



ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Internet Website Address	SummmaCare.com		(330)996-8410 (Area Code)(Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals (Name)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
	wealsm@summacare.com (E-Mail Address)		(Fax Number)			

OFFICERS

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

OTHERS

Melissa Rusk, VP of Operations
Hugh Riley M.D., Chief Medical Officer

Anne Armao, VP - Member Experience and Product Development

Susan Crawford, VP - Sales

DIRECTORS OR TRUSTEES

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

Frank Anthony Carrino
Henry Leigh Gerstenberger
Caroline Fisher Pearson
George Emerson Strickler
William Carl Epling

State of Ohio
County of Summit ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Alan Philip Fehlner (Printed Name) 1. Chief Financial Officer (Title)	(Signature) William Carl Epling (Printed Name) 2. President (Title)	(Signature) (Printed Name) 3. (Title)
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)	55,352,483		55,352,483	54,097,758
2.	Stocks (Schedule D):				
2.1	Preferred stocks				
2.2	Common stocks	42,962,906		42,962,906	33,526,498
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 (\$.....28,723,476, Schedule E-Part 1), cash equivalents (\$.....80,568, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)	28,804,044		28,804,044	18,141,596
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)	127,119,433		127,119,433	105,765,852
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	286,923		286,923	240,129
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	44,758	28,211	16,547	40,658
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 (\$.....9,675,371) and contracts subject to redetermination (\$.....0)	9,675,371		9,675,371	13,784,831
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	392,364		392,364	24,757
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	10,813,646		10,813,646	10,871,564
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,171,575		1,171,575	150,432
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	48,298		48,298	177,293
21.	Furniture and equipment, including health care delivery assets (\$.....0)	364,936	364,936		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	298,998		298,998	240,104
24.	Health care (\$.....6,284,669) and other amounts receivable	12,165,052	5,880,383	6,284,669	5,907,258
25.	Aggregate write-ins for other-than-invested assets	2,799,179	2,799,179		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	165,180,533	9,072,709	156,107,824	137,202,878
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	165,180,533	9,072,709	156,107,824	137,202,878
DETAILS OF WRITE-INS					
1101.	Misc				
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 assets	2,799,179	2,799,179		
2502.	Deposits				
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)	2,799,179	2,799,179		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	37,164,768		37,164,768	34,195,258
2.	Accrued medical incentive pool and bonus amounts	17,426,317		17,426,317	17,929,091
3.	Unpaid claims adjustment expenses	712,656		712,656	703,421
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	716,000		716,000	716,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	294,013		294,013	313,307
9.	General expenses due or accrued	2,740,060		2,740,060	2,992,579
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	536,083		536,083	854,393
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	36,601		36,601	119,082
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	12,240,085		12,240,085	8,626,677
16.	Derivatives				
17.	Payable for securities				732,870
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	2,667,880		2,667,880	2,079,952
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	74,534,463		74,534,463	69,262,630
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	67,084,767	67,084,767
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	14,488,594	855,481
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	81,573,361	67,940,248
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	156,107,824	137,202,878
DETAILS OF WRITE-INS					
2301.	Payroll liability				
2302.	Other accrued liabilities				
2303.	Medicaid Pharmacy Reserve				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	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	277,986	281,004
2.	Net premium income (including \$.....0 non-health premium income)	X X X	350,528,985	338,041,626
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	350,528,985	338,041,626
Hospital and Medical:				
9.	Hospital/medical benefits		257,244,252	242,182,016
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		29,415,422	24,366,689
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		12,265,063	15,637,350
16.	Subtotal (Lines 9 to 15)		298,924,737	282,186,055
Less:				
17.	Net reinsurance recoveries		534,918	182,242
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		298,389,819	282,003,813
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....2,067,735 cost containment expenses		5,030,513	4,965,327
21.	General administrative expenses		40,805,475	38,363,085
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)		344,225,807	325,332,225
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	6,303,178	12,709,401
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,146,857	788,059
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			241,242
27.	Net investment gains (losses) (Lines 25 plus 26)		2,146,857	1,029,301
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		1	
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	8,450,036	13,738,702
31.	Federal and foreign income taxes incurred	X X X	2,187,167	1,153,013
32.	Net income (loss) (Lines 30 minus 31)	X X X	6,262,869	12,585,689
DETAILS OF WRITE-INS				
0601.	Administrative Services Revenue	X X X		
0602.	Misc income received from prior year taxes	X X X		
0603.	Gain/loss on disposal of asset	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.	Proceeds from the Sale of the Medicaid Product Line	X X X		
0702.	Miscellaneous Income	X X X		
0703.	Miscellaneous Revenue	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 Performance Guarantee			
2902.	Miscellaneous Income		1	
2903.	Gain on sale of asset			
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		1	

