



ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 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)		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 Website Address	SummmaCare.com		(330)996-8410 (Area Code)(Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals (Name)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
	wealsm@summacare.com (E-Mail Address)		(330)996-8410 (Area Code)(Telephone Number)			
			(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
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)
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Subscribed and sworn to before me this 29th day of February, 2024

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	25,788	9,018	6,751	12,030	12,929	40,658
0299999 TOTAL Group	25,788	9,018	6,751	12,030	12,929	40,658
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) ..	25,788	9,018	6,751	12,030	12,929	40,658

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	4,926,282			4,188,962	4,188,962	4,926,282
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	4,926,282			4,188,962	4,188,962	4,926,282
Claim Overpayment Receivables						
ADVENTHEALTH SEBRING	36,086					36,086
AKRON RENAL CARE GROUP	12,516					12,516
AURORA MANOR SPECIAL CARE CENTER	3,577					3,577
DOVER COMMUNITY DIALYSIS	503					503
KIDNEY CNTR OF BRUNSWICK	24,648					24,648
MEDINA SQUARE DIALYSIS	3,149					3,149
MERCY MEDICAL CENTER	36,487					36,487
MIDDLEBURG HEIGHTS DIALY	2,177					2,177
OPTUM INFUSION SERV 550	5,517					5,517
SYSTEM OPTICS - NOVUS CLINIC	2,943					2,943
TRI-COUNTY HEM & ONC	1,434					1,434
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	129,037					129,037
Risk Sharing Receivables						
NHC Shared Savings	337,072					337,072
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables	337,072					337,072
Other Health Care Receivables						
Magellan	45,000			45,000	45,000	45,000
EviCore	469,700					469,700
Misc Rx	166					166
0699998 Other Health Care Receivables - Not Individually Listed						
0699999 Subtotal - Other Health Care Receivables	514,866			45,000	45,000	514,866
0799999 Gross Health Care receivables	5,907,257			4,233,962	4,233,962	5,907,257

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	7,381,378	8,535,238		9,115,244	7,381,378	6,990,221
2. Claim overpayment receivables	60,900			129,037	60,900	60,900
3. Loans and advances to providers						
4. Capitation arrangement receivables						4,114
5. Risk sharing receivables				337,072		692,200
6. Other health care receivables	197,963	81,585		559,866	197,963	167,753
7. TOTALS (Lines 1 through 6)	7,640,241	8,616,823		10,141,219	7,640,241	7,915,188

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	22,771,258	6,032,000	2,575,000	1,401,000	1,416,000	34,195,258
0499999 Subtotals	22,771,258	6,032,000	2,575,000	1,401,000	1,416,000	34,195,258
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						34,195,258
0899999 Accrued Medical Incentive Pool and Bonus Amounts						17,929,091

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Apex Benefit Services	240,104					240,104	
0199999 Individually listed receivables	240,104					240,104	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	240,104					240,104	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Summa Health Medical Group	Administrative fees	3,778	3,778	
Summa Management Services Organization	Salaries and Benefits	1,788,410	1,788,410	
Summa Health System	Administrative fees and Accounts Payable	6,471,604	6,471,604	
Summa Insurance Company	Administrative fees	362,885	362,885	
0199999 Individually Listed Payables	X X X	8,626,677	8,626,677	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	8,626,677	8,626,677	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries	149,253	0.054			149,253	
3.	All other providers						
4.	TOTAL Capitation Payments	149,253	0.054			149,253	
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	262,169,940	94.320	X X X	X X X	74,774,199	187,395,741
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	15,637,350	5.626	X X X	X X X	1,478,640	14,158,710
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	277,807,290	99.946	X X X	X X X	76,252,839	201,554,451
13.	TOTAL (Line 4 plus Line 12)	277,956,543	100.000	X X X	X X X	76,402,092	201,554,451

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	Summa Healtrh System Geriatrics	149,253			
9999999 TOTALS		149,253	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,098,810	.....	1,070,611	.....	30,932	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,098,810	.....	1,070,611	.....	30,932	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

30 Ohio

	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	22,755							22,755						
2. First Quarter	23,350							23,350						
3. Second Quarter	23,368							23,368						
4. Third Quarter	23,330							23,330						
5. Current Year	23,595							23,595						
6. Current Year Member Months	281,004							281,004						
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	108,954							108,954						
8. Non-Physician	54,204							54,204						
9. TOTAL	163,158							163,158						
10. Hospital Patient Days Incurred	55,744							55,744						
11. Number of Inpatient Admissions	6,892							6,892						
12. Health Premiums Written (b)	338,262,509							338,262,509						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	338,262,509							338,262,509						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	277,956,543							277,956,543						
18. Amount Incurred for Provision of Health Care Services	282,186,055							282,186,055						

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....338,262,509



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

30 Grand Total

	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	22,755							22,755						
2. First Quarter	23,350							23,350						
3. Second Quarter	23,368							23,368						
4. Third Quarter	23,330							23,330						
5. Current Year	23,595							23,595						
6. Current Year Member Months	281,004							281,004						
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	108,954							108,954						
8. Non-Physician	54,204							54,204						
9. TOTAL	163,158							163,158						
10. Hospital Patient Days Incurred	55,744							55,744						
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12. Health Premiums Written (b)	338,262,509							338,262,509						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	338,262,509							338,262,509						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	277,956,543							277,956,543						
18. Amount Incurred for Provision of Health Care Services	282,186,055							282,186,055						

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....338,262,509

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60410	73-0714500 ...	01/01/2023	AMERICAN FIDELITY ASSUR CO	 OK	 24,757	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					 24,757	.....
2199999 Total - Accident and Health - Non-Affiliates					 24,757	.....
2299999 Total - Accident and Health					 24,757	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					 24,757	.....
9999999 Total (Sum of 1199999 and 2299999)					 24,757	.....

