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2025

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ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

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

OFFICERS

Table with 2 columns: Name, Title. Officers include 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 and Product Development; Matthew Voll M.D., Chief Medical Officer #

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.; Henry Leigh Gerstenberger; David James Felicio; Daryl Leon Tol #; Frank Anthony Carrino; 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.

Signature lines for Alan Philip Fehlner (Chief Financial Officer), William Carl Epling (President), and an unnamed officer.

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)

## 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 .....	22,075	9,885	7,757	11,625	32,859	18,483
0299999 TOTAL Group .....	22,075	9,885	7,757	11,625	32,859	18,483
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) ..	22,075	9,885	7,757	11,625	32,859	18,483

### 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
<b>Pharmaceutical Rebate Receivables</b>						
Medimpact .....	8,318,958			7,856,278	7,856,278	8,318,958
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	8,318,958			7,856,278	7,856,278	8,318,958
<b>Claim Overpayment Receivables</b>						
RIVERSIDE METHODIST HOSP .....				8,089	8,089	
FRESENIUS KIDNEY CARE CF .....				27,296	27,296	
BIO-MED APP OF OHIO INC .....				16,509	15,683	826
GRANT MEDICAL CENTER .....				11,710	11,710	
COMMUNITY HOSPITALISTS .....				5,078	1,474	3,604
PRESTIGE FOOT AND ANKLE .....				6,225		6,225
OAKHILL HOSPITAL .....				29,607	29,607	
LODI COMMUNITY HOSPITAL .....				27,216	1,631	25,585
THE TOLEDO HOSPITAL .....				6,655	5,624	1,031
GUARDANT HEALTH INC .....			38,163		38,163	
PRELUDE CORP MED LAB .....			16,540		16,540	
TEMPUS LABS INC .....			20,480		19,174	1,306
CARIS MPI INC .....			13,075		13,075	
GUARDANT HEALTH INC .....			16,640		16,640	
CARIS MPI INC .....			23,392		23,392	
METROHEALTH SYSTEM .....		9,405				9,405
ORTHOPAEDIC AMBUL SURG .....	48,202				13,202	35,000
ST ELIZABETH BOARDMAN .....	35,212				14,596	20,616
ST ELIZABETH BOARDMAN .....	24,609				3,993	20,616
ST ELIZABETH BOARDMAN .....	2,308					2,308
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....	110,331	9,405	128,290	138,385	259,889	126,522
<b>Risk Sharing Receivables</b>						
New Health Collaborative .....	210,952					210,952
Unity .....	1,434,976					1,434,976
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	1,645,928					1,645,928
<b>Other Health Care Receivables</b>						
Magellen / Prime .....	120,000			120,000	120,000	120,000
EviCore .....	721,727					721,727
Misc Rx .....	(404)					(404)
MPPP .....	34,190			16,325	16,325	34,190
0699998 Other Health Care Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Health Care Receivables .....	875,513			136,325	136,325	875,513
0799999 Gross Health Care Receivables .....	10,950,730	9,405	128,290	8,130,988	8,252,492	10,966,921

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	10,613,104	14,002,715		16,175,236	10,613,104	10,948,951
2. Claim overpayment receivables .....	496,197			386,411	496,197	615,298
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....	259,594			1,645,928	259,594	
6. Other health care receivables .....	716,501	302,776		1,011,838	716,501	600,804
7. TOTALS (Lines 1 through 6) .....	12,085,396	14,305,491		19,219,413	12,085,396	12,165,053

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 .....	31,577,298	8,253,000	4,157,000	2,142,000	2,633,000	48,762,298
0499999 Subtotals .....	31,577,298	8,253,000	4,157,000	2,142,000	2,633,000	48,762,298
0599999 Unreported claims and other claim reserves .....						
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						48,762,298
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						3,914,532

## 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
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....							

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Summa Health Medical Group .....	Administrative fees .....	3,778	3,778	
Summa Management Services Organization .....	Salaries and Benefits .....	144,868	144,868	
Summa Health System .....	Administrative fees and Accounts Payable .....	3,230,718	3,230,718	
Summa Insurance Company .....	Administrative fees .....	1,235,423	1,235,423	
Apex Benefit Services .....	Administrative fees .....	262,309	262,309	
0199999 Individually Listed Payables .....		4,877,096	4,877,096	
0299999 Payables not Individually Listed .....				
0399999 TOTAL Gross Payables .....		4,877,096	4,877,096	

## 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
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....	1,707,634	0.444				1,707,634
3. All other providers .....	6,920,935	1.801				6,920,935
4. TOTAL Capitation Payments .....	8,628,569	2.246				8,628,569
<b>Other Payments:</b>						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	371,459,498	96.688	X X X	X X X	86,659,533	284,799,965
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....	4,095,608	1.066	X X X	X X X	(761,760)	4,857,368
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 .....	375,555,106	97.754	X X X	X X X	85,897,773	289,657,333
13. TOTAL (Line 4 plus Line 12) .....	384,183,675	100.000	X X X	X X X	85,897,773	298,285,902

## 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 .....	53,101			
	Amplifon .....	62,488			
	Tivity .....	1,451,547			
	CareCentrix .....	140,498			
9999999	TOTALS .....	1,707,634	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 .....	1,083,378	.....	1,064,287	.....	131,353	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	<b>TOTAL</b> .....	<b>1,083,378</b>	.....	<b>1,064,287</b>	.....	<b>131,353</b>	.....



