



ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2024
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[] 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 (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 (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	SummaCare.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
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) 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 day of , 2025	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	43,671,852		43,671,852	32,453,362
2.	Stocks (Schedule D):				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....26,271,719, Schedule E-Part 1), cash equivalents (\$.....122,916, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)	26,394,635		26,394,635	28,529,973
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	70,066,487		70,066,487	60,983,335
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	311,115		311,115	179,723
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	197,467	70,746	126,721	221,253
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....836,000)	836,000		836,000	679,550
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	53,825		53,825	352,288
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	497,485		497,485	1,878,848
18.2	Net deferred tax asset	1,524,859		1,524,859	1,134,572
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	2,239,882		2,239,882	362,885
24.	Health care (\$.....3,824,395) and other amounts receivable	7,515,444	3,691,049	3,824,395	3,263,944
25.	Aggregate write-ins for other-than-invested assets	502,827	502,827		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	83,745,391	4,264,622	79,480,769	69,056,398
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	83,745,391	4,264,622	79,480,769	69,056,398
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	502,827	502,827		
2502.	Deferred ACA Asset				
2503.	Pharmacy Rebates				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	502,827	502,827		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	16,899,744		16,899,744	17,100,654
2.	Accrued medical incentive pool and bonus amounts	1,991,999		1,991,999	
3.	Unpaid claims adjustment expenses	360,952		360,952	362,366
4.	Aggregate health policy reserves, including the liability of \$.....2,142,952 for medical loss ratio rebate per the Public Health Service Act	10,182,952		10,182,952	7,547,408
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	3,494,886		3,494,886	3,765,995
9.	General expenses due or accrued	1,772,607		1,772,607	1,074,923
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,814,723		1,814,723	4,428,583
16.	Derivatives				
17.	Payable for securities				1,249,971
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	36,517,863		36,517,863	35,529,900
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	2,500,000	2,500,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	97,866,443	97,866,443
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(57,403,537)	(66,839,945)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	42,962,906	33,526,498
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	79,480,769	69,056,398
DETAILS OF WRITE-INS					
2301.	Minority Interest				
2302.	Deferred gain on sale of bonds to SummaCare, Inc.				
2303.	Miscellaneous				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	ACA Annual Fee on Health Insurers	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	218,169	216,479
2.	Net premium income (including \$.....0 non-health premium income)	X X X	124,066,355	117,251,457
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	124,066,355	117,251,457
Hospital and Medical:				
9.	Hospital/medical benefits		65,463,955	75,088,240
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		18,150,782	23,259,304
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		1,992,000	
16.	Subtotal (Lines 9 to 15)		85,606,737	98,347,544
Less:				
17.	Net reinsurance recoveries		641,797	(1,543,737)
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		84,964,940	99,891,281
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....1,075,133 cost containment expenses		2,887,612	2,557,874
21.	General administrative expenses		23,443,999	21,423,995
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		111,296,551	123,873,150
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	12,769,804	(6,621,693)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,075,278	644,125
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)		1,075,278	644,125
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses		18,642	301
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	13,863,724	(5,977,267)
31.	Federal and foreign income taxes incurred	X X X	2,919,244	(1,195,107)
32.	Net income (loss) (Lines 30 minus 31)	X X X	10,944,480	(4,782,160)
DETAILS OF WRITE-INS				
0601.	.....	X X X		
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	Medimpact network performance guarantee			
2902.	Miscellaneous Income (Expense)		18,642	301
2903.	Finance and service charges not included in premiums			
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		18,642	301

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	33,526,498	37,338,953
34.	Net income or (loss) from Line 32	10,944,480	(4,782,160)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	390,287	1,134,572
39.	Change in nonadmitted assets	(1,898,359)	(164,866)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		(1)
48.	Net change in capital and surplus (Lines 34 to 47)	9,436,408	(3,812,455)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	42,962,906	33,526,498
DETAILS OF WRITE-INS			
4701.	Gain on sale of bonds		
4702.	Correction of an error - Federal Income Tax		
4703.	Correction of an Error - Hospital / Medical Benefits		
4798.	Summary of remaining write-ins for Line 47 from overflow page		(1)
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(1)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	126,330,493	119,674,954
2.	Net investment income	918,396	613,041
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	127,248,889	120,287,995
5.	Benefit and loss related payments	84,667,075	98,864,494
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	26,264,085	24,195,964
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	1,537,881	117,139
10.	TOTAL (Lines 5 through 9)	112,469,041	123,177,597
11.	Net cash from operations (Line 4 minus Line 10)	14,779,848	(2,889,602)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	9,980,000	5,500,000
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	9,980,000	5,500,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	22,422,971	4,731,425
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	22,422,971	4,731,425
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(12,442,971)	768,575
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(4,472,215)	(116,866)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,472,215)	(116,866)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,135,338)	(2,237,893)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	28,529,973	30,767,866
19.2	End of year (Line 18 plus Line 19.1)	26,394,635	28,529,973

