95202202420100100 2024 Document Code: 201

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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[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) (330)996-8410 (Area Code) (Telephone Number)

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) (330)996-8410 (Area Code) (Telephone Number)

Internet Website Address SummmaCare.com

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

OFFICERS

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

OTHERS

Melissa Rusk, VP of Operations
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)	(Signature)	(Signature)
Alan Philip Fehlner	William Carl Epling	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Financial Officer	President	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2025

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

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	15,661	8,728	6,161	14,208	28,211	16,547
0299999 TOTAL Group	15,661	8,728	6,161	14,208	28,211	16,547
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	15,661	8,728	6,161	14,208	28,211	16,547

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medimpact	5,385,050			5,563,900	5,563,900	5,385,050
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	5,385,050			5,563,900	5,563,900	5,385,050
Claim Overpayment Receivables						
EMH REGIONAL MEDICAL CENTER				28,711	28,711	
RIVERSIDE METHODIST HOSP				10,423	10,423	
FRESENIUS KIDNEY CARE CF			30,763		28,935	1,828
BIO-MED APP OF OHIO INC			77,915		75,926	1,989
BLANCHARD VALLEY REG HLT			12,775			12,775
UH CLEVELAND MEDICAL CTR		412,284			59,443	352,841
ORTHOPAEDIC AMBUL SURG		26,325			15,752	10,575
ST RITAS MEDICAL	16,101				16,101	
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	16,101	438,609	121,453	39,134	235,291	380,008
Other Health Care Receivables						
Magellan	70,000			81,192	81,192	70,000
EviCore	449,622					449,622
Misc Rx	(11)					(11)
0699998 Other Health Care Receivables - Not Individually Listed						
0699999 Subtotal - Other Health Care Receivables	519,611			81,192	81,192	519,611
0799999 Gross Health Care Receivables	5,920,762	438,609	121,453	5,684,226	5,880,383	6,284,669

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	10,062,317	11,115,432		10,948,951	10,062,317	9,115,244
2. Claim overpayment receivables	129,037			615,298	129,037	129,037
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables	387,448				387,448	337,072
6. Other health care receivables	113,054	124,821		600,804	113,054	559,866
7. TOTALS (Lines 1 through 6)	10,691,856	11,240,253		12,165,053	10,691,856	10,141,219

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	23,675,768	7,743,000	2,963,000	1,148,000	1,635,000	37,164,768
0499999 Subtotals	23,675,768	7,743,000	2,963,000	1,148,000	1,635,000	37,164,768
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						37,164,768
0899999 Accrued Medical Incentive Pool and Bonus Amounts						17,426,317

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Apex Benefit Services	298,998					298,998	
0199999 Individually listed receivables	298,998					298,998	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	298,998					298,998	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health Medical Group	Administrative fees	3,778	3,778	
Summa Management Services Organization	Salaries and Benefits	1,976,502	1,976,502	
Summa Health System	Administrative fees and Accounts Payable	8,019,923	8,019,923	
Summa Insurance Company	Administrative fees	2,239,882	2,239,882	
0199999 Individually Listed Payables	XXX	12,240,085	12,240,085	
0299999 Payables not Individually Listed	XXX			
0399999 TOTAL Gross Payables	XXX	12,240,085	12,240,085	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	284,192,938	95.863	X X X	X X X	74,961,346	209,231,592
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	12,265,063	4.137	X X X	X X X	922,780	11,342,283
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	296,458,001	100.000	X X X	X X X	75,884,126	220,573,875
13. TOTAL (Line 4 plus Line 12)	296,458,001	100.000	X X X	X X X	75,884,126	220,573,875

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	1,106,904		1,079,145		364,936	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL	1,106,904		1,079,145		364,936	

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

NAIC Group Code 3259 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	23,595							23,595						
2. First Quarter	23,334							23,334						
3. Second Quarter	23,180							23,180						
4. Third Quarter	23,046							23,046						
5. Current Year	22,931							22,931						
6. Current Year Member Months	277,986							277,986						
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	119,509							119,509						
8. Non-Physician	57,356							57,356						
9. TOTAL	176,865							176,865						
10. Hospital Patient Days Incurred	48,169							48,169						
11. Number of Inpatient Admissions	6,100							6,100						
12. Health Premiums Written (b)	350,821,562							350,821,562						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	350,821,562							350,821,562						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	296,458,001							296,458,001						
18. Amount Incurred for Provision of Health Care Services	298,924,737							298,924,737						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....350,821,562

95202202443059100 2024 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

NAIC Group Code 3259 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	23,595							23,595						
2. First Quarter	23,334							23,334						
3. Second Quarter	23,180							23,180						
4. Third Quarter	23,046							23,046						
5. Current Year	22,931							22,931						
6. Current Year Member Months	277,986							277,986						
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	119,509							119,509						
8. Non-Physician	57,356							57,356						
9. TOTAL	176,865							176,865						
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11. Number of Inpatient Admissions	6,100							6,100						
12. Health Premiums Written (b)	350,821,562							350,821,562						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	350,821,562							350,821,562						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	296,458,001							296,458,001						
18. Amount Incurred for Provision of Health Care Services	298,924,737							298,924,737						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....350,821,562

