



# ANNUAL STATEMENT

## For the Year Ended DECEMBER 31, 2025

### OF THE CONDITION AND AFFAIRS OF THE

# Summa Insurance Company, Inc.

NAIC Group Code	3259 <small>(Current Period)</small>	3259 <small>(Prior Period)</small>	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[X] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]			
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400 <small>(Street and Number)</small>		Akron, OH, 44305 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	1200 East Market St. Suite 400 <small>(Street and Number)</small>					
	Akron, OH, 44305 <small>(City or Town, State, Country and Zip Code)</small>		(330)996-8410 <small>(Area Code) (Telephone Number)</small>			
Mail Address	P.O. Box 3620 <small>(Street and Number or P.O. Box)</small>		Akron, OH, 44309 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	1200 East Market St. Suite 400 <small>(Street and Number)</small>					
	Akron, OH, 44305 <small>(City or Town, State, Country and Zip Code)</small>		(330)996-8410 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Michael Dennis Weals <small>(Name)</small>		(330)224-1022 <small>(Area Code)(Telephone Number)(Extension)</small>			
	wealsm@summacare.com <small>(E-Mail Address)</small>		(Fax Number)			

### OFFICERS

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

### OTHERS

Melissa Rusk, VP of Operations  
Susan Crawford, VP - Sales  
LaRhonda Leonard, VP - Healthplan Systems #

Anne Armao, VP - Member Experience & Product Development  
Matthew Voll M.D., Chief Medical Officer #

### DIRECTORS OR TRUSTEES

Frank Anthony Carrino  
Henry Leigh Gerstenberger  
David James Felicio  
Daryl Leon Tol #

Lydia Alexander Cook M.D.  
Mark Joseph Sims  
Paul Sanford Fielding #

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.

_____ <small>(Signature)</small> <b>Alan Philip Fehlner</b> <small>(Printed Name)</small> 1. <b>Chief Financial Officer</b> <small>(Title)</small>	_____ <small>(Signature)</small> <b>William Carl Epling</b> <small>(Printed Name)</small> 2. <b>President</b> <small>(Title)</small>	_____ <small>(Signature)</small> <small>(Printed Name)</small> 3. <small>(Title)</small>
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026

- 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 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	10,198,098		10,198,098	43,671,852
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....63,160,696, Schedule E-Part 1), cash equivalents (\$.....411,494, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA) .....	63,572,190		63,572,190	26,394,635
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) .....	73,770,288		73,770,288	70,066,487
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	82,088		82,088	311,115
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	174,578	24,174	150,404	126,721
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....811,770) .....	811,770		811,770	836,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,140		1,140	53,825
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				497,485
18.2 Net deferred tax asset .....	1,547,223		1,547,223	1,524,859
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	1,235,423		1,235,423	2,239,882
24. Health care (\$.....3,526,319) and other amounts receivable .....	7,460,722	3,934,403	3,526,319	3,824,395
25. Aggregate write-ins for other-than-invested assets .....	478,477	478,477		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	85,561,709	4,437,054	81,124,655	79,480,769
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	85,561,709	4,437,054	81,124,655	79,480,769
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	478,477	478,477		
2502. Deferred ACA Asset .....				
2503. Pharmacy Rebates .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	478,477	478,477		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	15,467,923		15,467,923	16,899,744
2. Accrued medical incentive pool and bonus amounts .....	2,059,988		2,059,988	1,991,999
3. Unpaid claims adjustment expenses .....	361,214		361,214	360,952
4. Aggregate health policy reserves, including the liability of \$.....2,072,247 for medical loss ratio rebate per the Public Health Service Act .....	6,928,247		6,928,247	10,182,952
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	3,762,187		3,762,187	3,494,886
9. General expenses due or accrued .....	1,527,177		1,527,177	1,772,607
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	198,483		198,483	
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	1,139,264		1,139,264	1,814,723
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	31,444,483		31,444,483	36,517,863
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X	2,500,000	2,500,000
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	97,866,443	97,866,443
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	(50,686,271)	(57,403,537)
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	49,680,172	42,962,906
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	81,124,655	79,480,769
<b>DETAILS OF WRITE-INS</b>				
2301. Minority Interest .....				
2302. Deferred gain on sale of bonds to SummaCare, Inc. ....				
2303. Miscellaneous .....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. ACA Annual Fee on Health Insurers .....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months .....	X X X	183,572	218,169
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	113,629,158	124,066,355
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	113,629,158	124,066,355
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		64,669,178	65,463,955
10. Other professional services .....			
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....		17,529,043	18,150,782
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....		2,009,224	1,992,000
16. Subtotal (Lines 9 to 15) .....		84,207,445	85,606,737
<b>Less:</b>			
17. Net reinsurance recoveries .....		(939,670)	641,797
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		85,147,115	84,964,940
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....989,082 cost containment expenses .....		2,889,710	2,887,612
21. General administrative expenses .....		19,429,722	23,443,999
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) .....		107,466,547	111,296,551
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	6,162,611	12,769,804
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		2,565,239	1,075,278
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		(56,117)	
27. Net investment gains (losses) (Lines 25 plus 26) .....		2,509,122	1,075,278
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 .....		1,645	18,642
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	8,673,378	13,863,724
31. Federal and foreign income taxes incurred .....	X X X	1,806,043	2,919,244
32. Net income (loss) (Lines 30 minus 31) .....	X X X	6,867,335	10,944,480
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. Medimpact network performance guarantee .....			
2902. Miscellaneous Income (Expense) .....		1,645	18,642
2903. Finance and service charges not included in premiums .....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....		1,645	18,642

