



ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 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 Website 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
1st day of March , 2023

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)

| | |
|---|------|
| 16 Exhibit of Nonadmitted Assets | NONE |
| 17 Exhibit 1 - Enrollment By Product Type | NONE |
| 18 Exhibit 2 - Accident and Health Premiums | NONE |
| 19 Exhibit 3 - Health Care Receivables | NONE |
| 20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | NONE |
| 21 Exhibit 4 - Claims Unpaid | NONE |
| 22 Exhibit 5 - Amounts Due From Parent | NONE |
| 23 Exhibit 6 - Amounts Due to Parent | NONE |
| 24 Exhibit 7 - Pt 1 - Summary Trans. With Prov | NONE |
| 24 Exhibit 7 - Pt 2 - Summary Trans. With Interm | NONE |
| 25 Exhibit 8 - Furniture and Equipment Owned | NONE |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 3259

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 16775

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|---|------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|------------------|-------------------------|----------------------|--------------------|------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | | | |
| 9. TOTAL | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | | | |

NONE

30 Michigan

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 3259

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16775

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 | | | | | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | | | |
| 9. TOTAL | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | | | |

NONE

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

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

36 Schedule S - Part 6 NONE

37 Schedule S - Part 7 NONE

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

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

NONE

SCHEDULE Y

PART 1A - 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 Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing 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 | | | | | No | 0000002 |
| | | 00000 | 34-1515252 | | | | SUMMA HEALTH SYSTEM CORPORATION | OH | UDP | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| 3259 | SUMMA INSURANCE COMPANY | 10649 | 34-1809108 | | | | SUMMA INSURANCE COMPANY | OH | DS | SUMMACARE INC. | Ownership | 100.0 | SUMMA HEALTH | No | |
| 3259 | SUMMA INSURANCE COMPANY | 95202 | 34-1726655 | | | | SUMMACARE INC. | OH | RE | SUMMA HEALTH SYSTEM CORP | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 16-1628227 | | | | SUMMA INSURANCE AGENCY LLC | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-1961463 | | | | APEX BENEFITS SERVICES LLC | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-1895396 | | | | OHIO HEALTH CHOICE INC | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 80.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-1790929 | | | | SUMMA PHYSICIANS INC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-1219001 | | | | SUMMA FOUNDATION | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 26-1421110 | | | | MEDINA-SUMMIT ASC LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-1887844 | | | | SUMMA HEALTH NETWORK LLC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 27-3857055 | | | | SUMMA ACCOUNTABLE CARE ORGANIZATION | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 46-1145832 | | | | MIDDLEBURY ASSURANCE COMPANY | CYM | IA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | 0000001 |
| | | 00000 | 46-1159251 | | | | SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 34-0714755 | | | | SUMMA INTEGRATED SERVICES ORGANIZATION | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 27-1952573 | | | | SUMMA HEALTH SYSTEM | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 82-3600079 | | | | SUMMA REHAB HOSPITAL | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 82-2881193 | | | | SUMMA HHAH HOLDINGS, LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 60.0 | SUMMA HEALTH | No | |
| 3259 | SUMMA INSURANCE COMPANY | 16775 | 84-3836552 | | | | SUMMA HOME HEALTH AND HOSPICE | OH | NIA | SUMMA HHAH HOLDINGS, LLC | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 36-3636364 | | | | SUMMACARE OF MICHIGAN INC. | MI | DS | SUMMACARE INC. | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 85-3039796 | | | | DIG HOLDINGS | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 10.2 | SUMMA HEALTH | No | |
| | | 00000 | 61-1730089 | | | | AKRON PHYSICIAN WELLNESS | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 50.0 | SUMMA HEALTH | No | |
| | | 00000 | 86-2656357 | | | | SUMMA HEALTH RETIREMENT INC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | 87-4166252 | | | | SUMMA HEALTH OUTPATIENT SERVICES, LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | SUMMA HEALTH | No | |
| | | 00000 | | | | | SUMMA SUPPORT SERVICES LLC | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH | No | |

41

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

SCHEDULE Y

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

| 1 | 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) |
| | | | | N O N E | | | | | | | | |
| 9999999 Control Totals | | | | | | | | | X X X | | | |

Schedule Y Part 2 Explanation:

SCHEDULE Y

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

| 1 | 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) |
| SummaCare of Michigan | SummaCare | 100.0% | Yes | Summa Health | Summa Insurance Company | 100.0% | Yes |
| Summa Insurance Company | SummaCare | 100.0% | Yes | Summa Health | Summa Insurance Company | 100.0% | Yes |
| SummaCare | Summa Health System Corp | 100.0% | Yes | Summa Health | Summa Insurance Company | 100.0% | Yes |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

SUPPLEMENTAL FILINGS

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

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report 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? | No |

AUGUST FILING

- | | |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



16775202221100000

2022

Document Code: 211

LHA Guaranty Association Reconciliation



16775202229000000

2022

Document Code: 290

Management's Report of Internal Control over Financial Reporting



16775202223000000

2022

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS