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		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
1.	Net premium income	124,066,355	45,451,206	71,099,026	90,140									7,425,983	
2.	Change in unearned premium reserves and reserve for rate credit														
3.	Fee-for-service (net of \$.....0 medical expenses)														X X X
4.	Risk revenue														X X X
5.	Aggregate write-ins for other health care related revenues														X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	124,066,355	45,451,206	71,099,026	90,140									7,425,983	
8.	Hospital/medical benefits	65,463,955	23,574,755	41,887,368	25,302									(23,470)	X X X
9.	Other professional services														X X X
10.	Outside referrals														X X X
11.	Emergency room and out-of-area														X X X
12.	Prescription drugs	18,150,782	8,959,936	11,976,232										(2,785,386)	X X X
13.	Aggregate write-ins for other hospital and medical														X X X
14.	Incentive pool, withhold adjustments and bonus amounts	1,992,000		1,992,000											X X X
15.	Subtotal (Lines 8 to 14)	85,606,737	32,534,691	55,855,600	25,302									(2,808,856)	X X X
16.	Net reinsurance recoveries	641,797	(11,316)	137,032										516,081	X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	84,964,940	32,546,007	55,718,568	25,302									(3,324,937)	X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....1,075,133 cost containment expenses	2,887,612	1,055,902	1,652,038	2,083									177,589	
20.	General administrative expenses	23,443,999	8,572,675	13,412,602	16,910									1,441,812	
21.	Increase in reserves for accident and health contracts														X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	111,296,551	42,174,584	70,783,208	44,295									(1,705,536)	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	12,769,804	3,276,622	315,818	45,845									9,131,519	
DETAILS OF WRITE-INS															
0501.	.....														X X X
0502.	.....														X X X
0503.	.....														X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page														X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)														X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	.....														X X X
1302.	.....														X X X
1303.	.....														X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page														X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)														X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct	Reinsurance	Reinsurance	Net Premium
Line of Business		Business	Assumed	Ceded	Income
					(Columns
					1 + 2 - 3)
1.	Comprehensive (hospital and medical) Individual	45,697,007	.....	245,801	45,451,206
2.	Comprehensive (hospital and medical) Group	71,496,438	.....	397,413	71,099,025
3.	Medicare Supplement	90,140	.....		90,140
4.	Vision only .....		.....
5.	Dental only .....		.....
6.	Federal Employees Health Benefits Plan .....		.....
7.	Title XVIII - Medicare .....		.....
8.	Title XIX - Medicaid .....		.....
9.	Credit A&H .....		.....
10.	Disability Income .....		.....
11.	Long-Term Care .....		.....
12.	Other health	147,195	7,538,447	259,658	7,425,984
13.	Health subtotal (Lines 1 through 12)	117,430,780	7,538,447	902,872	124,066,355
14.	Life .....		.....
15.	Property/casualty .....		.....
16.	TOTALS (Lines 13 to 15)	117,430,780	7,538,447	902,872	124,066,355

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	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
1. Payments during the year:														
1.1 Direct	84,415,649	31,342,806	55,840,840	44,001									(2,811,998)	
1.2 Reinsurance assumed	(1,131,822)												(1,131,822)	
1.3 Reinsurance ceded	408,438	7,324	94,746										306,368	
1.4 Net	82,875,389	31,335,482	55,746,094	44,001									(4,250,188)	
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	15,199,743	6,067,354	9,123,508	4,400									4,481	
3.2 Reinsurance assumed	1,700,000												1,700,000	
3.3 Reinsurance ceded														
3.4 Net	16,899,743	6,067,354	9,123,508	4,400									1,704,481	
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year	1,992,000		1,992,000											
6. Net healthcare receivables (a)														
7. Amounts recoverable from reinsurers December 31, current year	53,825	11,539	42,286											
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	16,000,655	4,875,469	11,100,747	23,100									1,339	
8.2 Reinsurance assumed	1,100,000												1,100,000	
8.3 Reinsurance ceded														
8.4 Net	17,100,655	4,875,469	11,100,747	23,100									1,101,339	
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year														
11. Amounts recoverable from reinsurers December 31, prior year	352,288	30,179											322,109	
12. Incurred benefits:														
12.1 Direct	83,614,737	32,534,691	53,863,601	25,301									(2,808,856)	
12.2 Reinsurance assumed	(531,822)												(531,822)	
12.3 Reinsurance ceded	109,975	(11,316)	137,032										(15,741)	
12.4 Net	82,972,940	32,546,007	53,726,569	25,301									(3,324,937)	
13. Incurred medical incentive pools and bonuses	1,992,000		1,992,000											

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	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
1. Reported in Process of Adjustment:														
1.1 Direct														
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Incurred but Unreported:														
2.1 Direct	15,199,743	6,067,354	9,123,508	4,400									4,481	
2.2 Reinsurance assumed	1,700,000												1,700,000	
2.3 Reinsurance ceded														
2.4 Net	16,899,743	6,067,354	9,123,508	4,400									1,704,481	
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	15,199,743	6,067,354	9,123,508	4,400									4,481	
4.2 Reinsurance assumed	1,700,000												1,700,000	
4.3 Reinsurance ceded														
4.4 Net	16,899,743	6,067,354	9,123,508	4,400									1,704,481	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical) Individual	2,206,855	29,147,265	2,000	6,065,355	2,208,855	4,875,468
2.	Comprehensive (hospital and medical) Group	6,546,258	49,157,549	8,000	9,115,508	6,554,258	11,100,747
3.	Medicare Supplement	7,000	37,001		4,400	7,000	23,100
4.	Vision only						
5.	Dental only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health	1,101,000	(5,029,077)		1,704,481	1,101,000	1,101,339
13.	Health subtotal (Lines 1 to 12)	9,861,113	73,312,738	10,000	16,889,744	9,871,113	17,100,654
14.	Healthcare receivables (a)						
15.	Other non-health						
16.	Medical incentive pools and bonus amounts				1,992,000		
17.	TOTALS (Lines 13 - 14 + 15 + 16)	9,861,113	73,312,738	10,000	18,881,744	9,871,113	17,100,654

