



QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CONDITION AND AFFAIRS OF THE **SummaCare of Michigan, Inc.**

NAIC Group Code 3259 , 3259 NAIC Company Code 16775 Employer's ID Number 84-3836552
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry MI

Country of Domicile United States

Licensed as business type: Life, Accident & Health[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[X]
 Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]

Incorporated/Organized 10/29/2019 Commenced Business 04/22/2020

Statutory Home Office 1200 East Market Street, Suite 400 , Akron, OH, 44305
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East Market Street, Suite 400
(Street and Number)

Akron, OH, 44305 (330)996-8410
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 , Akron, OH, 44309-3620
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 38505 Woodward Ave, Suite 100
(Street and Number)

Bloomfield Hills, MI, 48304 (248)901-4000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address Summacare.com

Statutory Statement Contact Michael Dennis Weals (330)996-5112
(Name) (Area Code)(Telephone Number)(Extension)

wealsm@summacare.com _____
(E-Mail Address) (Fax Number)

OFFICERS

| Name | Title |
|---------------------------|-----------|
| Henry Leigh Gerstenberger | Chair |
| Robert Andrew Gerberry | Secretary |
| William Carl Epling | President |

OTHERS

Alan Fehlner, Chief Financial Officer

DIRECTORS OR TRUSTEES

| | |
|-----------------------------|---------------------------|
| Benjamin Paul Sutton | Henry Leigh Gerstenberger |
| Thomas Clifford Deveny M.D. | William Carl Epling |

State of Ohio
 County of Summit ss

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

| | | |
|---|---|--|
| _____ (Signature) Alan Philip Fehlner _____ (Printed Name) 1. Chief Financial Officer _____ (Title) | _____ (Signature) William Carl Epling _____ (Printed Name) 2. President _____ (Title) | _____ (Signature) Robert Andrew Gerberry _____ (Printed Name) 3. Secretary _____ (Title) |
|---|---|--|

Subscribed and sworn to before me this
15th day of Nov , 2022

- 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 Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 150,686 | | 150,686 | 150,958 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 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 (\$.....999,866), cash equivalents (\$.....475) and short-term investments (\$.....351,309) | 1,351,650 | | 1,351,650 | 1,349,965 |
| 6. Contract loans (including \$.....0 premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 1,502,336 | | 1,502,336 | 1,500,923 |
| 13. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 187 | | 187 | 187 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 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 (\$.....0) | | | | |
| 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 | | | | 204 |
| 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 (\$.....0) | | | | |
| 22. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | | |
| 24. Health care (\$.....0) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other-than-invested assets | | | | |
| 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 1,502,523 | | 1,502,523 | 1,501,314 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. TOTAL (Lines 26 and 27) | 1,502,523 | | 1,502,523 | 1,501,314 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded) | | | | |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | | | | |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act | | | | |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | | | | |
| 9. General expenses due or accrued | | | | |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | 149 | | 149 | |
| 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 | | | | 269 |
| 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) | 149 | | 149 | 269 |
| 25. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. Common capital stock | X X X | X X X | | |
| 27. Preferred capital stock | X X X | X X X | | |
| 28. Gross paid in and contributed surplus | X X X | X X X | 1,500,000 | 1,500,000 |
| 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 | 2,374 | 1,045 |
| 32. Less treasury stock, at cost: | | | | |
| 32.10 shares common (value included in Line 26 \$.....0) | X X X | X X X | | |
| 32.20 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 | 1,502,374 | 1,501,045 |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 1,502,523 | 1,501,314 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | | |
| 2501. | X X X | X X X | | |
| 2502. | X X X | X X X | | |
| 2503. | X X X | X X X | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | X X X | X X X | | |
| 3002. | X X X | X X X | | |
| 3003. | X X X | X X X | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | X X X | | | |
| 2. Net premium income (including \$.....0 non-health premium income) | X X X | | | |
| 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 | | | |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | | |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | | | |
| 14. Aggregate write-ins for other hospital and medical | | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Lines 9 to 15) | | | | |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | |
| 18. Total hospital and medical (Lines 16 minus 17) | | | | |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses | | | | |
| 21. General administrative expenses | | | | |
| 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) | | | | |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | | | |
| 25. Net investment income earned | | 1,681 | (270) | 81 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. Net investment gains or (losses) (Lines 25 plus 26) | | 1,681 | (270) | 81 |
| 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 | | | | |
| 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 | 1,681 | (270) | 81 |
| 31. Federal and foreign income taxes incurred | X X X | 353 | 60 | 65 |
| 32. Net income (loss) (Lines 30 minus 31) | X X X | 1,328 | (330) | 16 |
| DETAILS OF WRITE-INS | | | | |
| 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 (Lines 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. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 1,501,045 | 1,501,029 | 1,501,029 |
| 34. Net income or (loss) from Line 32 | 1,328 | (330) | 16 |
| 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 | | | |
| 39. Change in nonadmitted assets | | | |
| 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 | 1 | (1) | |
| 48. Net change in capital and surplus (Lines 34 to 47) | 1,329 | (331) | 16 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 1,502,374 | 1,500,698 | 1,501,045 |
| DETAILS OF WRITE-INS | | | |
| 4701. Misc Adjustment | 1 | (1) | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | 1 | (1) | |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|---------------------------------|-------------------------------|---|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | | | |
| 2. Net investment income | 1,954 | 567 | 732 |
| 3. Miscellaneous income | | | |
| 4. TOTAL (Lines 1 to 3) | 1,954 | 567 | 732 |
| 5. Benefit and loss related payments | | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | | |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | 148 | 543 |
| 10. TOTAL (Lines 5 through 9) | | 148 | 543 |
| 11. Net cash from operations (Line 4 minus Line 10) | 1,954 | 419 | 189 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | 149,766 | 149,766 |
| 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) | | 149,766 | 149,766 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | 149,630 | 149,631 |
| 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) | | 149,630 | 149,631 |
| 14. Net increase (or decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | | 136 | 135 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | (269) | | 269 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | (269) | | 269 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 1,685 | 555 | 593 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 1,349,965 | 1,349,372 | 1,349,372 |
| 19.2 End of period (Line 18 plus Line 19.1) | 1,351,650 | 1,349,927 | 1,349,965 |