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	42,962,906	33,526,498
34. Net income or (loss) from Line 32 .....	6,867,335	10,944,480
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	22,363	390,287
39. Change in nonadmitted assets .....	(172,432)	(1,898,359)
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 .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	6,717,266	9,436,408
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	49,680,172	42,962,906
<b>DETAILS OF WRITE-INS</b>		
4701. Gain on sale of bonds .....		
4702. Correction of an error - Federal Income Tax .....		
4703. Correction of an Error - Hospital / Medical Benefits .....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

**CASH FLOW**

		1	2
		Current Year	Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	110,688,873	126,330,493
2.	Net investment income .....	2,660,466	918,396
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	113,349,339	127,248,889
5.	Benefit and loss related payments .....	86,368,152	84,667,075
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	22,575,638	26,264,085
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	1,110,075	1,537,881
10.	TOTAL (Lines 5 through 9) .....	110,053,865	112,469,041
11.	Net cash from operations (Line 4 minus Line 10) .....	3,295,474	14,779,848
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	48,299,109	9,980,000
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	48,299,109	9,980,000
13.	Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1	Bonds .....	14,747,673	22,422,971
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) .....	14,747,673	22,422,971
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) .....	33,551,436	(12,442,971)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	330,645	(4,472,215)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	330,645	(4,472,215)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	37,177,555	(2,135,338)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	26,394,635	28,529,973
19.2	End of year (Line 18 plus Line 19.1) .....	63,572,190	26,394,635

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

20.0001	.....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Total	Individual											
1. Net premium income	113,629,158	40,724,524	64,732,021	86,048									8,086,565	
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)	113,629,158	40,724,524	64,732,021	86,048									8,086,565	
8. Hospital/medical benefits	64,669,178	23,339,899	41,323,597	41,097									(35,415)	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	17,529,043	10,526,750	10,671,135										(3,668,842)	X X X
13. Aggregate write-ins for other hospital and medical														X X X
14. Incentive pool, withhold adjustments and bonus amounts	2,009,224	9,005	1,998,859										1,360	X X X
15. Subtotal (Lines 8 to 14)	84,207,445	33,875,654	53,993,591	41,097									(3,702,897)	X X X
16. Net reinsurance recoveries	(939,670)	106,630	721,907										(1,768,207)	X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	85,147,115	33,769,024	53,271,684	41,097									(1,934,690)	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 \$.....989,082 cost containment expenses	2,889,710	1,035,509	1,641,899	2,171									210,131	
20. General administrative expenses	19,429,722	6,962,517	11,039,742	14,595									1,412,868	
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)	107,466,547	41,767,050	65,953,325	57,863									(311,691)	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	6,162,611	(1,042,526)	(1,221,304)	28,185									8,398,256	

**DETAILS OF WRITE-INS**

0501.														X X X
0502.														X X X
0503.														X X X
0598. Summary of remaining write-ins for Line 5 from overflow page														X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)														X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.														X X X
1302.														X X X
1303.														X X X
1398. Summary of remaining write-ins for Line 13 from overflow page														X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)														X X X

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) Individual .....	41,049,444		324,919	40,724,525
2. Comprehensive (hospital and medical) Group .....	65,087,839		355,817	64,732,022
3. Medicare Supplement .....	86,048			86,048
4. Vision only .....				
5. Dental only .....				
6. Federal Employees Health Benefits Plan .....				
7. Title XVIII - Medicare .....				
8. Title XIX - Medicaid .....				
9. Credit A&H .....				
10. Disability income .....				
11. Long-Term Care .....				
12. Other health .....	186,728	8,143,221	243,386	8,086,563
13. Health subtotal (Lines 1 through 12) .....	106,410,059	8,143,221	924,122	113,629,158
14. Life .....				
15. Property/casualty .....				
16. TOTALS (Lines 13 to 15) .....	106,410,059	8,143,221	924,122	113,629,158



## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	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 Health	14 Other Non-Health
		2 Individual	3 Group											
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 .....	13,267,923	4,851,099	8,407,991	8,800									33	
2.2 Reinsurance assumed .....	2,200,000												2,200,000	
2.3 Reinsurance ceded .....														
2.4 Net .....	15,467,923	4,851,099	8,407,991	8,800									2,200,033	
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 .....	13,267,923	4,851,099	8,407,991	8,800									33	
4.2 Reinsurance assumed .....	2,200,000												2,200,000	
4.3 Reinsurance ceded .....														
4.4 Net .....	15,467,923	4,851,099	8,407,991	8,800									2,200,033	

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	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
1.	Comprehensive (hospital and medical) Individual .....	5,275,609	31,652,536	16,000	4,835,100	5,291,609	6,075,355
2.	Comprehensive (hospital and medical) Group .....	8,263,129	46,886,597	18,000	8,389,990	8,281,129	9,115,508
3.	Medicare Supplement .....	(2,000)	38,697		8,800	(2,000)	4,400
4.	Vision only .....						
5.	Dental only .....						
6.	Federal Employees Health Benefits Plan .....						
7.	Title XVIII - Medicare .....						
8.	Title XIX - Medicaid .....						
9.	Credit A&H .....						
10.	Disability income .....						
11.	Long-Term Care .....						
12.	Other health .....	260,684	(738,094)		2,200,033	260,684	1,704,481
13.	Health subtotal (Lines 1 to 12) .....	13,797,422	77,839,736	34,000	15,433,923	13,831,422	16,899,744
14.	Healthcare receivables (a) .....		7,067,447				
15.	Other non-health .....						
16.	Medical incentive pools and bonus amounts .....	1,885,599	55,638		2,059,988	1,885,599	1,992,000
17.	TOTALS (Lines 13 - 14 + 15 + 16) .....	15,683,021	70,827,927	34,000	17,493,911	15,717,021	18,891,744