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	67,940,248	58,860,609
34.	Net income or (loss) from Line 32	6,262,869	12,585,689
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	9,436,408	(3,812,455)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	1,021,144	150,432
39.	Change in nonadmitted assets	(3,087,308)	155,975
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		(2)
48.	Net change in capital and surplus (Lines 34 to 47)	13,633,113	9,079,639
49.	Capital and surplus end of reporting year (Line 33 plus 48)	81,573,361	67,940,248
DETAILS OF WRITE-INS			
4701.	Change in Minimum Pension Liability - Unrestricted Funds		
4702.	Federal income tax adjustment		
4703.	Gain on sale of bonds		
4798.	Summary of remaining write-ins for Line 47 from overflow page		(2)
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(2)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	354,627,980	332,975,474
2.	Net investment income	2,149,986	784,672
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	356,777,966	333,760,146
5.	Benefit and loss related payments	298,334,600	279,008,215
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	46,504,949	44,358,874
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	2,505,477	(172,384)
10.	TOTAL (Lines 5 through 9)	347,345,026	323,194,705
11.	Net cash from operations (Line 4 minus Line 10)	9,432,940	10,565,441
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	9,250,000	6,835,000
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		1,744,932
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)	9,250,000	8,579,932
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	11,287,515	7,636,316
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)	11,287,515	7,636,316
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)	(2,037,515)	943,616
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)	3,267,023	(459,804)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,267,023	(459,804)
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)	10,662,448	11,049,253
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	18,141,596	7,092,343
19.2	End of year (Line 18 plus Line 19.1)	28,804,044	18,141,596

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 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 Health	14 Other Non-Health
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only								
1.	Net premium income	350,528,985							350,528,985						
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)	350,528,985							350,528,985						
8.	Hospital/medical benefits	257,244,252							257,244,252						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	29,415,422							29,415,422						X X X
13.	Aggregate write-ins for other hospital and medical														X X X
14.	Incentive pool, withhold adjustments and bonus amounts	12,265,063							12,265,063						X X X
15.	Subtotal (Lines 8 to 14)	298,924,737							298,924,737						X X X
16.	Net reinsurance recoveries	534,918							534,918						X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	298,389,819							298,389,819						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 \$.....2,067,735 cost containment expenses	5,030,513							5,030,513						
20.	General administrative expenses	40,805,475							40,805,475						
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)	344,225,807							344,225,807						
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	6,303,178							6,303,178						
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.	Proceeds from the sales of the Medicaid Product Line		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.	Miscellaneous Revenue		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 .....	.....	.....	.....	.....
2.	Comprehensive (hospital and medical) Group .....	.....	.....	.....	.....
3.	Medicare Supplement .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Dental only .....	.....	.....	.....	.....
6.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
7.	Title XVIII - Medicare	350,821,562	.....	292,577	350,528,985
8.	Title XIX - Medicaid .....	.....	.....	.....	.....
9.	Credit A&H .....	.....	.....	.....	.....
10.	Disability Income .....	.....	.....	.....	.....
11.	Long-Term Care .....	.....	.....	.....	.....
12.	Other health .....	.....	.....	.....	.....
13.	Health subtotal (Lines 1 through 12)	350,821,562	.....	292,577	350,528,985
14.	Life .....	.....	.....	.....	.....
15.	Property/casualty .....	.....	.....	.....	.....
16.	TOTALS (Lines 13 to 15)	350,821,562	.....	292,577	350,528,985

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	283,690,164							283,690,164						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	167,311							167,311						
1.4 Net	283,522,853							283,522,853						
2. Paid medical incentive pools and bonuses	12,767,837							12,767,837						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	37,164,768							37,164,768						
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	37,164,768							37,164,768						
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	17,426,317							17,426,317						
6. Net healthcare receivables (a)														
7. Amounts recoverable from reinsurers December 31, current year	392,364							392,364						
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	34,195,258							34,195,258						
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	34,195,258							34,195,258						
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	17,929,091							17,929,091						
11. Amounts recoverable from reinsurers December 31, prior year	24,757							24,757						
12. Incurred benefits:														
12.1 Direct	286,659,674							286,659,674						
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	534,918							534,918						
12.4 Net	286,124,756							286,124,756						
13. Incurred medical incentive pools and bonuses	12,265,063							12,265,063						