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

| | | | |
|---------|--|--|--|
| 20.0001 | | | |
|---------|--|--|--|

7 Exhibit of Premiums, Enrollment and Utilization NONE

8 Claims Unpaid and Incentive Pool, Withhold and Bonus NONE

9 Underwriting Investment Exhibit NONE

Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

SummaCare of Michigan, Inc.'s (the Company or SCM) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS) and in accordance with the Accounting Practices and Procedures Manual.

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan (the State) for determining its solvency under Michigan Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. The admitted assets, liabilities, capital and surplus of the Company as of September 30, 2022 and December 31, 2021 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 DIFS. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the DIFS 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 | 2022 | 2021 |
|---|--------|-------------|-------------|------------------|------------------|
| <u>Net Income</u> | | | | | |
| 1) SummaCare of Michigan state basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | 1,328 | 16 |
| 2) State Prescribed Practices that increase / (decrease) NAIC SAP: | - | - | - | - | - |
| 3) State Permitted Practices that increase / (decrease) NAIC SAP: | - | - | - | - | - |
| 4) NAIC SAP | XXX | XXX | XXX | <u>1,328</u> | <u>16</u> |
| <u>Surplus</u> | | | | | |
| 5) SummaCare of Michigan state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | 1,502,374 | 1,501,045 |
| 6) State Prescribed Practices that increase / (decrease) NAIC SAP: | - | - | - | - | - |
| 7) State Permitted Practices that increase / (decrease) NAIC SAP: | - | - | - | - | - |
| 8) NAIC SAP | XXX | XXX | XXX | <u>1,502,374</u> | <u>1,501,045</u> |

B. Use of Estimates

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 DIFS 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 not backed by other loans – None.

3) Common stocks – None.

4) Preferred stocks – None.

5) Mortgage loans on real estate – None.

6) Loan 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) Whether or not the reporting entity utilizes anticipated investment income as a factor in the premium deficiency calculation – None.

11) A summary of management's policies and methodologies for estimating the liabilities for loss and loss/claim adjustment expenses – None.

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

13) The method used to estimate pharmaceutical rebate receivables - None.

Notes to Financial Statements

D. Going Concern – Not applicable.

2. Accounting Changes and Corrections of Errors

A. Accounting Changes – None.

B. Corrections of Errors – None

3. Business Combinations and Goodwill

A. Statutory Purchase Method – None.

B. Statutory Merger – None.

C. Assumption Reinsurance – None.

D. Impairment Loss – None.

4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1) List of discontinued operations disposed of or classified as held for sale

| Discontinued Operation Identifier | Description of Discontinued Operation |
|--------------------------------------|---------------------------------------|
| 1 | Sale of SummaCare of Michigan |

(2) In September 2022, SummaCare, Inc. entered into a purchase agreement to sell 100% interest in SummaCare of Michigan, Inc. to an unrelated party. There has been no business written under the SummaCare of Michigan, Inc. company and the only assets in existence are made up of cash and investments which are held at fair value. As such, there has been no loss recognized on this discontinued operation. The carrying amount of the asset is \$1,502,374 and is listed on line 33 of the SummaCare of Michigan Page named Liabilities, Capital, and Surplus. This transaction is subject to certain terms and conditions in the purchase agreement and, at this time, management anticipates the sale could be completed prior to December 31, 2022.