(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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	6,623	6,623	6,623	6,623	6,623
2.	2021 .....	73,813	83,671	83,671	83,671	83,671
3.	2022 .....	X X X	80,337	93,962	93,962	93,962
4.	2023 .....	X X X	X X X	83,833	93,694	93,694
5.	2024 .....	X X X	X X X	X X X	73,313	88,996
6.	2025 .....	X X X	X X X	X X X	X X X	70,828

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	6,623	6,623	6,623	6,623	6,623
2.	2021 .....	83,844	83,671	83,671	83,671	83,671
3.	2022 .....	X X X	95,004	93,962	93,962	93,962
4.	2023 .....	X X X	X X X	100,889	93,704	93,694
5.	2024 .....	X X X	X X X	X X X	92,194	89,030
6.	2025 .....	X X X	X X X	X X X	X X X	88,322

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2021 .....	109,419	83,671	2,746	3.282	86,417	78.978			86,417	78.978
2. 2022 .....	120,154	93,962	2,757	2.934	96,719	80.496			96,719	80.496
3. 2023 .....	117,251	93,694	2,601	2.776	96,295	82.127			96,295	82.127
4. 2024 .....	124,066	88,996	2,973	3.341	91,969	74.129	34		92,003	74.157
5. 2025 .....	113,630	70,828	2,401	3.389	73,229	64.445	17,494	361	91,084	80.158

12 Grand Total

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

**Hospital and Medical**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	6,509	6,509	6,509	6,509	6,509
2.	2021 .....	73,174	82,823	82,823	82,823	82,823
3.	2022 .....	X X X	80,133	92,764	92,764	92,764
4.	2023 .....	X X X	X X X	85,095	93,848	93,848
5.	2024 .....	X X X	X X X	X X X	78,305	93,729
6.	2025 .....	X X X	X X X	X X X	X X X	73,482

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	6,509	6,509	6,509	6,509	6,509
2.	2021 .....	82,996	82,823	82,823	82,823	82,823
3.	2022 .....	X X X	94,188	92,764	92,764	92,764
4.	2023 .....	X X X	X X X	101,027	93,858	93,848
5.	2024 .....	X X X	X X X	X X X	95,478	93,763
6.	2025 .....	X X X	X X X	X X X	X X X	88,767

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2021 .....	105,141	82,823	2,744	3.313	85,567	81.383			85,567	81.383
2. 2022 .....	114,159	92,764	2,755	2.970	95,519	83.672			95,519	83.672
3. 2023 .....	109,852	93,848	2,599	2.769	96,447	87.797			96,447	87.797
4. 2024 .....	116,550	93,729	2,971	3.170	96,700	82.969	34		96,734	82.998
5. 2025 .....	105,457	73,482	2,399	3.264	75,881	71.954	15,285	361	91,527	86.791

12 Hospital and Medical

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

**Medicare Supplement**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	12	12	12	12	12
2.	2021 .....	40	46	46	46	46
3.	2022 .....	X X X	44	49	49	49
4.	2023 .....	X X X	X X X	43	50	50
5.	2024 .....	X X X	X X X	X X X	37	35
6.	2025 .....	X X X	X X X	X X X	X X X	38

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	12	12	12	12	12
2.	2021 .....	46	46	46	46	46
3.	2022 .....	X X X	51	49	49	49
4.	2023 .....	X X X	X X X	66	50	50
5.	2024 .....	X X X	X X X	X X X	41	35
6.	2025 .....	X X X	X X X	X X X	X X X	47

**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.	2021 .....	91	46	2	4.155	48	52.650			48	52.650
2.	2022 .....	86	49	2	4.056	51	59.288			51	59.288
3.	2023 .....	84	50	2	4.088	52	61.957			52	61.957
4.	2024 .....	90	35	2	5.224	37	40.920			37	40.920
5.	2025 .....	86	38	2	4.854	40	46.331	9		49	56.796

12 Medicare Supplement

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

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

**Other**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	102	102	102	102	102
2.	2021 .....	599	802	802	802	802
3.	2022 .....	X X X	160	1,149	1,149	1,149
4.	2023 .....	X X X	X X X	(1,305)	(204)	(204)
5.	2024 .....	X X X	X X X	X X X	(5,029)	(4,768)
6.	2025 .....	X X X	X X X	X X X	X X X	(2,692)

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	102	102	102	102	102
2.	2021 .....	802	802	802	802	802
3.	2022 .....	X X X	765	1,149	1,149	1,149
4.	2023 .....	X X X	X X X	(204)	(204)	(204)
5.	2024 .....	X X X	X X X	X X X	(3,325)	(4,768)
6.	2025 .....	X X X	X X X	X X X	X X X	(492)

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2021 .....	4,187	802			802	19.155			802	19.155
2. 2022 .....	5,909	1,149			1,149	19.445			1,149	19.445
3. 2023 .....	7,315	(204)			(204)	(2.789)			(204)	(2.789)
4. 2024 .....	7,426	(4,768)			(4,768)	(64.207)			(4,768)	(64.207)
5. 2025 .....	8,087	(2,692)			(2,692)	(33.288)	2,200		(492)	(6.084)

12 Other

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	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) .....	6,928,247	4,856,000	2,072,247										
5. Aggregate write-ins for other policy reserves .....													
6. Totals (Gross) .....	6,928,247	4,856,000	2,072,247										
7. Reinsurance ceded .....													
8. Totals (Net) (Page 3, Line 4) .....	6,928,247	4,856,000	2,072,247										
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) .....													
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....													
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....													