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	10,663	10,663	10,663	10,663	10,663
2.	2020	80,896	87,519	87,519	87,519	87,519
3.	2021	X X X	73,813	83,671	83,671	83,671
4.	2022	X X X	X X X	80,337	93,962	93,962
5.	2023	X X X	X X X	X X X	83,833	93,694
6.	2024	X X X	X X X	X X X	X X X	73,313

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	10,663	10,663	10,663	10,663	10,663
2.	2020	92,304	87,519	87,519	87,519	87,519
3.	2021	X X X	83,844	83,671	83,671	83,671
4.	2022	X X X	X X X	95,004	93,962	93,962
5.	2023	X X X	X X X	X X X	100,889	93,704
6.	2024	X X X	X X X	X X X	X X X	92,194

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2020	112,350	87,519	2,725	3.113	90,244	80.324			90,244	80.324
2.	2021	109,419	83,671	2,746	3.282	86,417	78.978			86,417	78.978
3.	2022	120,154	93,962	2,757	2.934	96,719	80.496			96,719	80.496
4.	2023	117,251	93,694	2,601	2.776	96,295	82.127	10		96,305	82.135
5.	2024	124,066	73,313	2,484	3.388	75,797	61.094	18,881	361	95,039	76.603

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	9,929	9,929	9,929	9,929	9,929
2.	2020	79,399	85,908	85,908	85,908	85,908
3.	2021	X X X	73,174	82,823	82,823	82,823
4.	2022	X X X	X X X	80,133	92,764	92,764
5.	2023	X X X	X X X	X X X	85,095	93,848
6.	2024	X X X	X X X	X X X	X X X	78,305

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	9,929	9,929	9,929	9,929	9,929
2.	2020	90,682	85,908	85,908	85,908	85,908
3.	2021	X X X	82,996	82,823	82,823	82,823
4.	2022	X X X	X X X	94,188	92,764	92,764
5.	2023	X X X	X X X	X X X	101,027	93,858
6.	2024	X X X	X X X	X X X	X X X	95,478

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2020	109,907	85,908	2,722	3.169	88,630	80.641			88,630	80.641
2.	2021	105,141	82,823	2,744	3.313	85,567	81.383			85,567	81.383
3.	2022	114,159	92,764	2,755	2.970	95,519	83.672			95,519	83.672
4.	2023	109,852	93,848	2,599	2.769	96,447	87.797	10		96,457	87.806
5.	2024	116,550	78,305	2,482	3.170	80,787	69.315	17,173	361	98,321	84.360

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Medicare Supplement

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	7	7	7	7	7
2.	2020	51	63	63	63	63
3.	2021	X X X	40	46	46	46
4.	2022	X X X	X X X	44	49	49
5.	2023	X X X	X X X	X X X	43	50
6.	2024	X X X	X X X	X X X	X X X	37

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	7	7	7	7	7
2.	2020	64	63	63	63	63
3.	2021	X X X	46	46	46	46
4.	2022	X X X	X X X	51	49	49
5.	2023	X X X	X X X	X X X	66	50
6.	2024	X X X	X X X	X X X	X X X	41

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2020	114	63	2	3.314	65	57.095			65	57.095
2.	2021	91	46	2	4.155	48	52.650			48	52.650
3.	2022	86	49	2	4.056	51	59.288			51	59.288
4.	2023	84	50	2	4.088	52	61.957			52	61.957
5.	2024	90	37	2	4.521	39	42.970	4		43	47.414

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid	NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	727	727	727	727	727
2.	2020	1,446	1,548	1,548	1,548	1,548
3.	2021	X X X	599	802	802	802
4.	2022	X X X	X X X	160	1,149	1,149
5.	2023	X X X	X X X	X X X	(1,305)	(204)
6.	2024	X X X	X X X	X X X	X X X	(5,029)

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	727	727	727	727	727
2.	2020	1,558	1,548	1,548	1,548	1,548
3.	2021	X X X	802	802	802	802
4.	2022	X X X	X X X	765	1,149	1,149
5.	2023	X X X	X X X	X X X	(204)	(204)
6.	2024	X X X	X X X	X X X	X X X	(3,325)

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2020	2,329	1,548			1,548	66.466			1,548	66.466
2.	2021	4,187	802			802	19.155			802	19.155
3.	2022	5,909	1,149			1,149	19.445			1,149	19.445
4.	2023	7,315	(204)			(204)	(2.789)			(204)	(2.789)
5.	2024	7,426	(5,029)			(5,029)	(67.722)	1,704		(3,325)	(44.775)