(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	37,164,768							37,164,768						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	37,164,768							37,164,768						
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	37,164,768							37,164,768						
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	37,164,768							37,164,768						

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.	Comprehensive (hospital and medical) Group						
3.	Medicare Supplement						
4.	Vision only						
5.	Dental only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare	27,351,680	255,803,565	26,000	37,138,768	27,377,680	34,195,258
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)	27,351,680	255,803,565	26,000	37,138,768	27,377,680	34,195,258
14.	Healthcare receivables (a)						
15.	Other non-health						
16.	Medical incentive pools and bonus amounts	9,172,037	3,595,800	5,892,746	11,533,571	15,064,783	17,929,091
17.	TOTALS (Lines 13 - 14 + 15 + 16)	36,523,717	259,399,365	5,918,746	48,672,339	42,442,463	52,124,349

(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	20,801	20,801	20,801	20,801	20,801
2.	2020	203,703	228,146	228,146	228,146	228,146
3.	2021	X X X	223,759	258,777	258,777	258,777
4.	2022	X X X	X X X	226,434	256,067	256,067
5.	2023	X X X	X X X	X X X	248,141	284,665
6.	2024	X X X	X X X	X X X	X X X	259,399

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	20,804	20,801	20,801	20,801	20,801
2.	2020	237,776	232,381	228,146	228,146	228,146
3.	2021	X X X	261,205	260,967	258,777	258,777
4.	2022	X X X	X X X	272,139	263,512	256,067
5.	2023	X X X	X X X	X X X	292,821	290,584
6.	2024	X X X	X X X	X X X	X X X	308,071

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	284,385	228,146	4,823	2.114	232,969	81.920			232,969	81.920
2.	2021	287,325	258,777	4,876	1.884	263,653	91.761			263,653	91.761
3.	2022	315,755	256,067	4,776	1.865	260,843	82.609			260,843	82.609
4.	2023	338,042	284,665	4,989	1.753	289,654	85.686	5,919		295,573	87.437
5.	2024	350,529	259,399	4,272	1.647	263,671	75.221	48,672	712	313,055	89.309

12 Grand Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 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

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

Title XVIII - Medicare

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	20,801	20,801	20,801	20,801	20,801
2.	2020	203,703	228,146	228,146	228,146	228,146
3.	2021	X X X	223,759	258,777	258,777	258,777
4.	2022	X X X	X X X	226,434	256,067	256,067
5.	2023	X X X	X X X	X X X	248,141	284,665
6.	2024	X X X	X X X	X X X	X X X	259,399

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	20,804	20,801	20,801	20,801	20,801
2.	2020	237,776	232,381	228,146	228,146	228,146
3.	2021	X X X	261,205	260,967	258,777	258,777
4.	2022	X X X	X X X	272,139	263,512	256,067
5.	2023	X X X	X X X	X X X	292,821	290,584
6.	2024	X X X	X X X	X X X	X X X	308,071

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	284,385	228,146	4,823	2.114	232,969	81.920			232,969	81.920
2.	2021	287,325	258,777	4,876	1.884	263,653	91.761			263,653	91.761
3.	2022	315,755	256,067	4,776	1.865	260,843	82.609			260,843	82.609
4.	2023	338,042	284,665	4,989	1.753	289,654	85.686	5,919		295,573	87.437
5.	2024	350,529	259,399	4,272	1.647	263,671	75.221	48,672	712	313,055	89.309