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc.      2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

	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											
<b>TOTAL Members at end of:</b>														
1. Prior year .....	22,931							22,931						
2. First quarter .....	25,671							25,671						
3. Second quarter .....	25,972							25,972						
4. Third quarter .....	26,430							26,430						
5. Current year .....	26,771							26,771						
6. Current year member months .....	313,114							313,114						
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	135,056							135,056						
8. Non-physician .....	60,001							60,001						
9. Total .....	195,057							195,057						
10. Hospital patient days incurred .....	43,723							43,723						
11. Number of inpatient admissions .....	5,571							5,571						
12. Health premiums written (b) .....	414,505,540							414,505,540						
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....	414,505,540							414,505,540						
16. Property/casualty premiums earned .....														
17. Amount paid for provision of health care services .....	384,183,675							384,183,675						
18. Amount incurred for provision of health care services .....	382,269,420							382,269,420						

30 Ohio

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....414,505,540



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc.      2. LOCATION:  
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

30 Grand Total

	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											
<b>TOTAL Members at end of:</b>														
1. Prior year .....	22,931							22,931						
2. First quarter .....	25,671							25,671						
3. Second quarter .....	25,972							25,972						
4. Third quarter .....	26,430							26,430						
5. Current year .....	26,771							26,771						
6. Current year member months .....	313,114							313,114						
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	135,056							135,056						
8. Non-physician .....	60,001							60,001						
9. Total .....	195,057							195,057						
10. Hospital patient days incurred .....	43,723							43,723						
11. Number of inpatient admissions .....	5,571							5,571						
12. Health premiums written (b) .....	414,505,540							414,505,540						
13. Life premiums direct .....														
14. Property/casualty premiums written .....														
15. Health premiums earned .....	414,505,540							414,505,540						
16. Property/casualty premiums earned .....														
17. Amount paid for provision of health care services .....	384,183,675							384,183,675						
18. Amount incurred for provision of health care services .....	382,269,420							382,269,420						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....414,505,540

## 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
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>												
9999999 Total (Sum of 0799999 and 1099999) .....												

## SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
16535 ...	36-4233459 ...	01/01/2025	ZURICH AMER INS CO .....	NY .....	21,975	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					21,975	
2199999 Total - Accident and Health - Non-Affiliates .....					21,975	
2299999 Total - Accident and Health .....					21,975	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					21,975	
9999999 Total (Sum of 1199999 and 2299999) .....					21,975	

## 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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
16535	36-4233459	01/01/2025	ZURICH AMER INS CO	NY		SLEL	528,877						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							528,877						
1099999 Total - General Account - Authorized - Non-Affiliates							528,877						
1199999 Total - General Account - Authorized							528,877						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							528,877						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							528,877						
9999999 Total (Sum of 4599999 and 9099999)							528,877						

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
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII-Medicare .....	529	293	221	212	248
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	(8)	535	182	(66)	279
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	22	392	25		279
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	104,913,265		104,913,265
2. Accident and health premiums due and unpaid (Line 15) .....	16,540,109		16,540,109
3. Amounts recoverable from reinsurers (Line 16.1) .....	21,975	(21,975)	
4. Net credit for ceded reinsurance .....	X X X	21,975	21,975
5. All other admitted assets (Balance) .....	25,684,315		25,684,315
6. TOTAL Assets (Line 28) .....	147,159,664		147,159,664
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	48,762,298		48,762,298
8. Accrued medical incentive pool and bonus payments (Line 2) .....	3,914,532		3,914,532
9. Premiums received in advance (Line 8) .....	200,409		200,409
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) .....	28,934,607		28,934,607
15. TOTAL Liabilities (Line 24) .....	81,811,846		81,811,846
16. TOTAL Capital and Surplus (Line 33) .....	65,347,818	X X X	65,347,818
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	147,159,664		147,159,664
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	21,975		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	21,975		
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 .....	21,975		

## SCHEDULE T - PART 2

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

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

NONE

# SCHEDULE Y

## PART 1A - 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)	*
		00000	33-3371769				AKRON ASSURANCE HOSPITAL COMPANY	OH	UIP					No	0000002
		00000	34-1515252				SUMMA HEALTH SYSTEM COMPANY	OH	UDP	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM COMPANY	Ownership	80.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1790929				SUMMA PHYSICIANS LLC	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	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	AKRON ASSURANCE HOSPITAL COMPANY	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	0000001
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM 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	AKRON ASSURANCE HOSPITAL COMPANY	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	52.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	AKRON REGIONAL HOSPITAL	Ownership	60.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	100.0	AKRON ASSURANCE HOSPITAL COMPANY	No	
		00000	36-3636364				DIG HOLDINGS	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	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Akron Assurance Hospital Company is the ultimate controlling entity
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/(Disburse- ments) 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?   | No |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No |
| 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?  | No |

#### APRIL FILING

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

#### AUGUST FILING

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

Explanation:

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

Bar Code:

Medicare Supplement Insurance Experience Exhibit



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



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95202202522600000

2025

Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



95202202560000000

2025

Document Code: 600

LTC Supplemental Interrogatories



95202202530600000

2025

Document Code: 306

Health Life Supplement - April



95202202521100000

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 .....				
2505. ....				
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		
0704. Proceeds from the Sale of the Medicaid Product Line .....	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. Rental Revenue .....			
2905. City Income Taxes .....			
2906. Minority Interest Income (Expense) .....			
2907. City Taxes .....			
2908. Network Access Fees - Providers .....			
2909. Minority Interest Expense .....			
2910. Write off of tax receivable .....			
2911. Gain on disposal of asset .....			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....			

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

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