



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: SummaCare Inc.

NAIC No. 95202

We, the undersigned executive officers of SummaCare 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.

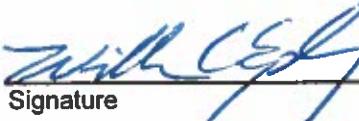
The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: \_\_\_\_\_.  An original, notarized signature page is attached.  
 Original filing.  Amended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

	<u>10-19-23</u>		<u>10-19-23</u>		
Signature	Date	Signature	Date	Signature	Date

(Name) <u>Alan P. Fehlner</u>	(Name) <u>William C. Epling</u>	(Name) _____
(Title)* <u>Chief Financial Officer</u>	(Title)* <u>President</u>	(Title)* _____

\*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

**QUARTERLY STATEMENT  
OF THE  
SummaCare, Inc.**

**of  
Akron  
in the state of  
Ohio**

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

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

**HEALTH**

**2023**

**2023**

**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2023**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**SummaCare, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ]	Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		(Area Code) (Telephone Number) Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	SummaCare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals (Name) wealsm@summacare.com (E-Mail Address)		(Area Code) (Telephone Number) (Extension) (Fax Number)			

**OFFICERS**

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerbey	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  
Hugh Riley M.D., Chief Medical Officer #

Anne Armao, VP - Member Experience and Product Development

Susan Crawford, VP - Sales

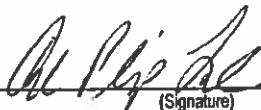
**DIRECTORS OR TRUSTEES**

Lydia Alexander Cook M.D.  
Benjamin Paul Sutton  
Russell Floyd Mohawk  
Thomas Clifford Deveny M.D.  
Mark Joseph Sims  
David James Felicio

Frank Anthony Carrino  
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

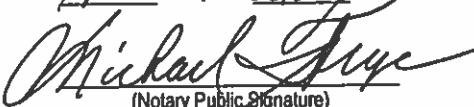
a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



  
(Notary Public Signature)