13

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

## UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building) .....	15,260	15,260	122,076		152,596
2. Salaries, wages and other benefits .....	278,989	558,569	9,205,774		10,043,332
3. Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			2,702,596		2,702,596
4. Legal fees and expenses .....			16,358		16,358
5. Certifications and accreditation fees .....			47		47
6. Auditing, actuarial and other consulting services .....			368,513		368,513
7. Traveling expenses .....		631	20,821		21,452
8. Marketing and advertising .....		425	506,309		506,734
9. Postage, express and telephone .....	944	29,195	184,789		214,928
10. Printing and office supplies .....	8	32	88,361		88,401
11. Occupancy, depreciation and amortization .....	361	361	199,748		200,470
12. Equipment .....			42,618		42,618
13. Cost or depreciation of EDP equipment and software .....					
14. Outsourced services including EDP, claims, and other services .....	693,451	1,296,156	2,975,008		4,964,615
15. Boards, bureaus and association fees .....					
16. Insurance, except on real estate .....			65,663		65,663
17. Collection and bank service charges .....			292,833	60,409	353,242
18. Group service and administration fees .....			550,840		550,840
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 .....			37,878		37,878
23.2 State premium taxes .....			584,643		584,643
23.3 Regulatory authority licenses and fees .....			653,830		653,830
23.4 Payroll taxes .....			625,402		625,402
23.5 Other (excluding federal income and real estate taxes) .....					
24. Investment expenses not included elsewhere .....					
25. Aggregate write-ins for expenses .....	69		185,616		185,685
26. TOTAL Expenses Incurred (Lines 1 to 25) .....	989,082	1,900,629	19,429,723	60,409	(a) 22,379,843
27. Less expenses unpaid December 31, current year .....		361,214	1,527,177		1,888,391
28. Add expenses unpaid December 31, prior year .....		360,952	1,772,607		2,133,559
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) .....	989,082	1,900,367	19,675,153	60,409	22,625,011
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Expenses .....	69		185,616		185,685
2502. Donations .....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	69		185,616		185,685

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

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,462,043	1,641,914
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) 983,734	983,734
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL gross investment income	2,445,777	2,625,648
11. Investment expenses		(g) 60,409
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)		60,409
17. Net Investment income (Line 10 minus Line 16)		2,565,239

**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	(57,634)		(57,634)		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	1,516		1,516		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	(56,118)		(56,118)		

**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 .....	24,174	70,746	46,572
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....	3,934,403	3,691,049	(243,354)
25. Aggregate write-ins for other-than-invested assets .....	478,477	502,827	24,350
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,437,054	4,264,622	(172,432)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. TOTAL (Lines 26 and 27) .....	4,437,054	4,264,622	(172,432)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. Prepaid Expenses .....	478,477	502,827	24,350
2502. Deferred gain on bonds sold to SummaCare .....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	478,477	502,827	24,350

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	18,179	16,554	15,560	14,746	14,241	183,572
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. TOTAL .....	18,179	16,554	15,560	14,746	14,241	183,572
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

**Notes to the Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of December 31, 2025 and December 31, 2024 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 #	2025	2024
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 6,687,335	\$ 10,944,480
(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	<u>\$ 6,687,335</u>	<u>\$ 10,944,480</u>
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 49,680,172	\$ 42,962,906
(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	<u>\$ 49,680,172</u>	<u>\$ 42,962,906</u>

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. 26 - None

(3) Common stocks - None

(4) Preferred stocks - None

(5) Mortgage loans - None

(6) Asset-backed securities - None

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

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

(9) Accounting policy for derivatives

The Company does not invest in derivative instruments.

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

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

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

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

(12) Changes in capitalization policy

**Notes to the Financial Statements**

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

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

(13) Pharmaceutical rebate receivables

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

D. Going Concern - None

**2. Accounting Changes and Corrections of Errors - None**

**3. Business Combinations and Goodwill - None**

**4. Discontinued Operations - None**

**5. Investments - None**

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

**7. Investment Income**

A. Due and Accrued Income Excluded from Surplus

All accrued investment income was admitted for the period.

B. Total Amount Excluded

\$0

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

Interest Income Due and Accrued	Amount
1. Gross .....	\$ 82,088
2. Nonadmitted .....	\$ .....
3. Admitted .....	\$ 82,088

D. The aggregate deferred interest - None

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

**8. Derivative Instruments - None**

**9. Income Taxes**

The 2025 amounts were calculated in accordance with SSAP No. 101. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including:

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

In 2025, the Company evaluated the need for a valuation allowance and determined that a valuation allowance was no longer necessary.

A. Components of the net deferred tax asset/(liability)

The components of deferred tax asset / liability at December 31, 2025 and December 31, 2024 are as follows:

(1) Change between years by tax character

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets .....	\$ 1,564,015	\$ .....	\$ 1,564,015	\$ 1,534,561	\$ .....	\$ 1,534,561	\$ 29,454	\$ .....	\$ 29,454
(b) Statutory valuation allowance adjustments .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(c) Adjusted gross deferred tax assets (1a - 1b) .....	1,564,015	.....	1,564,015	1,534,561	.....	1,534,561	29,454	.....	29,454
(d) Deferred tax assets nonadmitted .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(e) Subtotal net admitted deferred tax asset (1c - 1d) .....	\$ 1,564,015	\$ .....	\$ 1,564,015	\$ 1,534,561	\$ .....	\$ 1,534,561	\$ 29,454	\$ .....	\$ 29,454
(f) Deferred tax liabilities .....	16,792	.....	16,792	9,702	.....	9,702	7,090	.....	7,090
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) .....	\$ 1,547,223	\$ .....	\$ 1,547,223	\$ 1,524,859	\$ .....	\$ 1,524,859	\$ 22,364	\$ .....	\$ 22,364

