

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	134,537	17,408	582	22,051	24,174	150,404
0299999 TOTAL Group	134,537	17,408	582	22,051	24,174	150,404
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	134,537	17,408	582	22,051	24,174	150,404

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medimpact	2,864,080			3,179,279	3,179,279	2,864,080
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,864,080			3,179,279	3,179,279	2,864,080
Claim Overpayment Receivables						
CLEVELAND CLINIC FNDN	12,288					12,288
AKRON GENERAL MED CTR		1,041				1,041
UH CLEVELAND MEDICAL CEN		76,806			59,181	17,625
WOOSTER COMMUNITY HOSP			14,735			14,735
UH PORTAGE MEDICAL CTR				17,228		17,228
THE OHIO STATE UNIVERSIT				71,072	71,072	
UNION HOSPITAL ASSOCIATI				9,881	7,060	2,821
NORTON WOMENS AND CHILDR				56,247	56,247	
UNIVERSITY OF CHICAGO				24,642	24,642	
CLEVELAND CLINIC REHAB H				53,624	53,624	
BAPTIST HLTH LOUISVILLE				27,096	27,096	
UH CLEVELAND MEDICAL CTR				54,111	19,832	34,279
OHIO ORTHOPEDIC SURGERY				70,469	70,469	
EMH REGIONAL MEDICAL CEN				71,318	69,218	2,100
UH CLEVELAND MEDICAL CEN				112,336	94,711	17,625
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	12,288	77,847	14,735	568,024	553,152	119,742
Other Health Care Receivables						
Magellan / Prime	85,000			85,000	85,000	85,000
MEWA	64,223					64,223
Performance Guarantee				116,972	116,972	
EviCore	393,274					393,274
0699998 Other Health Care Receivables - Not Individually Listed						
0699999 Subtotal - Other Health Care Receivables	542,497			201,972	201,972	542,497
0799999 Gross Health Care Receivables	3,418,865	77,847	14,735	3,949,275	3,934,403	3,526,319

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	5,767,762	6,054,624		6,043,359	5,767,762	5,626,200
2. Claim overpayment receivables	188,400			672,894	188,400	246,151
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	1,237,593	163,777		744,469	1,237,593	1,643,092
7. TOTALS (Lines 1 through 6)	7,193,755	6,218,401		7,460,722	7,193,755	7,515,443

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	8,399,923	2,300,000	1,655,000	1,045,000	2,068,000	15,467,923
0499999 Subtotals	8,399,923	2,300,000	1,655,000	1,045,000	2,068,000	15,467,923
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						15,467,923
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,059,988

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
SummaCare	1,235,423					1,235,423	
0199999 Individually listed receivables	1,235,423					1,235,423	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,235,423					1,235,423	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health System	Various accounts payable checks and wires	52,031	52,031	
Apex Benefits Services, LLC	Lockbox deposit reclasses	934,871	934,871	
Summa Management Services Organization	Salaries and Benefits	152,362	152,362	
0199999 Individually Listed Payables		1,139,264	1,139,264	
0299999 Payables not Individually Listed				
0399999 TOTAL Gross Payables		1,139,264	1,139,264	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	24,158	0.028				24,158
3. All other providers	65,190	0.076				65,190
4. TOTAL Capitation Payments	89,348	0.104				89,348
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	84,009,749	97.605	X X X	X X X	16,562,771	67,446,978
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	1,972,181	2.291	X X X	X X X	1,901,012	71,169
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	85,981,930	99.896	X X X	X X X	18,463,783	67,518,147
13. TOTAL (Line 4 plus Line 12)	86,071,278	100.000	X X X	X X X	18,463,783	67,607,495

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Teladoc	20,408			
	CareCentrix	3,750			
9999999	TOTALS	24,158	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	N O N E					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

