounts from the pharmacy department. Pharmacy rebate receivable are recorded as nonadmitted assets, where appropriate, in accordance with SSAP No. 84.

Notes to the Financial Statements

28. Health Care Receivables (Continued)

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2023	\$ 3,869,314	\$ 3,805,775	\$ 3,782,110	\$	\$ 23,665
03/31/2023	3,780,069	3,734,471	3,734,471	\$	\$
12/31/2022	3,628,286	3,558,309	3,558,309	\$	\$
09/30/2022	3,498,093	3,214,032	3,214,032	\$	\$
06/30/2022	3,182,979	2,962,228	2,962,228	\$	\$
03/31/2022	3,017,882	3,008,983	3,008,983	\$	\$
12/31/2021	2,834,142	3,018,393	3,018,393	\$	\$
09/30/2021	2,881,445	2,795,180	2,795,180	\$	\$
06/30/2021	3,116,118	2,317,894	2,450,708	(132,814)	\$
03/31/2021	2,700,699	2,123,767	2,256,581	(132,814)	\$
12/31/2020	2,238,142	2,339,032	1,113,035	1,250,267	(24,270)
09/30/2020	2,330,250	2,477,632	\$	2,501,902	(24,270)
06/30/2020	2,326,747	2,386,324	1,134,689	\$	1,251,635
03/31/2020	2,303,970	\$	\$	\$	\$

B. Risk-Sharing Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts.

1. Liability carried for premium deficiency reserves: \$-
2. Date of the most recent evaluation of this liability: 12/31/2022
3. Was anticipated investment income utilized in the calculation? YES

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
Yes[] No[]

1.2 If yes, has the report been filed with the domiciliary state?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]

 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. N/A

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]

 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/07/2018

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]

 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

 (c) Compliance with applicable governmental laws, rules and regulations;

 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 862,870

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank	106 South Main St, Akron, OH 44308

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Vivian Hairston - Huntington Bank	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	80.605%
1.2 A&H cost containment percent	.....	0.827%
1.3 A&H expense percent excluding cost containment expenses	.....	19.589%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
60410	73-0714500	01/01/2023	AMERICAN FIDELITY ASSUR CO	OK	SSL/G	SLEL			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	N									
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	L	56,596,492								56,596,492
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	XXX									
59. Subtotal	XXX	56,596,492								56,596,492
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	56,596,492								56,596,492

DETAILS OF WRITE-INS

58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q - Qualified - Qualified or accredited reinsurer

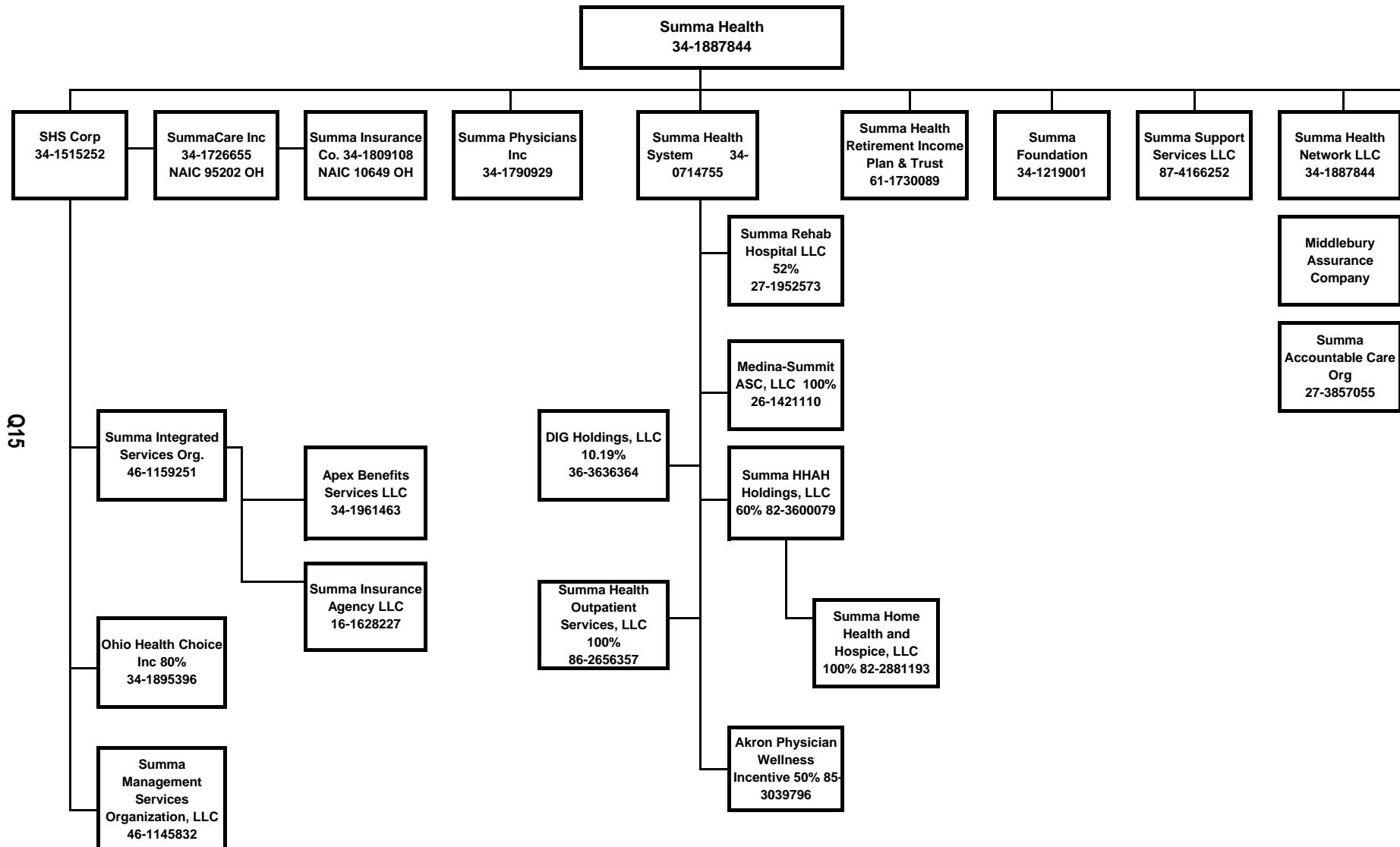
5. N - None of the above - Not allowed to write business in the state