(3) Loss recognized on discontinued operations – None

(4) Carrying amount and fair value of discontinued operations and the effect on assets, liabilities, surplus and income

(a)

| Discontinued Operation Identifier | Carrying Amount Immediately Prior to Classification as Held for Sale | Current Fair Value Less Costs to Sell |
|--------------------------------------|---|---------------------------------------|
| 1 | 1,502,374.00 | 1,502,523.00 |

(b) Effect of discontinued operations on Assets, Liabilities, Surplus and Income

| | Discontinued Operation Identifier | Line number | Line description | Amount Attributable to Discontinued Operations |
|----------------|--------------------------------------|-------------|--|--|
| 1. Assets | 1 | 1 | Bonds | 150,686 |
| | 1 | 5 | Cash, Cash equivalents, and ST investments | 1,351,650 |
| | 1 | 14 | Investment income due and accrued | 187 |
| 2. Liabilities | 1 | 10.1 | Federal Income tax payable | 149 |
| 3. Surplus | 1 | 28 | Gross paid in and contributed surplus | 1,500,000 |
| | 1 | 31 | Unassigned funds (surplus) | 2,374 |
| 4. Income | 1 | 25 | Net investment income earned | 1,681 |
| | 1 | 31 | Federal income taxes | 353 |

B. Change in Plan of Sale of Discontinued Operation - None

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None

D. Equity Interest Retained in the Discontinued Operation After Disposal – None

Notes to Financial Statements

5. Investments

- A. Mortgage Loans – None.
 B. Debt Restructuring – None.
 C. Reverse Mortgages – None.
 D. Loan backed securities – None.
 E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.
 F. Repurchase Agreements Transactions Accounted for as Secured Borrowings – None.
 G. Reverse Repurchase Agreements Transactions Accounted for a Secured Borrowings – None.
 H. Repurchase Agreements Transactions Accounted for as a Sale – None.
 I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
 J. Real Estate – None.
 K. Low Income Housing Tax Credits – None.
 L. Restricted Assets

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--|--|---|--|---|--|
| | Total Gross Restricted from Current Year | Total Gross Restricted from Prior Year | Increase / (Decrease) (1 minus 2) | Total Current Year Admitted Restricted | Percentage Gross Restricted to Total Assets | Percentage Admitted to Total Admitted Assets |
| a. Subject to contractual obligation for which liability is not shown | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| b. Collateral held under security lending agreement | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| c. Subject to repurchase agreements | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| d. Subject to reverse repurchase agreements | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| e. Subject to dollar repurchase agreements | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| f. Subject to dollar reverse repurchase agreements | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| g. Placed under option contracts | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| h. Letter stock or securities restricted as to sale | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| i. FHLB capital stock | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| j. On deposit with states | \$149,752 | \$149,613 | \$139 | \$149,752 | 9.967 | 9.967 |
| k. On deposit with other regulatory bodies | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| l. Pledged as collateral to FHLB | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| m. Pledged as collateral not captured in other categories | \$0 | \$0 | \$0 | \$0 | 0.000 | 0.000 |
| n. Other restricted assets | | | | | | |
| o. Total restricted assets | \$149,752 | \$149,613 | \$139 | \$149,752 | 9.967 | 9.967 |

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

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. For investments in joint ventures, partnerships and limited liability companies that exceed 10% of the admitted assets of the insurer – None.
 B. Impaired investments in joint ventures, partnerships and limited liability companies – None.

7. Investment Income

Notes to Financial Statements

A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.

B. Total amount excluded - None

8. Derivative Instruments – None.

9. Income Taxes

A. The components of deferred tax asset as of September 30, 2022 and December 31, 2021 are:

| | 9/30/2022 | | | 12/31/2021 | | | Change | | |
|--|----------------|-------------|-----------|----------------|---------|-----------|----------|---------|-------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| 1. | | | | | | | | | |
| (a) Gross Deferred Tax Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (b) Statutory Valuation Allowance Adjustments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (c) Adjusted Gross DTA's (1a-1b) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (d) DTA's Nonadmitted | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (e) Subtotal Net DTA's (1c-1d) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (f) Deferred Tax Liabilities | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (g) Net Admitted DTA / Net DTL (1e-1f) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. | | | | | | | | | |
| Admission Calculation Components SSAP No. 101 | | | | | | | | | |
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (b) Adjusted Gross DTA's Expected to be Realized (Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. Adjusted Gross DTA's Allowed Per Limitation Threshold. | XXX | XXX | \$225,356 | XXX | XXX | \$225,157 | XXX | XXX | \$199 |
| (c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c)) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3. | | | | | | | | | |
| (a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount. | 2022 2021 | | | 2022 2021 | | | | | |
| | 0% 0% | | | 0% 0% | | | | | |
| (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above. | \$1,502,374 | \$1,501,045 | | | | | | | |
| 4. | | | | | | | | | |
| Impact of Tax-Planning Strategies | | | | | | | | | |
| (a) Determination of Adjusted Gross DTA's and Net Admitted DTA's By Tax Character as a percentage. | | | | | | | | | |
| 1. Adjusted Gross DTA's | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. Percentage of Adjusted Gross DTA's | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3. Net Admitted DTA's | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. Percentage of Net Admitted Gross DTA's because of tax planning. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (b) Does the Company's tax planning strategies include reinsurance? | Yes | No | X | | | | | | |

Regarding deferred tax liabilities not recognized – None.