	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											
TOTAL Members at end of:														
1. Prior year	18,179	8,034	9,747	21									377	
2. First quarter	16,554	7,117	9,049	20									368	
3. Second quarter	15,560	6,397	8,779	20									364	
4. Third quarter	14,746	6,205	8,164	18									359	
5. Current year	14,241	5,837	8,032	18									354	
6. Current year member months	183,572	75,344	103,649	231									4,348	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	27,736	11,986	15,651	99										
8. Non-physician	14,588	7,224	7,364											
9. Total	42,324	19,210	23,015	99										
10. Hospital patient days incurred	3,104	1,482	1,622											
11. Number of inpatient admissions	620	287	333											
12. Health premiums written (b)	106,410,059	41,049,444	65,087,839	86,048									186,728	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	106,410,059	41,049,444	65,087,839	86,048									186,728	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	86,071,278	35,088,945	54,644,086	36,696									(3,698,449)	
18. Amount incurred for provision of health care services	84,207,445	33,875,654	53,993,591	41,097									(3,702,897)	

30 Ohio

(a) For health business: number of persons insured under PPO managed care products14,241 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

30 Grand Total

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 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
125	82-5056803 ...	01/01/2025	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	8,143,221			2,200,000		
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates						8,143,221			2,200,000		
1099999	Total - Non-Affiliates						8,143,221			2,200,000		
1199999	Total U.S. (Sum of 0399999 and 0899999)						8,143,221			2,200,000		
9999999	Total (Sum of 0799999 and 1099999)						8,143,221			2,200,000		

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
16535 ...	36-4233459 ...	01/01/2025	ZURICH AMER INS CO	NY	1,140	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,140	
2199999 Total - Accident and Health - Non-Affiliates					1,140	
2299999 Total - Accident and Health					1,140	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,140	
9999999 Total (Sum of 1199999 and 2299999)					1,140	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
16535	36-4233459	01/01/2025	ZURICH AMER INS CO	NY		SLEL	924,122						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							924,122						
1099999 Total - General Account - Authorized - Non-Affiliates							924,122						
1199999 Total - General Account - Authorized							924,122						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							924,122						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							924,122						
9999999 Total (Sum of 4599999 and 9099999)							924,122						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	924	903	965	988	1,734
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	829	110	1,022	462	(13)
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1	54	352	7	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	73,770,288		73,770,288
2. Accident and health premiums due and unpaid (Line 15)	962,174		962,174
3. Amounts recoverable from reinsurers (Line 16.1)	1,140	1,140	2,280
4. Net credit for ceded reinsurance	X X X	1,140	1,140
5. All other admitted assets (Balance)	6,391,053		6,391,053
6. TOTAL Assets (Line 28)	81,124,655	2,280	81,126,935
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	15,467,923		15,467,923
8. Accrued medical incentive pool and bonus payments (Line 2)	2,059,988		2,059,988
9. Premiums received in advance (Line 8)	3,762,187		3,762,187
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	10,154,385		10,154,385
15. TOTAL Liabilities (Line 24)	31,444,483		31,444,483
16. TOTAL Capital and Surplus (Line 33)	49,680,172	X X X	49,680,172
17. TOTAL Liabilities, Capital and Surplus (Line 34)	81,124,655		81,124,655
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,140		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,140		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	1,140		

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

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

NONE

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC	OH	UDP	SUMMA HEALTH SYSTEM COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
3259	SUMMA INSURANCE COMPANY	1064900000	34-1809108 33-3371769				SUMMA INS CO INC	OH	RE	SUMMACARE	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1515252				AKRON ASSURANCE HOSPITAL COMPANY	OH	UIP					No	0000001
		00000	34-1515252				SUMMA HEALTH SYSTEM COMPANY	OH	UIP					No	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	341790929				SUMMA PHYSICIANS LLC	OH	NIA	SUMMA HEALTH SYSTEM COMPANY	Ownership	80.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	26-1421110				MEDINA-SUMMIT ASC, LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	52.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	0000002
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	33-3995572				AKRON REGIONAL HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE, LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	60.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	36-3636364				DIG HOLDINGS	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	86-2656357				SUMMA HEALTH OUTPATIENT SERVICES, LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	10.2	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	86-2656357				SUMMA HEALTH OUTPATIENT SERVICES, LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	

