10649202320100100 2023 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 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[ ] Property/Casualty[X] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 08/07/1995 Commenced Business 02/01/1996

Statutory Home Office 1200 East Market St. Suite 400 (Street and Number), Akron, OH, 44305 (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 (Street and Number or P.O. Box), Akron, OH, 44309 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Internet Website Address SummaCare.com

Statutory Statement Contact Michael Dennis Weals (Name) (330)996-5112 (Area Code)(Telephone Number)(Extension)
wealsm@summacare.com (E-Mail Address) (Fax Number)

OFFICERS

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

OTHERS

Melissa Rusk, VP of Operations
Susan Crawford, VP - Sales
Anne Armao, VP - Member Experience & Product Development
Hugh Riley M.D., Chief Medical Officer #

DIRECTORS OR TRUSTEES

Frank Anthony Carrino
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)	(Signature)	(Signature)
Alan Philip Fehlner	William Carl Epling	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Financial Officer	President	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 29th day of February, 2024

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

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	236,333	(4,859)	213	21,933	32,367	221,253
0299999 TOTAL Group	236,333	(4,859)	213	21,933	32,367	221,253
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	236,333	(4,859)	213	21,933	32,367	221,253

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medimpact	2,952,911			2,036,927	2,036,927	2,952,911
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,952,911			2,036,927	2,036,927	2,952,911
Claim Overpayment Receivables						
Akron General Medical Center	76,568					76,568
Cleveland Clinic Foundation	26,160					26,160
HILLCREST HOSPITAL	4,062					4,062
Mercy Medical Center	65,483					65,483
UH Reggional Hospitals	1,496					1,496
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	173,769					173,769
Other Health Care Receivables						
Magellan	65,000			65,000	65,000	65,000
MEWA	46,264					46,264
Performance Guarantee	26,000					26,000
0						
0699998 Other Health Care Receivables - Not Individually Listed						
0699999 Subtotal - Other Health Care Receivables	137,264			65,000	65,000	137,264
0799999 Gross Health Care receivables	3,263,944			2,101,927	2,101,927	3,263,944

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,008,983	3,214,032		4,989,838	3,008,983	3,628,286
2. Claim overpayment receivables	36,954			173,769	36,954	36,954
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	115,276	128,999		202,264	115,276	454,697
7. TOTALS (Lines 1 through 6)	3,161,213	3,343,031		5,365,871	3,161,213	4,119,937

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	9,860,654	3,200,000	1,821,000	1,287,000	932,000	17,100,654
0499999 Subtotals	9,860,654	3,200,000	1,821,000	1,287,000	932,000	17,100,654
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						17,100,654
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
SummaCare	362,885					362,885	
0199999 Individually listed receivables	362,885					362,885	
0299999 Receivables not inidvidually listed							
0399999 TOTAL Gross Amounts Receivable	362,885					362,885	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health System	Various accounts payable checks and wires	1,632,579	1,632,579	
Apex Benefits Services, LLC	Amisys System Usage	190,072	190,072	
Summa Management Services Organization	Salaries and Benefits	871,480	871,480	
Summa Health Network	Provider Performance	1,734,452	1,734,452	
0199999 Individually Listed Payables	X X X	4,428,583	4,428,583	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	4,428,583	4,428,583	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	1,729,716	1.794			1,604,405	125,311
3. All other providers						
4. TOTAL Capitation Payments	1,729,716	1.794			1,604,405	125,311
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	94,683,850	98.206	X X X	X X X	17,742,098	76,941,752
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	94,683,850	98.206	X X X	X X X	17,742,098	76,941,752
13. TOTAL (Line 4 plus Line 12)	96,413,566	100.000	X X X	X X X	19,346,503	77,067,063

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000	Vision Service Plan	13,022			
00000	Home Access Health	(38)			
00000	Teladoc Health	24,229			
00000	Assist America	3,054			
00000	Care Centrix	3,900			
00000	Community Health Care	25,334			
00000	Pioneer	41,790			
00000	Summa Health System	1,604,405			
00000	Akron Digestive Disease Consultants	12,284			
00000	The Gastroenterology Group	1,735			
9999999 TOTALS		1,729,715	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