**Notes to the Financial Statements**

**9. Income Taxes (Continued)**

(2) Admission calculation components SSAP No. 101

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,564,015	\$	\$ 1,564,015	\$ 1,534,561	\$	\$ 1,534,561	\$ 29,454	\$	\$ 29,454
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,219,942	XXX	XXX	6,215,707	XXX	XXX	1,004,235
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,564,015	\$	\$ 1,564,015	\$ 1,534,561	\$	\$ 1,534,561	\$ 29,454	\$	\$ 29,454

(3) Ratio used as basis of admissibility

	2025	2024
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,262.000 %	1,110.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 48,132,950	\$ 41,438,047

(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

	2025		2024		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col 1-3)	Capital (Col 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 1,564,015	\$	\$ 1,534,561	\$	\$ 29,454	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 1,564,015	\$	\$ 1,534,561	\$	\$ 29,454	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

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

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

B. Regarding deferred tax liabilities that are not recognized

There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2025 and December 31, 2024.

C. Major components of current income taxes incurred

Current income taxes incurred consist of the following major components:	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
1. Current Income Tax			
(a) Federal	\$ 1,728,527	\$ 2,907,761	\$ (1,179,234)
(b) Foreign			
(c) Subtotal (1a+1b)	\$ 1,728,527	\$ 2,907,761	\$ (1,179,234)
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other	77,516	11,483	66,033
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 1,806,043	\$ 2,919,244	\$ (1,113,201)

## Notes to the Financial Statements

## 9. Income Taxes (Continued)

	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 45,199	\$ 42,919	\$ 2,280
(2) Unearned premium reserve	158,012	146,785	11,227
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual	120,760	130,474	(9,714)
(9) Pension accrual			
(10) Receivables - nonadmitted	931,781	895,571	36,210
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other	308,263	318,812	(10,549)
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 1,564,015	\$ 1,534,561	\$ 29,454
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 1,564,015	\$ 1,534,561	\$ 29,454
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 1,564,015	\$ 1,534,561	\$ 29,454
	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 115	\$ 176	\$ (61)
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other	16,677	9,526	7,151
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 16,792	\$ 9,702	\$ 7,090
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 16,792	\$ 9,702	\$ 7,090
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 1,547,223	\$ 1,524,859	\$ 22,364

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):

	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
Adjusted gross deferred tax assets	\$ 1,564,015	\$ 1,534,561	\$ 29,454
Total deferred tax liabilities	16,792	9,702	7,090
Net deferred tax assets (liabilities)	\$ 1,547,223	\$ 1,524,859	\$ 22,364
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance	\$ 1,547,223	\$ 1,524,859	\$ 22,364
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			\$ 22,364

## Notes to the Financial Statements

### 9. Income Taxes (Continued)

#### 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:

	2025	Effective Tax Rate
Income (loss) before taxes.....	\$ 1,821,409	21.000 %
Meals & entertainment.....	3,310	0.038 ...
Non deductible club dues.....		
Annual fee for health insurers.....		
Change in valuation allowance.....		
Change in nonadmitted assets.....	(36,211)	-0.417 ...
Deferred true up.....	(4,829)	-0.056 ...
Other.....		
Total.....	<u>\$ 1,783,679</u>	<u>20.565 %</u>
	2025	Effective Tax Rate
Federal income taxes incurred.....	\$ 1,806,043	20.823 %
Change in net deferred income taxes.....	(22,364)	-0.258 ...
Total statutory income taxes.....	<u>\$ 1,783,679</u>	<u>20.565 %</u>

#### E. Operating loss and tax credit carryforwards

(1) The company has \$0 in net operating loss or tax credit carry-forwards as of December 31, 2025.

(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: \$2,021,081

(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, 2025 and December 31, 2024.

#### F. Consolidated federal income tax return

(1) Effective October 1, 2025, Health Assurance Transformation Holdings LLC files a consolidated federal income tax return which includes the following entities: Health Assurance Transformation Holdings LLC, Health Assurance Transformation Intermediate LLC, Akron Assurance Hospital Company LLC, Summa Health System Company LLC, SummaCare, Inc., Summa Insurance Company, Inc., Summa Management Services Organization, Inc., Summa Integrated Services Organization, Inc., Summa Accountable Care Organization LLC, Summa Physicians LLC, and Ohio Health Choice, Inc.

(2) Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

#### G. Federal or foreign income tax loss contingencies - None

#### H. Repatriation Transition Tax (RTT) - None

#### I. Alternative Minimum Tax (AMT) Credit - None

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

A. Summa Insurance Company, Inc. (SIC or the Company) is incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (network provider) or a non-network provider at the member's option. The population from which SIC draws its membership is predominately in northeast Ohio. Affiliated organizations of SIC include Akron Assurance Hospital Company LLC dba Summa Health; Akron Regional Hospital LLC dba Summa Health System (SHS); Summa Health System Company LLC (SHSC); Summa Health Network LLC (SHN); SummaCare, Inc. (SC); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Summa Physicians LLC (SPI); Middlebury Assurance Company (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; DIG Holdings LLC; Summa Health Outpatient Services LLC.