B. Current income taxes incurred consist of the following components:

Notes to Financial Statements

| | 9/30/2022 | 12/31/2021 | Change |
|--|-----------|------------|--------|
| 1. Current Income Tax | | | |
| (a) Federal | \$353 | \$65 | \$288 |
| (b) Foreign | \$0 | \$0 | \$0 |
| (c) Subtotal | \$353 | \$65 | \$288 |
| (d) Federal Income Tax on Net Capital Gains | \$0 | \$0 | \$0 |
| (e) Utilization of Capital Loss Carry Forwards | \$0 | \$0 | \$0 |
| (f) Other | \$0 | \$0 | \$0 |
| (g) Federal and Foreign Income Taxes Incurred | \$353 | \$65 | \$288 |
| 2. Deferred Tax Assets: | | | |
| (a) Ordinary | | | |
| (1) Unpaid Losses | \$0 | \$0 | \$0 |
| (2) Unearned Premium Reserve | \$0 | \$0 | \$0 |
| (3) Policyholder Reserves | \$0 | \$0 | \$0 |
| (4) Investments | \$0 | \$0 | \$0 |
| (5) Deferred Acquisition Costs | \$0 | \$0 | \$0 |
| (6) Policyholder Dividends Accrual | \$0 | \$0 | \$0 |
| (7) Fixed Assets | \$0 | \$0 | \$0 |
| (8) Compensation and Benefits Accrual | \$0 | \$0 | \$0 |
| (9) Pension Accrual | \$0 | \$0 | \$0 |
| (10) Receivables - Nonadmitted | \$0 | \$0 | \$0 |
| (11) Net Operating Loss Carry-Forward | \$0 | \$0 | \$0 |
| (12) Tax Credits | \$0 | \$0 | \$0 |
| (13) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (b) Statutory Valuation Allowance (Ordinary) | \$0 | \$0 | \$0 |
| (c) Nonadmitted | \$0 | \$0 | \$0 |
| (d) Admitted Ordinary Deferred Tax Assets | \$0 | \$0 | \$0 |
| (e) Capital | | | |
| (1) Investments | \$0 | \$0 | \$0 |
| (2) Net Capital Loss Carry-Forward | \$0 | \$0 | \$0 |
| (3) Unrealized Gains/Losses | \$0 | \$0 | \$0 |
| (4) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (f) Statutory Valuation Allowance Adjustment | \$0 | \$0 | \$0 |
| (g) Nonadmitted | \$0 | \$0 | \$0 |
| (h) Admitted Capital Deferred Tax Assets | \$0 | \$0 | \$0 |
| (i) Admitted Deferred Tax Assets | \$0 | \$0 | \$0 |
| 3. Deferred Tax Liabilities: | | | |
| (a) Ordinary | | | |
| (1) Investments | \$0 | \$0 | \$0 |
| (2) Fixed Assets | \$0 | \$0 | \$0 |
| (3) Deferred and Uncollected Premium | \$0 | \$0 | \$0 |
| (4) Policyholder Reserves | \$0 | \$0 | \$0 |
| (5) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (b) Capital | | | |
| (1) Investments | \$0 | \$0 | \$0 |
| (2) Real Estate | \$0 | \$0 | \$0 |
| (3) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (c) Deferred Tax Liabilities | \$0 | \$0 | \$0 |
| 4. Net Deferred Tax Assets / Liabilities | \$0 | \$0 | \$0 |

C. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows as of September 30, 2022:

Notes to Financial Statements

| Description | Amount | Tax Effect | Effective Tax Rate |
|---|----------|------------|--------------------|
| Income (loss) before taxes | 1,681.00 | 353 | 21.0% |
| Meals & Entertainment | 0.00 | - | 0.0% |
| Income Adjustment | 0.00 | - | 0.0% |
| Change in VA | 0.00 | - | 0.0% |
| Deferred Tax True Up | 0.00 | - | 0.0% |
| Change in non-admitted assets | 0.00 | - | 0.0% |
| | 1,681 | 353 | 21.00% |
| Federal income taxes incurred | | | 353 |
| Change in net deferred income taxes | | | - |
| Total statutory income taxes | | | 353 |

D. Amounts of operating loss and tax credit carry-forwards available for tax purposes

- The amounts, origination dates and expiration dates of operating loss carryforwards and tax credit carry forwards available for tax purposes – None.
- There are no income taxes available for recoupment in the event of future net losses.
- The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of September 30, 2022 and December 31, 2021.