SCHEDULE S - PART 1 - SECTION 2

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

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

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
40738	91-1160717	01/01/2024	PHYSICIANS INS A MUT CO	WA	392,364	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					392,364	
2199999 Total - Accident and Health - Non-Affiliates					392,364	
2299999 Total - Accident and Health					392,364	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					392,364	
9999999 Total (Sum of 1199999 and 2299999)					392,364	

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
40738	91-1160717	01/01/2023	PHYSICIANS INS A MUT CO	WA		SLEL	292,577						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							292,577						
1099999 Total - General Account - Authorized - Non-Affiliates							292,577						
1199999 Total - General Account - Authorized							292,577						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							292,577						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							292,577						
9999999 Total (Sum of 4599999 and 9099999)							292,577						

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

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

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

($000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	293	221	212	248	242
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	535	182	(66)	279	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	392	25		279	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	127,119,433		127,119,433
2.	Accident and health premiums due and unpaid (Line 15)	9,691,918		9,691,918
3.	Amounts recoverable from reinsurers (Line 16.1)	392,364	(392,364)	
4.	Net credit for ceded reinsurance	X X X	392,364	392,364
5.	All other admitted assets (Balance)	18,904,109		18,904,109
6.	TOTAL Assets (Line 28)	156,107,824		156,107,824
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	37,164,768		37,164,768
8.	Accrued medical incentive pool and bonus payments (Line 2)	17,426,317		17,426,317
9.	Premiums received in advance (Line 8)	294,013		294,013
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	19,649,365		19,649,365
15.	TOTAL Liabilities (Line 24)	74,534,463		74,534,463
16.	TOTAL Capital and Surplus (Line 33)	81,573,361	X X X	81,573,361
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	156,107,824		156,107,824
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	392,364		
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables	392,364		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance	392,364		

SCHEDULE T - PART 2

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	34-1887844				SUMMA HEALTH	OH	UIP					No	0000002
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH	No	
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH	No	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH	No	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	0000001
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH	No	
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	SUMMA HEALTH	No	
		00000	36-3636364				DIG HOLDINGS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	10.2	SUMMA HEALTH	No	
		00000	85-3039796				AKRON PHYSICIAN WELLNESS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	50.0	SUMMA HEALTH	No	
		00000	61-1730089				SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH	No	
		00000	86-2656357				SUMMA HEALTH OUTPATIENT SERVICES, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH	No	

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(22,011,010)	(12,289,848)				(34,300,858)	
	86-2656357	SUMMA HEALTH OUTPATIENT SERVICES				509,334					509,334	
	34-1961463	APEX BENEFITS SERVICES, LLC					36,471				36,471	
	34-1887844	SUMMA HEALTH SYSTEM				79,133,932	2,215,622				81,349,554	
	34-1895396	OHIO HEALTH CHOICE INC.					171,590				171,590	
95202	34-1726655	SUMMACARE INC				(84,542,861)	(25,305,093)				(109,847,954)	
		MIDDLEBURY ASSURANCE COMPANY					15,005				15,005	
	34-1790929	SUMMA PHYSICIANS INC				13,871,111					13,871,111	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				1,766,089					1,766,089	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					35,156,253				35,156,253	
	82-2881193	SUMMA HOME HEALTH				7,256,181					7,256,181	
	27-1952573	SUMMA REHAB HOSPITAL				3,722,691					3,722,691	
	26-1421110	MEDINA SUMMIT				294,533					294,533	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

SUPPLEMENTAL FILINGS

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

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

Bar Code:

Medicare Supplement Insurance Experience Exhibit
95202202436000000 2024 Document Code: 360

Health Life Supplement - March
95202202420500000 2024 Document Code: 205

Schedule SIS
95202202442000000 2024 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
95202202437100000 2024 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
95202202437000000 2024 Document Code: 370

Medicare Part D Coverage Supplement
95202202436500000 2024 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
95202202422400000 2024 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
95202202422500000 2024 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees

95202202422600000 2024 Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

95202202460000000 2024 Document Code: 600

LTC Supplemental Interrogatories

95202202430600000 2024 Document Code: 306

Health Life Supplement - April

95202202421100000 2024 Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	2 Total	Prior Year 3 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	XXX		
0704. Proceeds from the Sale of the Medicaid Product Line	XXX		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	XXX		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Rental Revenue			
2905. City Income Taxes			
2906. Minority Interest Income (Expense)			
2907. City Taxes			
2908. Network Access Fees - Providers			
2909. Minority Interest Expense			
2910. Write off of tax receivable			
2911. Gain on disposal of asset			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

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