#### B. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of December 31, 2025 and December 31, 2024 are as follows:

## Notes to the Financial Statements

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

	2025	2024
Claims expense related to affiliated entities:		
SHS	16,374,926	15,442,435
SPI	2,827,929	3,165,090
SHH	79,338	121,280
Summa Rehab	142,321	243,906
Medina Summit	182,251	122,052
SHS Outpatient	30,974	99,767
ACO	-	-
Directors' and officers insurance paid to MAC	17,061	3,831
OHC network use for claims pricing	175,217	171,590
Management fees charged from Apex	168,086	15,829
Management fees charged from SMSO	10,708,930	11,431,475
Nurse Call line fees charged from SHS	23,166	18,415
Corporate expense allocation paid to SHS	510,900	648,708
SHN Provider Performance	1,894,599	2,816,480

C. Transactions with related party who are not reported on Schedule Y - None

D. Balance outstanding with affiliated entities as of December 31, 2025 and December 31, 2024:

	Due from		Due to	
	2025	2024	2025	2024
SC	1,235,423	2,239,882	-	-
APEX	-	-	934,871	476,674
SHN	-	-	-	-
SHS	-	-	52,031	324,105
SMSO	-	-	152,362	1,013,944
	1,235,423	2,239,882	1,139,264	1,814,723

E. In 2025 and 2024, 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 \$10,708,930 and \$11,431,475 in 2025 and 2024, respectively.

In 2025 and 2024, the Company was party to a Claims System Cost Allocation Services Agreement with Apex, under which Apex provides the Company access to its claims system and related services for a fee based on allocated direct and indirect costs. In 2025, this agreement was utilized to implement the HealthEdge GuidingCare platform under a cloud computing arrangement. Related expenses for the platforms are allocated across Apex, SummaCare, and Summa Insurance Company (SIC). The legacy claims system was fully depreciated at year-end 2024, and the related GuidingCare and authorizations system costs began amortization in 2025.

In 2025 and 2024, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.

F. Guarantees or Contingencies - None

G. All outstanding shares of common stock are owned by the parent, SummaCare, Inc.

H. Amount Deducted for Investment in Upstream Company - None

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

K. Foreign Subsidiary Value Using CARVM - None

L. Downstream Holding Company Value Using Look-Through Method - None

M. All SCA Investments - None

N. Investment in Insurance SCAs - None

O. SCA and SSAP No. 48 Entity Loss Tracking - None

### 11. Debt - None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. As of December 31, 2025, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock.

B. Dividend Rate of Preferred Stock - None

C. In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2026, 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, 2025, or (b) the Company's net gain from operations for the year ended December 31, 2025. Accordingly, during 2026, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$6,867,335.

D. Ordinary Dividends - None

E. Portion of reporting entity's profits that can be paid as ordinary dividends

Reference number C above.

**Notes to the Financial Statements**

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)**

- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)  
Nonadmitted Asset Values – \$4,437,054  
Unrealized Gains (Losses) – \$110,876
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

**14. Liabilities, Contingencies and Assessments - None**

**15. Leases - None**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None**

**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 measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and cash equivalents	\$ 63,572,190				\$ 63,572,190
Total assets at fair value/NAV	\$ 63,572,190				\$ 63,572,190
b. Liabilities at fair value					
Total liabilities at fair value					

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

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

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

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

(5) Derivatives - None

B. Other Fair Value Disclosures

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

C. Fair Values or NAV for All Financial Instruments

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	\$ 10,308,974	\$ 10,198,098	\$ 10,308,974				

D. Not Practicable to Estimate Fair Value - None

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

**21. Other Items - None**

## Notes to the Financial Statements

### 22. Events Subsequent

Type I – Recognized Subsequent Events - None

Type II – Nonrecognized Subsequent Events - None

### 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 Ceded Reinsurance - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit - None

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

#### A. Method Used to Estimate

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

#### B. Method Used to Record

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

#### C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by Summa Insurance Company for Small Group at December 31, 2025 that are subject to retrospective rating features was \$1,811,247, that represented 7.0% of the total net premiums written on Small Group. There was an adjustment made in 2023 during the Medical Loss Ratio audit and we have recorded \$261,000 related to 2021.

**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
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	\$	\$ 3,011,070	\$	\$	\$ 3,011,070
(2) Medical loss ratio rebates paid		2,567,735			2,567,735
(3) Medical loss ratio rebates unpaid		2,142,952			2,142,952
(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	\$ 2,142,952
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	\$	\$ 2,205,598	\$	\$	\$ 2,205,598
(8) Medical loss ratio rebates paid		2,276,303			2,276,303
(9) Medical loss ratio rebates unpaid		2,072,247			2,072,247
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 2,072,247

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

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

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

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

	Amount
<b>a. Permanent ACA Risk Adjustment Program</b>	
<b>Assets</b>	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 811,770
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA risk adjustment	\$ 13,980
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	4,856,000
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment	\$ (2,253,306)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	14,427

(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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	(1)	(2)	(3)	(4)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high-risk pool payments)	\$ 836,000		\$ 1,124,467		\$ (288,467)		\$ 288,467		A	\$ -	\$ -
2. Premium adjustments payable (including high-risk pool premium)		(8,040,000)		(6,537,543)		(1,502,457)	1,502,457		B		-
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 836,000	\$ (8,040,000)	\$ 1,124,467	\$ (6,537,543)	\$ (288,467)	\$ (1,502,457)	\$ 288,467	\$ 1,502,457		\$ -	\$ -

Explanations of Adjustments

A: The receivable was adjusted to true up to an estimate by an outside actuarial firm

B: None

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Activity in claims unpaid is summarized as follows:

**Notes to the Financial Statements**

**25. Change in Incurred Claims and Claim Adjustment Expenses (Continued)**

	<u>2025</u>	<u>2024</u>
Balance at January 1	18,891,744	17,100,654
Incurring related to:		
Current year	88,321,838	92,194,481
Prior years	<u>(3,174,723)</u>	<u>(7,229,541)</u>
Total	85,147,115	84,964,940
Paid related to:		
Current year	70,827,927	73,312,737
Prior years	<u>15,683,021</u>	<u>9,861,113</u>
Total	86,510,948	83,173,850
Balance at End of Period	17,527,911	18,891,744

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, 2024 were \$18,891,744. As of December 31, 2025, \$15,683,021 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$34,000. Therefore, there has been \$3,174,723 in favorable experience from December 31, 2024 to December 31, 2025. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

**26. Intercompany Pooling Arrangements - None**

**27. Structured Settlements - None**

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of December 31, 2025, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by projection amounts from the pharmacy department. Pharmacy rebate receivable are recorded as non-admitted assets, where appropriate, in accordance with SSAP No. 84.

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
12/31/2025	\$ 6,043,359	\$	\$	\$	\$
09/30/2025	6,221,912	6,408,823	6,408,823		
06/30/2025	5,654,915	6,054,624	3,229,544	2,825,080	
03/31/2025	5,655,820	5,725,085	2,961,531	2,825,080	(61,526)
12/31/2024	5,626,200	5,767,762	5,904,950		(137,188)
09/30/2024	5,304,000	5,903,461	6,068,514		(165,053)
06/30/2024	5,101,353	5,730,396	3,125,094	2,439,681	165,621
03/31/2024	5,305,138	6,007,675	2,047,268	3,705,397	255,010
12/31/2023	4,989,838	5,349,910	3,152,263	2,197,647	
09/30/2023	3,910,585	4,052,254	3,120,322	931,932	
06/30/2023	3,869,314	4,008,099	3,914,528		93,571
03/31/2023	3,780,069	3,899,346	3,782,110		117,236

B. Risk-Sharing Receivables - None

C. Medicare Prescription Payment Plan Receivables - None

**29. Participating Policies - None**

**30. Premium Deficiency Reserves**

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

1. Liability carried for premium deficiency reserves: ..... \$ ..... -
2. Date of the most recent evaluation of this liability: ..... 12/31/2025 .....
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? Yes[X] No[ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[ ] N/A[ ]
- 1.3 State Regulating? Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. N/A
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2023.....
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....05/29/2024.....
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....07/11/2024.....
- 3.4 By what department or departments? .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[ ] No[ ] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[ ] No[X]
- 4.12 renewals? Yes[ ] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[ ] No[X]
- 4.22 renewals? Yes[ ] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]  
 If yes, complete and file the merger history data file with the NAIC.
- 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 Name of Entity	2 NAIC Company Code	3 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, .....0.000%
- 7.21 State the percentage of foreign control
- 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 Nationality	2 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes[ ] No[X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes[ ] No[ ] N/A[X]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 RSM US LLP, 801 Nicollet Mall, West Tower, Suite 1100, Minneapolis, MN 55402-2526
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]
- 10.6 If the response to 10.5 is no or n/a, please explain: .....

## GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Andrew Laroque, Risk & Regulatory Consulting (associated with RSM US LLP), 20 Batterson Park Rd, Suite 380, Farmington CT 06032
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]  
 12.11 Name of real estate holding company 0  
 12.12 Number of parcels involved \$ .....  
 12.13 Total book/adjusted carrying value 0
- 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? Yes [X] No [ ]  
 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 [X] No [ ]  
 22.2 If answer is yes:  
 22.21 Amount paid as losses or risk adjustment \$ ..... 4,487,952  
 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: \$ ..... 1,235,423
- 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 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

### INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ ] No [X]
- 25.02 If no, give full and complete information, relating thereto  
All securities are in the possession of Huntington Bank
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ ..... 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ ..... 0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ ..... 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ ..... 0
- 25.093 Total payable for securities lending reported on the liability page. \$ ..... 0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [ ] No [X]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ ..... 0
- 26.22 Subject to reverse repurchase agreements \$ ..... 0
- 26.23 Subject to dollar repurchase agreements \$ ..... 0
- 26.24 Subject to reverse dollar repurchase agreements \$ ..... 0
- 26.25 Placed under option agreements \$ ..... 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ ..... 0
- 26.27 FHLB Capital Stock \$ ..... 0
- 26.28 On deposit with states \$ ..... 0
- 26.29 On deposit with other regulatory bodies \$ ..... 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ ..... 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ ..... 0
- 26.32 Other \$ ..... 0
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 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 Name of Custodian(s)	2 Custodian's Address
Huntington National Bank .....	106 South Main St, Akron, OH 44308 .....

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

1 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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"]

1 Name of Firm or Individual	2 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?

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

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?

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

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.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 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)])?

Yes[ ] No[X]

30.2 If yes, complete the following schedule:

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations .....	10,198,098	10,308,974	110,876
31.2 Asset-Backed Securities .....			
31.3 Preferred stocks .....			
31.4 Totals .....	10,198,098	10,308,974	110,876

31.5 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?

Yes[ ] No[X]

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?

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

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:

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

Yes[X] No[ ]

33.2 If no, list exceptions:

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? Yes [ ] No[X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No[X]

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 Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

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.