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	220,883						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							220,883						
1099999 Total - General Account - Authorized - Non-Affiliates							220,883						
1199999 Total - General Account - Authorized							220,883						
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							220,883						
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)							220,883						
9999999 Total (Sum of 4599999 and 9099999)							220,883						

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					205
2. Title XVIII-Medicare	221	212	248	242	
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	182	(66)	279		114
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	25		279		114
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	105,765,852		105,765,852
2. Accident and health premiums due and unpaid (Line 15)	13,825,489		13,825,489
3. Amounts recoverable from reinsurers (Line 16.1)	24,757	(24,757)	
4. Net credit for ceded reinsurance	X X X	24,757	24,757
5. All other admitted assets (Balance)	17,586,780		17,586,780
6. TOTAL Assets (Line 28)	137,202,878		137,202,878
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	34,195,258		34,195,258
8. Accrued medical incentive pool and bonus payments (Line 2)	17,929,091		17,929,091
9. Premiums received in advance (Line 8)	313,307		313,307
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	16,824,974		16,824,974
15. TOTAL Liabilities (Line 24)	69,262,630		69,262,630
16. TOTAL Capital and Surplus (Line 33)	67,940,248	X X X	67,940,248
17. TOTAL Liabilities, Capital and Surplus (Line 34)	137,202,878		137,202,878
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	24,757		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	24,757		
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	24,757		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

		Direct Business only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
States, Etc.							
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

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
3259	SUMMA INSURANCE COMPANY SUMMA INSURANCE COMPANY	00000 00000	34-1887844 34-1515252				SUMMA HEALTH SUMMA HEALTH SYSTEM CORPORATION	OH OH	UIP UDP					No	0000002
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH	No	
		95202 00000	34-1726655 16-1628227				SUMMACARE INC. SUMMA INSURANCE AGENCY LLC	OH OH	RE NIA	SUMMA HEALTH SYSTEM CORP SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	46-1145832				MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	0000001
		00000	46-1159251				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-0714755				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-1952573				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-3600079				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-2881193				SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE	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	Ownership	100.0	SUMMA HEALTH	No	
		00000	87-4166252				SUMMA SUPPORT SERVICES LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	

Asterisk	Explanation
0000001	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health is the ultimate controlling entity
0000003	

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	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)	
	34-1887844	SUMMA HEALTH NETWORK, LLC										
	34-1961463	APEX BENEFITS SERVICES, LLC					112,568				112,568	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS										
	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	
	26-1375072	SUMMA BARBERTON HOSPITAL										
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL										
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				2,342,376					2,342,376	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					32,689,672				32,689,672	
	34-1887844	SUMMA HEALTH SYSTEM				78,516,019	2,259,273				80,775,292	
	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	
	86-2656357	SUMMA HEALTH OUTPATIENT SERVICES				129,904					129,904	
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	2	3	4	5	6	7	8
	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\\Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company							
Summa Insurance Company	SummaCare	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes
SummaCare	Summa Health System Corp	100.0%	Yes	Summa Health	Summa Insurance Company	100.0%	Yes

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

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

Yes

SUPPLEMENTAL FILINGS

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

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
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?

No

AUGUST FILING

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

Yes

Explanation:

11.
12. SummaCare has less than 100 stockholders
15.
20.
21.

Bar Code:

Medicare Supplement Insurance Experience Exhibit



95202202336000000 2023 Document Code: 360

Health Life Supplement - March



95202202320500000 2023 Document Code: 205

Schedule SIS



95202202342000000 2023 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



95202202337100000 2023 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



95202202337000000 2023 Document Code: 370

Medicare Part D Coverage Supplement



95202202336500000 2023 Document Code: 365

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



95202202322400000 2023 Document Code: 224

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



95202202322500000 2023 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95202202322600000

2023

Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



95202202360000000

2023

Document Code: 600

LTC Supplemental Interrogatories



95202202330600000

2023

Document Code: 306

Health Life Supplement - April



95202202321100000

2023

Document Code: 211

LHA Guaranty Association Reconciliation



95202202329000000

2023

Document Code: 290

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Premium Tax Recoverable				
2505.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0704. Proceeds from the Sale of the Medicaid Product Line	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Rental Revenue			
2905. City Income Taxes			
2906. Minority Interest Income (Expense)			
2907. City Taxes			
2908. Network Access Fees - Providers			
2909. Minority Interest Expense			
2910. Write off of tax receivable			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704. 2014 CMS Revenue Reconciliation		
4705. Correction of an error - 2006 Premium Taxes		
4706. Misc. Adjustment	(2)	
4707. Increase par value of common stock		
4708. Adjustments to 2008 financial statements		
4709. True up adjustment related to Deferred Tax		
4710. Miscellaneous		
4711. Capital contribution made to Summa Insurance Company		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)	(2)	