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

13

		1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
			2 Individual	3 Group										
1.	Unearned premium reserves													
2.	Additional policy reserves (a)													
3.	Reserve for future contingent benefits													
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)	10,182,952	8,040,000	2,142,952										
5.	Aggregate write-ins for other policy reserves													
6.	TOTALS (Gross)	10,182,952	8,040,000	2,142,952										
7.	Reinsurance ceded													
8.	TOTALS (Net) (Page 3, Line 4)	10,182,952	8,040,000	2,142,952										
9.	Present value of amounts not yet due on claims													
10.	Reserve for future contingent benefits													
11.	Aggregate write-ins for other claim reserves													
12.	TOTALS (Gross)													
13.	Reinsurance ceded													
14.	TOTALS (Net) (Page 3, Line 7)													
DETAILS OF WRITE-INS														
0501.	.....												
0502.	.....												
0503.	.....												
0598.	Summary of remaining write-ins for Line 5 from overflow page													
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101.	.....												
1102.	.....												
1103.	.....												
1198.	Summary of remaining write-ins for Line 11 from overflow page													
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)	19,389	19,389	137,485		176,263
2.	Salaries, wages and other benefits	286,559	551,285	9,849,753		10,687,597
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)			3,110,047		3,110,047
4.	Legal fees and expenses			7,414		7,414
5.	Certifications and accreditation fees			128		128
6.	Auditing, actuarial and other consulting services			664,690		664,690
7.	Traveling expenses		1,588	23,536		25,124
8.	Marketing and advertising			564,219		564,219
9.	Postage, express and telephone	1,120	213	269,452		270,785
10.	Printing and office supplies	50	31	115,800		115,881
11.	Occupancy, depreciation and amortization	161	161	25,201		25,523
12.	Equipment			44,935		44,935
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services	767,648	1,223,983	5,231,161		7,222,792
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate			59,713		59,713
17.	Collection and bank service charges				279,904	279,904
18.	Group service and administration fees		15,829	714,528		730,357
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes			42,836		42,836
23.2	State premium taxes			636,586		636,586
23.3	Regulatory authority licenses and fees			1,087,296		1,087,296
23.4	Payroll taxes			682,330		682,330
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	206		176,889		177,095
26.	TOTAL Expenses Incurred (Lines 1 to 25)	1,075,133	1,812,479	23,443,999	279,904	(a) 26,611,515
27.	Less expenses unpaid December 31, current year		360,952	1,772,607		2,133,559
28.	Add expenses unpaid December 31, prior year		362,366	1,074,923		1,437,289
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,075,133	1,813,893	22,746,315	279,904	25,915,245
DETAILS OF WRITE-INS						
2501.	Miscellaneous Expenses	206		176,889		177,095
2502.	Donations					
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	206		176,889		177,095

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 1,110,089	..... 1,171,709
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e)..... 183,473	..... 183,473
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income .....	..... 1,293,562	..... 1,355,182
11.	Investment expenses .....	.....	(g)..... 279,904
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 279,904
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 1,075,278
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page ..	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) ..	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection	70,746	32,367	(38,379)
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	3,691,049	2,101,927	(1,589,122)
25.	Aggregate write-ins for other-than-invested assets	502,827	231,969	(270,858)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,264,622	2,366,263	(1,898,359)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	4,264,622	2,366,263	(1,898,359)
DETAILS OF WRITE-INS				
1101.	.....		
1102.	.....		
1103.	.....		
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Prepaid Expenses	502,827	231,969	(270,858)
2502.	Deferred gain on bonds sold to SummaCare			
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	502,827	231,969	(270,858)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	.....	.....	.....	.....	.....	.....
2.	Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3.	Preferred Provider Organizations .....	..... 17,479	..... 18,417	..... 18,417	..... 18,326	..... 18,179	..... 218,169
4.	Point of Service .....	.....	.....	.....	.....	.....	.....
5.	Indemnity Only .....	.....	.....	.....	.....	.....	.....
6.	Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7.	TOTAL .....	..... 17,479	..... 18,417	..... 18,417	..... 18,326	..... 18,179	..... 218,169
DETAILS OF WRITE-INS							
0601.	.....	.....	.....	.....	.....	.....	.....
0602.	.....	.....	.....	.....	.....	.....	.....
0603.	.....	.....	.....	.....	.....	.....	.....
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of December 31, 2024 and December 31, 2023 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material. Additionally, the Company's risk based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

	SSAP #	F/S Page	F/S Line #	2024	2023
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 10,944,480	\$ (4,782,160)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 10,944,480	\$ (4,782,160)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 42,962,906	\$ 33,526,498
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 42,962,906	\$ 33,526,498

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

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

C. Accounting Policy

The Company uses the following accounting policies:

(1) Cash and Short-Term Investments

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

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

(3) Common stocks - None

(4) Preferred stocks - None

(5) Mortgage loans - None

(6) Loan-backed securities - None

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

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

(9) Accounting policy for derivatives

The Company does not invest in derivative instruments.

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

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

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

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

(12) Changes in capitalization policy

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

(13) Pharmaceutical rebate receivables

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

Notes to the Financial Statements

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

D. Going Concern - None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

All accrued investment income was admitted for the period.

B. Total Amount Excluded

\$0

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued		Amount
1. Gross		\$ 311,115
2. Nonadmitted		\$
3. Admitted		\$ 311,115

D. The aggregate deferred interest - None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

8. Derivative Instruments - None

9. Income Taxes

The 2024 amounts were calculated in accordance with SSAP No. 101. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including:

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

In 2024, the Company evaluated the need for a valuation allowance and determined that a valuation allowance was no longer necessary.

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

The components of deferred tax asset / liability at December 31, 2024 and December 31, 2023 are as follows:

(1) Change between years by tax character

	2024			2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 1,534,561	\$	\$ 1,534,561	\$ 1,142,366	\$	\$ 1,142,366	\$ 392,195	\$	\$ 392,195
(b) Statutory valuation allowance adjustments									
(c) Adjusted gross deferred tax assets (1a - 1b)	1,534,561		1,534,561	1,142,366		1,142,366	392,195		392,195
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 1,534,561	\$	\$ 1,534,561	\$ 1,142,366	\$	\$ 1,142,366	\$ 392,195	\$	\$ 392,195
(f) Deferred tax liabilities	9,702		9,702	7,794		7,794	1,908		1,908
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 1,524,859	\$	\$ 1,524,859	\$ 1,134,572	\$	\$ 1,134,572	\$ 390,287	\$	\$ 390,287