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

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)	716,000							716,000					
5.	Aggregate write-ins for other policy reserves													
6.	TOTALS (Gross)	716,000							716,000					
7.	Reinsurance ceded													
8.	TOTALS (Net) (Page 3, Line 4)	716,000							716,000					
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.	Adjustment for PY activity recorded in CY													
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)	56,551	56,551	400,999		514,101
2.	Salaries, wages and other benefits	1,116,061	1,308,302	19,565,671		21,990,034
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)			1,875,239		1,875,239
4.	Legal fees and expenses			17,493		17,493
5.	Certifications and accreditation fees			180		180
6.	Auditing, actuarial and other consulting services			1,060,031		1,060,031
7.	Traveling expenses		4,631	30,559		35,190
8.	Marketing and advertising			3,847,484		3,847,484
9.	Postage, express and telephone	3,267	195,037	860,979		1,059,283
10.	Printing and office supplies	146	90	463,573		463,809
11.	Occupancy, depreciation and amortization	471	471	188,040		188,982
12.	Equipment			131,061		131,061
13.	Cost or depreciation of EDP equipment and software			129,437		129,437
14.	Outsourced services including EDP, claims, and other services	890,640	1,377,053	8,828,842		11,096,535
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate			174,163		174,163
17.	Collection and bank service charges				220,755	220,755
18.	Group service and administration fees		20,642	1,722,641		1,743,283
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			64,170		64,170
23.2	State premium taxes			250		250
23.3	Regulatory authority licenses and fees					
23.4	Payroll taxes			1,342,650		1,342,650
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	599	1	102,013		102,613
26.	TOTAL Expenses Incurred (Lines 1 to 25)	2,067,735	2,962,778	40,805,475	220,755	(a) 46,056,743
27.	Less expenses unpaid December 31, current year		712,656	2,740,060		3,452,716
28.	Add expenses unpaid December 31, prior year		703,421	2,992,579		3,696,000
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)	2,067,735	2,953,543	41,057,994	220,755	46,300,027
DETAILS OF WRITE-INS						
2501.	Donations					
2502.	Miscellaneous Expense	599	1	102,013		102,613
2503.	.....					
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	599	1	102,013		102,613

(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)..... 1,175,194	 1,117,171
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)..... 1,250,441	 1,250,441
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income	 2,425,635	 2,367,612
11.	Investment expenses .....	.....	(g)..... 220,755
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) .....	.....	..... 220,755
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 2,146,857
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 .....	.....	.....	.....	..... 9,436,408	.....
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) .....	.....	.....	.....	..... 9,436,408	.....
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	28,211	12,929	(15,282)
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	364,936	30,932	(334,004)
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	5,880,383	4,233,962	(1,646,421)
25.	Aggregate write-ins for other-than-invested assets	2,799,179	1,707,578	(1,091,601)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,072,709	5,985,401	(3,087,308)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	9,072,709	5,985,401	(3,087,308)
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 Assets	2,799,179	1,707,578	(1,091,601)
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,799,179	1,707,578	(1,091,601)

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	23,595	23,334	23,180	23,046	22,931	277,986
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	23,595	23,334	23,180	23,046	22,931	277,986
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

SummaCare, Inc.'s (the Company or SC) 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	\$ 6,262,869	\$ 12,585,689
(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	\$ 6,262,869	\$ 12,585,689
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 81,573,361	\$ 67,940,248
(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	\$ 81,573,361	\$ 67,940,248

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 - See number seven, investments in subsidiaries, controlled and affiliated entities
- (4) Preferred stocks - None
- (5) Mortgage loans - None
- (6) Loan-backed securities - None
- (7) Investments in subsidiaries, controlled and affiliated entities
- SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company's investment in SIC is classified as common stock on the Assets page.
- (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) Investment income as a factor in the premium deficiency calculation
- 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
- The cost of health care services is recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to the Company's members by third-party providers, which have been incurred but not reported to the Company. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.
- (12) Changes in capitalization policy
- The Company's capitalization policy and predefined thresholds have not changed from the prior period.

Notes to the Financial Statements

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

(13) Pharmaceutical rebate receivables

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

D. Going Concern - None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets

(1) Restricted assets (including pledged)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	498,496	412,874	85,622		498,496	0.302	0.319
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets (Sum of a through n)	\$ 498,496	\$ 412,874	\$ 85,622	\$	\$ 498,496	0.302 %	0.319 %

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset Type - None
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - None

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

Notes to the Financial Statements

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus
- The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.
- B. Total Amount Excluded - None
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued		Amount
1. Gross		\$ 286,923
2. Nonadmitted		\$
3. Admitted		\$ 286,923