E. Consolidation of Federal Income Tax Return – None.

F. Federal and foreign loss contingencies as determined in accordance with SSAP 5R – None.

G. Repatriation Transition Tax – None.

H. Alternative Minimum Tax Credit – None.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A. Nature of the Relationships

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

Affiliated and subsidiary organizations of SC include Summa Health System Community; Summa Health: Summa Health System, Inc. (SHS); Summa Insurance Company (SIC); Summa Health Network LLC (SHN); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Summa Physicians, Inc. (SPI); Summa Foundation; Middlebury Assurance Corp. (MAC); Summa Rehabilitation Hospital, LLC; Ohio Health Choice, Inc. (OHC); Cornerstone Medical Services (Cornerstone); Summa Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); Medina-Summit ASC, LLC; SummaCare of Michigan Inc.; Summa HHAH Holdings LLC; Summa Health Home and Hospice, LLC; Summa Health Outpatient Services LLC; Akron Physician Wellness Initiative; DIG Holdings LLC; Summa Health Retirement Income Plan & Trust. The partnership between Summa and HealthSpan has ended. Their share of the company was purchased back by Summa.

B. & C. Transactions with Affiliated Organizations - None

D. Amounts due from or to related parties as of the date of each balance sheet presented and, if not otherwise apparent, the terms and manner of settlement – None.

E. Guarantees or undertakings – None.

F. A description of material management or service contracts and cost-sharing arrangement involving the reporting entity and any related party – None.

G. The Company's common membership is held by its parent, SummaCare, Inc.

Notes to Financial Statements

- H. Investments in upstream intermediate entities or ultimate parent – None.
- I. Investments in SCA Entities – None.
- J. Investments in impaired SCA entities – None.
- K. Investments in foreign insurance subsidiaries – None.
- L. Investment in downstream noninsurance holding company – None.
- M. All SCA investment – None.
- N. Investments in insurance SCA's – None.
- O. SCA or SSAP No. 48 Entity Loss Tracking – Not required.

11. Debt

SummaCare of Michigan has no debt as of September 30, 2022.

12. Retirement Plans

- A. Defined Benefit Plan - None.
- B. A narrative description of investment policy and strategies – Not applicable.
- C. The fair value of each class of plan asset – Not applicable.
- D. A narrative description of the basis used to determine the long-term rate of return – Not applicable.
- E. Defined Contribution Plan – None.
- F. Multiemployer Plan – None.
- G. Consolidated / Holding Company Plan – None.
- H. Postemployment Benefits and Compensated Absences – None.
- I. Impact of Medicare Modernization Act on Postretirement Benefits – None.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1.) The number of shares of each class of capital stock authorized, issued and outstanding as of the balance sheet date and the par value or stated value of each class – None.
- 2.) Dividends rate, liquidation value – Not applicable.
- 3.) Dividend Restrictions – Not applicable.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) Portion of reporting entity's profits that can be paid as ordinary dividends – Not applicable.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocals - None.
- 8.) Stock held by the Company for special purposes – None.
- 9.) Special surplus funds – None.
- 10.) The portion of unassigned funds represented or reduced by:
 - Unrealized Gains (Losses) – (\$14,107)
- 11.) Surplus notes – None.

Notes to Financial Statements

12.) Restatement in a quasi-reorganization – Not applicable

13.) Quasi-reorganization – Not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent commitments – None.

B. Assessments – None

C. Gain contingencies – None.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.

E. Joint and Several Liabilities – None.

F. All other contingencies – None.

15. Leases – None.

16. Information Regarding Off-Balance Sheet Risk – Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liability – Not Applicable.

18. Gains or Loss to the Reporting Entity from Uninsured Plans – Not Applicable.

19. Direct Premium Written / Produced by Managing General Agents / Third Party Administrators – Not Applicable.

20. Fair Value Measurement

A. Assets and liabilities measured and reported at fair value.

1) Fair value measurements at the reporting date.

Notes to Financial Statements

| 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, short-term investments, and cash equivalents | \$1,351,650 | \$0 | \$0 | \$0 | \$1,351,650 |
| Perpetual referred stock | | | | | |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total perpetual and preferred stock | \$0 | \$0 | \$0 | \$0 | \$0 |
| Bonds | | | | | |
| U.S. Governments | \$0 | \$0 | \$0 | \$0 | \$0 |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 | \$0 |
| Hybrid securities | \$0 | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Bonds | \$0 | \$0 | \$0 | \$0 | \$0 |
| Common stock | | | | | |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total common stock | \$0 | \$0 | \$0 | \$0 | \$0 |
| Derivative assets | | | | | |
| Interest rate contracts | | | | | |
| Foreign exchange contracts | \$0 | \$0 | \$0 | \$0 | \$0 |
| Credit contracts | \$0 | \$0 | \$0 | \$0 | \$0 |
| Commodity futures contracts | \$0 | \$0 | \$0 | \$0 | \$0 |
| Commodity forwards contracts | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total derivatives | \$0 | \$0 | \$0 | \$0 | \$0 |
| Separate account assets | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total assets at fair value | \$1,351,650 | \$0 | \$0 | \$0 | \$1,351,650 |
| b. Liabilities at fair value | | | | | |
| Derivative liabilities | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total liabilities at fair value | \$0 | \$0 | \$0 | \$0 | \$0 |

2) Fair value measurement in (Level 3) of the Fair Value Hierarchy – None.