Notes to the Financial Statements

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

	2024			2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,534,561	\$	\$ 1,534,561	\$	\$	\$	\$ 1,534,561	\$	\$ 1,534,561
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)				1,142,366		1,142,366	(1,142,366)		(1,142,366)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date				1,142,366		1,142,366	(1,142,366)		(1,142,366)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	6,215,707	XXX	XXX	4,858,789	XXX	XXX	1,356,918
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total 2(a) + 2(b) + 2(c))	\$ 1,534,561	\$	\$ 1,534,561	\$ 1,142,366	\$	\$ 1,142,366	\$ 392,195	\$	\$ 392,195

(3) Ratio used as basis of admissibility

	2024	2023
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,110.000 %	760.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 41,438,047	\$ 32,391,626

(4) Impact of tax-planning strategies

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

	2024		2023		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 1,534,561	\$	\$ 1,142,366	\$	\$ 392,195	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 1,534,561	\$	\$ 1,142,366	\$	\$ 392,195	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

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

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

B. Regarding Deferred Tax Liabilities That Are Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2024 and December 31, 2023.

C. Major Components of Current Income Taxes Incurred

Current income taxes incurred consist of the following major components:	(1)	(2)	(3)
	2024	2023	Change (1-2)
1. Current Income Tax			
(a) Federal	\$ 2,907,761	\$ (1,211,592)	\$ 4,119,353
(b) Foreign			
(c) Subtotal (1a+1b)	\$ 2,907,761	\$ (1,211,592)	\$ 4,119,353
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other	11,483	16,485	(5,002)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 2,919,244	\$ (1,195,107)	\$ 4,114,351

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 2024	(2) 2023	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 42,919	\$ 44,297	\$ (1,378)
(2) Unearned premium reserve	146,785	158,172	(11,387)
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual	130,474	105,981	24,493
(9) Pension accrual			
(10) Receivables - nonadmitted	895,571	496,915	398,656
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other	318,812	337,001	(18,189)
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 1,534,561	\$ 1,142,366	\$ 392,195
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 1,534,561	\$ 1,142,366	\$ 392,195
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 1,534,561	\$ 1,142,366	\$ 392,195
	(1) 2024	(2) 2023	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 176	\$ 238	\$ (62)
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other	9,526	7,556	1,970
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 9,702	\$ 7,794	\$ 1,908
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 9,702	\$ 7,794	\$ 1,908
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 1,524,859	\$ 1,134,572	\$ 390,287

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Current Period	Prior Year	Change (Col. 1 - Col. 2)
Adjusted gross deferred tax assets	\$ 1,534,561	\$ 1,142,366	\$ 392,195
Total deferred tax liabilities	9,702	7,794	1,908
Net deferred tax assets (liabilities)	1,524,859	1,134,572	390,287
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance	1,524,859	1,134,572	390,287
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			\$ 390,287

D. Among the More Significant Book to Tax Adjustments

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

Notes to the Financial Statements

9. Income Taxes (Continued)

	2024	Effective Tax Rate
Income (loss) before taxes	\$ 2,911,382	..... 21.000 %
Meals & entertainment .....	..... 3,288	..... 0.024 ...
Non deductible club dues .....	.....	.....
Annual fee for health insurers .....	.....	.....
Change in valuation allowance .....	.....	.....
Change in nonadmitted assets .....	..... (398,655)	..... -2.876 ...
Deferred true up .....	..... 12,942	..... 0.093 ...
Other .....	.....	.....
Total	<u>\$ 2,528,957</u>	<u>..... 18.242 %</u>
	2024	Effective Tax Rate
Federal income taxes incurred	\$ 2,919,244	..... 21.057 %
Change in net deferred income taxes .....	..... (390,287)	..... -2.815 ...
Total statutory income taxes	<u>\$ 2,528,957</u>	<u>..... 18.242 %</u>

E. Operating Loss and Tax Credit Carryforwards

- (1) The company has \$0 in net operating loss or tax credit carry-forwards as of December 31, 2024.
- (2) Income tax expense available for recoupment
The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses:
\$2,907,761
- (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of December 31, 2024 and December 31, 2023.

F. Consolidated Federal Income Tax Return

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

G. Federal or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit - None

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

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

The operating activities with affiliated entities as of December 31, 2024 and December 31, 2023 are as follows:

	2024	2023
Claims expense related to affiliated entities:		
SHS	15,442,435	16,947,153
SPI	3,165,090	2,901,692
SHH	121,280	104,783
Summa Rehab	243,906	173,883
Medina Summit	122,052	82,425
SHS Outpatient	99,767	69,642
ACO	-	93
Directors' and officers insurance paid to MAC	3,831	3,677
OHC network use for claims pricing	171,590	163,183
Mangement fees charged from Apex	15,829	52,323
Mangement fees charged from SMSO	11,431,475	10,886,853
Nurse Call line fees charged from SHS	18,415	20,092
Corporate expense allocation paid to SHS	648,708	672,975
SHN Provider Performance	2,816,480	1,585,717

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

D. Balance outstanding with affiliated entities as of December 31, 2024 and December 31, 2023:

Notes to the Financial Statements

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

	Due from		Due to	
	2024	2023	2024	2023
SummaCare	2,239,882	362,885	-	-
APEX	-	-	476,674	190,072
SHN	-	-	-	1,734,452
SHS	-	-	324,105	1,632,579
SMSO	-	-	1,013,944	871,480
	2,239,882	362,885	1,814,723	4,428,583

- E. In 2024 and 2023, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$11,431,475 and \$10,886,853 in 2024 and 2023, respectively.