41

Asterisk	Explanation
0000001	AKRON ASSURANCE HOSPITAL COMPANY IS THE ULTIMATE CONTROLLING ENTITY
0000002	Middlebury Assurance Company is located in the Cayman Islands
0000003	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(21,532,338)	(11,603,360)				(33,135,698)	
	86-2656357	SUMMA HEALTH OUTPATIENT SERVICES				121,291					121,291	
	34-1961463	APEX BENEFITS SERVICES, LLC					481,644				481,644	
	33-3371769	AKRON ASSURANCE HOSPITAL COMPANY LLC					605,188				605,188	
	34-1895396	OHIO HEALTH CHOICE INC.					175,217				175,217	
95202	34-1726655	SUMMACARE INC		13,800,000		(98,267,114)	(27,521,007)				(111,988,121)	
		MIDDLEBURY ASSURANCE COMPANY					77,180				77,180	
	34-1790929	SUMMA PHYSICIANS LLC				14,499,605					14,499,605	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				467,116					467,116	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					36,032,781				36,032,781	
	82-2881193	SUMMA HOME HEALTH				9,238,010					9,238,010	
	27-1952573	SUMMA REHAB HOSPITAL				3,960,625					3,960,625	
	26-1421110	MEDINA SUMMIT ASC, LLC				448,049					448,049	
	34-1515252	SUMMA HEALTH SYSTEM COMPANY LLC		(13,800,000)							(13,800,000)	
	34-0714755	SUMMA HEALTH SYSTEM				64,825,924	1,752,357				66,578,281	
	33-3995572	AKRON REGIONAL HOSPITAL LLC dba SUMMA HEALTH SYSTE				26,238,832					26,238,832	
9999999 Control Totals												
									X X X			

Schedule Y Part 2 Explanation: Effective 10/1/2025, Summa Health System was replaced by Akron Regional Hospital LLC. SC received capital contribution of \$13.8M from its parent (SHSC) in December 2025.

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

- | | |
|--|-----|
| 8. Will an Audited Financial Report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

SUPPLEMENTAL FILINGS

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

12. Summa Insurance Company has less than 100 shareholders.

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



10649202521100000

2025

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

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

STATEMENT OF REVENUE AND EXPENSES

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704.		
4705.		
4706.		
4707.		
4708. Retired treasury stock		
4709. 2008 adjustments to minority interest & federal taxes		
4710. Common Stock Adjustment		
4711. Misc. Adjustment		
4712. Increase par value of common stock		
4713. Correction of an error - 2006 Premium Taxes		
4714. Deferred gain on sale of bonds to SummaCare, Inc.		
4715. Federal income tax adjustment		
4716. Miscellaneous		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2025
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 3259
 Address (City, State and Zip Code): Akron, OH 44305
 Person Completing This Exhibit: Mike Weals
 Title: Senior Accountant

NAIC Company Code: 10649
 Telephone Number: (330)224-1022

Supp360 Ohio

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023, 2024, 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Total Experience on Individual Policies																	
..... Yes	2010 MED SUPP C 4-1-10 .....	..... C .....	... No ...	... 2,3,4,5,7 ...	. 05/05/2010	.....	.....	.....	SummaCare Supplemental Solutions					16,180	13,958	86.3	3
..... Yes	2010 MED SUPP F .....	..... F .....	... No ...	... 2,3,4,5,7 ...	. 05/05/2010	.....	.....	.....	SummaCare Supplemental Solutions					62,930	26,151	41.6	13
..... Yes	2010 MED SUPP C SELECT .....	..... C .....	... Yes ..	... 2,3,4,5,7 ...	. 05/05/2010	.....	.....	.....	SummaCare Supplemental Solutions								
..... Yes	2010 MED SUPP F SELECT 4- .....	..... F .....	... Yes ..	... 2,3,4,5,7 ...	. 05/05/2010	.....	.....	.....	SummaCare Supplemental Solutions					4,454	988	22.2	1
..... Yes	2010 MED SUPP A 4-1-10 .....	..... A .....	... No ...	... 2,3,4,5,7 ...	. 05/05/2010	.....	.....	.....	SummaCare Supplemental Solutions					2,484			1
0199999 Total Experience on Individual Policies														86,048	41,097	47.8	18
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1200 East Market St. Suite 400, Akron OH 44305
 - Contact Person and Phone Number: Anne Armao (330)996-8410
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: P.O. Box 3620, Akron OH 44309-3620
 - Contact Person and Phone Number: Michael T. Frye (330)996-8410
- Explain any policies identified above as policy type "O":