3) Policy for determining when transfers between levels are recognized – Not applicable.

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) Derivative assets and liabilities – None.

B. 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. The following table summarizes the Company’s fair value measurements for financial instruments where fair value is a financial statement disclosure item only.

Notes to Financial Statements

| September 30, 2022 | | | | | | | | | | |
|---|----------------------|-----------------|------------|---------|---------|-----------------------|----------------------------------|------|------|------|
| 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 | \$ 136,805 | \$ 150,686 | \$ 136,805 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| U.S. government agency securities | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Short-term investments/Cash equivalents | \$ 351,557 | \$ 351,784 | \$ 351,557 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

| December 31, 2021 | | | | | | | | | | |
|-----------------------------------|----------------------|-----------------|------------|---------|---------|-----------------------|----------------------------------|------|------|------|
| 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 | \$ 147,492 | \$ 150,958 | \$ 147,492 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| U.S. government agency securities | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Short-term investments | \$ 349,918 | \$ 349,918 | \$ 349,918 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

D. Not practicable to estimate fair value – Not applicable.

E. Investments measured using the NAV – None.

21. Other Items

A. **Unusual or Infrequent Items** – None.

B. **Troubled Debt Restructuring** – None.

C. **Other Disclosures and Unusual Items** – None.

D. **Business Interruption Insurance Recoveries** – None.

E. **State Transferable and Non-transferable Tax Credits** – None.

F. **Subprime Mortgage Related Exposure** – None.

G. **Retained Assets** – None.

H. **Insurance-Linked Securities (ILS) Contracts** – None.

I. **The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is the Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy** – None.

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)

If yes, give full details.

(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)

If yes, give full details.

Notes to Financial Statements

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 credit?
Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$_____

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$_____

- (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 reinsurance policies?

Yes () No (X)

If yes, give full details.

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 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. \$0

- (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)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? \$_____

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 – None.

25. Changes in Incurred Claims and Claims Adjustment Expenses – None.

26. Intercompany Pooling Arrangements – None.

27. Structured Settlements – None.

28. Healthcare 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

Notes to Financial Statements

contracts. There were no premium deficiency reserves recorded as of September 30, 2022 and December 31, 2021, respectively.

- 1. Liability carried for premium deficiency reserves:** \$0
- 2. Date of the most recent evaluation of this liability:** N/A
- 3. Was anticipated investment income utilized in the calculation:** No

31. Anticipated Salvage Value and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 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 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of 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 |
|---------------------|------------------------|------------------------|
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
 If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 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.
- 6.3 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).
- 6.4 By what department or departments?
- 6.5 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]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this 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]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | | |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgages Loans on Real Estate | | |
| 14.26 All Other | | |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

17. 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 No

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|---|
| Huntington Bank | 106 South Main Street, Akron OH 44308 |

17.2 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) |
|--------------|------------------|------------------------------|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

17.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

17.5 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. 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 |

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 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 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---------------------------------|---------------------------------------|-------------------------|---|
| | | | | |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 Has the reporting entity self-designated PLGI securities? Yes No

GENERAL INTERROGATORIES (Continued)

21. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|--------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 0.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 0.000% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 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] |

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------|---|--|
| NONE | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| 1 | State, Etc. | Active Status (a) | Direct Business Only | | | | | | | |
|-----------------------------|---|-------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|
| | | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums and Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 |
| 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) | L | | | | | | | | |
| 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) | N | | | | | | | | |
| 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 | | | | | | | | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | Total (Direct Business) | X X X | | | | | | | | |
| 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:

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N – None of the above – Not allowed to write business in the state