In 2024 and 2023, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.

In 2024 and 2023, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.
- F. Guarantees or Contingencies - None
- G. All outstanding shares of common stock are owned by the parent, SummaCare, Inc.
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None
11. Debt - None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
- A. As of December 31, 2024, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock.
- B. Dividend Rate of Preferred Stock - None
- C. In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2025, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company's capital and surplus as of December 31, 2024, or (b) the Company's net gain from operations for the year ended December 31, 2024. Accordingly, during 2025, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$10,944,480.
- D. Ordinary Dividends - None
- E. Portion of reporting entity's profits that can be paid as ordinary dividends

Reference number C above.
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)

Nonadmitted Asset Values – \$4,264,622

Unrealized Gains (Losses) – (\$751,962)
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None
14. Liabilities, Contingencies and Assessments - None
15. Leases - None
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

Notes to the Financial Statements

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

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

20. Fair Value Measurements

A. Fair Value Measurement

Assets and liabilities measured and reported at fair value.

(1) Fair value at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Cash and cash equivalents	\$ 26,394,635	\$	\$	\$	\$ 26,394,635
	Total assets at fair value/NAV	\$ 26,394,635	\$	\$	\$	\$ 26,394,635
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

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

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

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

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

(5) Derivatives - None

B. Other Fair Value Disclosures

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

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. Treasury Securities	\$ 42,919,890	\$ 43,671,852	\$ 42,919,890	\$	\$	\$	\$
U.S. Government Agency Securities							

D. Not Practicable to Estimate Fair Value - None

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

21. Other Items - None

22. Events Subsequent

Type I – Recognized Subsequent Events - None.

Type II – Nonrecognized Subsequent Events

Effective October 31, 2024, Summa Health, Summa Health System and Health Assurance Transformation LLC ("HATCo") executed a definitive agreement, which contemplates a transaction pursuant to which HATCo (or one or more of its affiliates) will purchase substantially all of the assets of Summa and its subsidiaries. The parties have requested regulatory approval of this transaction and are currently working with the regulators in their review process.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

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

Yes () No (X)
- (2)

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

Yes () No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

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

Yes () No (X)
- (2)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

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

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

Yes () No (X)

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

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

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by Summa Insurance Company for Small Group at December 31, 2024 that are subject to retrospective rating features was \$1,878,463, that represented 6.8% of the total net premiums written on Small Group. As of December 31, 2024, the 2023 amount is \$3,489 which represents 0.01% of the total net premiums written on Small Group in 2023. There was an adjustment made in 2023 during the Medical Loss Ratio audit and we have recorded \$261,000 related to 2021.

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

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$ 2,002,175	\$	\$	\$ 2,002,175
(2) Medical loss ratio rebates paid		2,102,558			2,102,558
(3) Medical loss ratio rebates unpaid		1,699,617			1,699,617
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 1,699,617
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$ 3,011,070	\$	\$	\$ 3,011,070
(8) Medical loss ratio rebates paid		2,567,735			2,567,735
(9) Medical loss ratio rebates unpaid		2,142,952			2,142,952
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 2,142,952

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

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

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

Notes to the Financial Statements

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

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

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 836,000
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment	\$ 20,027
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	8,040,000
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment	\$ (3,621,976)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	20,274

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

				Differences		Adjustments		Unsettled Balances as of the Reporting Date	
Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a. Permanent ACA Risk Adjustment Program									
1. Premium adjustments receivable (including high risk pool payments)	\$ 679,550	\$ 1,166,887		\$ (487,337)		\$ 487,337		A	\$ - \$
2. Premium adjustments (payable) (including high risk pool premium)	(5,847,791)		(2,753,104)		(3,094,687)		3,094,687	B	-
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 679,550	\$ (5,847,791)	\$ 1,166,887	\$ (2,753,104)	\$ (487,337)	\$ (3,094,687)	\$ 487,337	\$ 3,094,687	\$ - \$

Explanations of Adjustments
A: The receivable was adjusted to true up to an estimate by an outside actuarial firm
B: None

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2024	2023
Balance at January 1	17,100,654	14,666,677
Incurred related to:		
Current year	92,194,481	100,888,949
Prior years	(7,229,541)	(997,668)
Total	84,964,940	99,891,281
Paid related to:		
Current year	73,312,737	83,832,295
Prior years	9,861,113	13,625,009
Total	83,173,850	97,457,304
Balance at End of Period	18,891,744	17,100,654

- A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years
- Reserves as of December 31, 2023 were \$17,100,654. As of December 31, 2024, \$9,861,113 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$10,000. Therefore, there has been \$7,229,541 in favorable experience from December 31, 2023 to December 31, 2024. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of December 31, 2024, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by projection amounts from the pharmacy department. Pharmacy rebate receivable are recorded as nonadmitted assets, where appropriate, in accordance with SSAP No. 84.