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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 Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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 .. OH ..	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	80.0	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	100.0	SUMMA HEALTH	No ..		
		00000	26-1421110 ..				MEDINA-SUMMIT ASC LLC	OH .. NIA ..	SUMMA HEALTH SYSTEM	Ownership	52.0	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	OH .. CYM ..	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No ..		
		00000	46-1145832 ..				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No ..	0000002	
		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 ..		
		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	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

Yes

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1064920233650002

2023

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	XXX	.....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	XXX	.....	.....	.....
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 To Date	2 Prior Year To Date	3 Prior Year Ended December 31
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)

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other-than-temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	31,973,618	26,603,279
2. Cost of bonds and stocks acquired	2,243,750	8,336,526
3. Accrual of discount	20,285	25,286
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of	2,000,000	2,950,000
7. Deduct amortization of premium	22,027	41,473
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	32,215,626	31,973,618
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	32,215,626	31,973,618

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	32,308,395	.....	.....	118,756	32,308,395	32,427,151	.....	32,094,181
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	32,308,395	.....	.....	118,756	32,308,395	32,427,151	.....	32,094,181
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	32,308,395	.....	.....	118,756	32,308,395	32,427,151	.....	32,094,181

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....211,525; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999. Totals	211,525	XXX	211,525	10,360	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	120,563	102,020
2. Cost of short-term investments acquired	90,962	18,543
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	211,525	120,563
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	211,525	120,563

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
91282CFQ9	US Treasury Note		06/02/2023 ..	Huntington Bank	XXX	992,578	1,000,000	4,280	1.A
91282CGV7	US Treasury Note		04/13/2023 ..	Huntington Bank	XXX	1,251,172	1,250,000	256	1.A
0109999999	Subtotal - Bonds - U.S. Governments				XXX	2,243,750	2,250,000	4,536	XXX
2509999997	Subtotal - Bonds - Part 3				XXX	2,243,750	2,250,000	4,536	XXX
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
2509999999	Subtotal - Bonds				XXX	2,243,750	2,250,000	4,536	XXX
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
4509999999	Subtotal - Preferred Stocks				XXX		XXX		XXX
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
5989999999	Subtotal - Common Stocks				XXX		XXX		XXX
5999999999	Subtotal - Preferred and Common Stocks				XXX		XXX		XXX
6009999999	Total - Bonds, Preferred and Common Stocks				XXX	2,243,750	XXX	4,536	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other-Than- Temporary Impairment Recognized	13 Total Change in B/A.C.V. (11 + 12 - 13)	14 Foreign Exchange Change in B/A.C.V.	15								
Bonds - U.S. Governments																						
912828R69	US Treasury Note		05/31/2023	Matured	XXX	1,000,000	1,000,000	1,000,391	1,000,047		(47)		(47)			1,000,000				8,125	05/31/2023	1A
0109999999	Subtotal - Bonds - U.S. Governments				XXX	1,000,000	1,000,000	1,000,391	1,000,047		(47)		(47)			1,000,000				8,125	XXX	XXX
2509999997	Subtotal - Bonds - Part 4				XXX	1,000,000	1,000,000	1,000,391	1,000,047		(47)		(47)			1,000,000				8,125	XXX	XXX
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999	Subtotal - Bonds				XXX	1,000,000	1,000,000	1,000,391	1,000,047		(47)		(47)			1,000,000				8,125	XXX	XXX
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999	Subtotal - Preferred Stocks				XXX	XXX	XXX	XXX	XXX											XXX	XXX	XXX
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999	Subtotal - Common Stocks				XXX	XXX	XXX	XXX	XXX											XXX	XXX	XXX
5999999999	Subtotal - Preferred and Common Stocks				XXX	XXX	XXX	XXX	XXX											XXX	XXX	XXX
6009999999	Total - Bonds, Preferred and Common Stocks				XXX	1,000,000	XXX	1,000,391	1,000,047		(47)		(47)			1,000,000				8,125	XXX	XXX

E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
Open Depositories									
Huntington Bank	Akron, Ohio .....	.....	.....	.....	.....	... 35,800,638	... 35,191,667	... 31,880,698	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Total - Open Depositories		XXX	... XXX ..	.....	.....	... 35,800,638	... 35,191,667	... 31,880,698	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0299999 Total - Suspended Depositories		XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit		XXX	... XXX ..	.....	.....	... 35,800,638	... 35,191,667	... 31,880,698	XXX
0499999 Cash in Company's Office		XXX	... XXX ..	... XXX ..	... XXX ..	.....	.....	.....	XXX
0599999 Total		XXX	... XXX ..	.....	.....	... 35,800,638	... 35,191,667	... 31,880,698	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
8609999999 Total Cash Equivalents								

N O N E



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Document Code: 222

Communication of Internal Control Related Matters Noted in an Audit