1

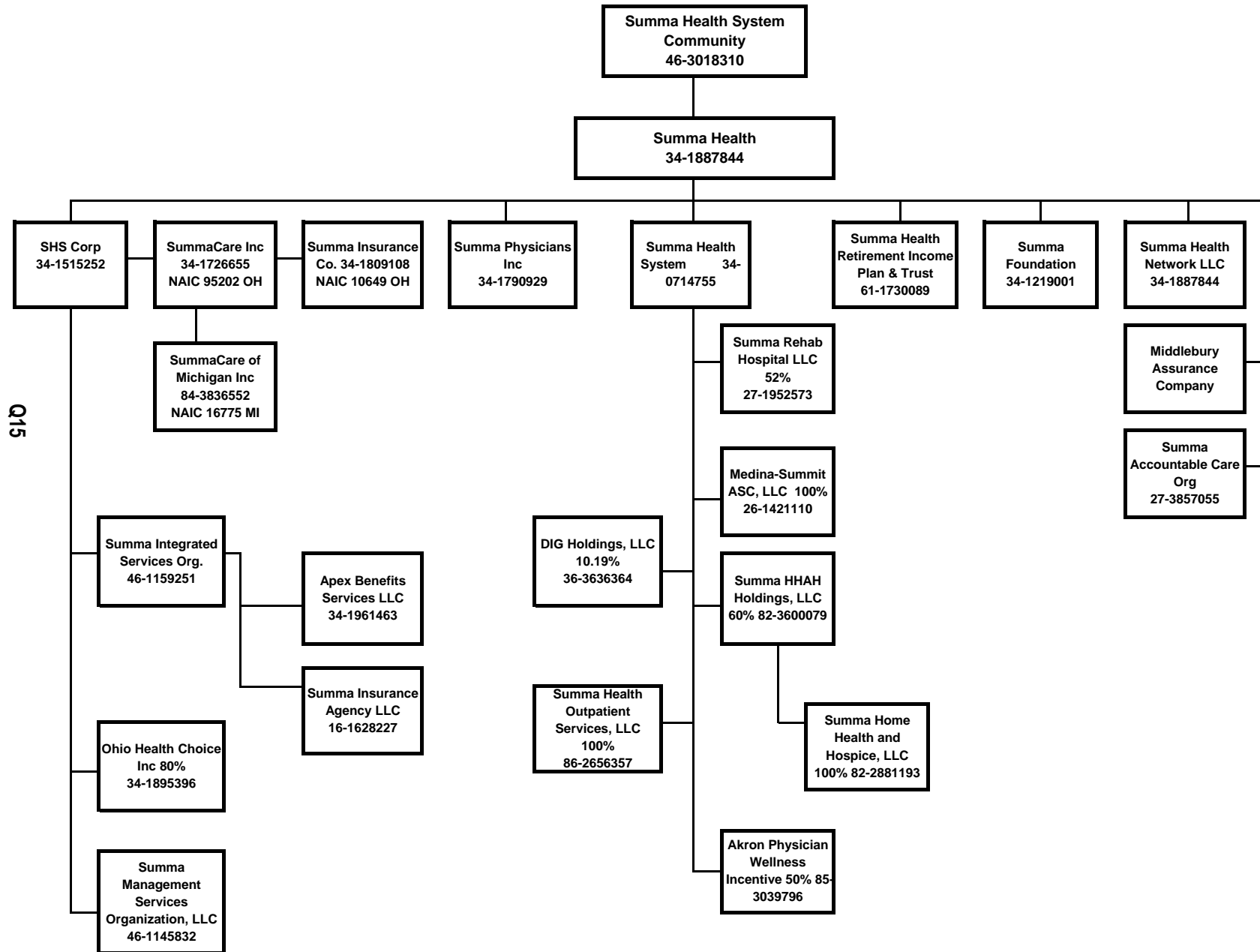
R – Registered - Non-domiciled RRGs
 Q – Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Q15

SCHEDULE Y

PART 1A - DETAIL 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 | 34-1887844 | | | | SUMMA HEALTH | OH | UIP | SUMMA HEALTH SYSTEM COMMUNITY | Ownership | | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1515252 | | | | SUMMA HEALTH SYSTEM CORPORATION | OH | UDP | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| 3259 | SUMMA INSURANCE COMPANY | 10649 | 34-1809108 | | | | SUMMA INSURANCE COMPANY | OH | DS | SUMMACARE INC. | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| 3259 | SUMMA INSURANCE COMPANY | 95202 | 34-1726655 | | | | SUMMACARE INC. | OH | RE | SUMMA HEALTH SYSTEM CORP | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 16-1628227 | | | | SUMMA INSURANCE AGENCY LLC | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1961463 | | | | APEX BENEFITS SERVICES LLC | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1895396 | | | | OHIO HEALTH CHOICE INC | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 80.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-2020978 | | | | CONERSTONE MEDICAL SERVICES | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 50.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1790929 | | | | SUMMA PHYSICIANS INC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1219001 | | | | SUMMA FOUNDATION | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 26-1421110 | | | | MEDINA-SUMMIT ASC LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 34-1887844 | | | | SUMMA HEALTH NETWORK LLC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 27-3857055 | | | | SUMMA ACCOUNTABLE CARE ORGANIZATION | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | | | | | MIDDLEBURY ASSURANCE COMPANY | CYM | IA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | 0000001 |
| | | 00000 | 46-1145832 | | | | SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 46-1159251 | | | | SUMMA INTEGRATED SERVICES ORGANIZATION | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 46-3018310 | | | | SUMMA HEALTH SYSTEM COMMUNITY | OH | UIP | | | | | No | 0000002 |
| | | 00000 | 34-0714755 | | | | SUMMA HEALTH SYSTEM | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 27-1952573 | | | | SUMMA REHAB HOSPITAL | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 82-3600079 | | | | SUMMA HHAH HOLDINGS, LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 60.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 82-2881193 | | | | SUMMA HOME HEALTH AND HOSPICE | OH | NIA | SUMMA HHAH HOLDINGS, LLC | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| 3259 | SUMMA INSURANCE COMPANY | 16775 | 84-3836552 | | | | SUMMACARE OF MICHIGAN INC. | MI | DS | SUMMACARE INC. | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 36-3636364 | | | | DIG HOLDINGS | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 10.2 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 85-3039796 | | | | AKRON PHYSICIAN WELLNESS | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 50.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |
| | | 00000 | 61-1730089 | | | | SUMMA HEALTH RETIREMENT INC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | No | |