- 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

- A. Components of the Net Deferred Tax Asset/(Liability)
- The components of deferred tax asset as of December 31, 2024 and December 31, 2023 are:
- (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	\$ 2,871,342	\$	\$ 2,871,342	\$ 2,222,211	\$	\$ 2,222,211	\$ 649,131	\$	\$ 649,131
(b) Statutory valuation allowance adjustments									
(c) Adjusted gross deferred tax assets (1a - 1b)	2,871,342		2,871,342	2,222,211		2,222,211	649,131		649,131
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 2,871,342	\$	\$ 2,871,342	\$ 2,222,211	\$	\$ 2,222,211	\$ 649,131	\$	\$ 649,131
(f) Deferred tax liabilities	1,699,767		1,699,767	2,071,779		2,071,779	(372,012)		(372,012)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 1,171,575	\$	\$ 1,171,575	\$ 150,432	\$	\$ 150,432	\$ 1,021,143	\$	\$ 1,021,143

(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	\$ 2,161,491	\$	\$ 2,161,491	\$ 31,388	\$	\$ 31,388	\$ 2,130,103	\$	\$ 2,130,103
(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)	349,938		349,938	812,148		812,148	(462,210)		(462,210)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	349,938		349,938	812,148		812,148	(462,210)		(462,210)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	12,053,023	XXX	XXX	10,141,878	XXX	XXX	1,911,145
(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	359,914		359,914	1,378,675		1,378,675	(1,018,761)		(1,018,761)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 2,871,343	\$	\$ 2,871,343	\$ 2,222,211	\$	\$ 2,222,211	\$ 649,132	\$	\$ 649,132

(3) Ratio used as basis of admissibility

	2024	2023
(a) Ratio percentage used to determine recovery period and threshold limitation amount	599.000 %	515.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 80,353,488	\$ 67,612,253

Notes to the Financial Statements

9. Income Taxes (Continued)

(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)	\$ 2,871,342	\$	\$ 2,222,211	\$	\$ 649,131	\$
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)	\$ 2,871,342	\$	\$ 2,222,211	\$	\$ 649,131	\$
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 - None

C. Major Components of Current Income Taxes Incurred

Current income taxes incurred consist of the following major components:			
	(1) 2024	(2) 2023	(3) Change (1-2)
1. Current Income Tax			
(a) Federal	\$ 2,161,491	\$ 1,140,749	\$ 1,020,742
(b) Foreign			
(c) Subtotal (1a+1b)	\$ 2,161,491	\$ 1,140,749	\$ 1,020,742
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other	25,676	12,264	13,412
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 2,187,167	\$ 1,153,013	\$ 1,034,154
	(1) 2024	(2) 2023	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 103,403	\$ 94,534	\$ 8,869
(2) Unearned premium reserve	12,349	13,159	(810)
(3) Policyholder reserves	44,875	63,621	(18,746)
(4) Investments	82,356	68,426	13,930
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted	1,905,269	1,256,934	648,335
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other	723,090	725,537	(2,447)
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 2,871,342	\$ 2,222,211	\$ 649,131
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 2,871,342	\$ 2,222,211	\$ 649,131
(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)	\$ 2,871,342	\$ 2,222,211	\$ 649,131

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 2024	(2) 2023	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets	14,799	42,730	(27,931)
(3) Deferred and uncollected premium	1,501,500	1,890,000	(388,500)
(4) Policyholder reserves			
(5) Other	183,468	139,049	44,419
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 1,699,767	\$ 2,071,779	\$ (372,012)
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 1,699,767	\$ 2,071,779	\$ (372,012)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 1,171,575	\$ 150,432	\$ 1,021,143

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	\$ 2,871,342	\$ 2,222,211	\$ 649,131
Total deferred tax liabilities	1,699,767	2,071,779	(372,012)
Net deferred tax assets (liabilities)	1,171,575	150,432	1,021,143
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance	1,171,575	150,432	1,021,143
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			\$ 1,021,143

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 as of December 31, 2024:

	2024	Effective Tax Rate
Other	\$ 4,534	0.054 %
Income (loss) before taxes	1,774,508	21.000 ...
Meals & entertainment	461	0.005 ...
Prior Year true up(excluding VA)		
Change in valuation allowance		
Deferred tax true up	34,856	0.412 ...
Change in nonadmitted assets	(648,335)	-7.673 ...
Total	\$ 1,166,024	13.799 %

	2024	Effective Tax Rate
Federal income taxes incurred	\$ 2,187,167	25.884 %
Change in net deferred income taxes	(1,021,143)	-12.084 ...
Total statutory income taxes	\$ 1,166,024	13.799 %

E. Operating Loss and Tax Credit Carryforwards

(1) Unused loss carryforwards available

The company has a net operating loss carry-forward of \$0 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: \$2,161,491

(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.