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? \$..... 12,671

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
Ice Miller LLP .....	12,671

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$..... 7,505

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 .....	3,971
America's Health Insurance Plans .....	3,534

# GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes[X] No[ ]
- 1.2 If yes, indicate premium earned on U.S. business only: \$ 86,048
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
  - 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 41,097
- 1.6 Individual policies - Most current three years:
  - 1.61 TOTAL Premium earned \$ 86,048
  - 1.62 TOTAL Incurred claims \$ 41,097
  - 1.63 Number of covered lives 18
  - All years prior to most current three years:
  - 1.64 TOTAL Premium earned \$ 0
  - 1.65 TOTAL Incurred claims \$ 0
  - 1.66 Number of covered lives 0
- 1.7 Group policies - Most current three years:
  - 1.71 TOTAL Premium earned \$ 0
  - 1.72 TOTAL Incurred claims \$ 0
  - 1.73 Number of covered lives 0
  - All years prior to most current three years:
  - 1.74 TOTAL Premium earned \$ 0
  - 1.75 TOTAL Incurred claims \$ 0
  - 1.76 Number of covered lives 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	113,629,158	124,066,355
2.2 Premium Denominator	113,629,158	124,066,355
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	24,456,158	29,074,695
2.5 Reserve Denominator	24,456,158	29,074,695
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes[ ] No[X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No[ ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[ ] No[X] N/A[ ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes[X] No[ ]
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
  - 5.31 Comprehensive Medical \$ 750,000
  - 5.32 Medical Only \$ 0
  - 5.33 Medicare Supplement \$ 0
  - 5.34 Dental & Vision \$ 0
  - 5.35 Other Limited Benefit Plan \$ 0
  - 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
The Company's provider contracts include insolvency provisions, continuity of care provisions and hold harmless language.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes[X] No[ ]
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
  - 8.1 Number of providers at start of reporting year 25,000
  - 8.2 Number of providers at end of reporting year 26,000
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[ ] No[X]
- 9.2 If yes, direct premium earned:
  - 9.21 Business with rate guarantees between 15-36 months 0
  - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes[X] No[ ]
- 10.2 If yes:
  - 10.21 Maximum amount payable bonuses \$ 2,059,988
  - 10.22 Amount actually paid for year bonuses \$ 1,941,236
  - 10.23 Maximum amount payable withholds \$ 0
  - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
  - 11.12 A Medical Group/Staff Model, Yes[ ] No[X]
  - 11.13 An Individual Practice Association (IPA), or, Yes[ ] No[X]
  - 11.14 A Mixed Model (combination of above)? Yes[X] No[ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes[X] No[ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.  
Ohio
- 11.4 If yes, show the amount required. \$ 2,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes[ ] No[X]
- 11.6 If the amount is calculated, show the calculation.
- 12. List service areas in which the reporting entity is licensed to operate:

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

## GENERAL INTERROGATORIES (Continued)

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

- 13.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]  
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ ..... 0  
 13.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]  
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ ..... 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes[ ] No[ ] N/A[X]  
 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
- 15.1 Direct Premium Written \$ ..... 0  
 15.2 Total incurred claims \$ ..... 0  
 15.3 Number of covered lives ..... 0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]  
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	81,124,655	79,480,769	69,056,398	67,850,928	57,076,755
2. TOTAL Liabilities (Page 3, Line 24) .....	31,444,483	36,517,863	35,529,900	30,511,975	20,016,464
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) .....	49,680,172	42,962,906	33,526,498	37,338,953	37,060,291
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	113,629,158	124,066,355	117,251,457	120,153,474	109,419,820
6. TOTAL Medical and Hospital Expenses (Line 18) .....	85,147,115	84,964,940	99,891,281	94,830,528	79,059,251
7. Claims adjustment expenses (Line 20) .....	2,889,710	2,887,612	2,557,874	2,769,065	2,697,572
8. TOTAL Administrative Expenses (Line 21) .....	19,429,722	23,443,999	21,423,995	21,897,382	17,378,035
9. Net underwriting gain (loss) (Line 24) .....	6,162,611	12,769,804	(6,621,693)	656,499	10,284,962
10. Net investment gain (loss) (Line 27) .....	2,509,122	1,075,278	644,125	360,569	384,458
11. TOTAL Other Income (Lines 28 plus 29) .....	1,645	18,642	301	406	451
12. Net income or (loss) (Line 32) .....	6,867,335	10,944,480	(4,782,160)	795,279	10,634,763
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	3,295,474	14,779,848	(2,889,602)	9,046,464	11,533,141
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	49,680,172	42,962,906	33,526,498	37,338,953	37,060,291
15. Authorized control level risk-based capital .....	3,812,832	3,792,087	4,260,116	4,297,814	3,622,246
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	14,241	18,179	17,479	19,217	15,653
17. TOTAL Members Months (Column 6, Line 7) .....	183,572	218,169	216,479	225,420	196,745
<b>OPERATING PERCENTAGE (Page 4)</b>					
(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) .....	74.9	68.5	85.2	78.9	72.3
20. Cost containment expenses .....	0.9	0.9	0.8	0.5	0.4
21. Other claims adjustment expenses .....	1.7	1.5	1.4	1.8	2.0
22. TOTAL Underwriting Deductions (Line 23) .....	94.6	89.7	105.6	99.5	90.6
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	5.4	10.3	(5.6)	0.5	9.4
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5) .....	15,717,021	9,871,113	13,669,009	9,858,410	6,623,000
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)] .....	18,891,744	17,100,654	14,666,677	10,031,110	11,407,964
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 28, Column 1) .....					
29. Affiliated mortgage loans on real estate .....					
30. All other affiliated .....					
31. TOTAL of Above Lines 26 to 30 .....					
32. TOTAL Investment in Parent Included in Lines 26 to 30 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	2	Direct Business Only								
		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	106,410,059							106,410,059	
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	106,410,059							106,410,059	
60. Reporting entity contributions for employee benefit plans	X X X									
61. Total (direct business)	X X X	106,410,059							106,410,059	

**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

56

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

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