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SCHEDULE Y

PART 1A - DETAIL 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 | 86-2656357 | | | | SUMMA HEALTH OUTPATIENT SERVICES, LLC | OH | ... NIA .. | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY | ... No ... | |

| Asterisk | Explanation |
|----------|--|
| 0000001 | Middlebury Assurance Company is located in the Cayman Islands. |
| 0000002 | Summa Health System Community is the ultimate controlling entity with 100% ownership in Summa Health |
| 0000003 | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

| | <u>RESPONSE</u> |
|---|-----------------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | No |
| AUGUST FILING | |
| 2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. | N/A |

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16775202236500003

2022

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **September 30, 2022** OF THE **SummaCare of Michigan, Inc.**
SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other-than-temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest points | | |
| 9. Total foreign exchange change in book value/recorded investment | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 150,958 | 151,556 |
| 2. Cost of bonds and stocks acquired | | 149,631 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | | 150,000 |
| 7. Deduct amortization of premium | 272 | 229 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) | 150,686 | 150,958 |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 150,686 | 150,958 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|--|---|---|---|--|---|--|--|
| NAIC Designation | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 500,920 | | | 1,323 | 501,136 | 500,920 | 502,243 | 500,876 |
| 2. NAIC 2 (a) | | | | | | | | |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 500,920 | | | 1,323 | 501,136 | 500,920 | 502,243 | 500,876 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 500,920 | | | 1,323 | 501,136 | 500,920 | 502,243 | 500,876 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....351,557; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1**Short - Term Investments**

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------------------------|---|----------------|---------------------|---|---|
| 7709999999. Totals | 351,309 | X X X | 351,309 | 1,727 | |

SCHEDULE DA - Verification**Short-Term Investments**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 200,304 | 199,367 |
| 2. Cost of short-term investments acquired | 151,005 | 937 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 351,309 | 200,304 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 351,309 | 200,304 |

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 149,613 | 150,080 |
| 2. | Cost of cash equivalents acquired | (149,138) | (467) |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 475 | 149,613 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 475 | 149,613 |

| | |
|--|-------------|
| E01 Schedule A Part 2 | NONE |
| E01 Schedule A Part 3 | NONE |
| E02 Schedule B Part 2 | NONE |
| E02 Schedule B Part 3 | NONE |
| E03 Schedule BA Part 2 | NONE |
| E03 Schedule BA Part 3 | NONE |
| E04 Schedule D Part 3 | NONE |
| E05 Schedule D Part 4 | NONE |
| E06 Schedule DB Part A Section 1 | NONE |
| E07 Schedule DB Part B Section 1 | NONE |
| E08 Schedule DB Part D Section 1 | NONE |
| E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity | NONE |
| E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity | NONE |
| E10 Schedule DB Part E | NONE |
| E11 Schedule DL - Part 1 - Securities Lending Collateral Assets | NONE |
| E12 Schedule DL - Part 2 - Securities Lending Collateral Assets | NONE |

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-----------|-----------------------|---|---|--|--------------|-------------|--------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| open depositories | | | | | | | | |
| Huntington - General Operating Akron, Ohio | | | 92 | | 999,777 | 999,815 | 999,866 | X X X |
| 0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories | X X X | X X X | | | | | | X X X |
| 0199999 Totals - Open Depositories | X X X | X X X | 92 | | 999,777 | 999,815 | 999,866 | X X X |
| 0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories | X X X | X X X | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | X X X | X X X | | | | | | X X X |
| 0399999 Total Cash On Deposit | X X X | X X X | 92 | | 999,777 | 999,815 | 999,866 | X X X |
| 0499999 Cash in Company's Office | X X X | X X X | X X X | X X X | | | | X X X |
| 0599999 Total Cash | X X X | X X X | 92 | | 999,777 | 999,815 | 999,866 | X X X |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|--|------|---------------|------------------|---------------|------------------------------|----------------------------------|-----------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | | |
| . 60934N682 | Federated US Treasury Cash Reserves | SD | 08/25/2022 | 2.450 | X X X | 475 | | |
| 8209999999 | Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | 475 | | |
| 8609999999 | Total Cash Equivalents | | | | | 475 | | |