Notes to the Financial Statements

28. Health Care Receivables (Continued)

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 5,626,200	\$	\$	\$	\$
09/30/2024	5,304,000	6,068,514	6,068,514		
06/30/2024	5,101,353	5,658,346	2,439,681	3,125,094	93,571
03/31/2024	5,305,138	5,752,665	2,047,268	3,705,397	
12/31/2023	4,989,838	5,349,910	4,084,195	1,265,715	
09/30/2023	3,910,585	4,052,254	4,052,254		
06/30/2023	3,869,314	3,914,528	3,914,528		
03/31/2023	3,780,069	3,805,775	3,782,110		23,665
12/31/2022	3,628,286	3,734,471	3,734,471		
09/30/2022	3,498,093	3,558,309	3,558,309		
06/30/2022	3,182,979	3,214,032	3,214,032		
03/31/2022	3,017,882	2,962,228	2,962,228		

B. Risk-Sharing Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves

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

1. Liability carried for premium deficiency reserves:

\$—
2. Date of the most recent evaluation of this liability:

12/31/2024
3. Was anticipated investment income utilized in the calculation?

YES

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
- 1.3 State Regulating?

Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

N/A
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2023
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

05/29/2024
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

07/11/2024
- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

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

Yes[] No[] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes[] No[X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[] N/A[X]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
RSM US LLP, 801 Nicollet Mall, West Tower, Suite 1100, Minneapolis, MN 55402-2526
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Shumei Kuo, Risk & Regulatory Consulting (associated with RSM US LLP), 20 Batterson Park Rd, Suite 380, Farmington CT 06032
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended?
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes[] No[X]
- 25.02 If no, give full and complete information, relating thereto
All securities are in the possession of Huntington Bank
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

\$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

\$ 0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[] No[] N/A[X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[] No[] N/A[X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[] No[] N/A[X]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

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

\$ 0

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

\$ 0

25.093 Total payable for securities lending reported on the liability page.

\$ 0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03).

Yes[] No[X]
- 26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements

\$ 0

26.22 Subject to reverse repurchase agreements

\$ 0

26.23 Subject to dollar repurchase agreements

\$ 0

26.24 Subject to reverse dollar repurchase agreements

\$ 0

26.25 Placed under option agreements

\$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$ 0

26.27 FHLB Capital Stock

\$ 0

26.28 On deposit with states

\$ 0

26.29 On deposit with other regulatory bodies

\$ 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$ 0

26.32 Other

\$ 0
- 26.3 For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]
- If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[] No[X]
- 27.4 If the response to 27.3 is yes, does the reporting entity utilize:

27.41 Special Accounting Provision of SSAP No. 108

Yes[] No[X]

27.42 Permitted Accounting Practice

Yes[] No[X]

27.43 Other Accounting Guidance

Yes[] No[X]
- 27.5 By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.

- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]
- 28.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes[] No[X]
- 29.04 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES (Continued)

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

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

Yes[X] No[]

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[X] No[]

Yes[X] No[]

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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

30.2 If yes, complete the following schedule:

Yes[] No[X]

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 Total		

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	43,671,852	42,919,891	(751,961)
31.2 Preferred stocks			
31.3 Totals	43,671,852	42,919,891	(751,961)

31.4 Describe the sources or methods utilized in determining the fair values:
The values are based on the prices of assets at the close of the stock market on 12/31/2023 as determined by LSEG Data & Analytics

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Yes[] No[X]

Yes[] No[] N/A[X]

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

33.2 If no, list exceptions:

Yes[X] No[]

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
 - b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
 - c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
 - d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
- Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes[] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 - b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.
- Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[X] No[] N/A[]

- 38.1 Does the reporting entity directly hold cryptocurrencies?
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?

Yes[] No[X]

- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
- 39.21 Held directly
- 39.22 Immediately converted to U.S. dollars
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

Yes[] No[X]

Yes[] No[]
Yes[] No[]

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid

- 41.1 Amount of payments for legal expenses, if any? \$..... 6,004
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Benesch Friedlander Coplan & Aronoff LLP	6,004

- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$..... 8,429
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
Ohio Association of Health Plans	4,555
America's Health Insurance Plans	3,874

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

1.2 If yes, indicate premium earned on U.S. business only:

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

1.62 TOTAL Incurred claims

1.63 Number of covered lives

All years prior to most current three years:

1.64 TOTAL Premium earned

1.65 TOTAL Incurred claims

1.66 Number of covered lives

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

1.72 TOTAL Incurred claims

1.73 Number of covered lives

All years prior to most current three years:

1.74 TOTAL Premium earned

1.75 TOTAL Incurred claims

1.76 Number of covered lives

Yes[X] No[]

\$ 90,140

\$ 0

\$ 0

\$ 25,301

\$ 90,140

\$ 25,301

..... 21

\$ 0

\$ 0

..... 0

\$ 0

\$ 0

..... 0

\$ 0

\$ 0

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	124,066,355	117,251,457
2.2	Premium Denominator	124,066,355	117,251,457
2.3	Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4	Reserve Numerator	29,074,695	24,648,062
2.5	Reserve Denominator	29,074,695	24,648,062
2.6	Reserve Ratio (2.4 / 2.5)	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

3.2 If yes, give particulars:

Yes[] No[X]

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[X] No[]

Yes[] No[X] N/A[]

5.1 Does the reporting entity have stop-loss reinsurance?

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

5.32 Medical Only

5.33 Medicare Supplement

5.34 Dental & Vision

5.35 Other Limited Benefit Plan

5.36 Other

\$ 750,000

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company's provider contracts include insolvency provisions, continuity of care provisions and hold harmless language.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

7.2 If no, give details:

Yes[X] No[]

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

..... 22,000

..... 25,000

9.1 Does the reporting entity have business subject to premium rate guarantees?

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

Yes[] No[X]

..... 0

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

Yes[X] No[]

\$ 1,992,000

\$ 0

\$ 0

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation.