10649202343036100 2023 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3				Federal Employees Health Benefits Plan							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	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	17,832	5,523	11,897	21									391	
5. Current Year	17,479	5,456	11,611	21									391	
6. Current Year Member Months	216,479	66,262	145,219	252									4,746	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	30,941	10,214	20,666	61										
8. Non-Physician	15,553	5,816	9,736	1										
9. TOTAL	46,494	16,030	30,402	62										
10. Hospital Patient Days Incurred	4,183	1,495	2,688											
11. Number of Inpatient Admissions	885	314	571											
12. Health Premiums Written (b)	110,828,031	29,036,894	81,551,277	84,484									155,376	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	110,828,031	29,036,894	81,551,277	84,484									155,376	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	96,413,566	28,521,123	69,904,690	47,248									(2,059,495)	
18. Amount Incurred for Provision of Health Care Services	98,347,544	29,844,778	70,502,174	63,748									(2,063,156)	

(a) For health business: number of persons insured under PPO managed care products .....17,479 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

10649202343059100 2023 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	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	17,832	5,523	11,897	21									391	
5. Current Year	17,479	5,456	11,611	21									391	
6. Current Year Member Months	216,479	66,262	145,219	252									4,746	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	30,941	10,214	20,666	61										
8. Non-Physician	15,553	5,816	9,736	1										
9. TOTAL	46,494	16,030	30,402	62										
10. Hospital Patient Days Incurred	4,183	1,495	2,688											
11. Number of Inpatient Admissions	885	314	571											
12. Health Premiums Written (b)	110,828,031	29,036,894	81,551,277	84,484									155,376	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	110,828,031	29,036,894	81,551,277	84,484									155,376	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	96,413,566	28,521,123	69,904,690	47,248									(2,059,495)	
18. Amount Incurred for Provision of Health Care Services	98,347,544	29,844,778	70,502,174	63,748									(2,063,156)	

30 Grand Total

(a) For health business: number of persons insured under PPO managed care products .....17,479 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
125	82-5056803	01/01/2023	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	7,388,824			1,100,000		
0899999 Subtotal - Non-Affiliates - U.S. Non-Affiliates							7,388,824			1,100,000		
1099999 Total - Non-Affiliates							7,388,824			1,100,000		
1199999 Total U.S. (Sum of 0399999 and 0899999)							7,388,824			1,100,000		
9999999 Total (Sum of 0799999 and 1099999)							7,388,824			1,100,000		

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60410	73-0714500	01/01/2023	AMERICAN FIDELITY ASSUR CO	OK	352,288	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					352,288	
2199999 Total - Accident and Health - Non-Affiliates					352,288	
2299999 Total - Accident and Health					352,288	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					352,288	
9999999 Total (Sum of 1199999 and 2299999)					352,288	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60410	73-0714500	01/01/2023	AMERICAN FIDELITY ASSUR CO	OK		SLEL	965,397						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							965,397						
1099999 Total - General Account - Authorized - Non-Affiliates							965,397						
1199999 Total - General Account - Authorized							965,397						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							965,397						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							965,397						
9999999 Total (Sum of 4599999 and 9099999)							965,397						

34 Schedule S - Part 4 . . . . . NONE

35 Schedule S - Part 5 . . . . . NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

($000 Omitted)

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	965	988	1,734	2,200	1,488
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	1,022	462	(13)	346	1,056
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	352	7		167	274
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	60,983,335		60,983,335
2.	Accident and health premiums due and unpaid (Line 15)	900,803		900,803
3.	Amounts recoverable from reinsurers (Line 16.1)	352,288	(352,288)	
4.	Net credit for ceded reinsurance	X X X	352,288	352,288
5.	All other admitted assets (Balance)	6,819,972		6,819,972
6.	TOTAL Assets (Line 28)	69,056,398		69,056,398
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	17,100,654		17,100,654
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	3,765,995		3,765,995
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	14,663,251		14,663,251
15.	TOTAL Liabilities (Line 24)	35,529,900		35,529,900
16.	TOTAL Capital and Surplus (Line 33)	33,526,498	X X X	33,526,498
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	69,056,398		69,056,398
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	352,288		
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables	352,288		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance	352,288		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		Direct Business only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC	OH	UDP	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH	No	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INS CO INC	OH	RE	SUMMACARE	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1887844				SUMMA HEALTH	OH	UIP					No	0000001
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH	No	
		00000	341790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	52.0	SUMMA HEALTH	No	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	0000002
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE, LLC	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	SUMMA HEALTH	No	
		00000	36-3636364				DIG HOLDINGS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	10.2	SUMMA HEALTH	No	
		00000	85-3039796				AKRON PHYSICIAN WELLNESS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	50.0	SUMMA HEALTH	No	
		00000	61-1730089				SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	86-2656357				SUMMA HEALTH OUTPATIENT SERVICES, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	87-4166252				SUMMA SUPPORT SERVICES LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	