Notes to the Financial Statements

9. Income Taxes (Continued)

- 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. Nature of the Relationships

SummaCare, Inc. is a wholly owned subsidiary of Summa Health System Corporation (SHSC). Summa Insurance Company (SIC) is a wholly-owned subsidiary of SummaCare, Inc.

Affiliated and subsidiary organizations of SC include Summa Health: Summa Health System, Inc. (SHS); Summa Insurance Company (SIC); Summa Health Network LLC (SHN); 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, LLC.; 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.

The Company is licensed in Ohio as a health-insuring corporation (HIC) under Chapter 1751 of the Ohio Revised Code. SC contracts with providers to provide comprehensive health care services to a defined enrolled population (members) for a predetermined monthly fee. The population from which the Company draws its membership is predominately located in Northeast Ohio. The Company is subject to competition from other health insuring companies as well as to the regulations of certain state and federal agencies. The Company is also subject to periodic financial examinations by those regulatory authorities.

B. Transactions with Affiliated Organizations

SC members receive various medical services from SHS, and other SHS subsidiaries. Certain members of the Board of Directors of the Company are members of the Board of Trustees of SHS and SHS’s subsidiary and 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	60,875,017	59,983,149
SPI	10,706,021	11,542,500
SHH	7,134,901	8,174,489
Summa Rehab	3,478,785	3,122,398
Medina Summit	172,481	84,853
SHS Outpatient	409,567	60,262
ACO	843,309	863,643
Directors' and officers insurance paid to MAC	11,174	10,148
Mangement fees charged from SMSO	23,724,778	21,802,819
Mangement fees charged from Apex	20,642	60,245
Nurse Call line fees charged from SHS	18,415	20,092
Corporate expense allocation paid to SHS	1,530,084	1,586,298
Incentive pool amounts charged from ACO	922,780	1,478,640

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

D. Amounts Due To or From Related Parties

The balances outstanding with affiliated entities as of December 31, 2024 and December 31, 2023 are as follows:

	Due from		Due to	
	2024	2023	2024	2023
SCM	-	-	-	-
SIC	-	-	2,239,882	362,885
SHS	-	-	8,019,923	6,471,604
APEX	298,998	240,104	-	-
SIA	-	-	-	-
SMSO	-	-	1,976,502	1,788,410
SHMG	-	-	3,778	3,778
	298,998	240,104	12,240,085	8,626,677

E. Management Service Contracts and Cost Sharing Arrangements

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 \$23,724,778 and \$21,802,819 in 2024 and 2023, respectively.

F. Guarantees or Contingencies - None

G. Nature of Relationships that Could Affect Operations

The Company’s common membership is held by its parent, Summa Health System Corporation.

H. Amount Deducted for Investment in Upstream Company - None

I. As of December 31, 2024, the Company owned 100% of the common stock of SIC, whose carrying value is exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net income of SIC as of December 31, 2024 were:

Assets - \$79,480,769
Liabilities - \$36,517,863
Net Income – 10,944,480

Notes to the Financial Statements

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

- 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
 - (1) Summa Insurance Company’s audited statutory equity is compliant with the NAIC statutory accounting practices and procedures.
 - (2) The monetary effect on net income and surplus - None
 - (3) 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. SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of December 31, 2024 and December 31, 2023 is SHSC.
- 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 \$8,157,336.
- 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. Special surplus funds – None
- J. Unassigned Funds (Surplus)

The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values – \$9,072,709
Unrealized Gains (Losses) – (\$2,526,647)
- 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

- A. Lessee Operating Lease
 - (1) Leasing arrangements

The company leases its facility under a noncancelable operating lease which expires during 2026. Rent expense was \$514,102 as of December 31, 2024 and was \$721,835 for year ending December 31, 2023.
 - (a) Rental expense - None
 - (b) Rental payment contingencies - None
 - (c) Terms of renewal or purchase options and escalation clauses - None
 - (d) Restrictions imposed by lease agreements - None
 - (e) Early termination of lease agreements - None
 - (2) For leases having initial or remaining noncancelable lease terms in excess of one year
 - (a) Minimum aggregate rental commitments at year end

Future minimum payments under noncancelable operating leases are as follows:

Notes to the Financial Statements

15. Leases (Continued)

	Year Ending December 31	Operating Leases
1.	2025.....	\$..... 649,646
2.	2026.....	352,811
3.	2027.....	3,675
4.	2028.....	
5.	2029.....	
6.	Thereafter.....	
7.	Total (sum of 1 through 6).....	<u>\$..... 1,006,132</u>

(b) Sublease minimum rentals to be received - None

(3) For sale-leaseback transactions - None

B. Lessor 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

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 equivelants.....	\$..... 28,804,044	\$.....	\$.....	\$.....	\$..... 28,804,044
	Total assets at fair value/NAV.....	<u>\$..... 28,804,044</u>	<u>\$.....</u>	<u>\$.....</u>	<u>\$.....</u>	<u>\$..... 28,804,044</u>
b.	Liabilities at fair value					
	Total liabilities at fair value.....	<u>\$.....</u>	<u>\$.....</u>	<u>\$.....</u>	<u>\$.....</u>	<u>\$.....</u>

(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.....	\$..... 52,825,836	\$..... 55,352,483	\$..... 52,825,836	\$.....	\$.....	\$.....	\$.....

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.

Notes to the Financial Statements

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)

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

SummaCare estimates accrued retrospective premium adjustments for its business based on a calculation including premium revenue and claims expense based on the 85% loss ratio threshold for Medicare.

B. Method Used to Record

SummaCare 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 SummaCare at December 31, 2024 that are subject to retrospective rating features was \$0.

Notes to the Financial Statements

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

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) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(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	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(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	\$

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?
NO

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None

(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 - None

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2024	2023
Balance at January 1	52,124,349	47,894,837
Incurred related to:		
Current year	308,071,704	292,821,052
Prior years	(9,681,886)	(10,817,239)
Total	298,389,818	282,003,813
Paid related to:		
Current year	259,399,365	248,141,269
Prior years	36,523,717	29,633,032
Total	295,923,082	277,774,301
Balance at End of Period	54,591,085	52,124,349

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 \$52,124,349. As of December 31, 2024, \$36,523,717 has been paid for incurred claims attributable to insured events of prior years. There is \$5,918,746 in reserves remaining for prior years as of December 31, 2024. Therefore, there has been \$9,681,886 in favorable development since December 31, 2023 to December 31, 2024. This favorable development 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

There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses from the previous year.

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. For quarter ending December 31, 2024, pharmacy rebates receivable were estimated by projection amounts from the pharmacy department. Pharmacy rebates 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	\$ 10,948,951	\$	\$	\$	\$
09/30/2024	10,875,352	11,196,141	11,196,141		
06/30/2024	10,594,232	11,624,834	5,632,241	5,483,191	509,402
03/31/2024	9,970,589	11,356,546	4,208,654	7,147,892	
12/31/2023	9,115,244	10,062,317	8,397,616	1,664,701	
09/30/2023	8,522,697	8,388,706	8,385,978		2,728
06/30/2023	8,958,896	8,535,238	8,349,773	185,465	
03/31/2023	7,609,872	7,982,370	7,489,842		492,528
12/31/2022	6,990,221	7,378,650	7,378,650		
09/30/2022	7,146,312	7,107,843	7,107,843		
06/30/2022	7,173,390	7,189,749	7,189,749		
03/31/2022	3,618,522	3,630,942	3,630,942		

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. There were no premium deficiency reserves recorded as of December 31, 2024 and December 31, 2023, respectively.

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[]
Ohio
- 1.3 State Regulating?

Yes[] No[X]
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?
- 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.
- 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 1101, 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 LLP), 20 Batterson Park Rd, Suite 380, Farmington, CT

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[] No[X]
 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? Yes[] No[] N/A[X]
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes[] No[] N/A[X]
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes[] No[] N/A[X]

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? Yes[] No[X]
 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? Yes[] No[X]
 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? Yes[] No[X]
 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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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? | Yes[X] No[] |
| 17. | Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? | Yes[X] No[] |
| 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? | Yes[X] No[] |