Yes[] No[X]

Yes[] No[X]

Yes[X] No[]

Yes[X] No[]

\$ 2,500,000

Yes[] No[X]

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
Summit
Portage
Cuyahoga
Geauga
Stark
Medina
Wayne
Ashtabula
Carroll
Lorain
Mahoning
Trumbull

28

GENERAL INTERROGATORIES (Continued)

1
Name of Service Area
Ottawa
Sandusky
Erie
Huron
Lake
Ashland
Holmes
Tuscarawas

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

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

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

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes[] No[] N/A[X]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$..... 0

15.2 Total incurred claims

\$..... 0

15.3 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

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

Yes[] No[X]

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

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	79,480,769	69,056,398	67,850,928	57,076,755	45,089,172
2. TOTAL Liabilities (Page 3, Line 24)	36,517,863	35,529,900	30,511,975	20,016,464	18,356,640
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	42,962,906	33,526,498	37,338,953	37,060,291	26,732,532
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	124,066,355	117,251,457	120,153,474	109,419,820	112,350,271
6. TOTAL Medical and Hospital Expenses (Line 18)	84,964,940	99,891,281	94,830,528	79,059,251	92,055,898
7. Claims adjustment expenses (Line 20)	2,887,612	2,557,874	2,769,065	2,697,572	2,791,040
8. TOTAL Administrative Expenses (Line 21)	23,443,999	21,423,995	21,897,382	17,378,035	15,017,044
9. Net underwriting gain (loss) (Line 24)	12,769,804	(6,621,693)	656,499	10,284,962	2,486,289
10. Net investment gain (loss) (Line 27)	1,075,278	644,125	360,569	384,458	427,497
11. TOTAL Other Income (Lines 28 plus 29)	18,642	301	406	451	389
12. Net income or (loss) (Line 32)	10,944,480	(4,782,160)	795,279	10,634,763	2,927,478
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	14,779,848	(2,889,602)	9,046,464	11,533,141	1,237,343
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	42,962,906	33,526,498	37,338,953	37,060,291	26,732,532
15. Authorized control level risk-based capital	3,733,652	4,260,116	4,297,814	3,622,246	4,240,856
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	18,179	17,479	19,217	15,653	16,656
17. TOTAL Members Months (Column 6, Line 7)	218,169	216,479	225,420	196,745	215,035
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	68.5	85.2	78.9	72.3	81.9
20. Cost containment expenses	0.9	0.8	0.5	0.4	0.9
21. Other claims adjustment expenses	1.5	1.4	1.8	2.0	1.6
22. TOTAL Underwriting Deductions (Line 23)	89.7	105.6	99.5	90.6	97.8
23. TOTAL Underwriting Gain (Loss) (Line 24)	10.3	(5.6)	0.5	9.4	2.2
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	9,871,113	13,669,009	9,858,410	6,623,000	10,662,822
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	17,100,654	14,666,677	10,031,110	11,407,964	10,910,926
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit - Type Contracts
1.	Alabama (AL)	N									
2.	Alaska (AK)	N									
3.	Arizona (AZ)	N									
4.	Arkansas (AR)	N									
5.	California (CA)	N									
6.	Colorado (CO)	N									
7.	Connecticut (CT)	N									
8.	Delaware (DE)	N									
9.	District of Columbia (DC)	N									
10.	Florida (FL)	N									
11.	Georgia (GA)	N									
12.	Hawaii (HI)	N									
13.	Idaho (ID)	N									
14.	Illinois (IL)	N									
15.	Indiana (IN)	N									
16.	Iowa (IA)	N									
17.	Kansas (KS)	N									
18.	Kentucky (KY)	N									
19.	Louisiana (LA)	N									
20.	Maine (ME)	N									
21.	Maryland (MD)	N									
22.	Massachusetts (MA)	N									
23.	Michigan (MI)	N									
24.	Minnesota (MN)	N									
25.	Mississippi (MS)	N									
26.	Missouri (MO)	N									
27.	Montana (MT)	N									
28.	Nebraska (NE)	N									
29.	Nevada (NV)	N									
30.	New Hampshire (NH)	N									
31.	New Jersey (NJ)	N									
32.	New Mexico (NM)	N									
33.	New York (NY)	N									
34.	North Carolina (NC)	N									
35.	North Dakota (ND)	N									
36.	Ohio (OH)	L	117,430,780							117,430,780	
37.	Oklahoma (OK)	N									
38.	Oregon (OR)	N									
39.	Pennsylvania (PA)	N									
40.	Rhode Island (RI)	N									
41.	South Carolina (SC)	N									
42.	South Dakota (SD)	N									
43.	Tennessee (TN)	N									
44.	Texas (TX)	N									
45.	Utah (UT)	N									
46.	Vermont (VT)	N									
47.	Virginia (VA)	N									
48.	Washington (WA)	N									
49.	West Virginia (WV)	N									
50.	Wisconsin (WI)	N									
51.	Wyoming (WY)	N									
52.	American Samoa (AS)	N									
53.	Guam (GU)	N									
54.	Puerto Rico (PR)	N									
55.	U.S. Virgin Islands (VI)	N									
56.	Northern Mariana Islands (MP)	N									
57.	Canada (CAN)	N									
58.	Aggregate other alien (OT)	X X X									
59.	Subtotal	X X X	117,430,780							117,430,780	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	TOTAL (Direct Business)	X X X	117,430,780							117,430,780	

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
2. R - Registered - Non-domiciled RRGs
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

4. Q - Qualified - Qualified or accredited reinsurer

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

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(b) Explanation of basis of allocation by states, premiums by state, etc.: The Company only has business in the State of Ohio.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