Asterisk	Explanation
0000001	SUMMA HEALTH IS THE ULTIMATE CONTROLLING ENTITY
0000002	Middlebury Assurance Company is located in the Cayman Islands
0000003	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(21,865,388)	(11,615,828)				(33,481,216)	
	86-2656357	SUMMA HEALTH OUTPATIENT SERVICES				129,904					129,904	
	34-1961463	APEX BENEFITS SERVICES, LLC					112,568				112,568	
	34-1887844	SUMMA HEALTH SYSTEM				78,516,019	2,259,273				80,775,292	
	34-1895396	OHIO HEALTH CHOICE INC.										
95202	34-1726655	SUMMACARE INC				(85,309,934)	(23,459,510)				(108,769,444)	
		MIDDLEBURY ASSURANCE COMPANY					13,825				13,825	
	34-1790929	SUMMA PHYSICIANS INC				14,444,192					14,444,192	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				2,342,376					2,342,376	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					32,689,672				32,689,672	
	82-2881193	SUMMA HOME HEALTH				8,279,272					8,279,272	
	27-1952573	SUMMA REHAB HOSPITAL				3,296,281					3,296,281	
	26-1421110	MEDINA SUMMIT				167,278					167,278	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affilation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\Affilation of Column 5 Over Column 6 (Yes/No)
Summa Insurance Company	SummaCare	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes
SummaCare	Summa Health System Corp	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	Yes
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5.	Will Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8.	Will an audited financial report be filed by June 1?	Yes
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?	No

APRIL FILING

20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	Yes
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	Yes

AUGUST FILING

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

Explanation:

12. Summa Insurance Company has less than 100 shareholders.

Bar Code:

Health Life Supplement - March

10649202320500000 2023 Document Code: 205

Schedule SIS

10649202342000000 2023 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

10649202337100000 2023 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

10649202337000000 2023 Document Code: 370

Medicare Part D Coverage Supplement

10649202336500000 2023 Document Code: 365

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

10649202322400000 2023 Document Code: 224

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

10649202322500000 2023 Document Code: 225

Approval for Relief related to Require. for Audit Committees

10649202322600000 2023 Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

10649202360000000 2023 Document Code: 600

LTC Supplemental Interrogatories

10649202330600000 2023 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April

10649202321100000 2023 Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Premium Tax Recoverable				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
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	2 Prior Year
4704.		
4705.		
4706.		
4707.		
4708. Retired treasury stock		
4709. 2008 adjustments to minority interest & federal taxes		
4710. Common Stock Adjustment		
4711. Misc. Adjustment		
4712. Increase par value of common stock		
4713. Correction of an error - 2006 Premium Taxes		
4714. Deferred gain on sale of bonds to SummaCare, Inc.		
4715. Federal income tax adjustment		
4716. Miscellaneous	(1)	
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)	(1)	

10649202336036100 2023 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2023
(To be filed by March 1)
FOR THE STATE OF **OHIO**

NAIC Group Code: 3259 NAIC Company Code: 10649
Address (City, State and Zip Code): Akron, OH 44305
Person Completing This Exhibit: Roy Hall
Title: Financial Reporting Manager Telephone Number: (330)996-8410-

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021, 2022, 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					15,827	6,064	38.3	4
Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					62,515	56,798	90.9	15
Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions						5		
Yes	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					3,956	939	23.7	1
Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					2,186	456	20.9	1
0199999 Total Experience on Individual Policies														84,484	64,262	76.1	21
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1200 East Market St. Suite 400, Akron OH 44305
   2.2 Contact Person and Phone Number: Anne Armao (330)996-8410-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address: P.O. Box 3620, Akron OH 44309-3620
   3.2 Contact Person and Phone Number: Michael T. Frye (330)996-8410-
4. Explain any policies identified above as policy type "O":