



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Summa Insurance Company Inc.

NAIC No. 10649

We, the undersigned executive officers of Summa Insurance Company Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☒ Property & Casualty ☐ Life & Health ☐ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."
Date of filing with the NAIC: _____ ☐ An original jurat page is attached.
☐ Original filing. ☐ Amended filing.

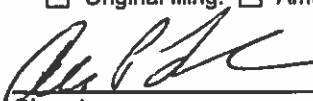

☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.
Date of filing with the NAIC: _____ ☐ An original, notarized signature page is attached.
☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."
Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: Supp Inv Risk Interrogatory, AH Policy Experience Exhibit, Supp Health Care Exhibit, MD&A
☐ All original notarized signature pages are attached, as applicable.
☐ Original filing. ☐ Amended filing.

☒ The documents referred to in the *General Instructions to the NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.
Date of filing with the NAIC: 11-15-23
☒ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.
Date of filing with the NAIC: _____

☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.
Date of filing with the NAIC: _____
☐ Original filing. ☐ Amended filing.

 Signature _____ (Name) <u>Alan P. Fehlner</u> (Title)* <u>Chief Financial Officer</u>	<u>10-19-23</u> Date _____	 Signature _____ (Name) <u>William C. Epling</u> (Title)* <u>President</u>	<u>10-19-23</u> Date _____	Signature _____ (Name) _____ (Title)* _____	Date _____
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*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

**QUARTERLY STATEMENT
OF THE
Summa Insurance Company, Inc.**

**of
Akron
in the state of
Ohio**

**TO THE
Insurance Department
OF THE STATE OF
Ohio**

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2023**

2023

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023

OF THE CONDITION AND AFFAIRS OF THE

Summa Insurance Company, Inc.

NAIC Group Code	3259	3259	NAIC Company Code	10649	Employer's ID Number	34-1809108
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400		Akron, OH, 44305			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400		Akron, OH, 44305			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620		(330)996-8410			
	(Street and Number or P.O. Box)		(Area Code) (Telephone Number)			
Primary Location of Books and Records	1200 East Market St. Suite 400		Akron, OH, 44305			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Internet Web Site Address	SummaCare.com		(330)996-8410			
			(Area Code) (Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals		(330)996-5112			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	wealsm@summacare.com					
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Dawn Dorsett Ahner	Treasurer
William Carl Epling	President
Alan Philip Fehlner	Assistant Treasurer/CFO
Lydia Alexander Cook M.D.	Vice Chair

OTHERS

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

Anne Armao, VP - Member Experience & Product Development
Hugh Riley M.D., Chief Medical Officer #


DIRECTORS OR TRUSTEES


Frank Anthony Camino
Lydia Alexander Cook M.D.
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Mark Joseph Sims
David James Felicio

Benjamin Paul Sutton
Henry Leigh Gerstenberger
Caroline Fisher Pearson
George Emerson Strickler
William Carl Epling

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 19th day of October, 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)



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