FINANCIAL

- | | | |
|-------|--|--------------|
| 19. | Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? | Yes[] No[X] |
| 20.1 | Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): | |
| 20.11 | To directors or other officers | \$ 0 |
| 20.12 | To stockholders not officers | \$ 0 |
| 20.13 | Trustees, supreme or grand (Fraternal only) | \$ 0 |
| 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 | \$ 0 |
| 20.22 | To stockholders not officers | \$ 0 |
| 20.23 | Trustees, supreme or grand (Fraternal only) | \$ 0 |
| 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? | Yes[] No[X] |
| 21.2 | If yes, state the amount thereof at December 31 of the current year: | |
| 21.21 | Rented from others | \$ 0 |
| 21.22 | Borrowed from others | \$ 0 |
| 21.23 | Leased from others | \$ 0 |
| 21.24 | Other | \$ 0 |
| 22.1 | Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? | Yes[] No[X] |
| 22.2 | If answer is yes: | |
| 22.21 | Amount paid as losses or risk adjustment | \$ 0 |
| 22.22 | Amount paid as expenses | \$ 0 |
| 22.23 | Other amounts paid | \$ 0 |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? | Yes[X] No[] |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: | \$ 0 |
| 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? | Yes[] No[X] |
| 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
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[X] No[]
- 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

\$ 498,496

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 Bank	106 South Main Street, 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[] No[X]

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	55,352,483	52,825,836	(2,526,647)
31.2 Preferred stocks			
31.3 Totals	55,352,483	52,825,836	(2,526,647)

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? \$..... 17,512
- 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	 17,512

- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$..... 24,586
- 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	 13,285
America's Health Insurance Plans	 11,301

GENERAL INTERROGATORIES (Continued)

1
Name of Service Area
Lake
Tuscarawas
Columbiana
Defiance
Allen
Lucas
Seneca
Ashland
Auglaize
Fulton
Hancock
Henry
Holmes
Mercer
Ottawa
Putnam
Van Wert
Wood
Huron
Erie
Sandusky

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

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)	156,107,824	137,202,878	123,601,016	113,281,777	113,492,451
2. TOTAL Liabilities (Page 3, Line 24)	74,534,463	69,262,630	64,740,407	57,757,917	60,348,497
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)	81,573,361	67,940,248	58,860,609	55,523,860	53,143,954
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	350,528,985	338,041,626	315,754,544	287,324,785	284,385,422
6. TOTAL Medical and Hospital Expenses (Line 18)	298,389,819	282,003,813	267,665,507	255,807,766	232,569,302
7. Claims adjustment expenses (Line 20)	5,030,513	4,965,327	4,812,682	4,787,774	4,929,860
8. TOTAL Administrative Expenses (Line 21)	40,805,475	38,363,085	39,075,173	36,832,178	37,923,055
9. Net underwriting gain (loss) (Line 24)	6,303,178	12,709,401	4,201,182	(10,102,933)	8,963,206
10. Net investment gain (loss) (Line 27)	2,146,857	1,029,301	185,992	291,162	391,986
11. TOTAL Other Income (Lines 28 plus 29)	1			500,868	621
12. Net income or (loss) (Line 32)	6,262,869	12,585,689	4,655,140	(9,055,182)	9,873,583
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	9,432,940	10,565,441	5,452,896	(5,252,243)	21,861,832
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	81,573,361	67,940,248	58,860,609	55,523,860	53,143,954
15. Authorized control level risk-based capital	13,406,000	13,127,311	13,284,826	12,506,370	11,903,022
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	22,931	23,595	22,755	22,741	22,199
17. TOTAL Members Months (Column 6, Line 7)	277,986	281,004	276,311	275,582	269,298
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)	85.1	83.4	84.8	89.0	81.8
20. Cost containment expenses	0.6	0.5	0.5	0.6	0.6
21. Other claims adjustment expenses	0.8	1.0	1.1	1.1	1.1
22. TOTAL Underwriting Deductions (Line 23)	98.2	96.2	98.7	103.5	96.8
23. TOTAL Underwriting Gain (Loss) (Line 24)	1.8	3.8	1.3	(3.5)	3.2
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	42,442,463	37,077,598	37,208,163	28,678,771	20,804,401
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	52,124,349	47,894,837	41,681,469	34,076,364	26,011,119
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)	42,962,906	33,526,498	37,338,953	37,060,291	26,732,532
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	42,962,906	33,526,498	37,338,953	37,060,291	26,732,532
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		350,821,562						350,821,562	
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		350,821,562						350,821,562	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	TOTAL (Direct Business)	X X X		350,821,562						350,821,562	

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.: All premiums are written in the State of Ohio.

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

