



10649201120100100

2011

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending December 31, 2011**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Summa Insurance Company, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[X] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]			
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH 44308 (City or Town, State and Zip Code)			
Main Administrative Office	10 North Main Street Akron, OH 44308 (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)			
Primary Location of Books and Records	10 North Main Street Akron, OH 44308 (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall hallroy@summacare.com (E-Mail Address)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension) (330)996-8553 (Fax Number)			

**OFFICERS**

Name	Title
Martin Paul Hauser	President
William Armstrong Powel III	Secretary
Thomas Gene Knoll	Chairman #
Kathleen Tirbovich Geier	Vice Chairman #
Judith Ann Macro	Assistant Secretary #
James Edward McNutt	Assistant Treasurer #

**OTHERS**

Anne Armao, VP - Marketing & Product Development  
Keith Johnson, VP - Third Party Administrator  
Judith Macro, VP - Corporate Services, Compliance Officer  
James McNutt, VP - Finance, CFO  
Annette Ruby, VP - Health Services Management

Kevin Cavalier, VP - Sales  
James Loveless, VP - Individual Product Line  
Nancy Markle, VP - Client Services  
Donald Novosel, VP - Contracting & Network Development  
Claude Vincenti, Senior VP - Chief Operating Officer

**DIRECTORS OR TRUSTEES**

Martin Paul Hauser  
Thomas Gene Knoll  
Thomas Joseph Strauss  
John Byron Silvers Ph.D.  
Jay Curtis Williamson M.D.  
Bradley Hall Crombie M.D.  
Kathleen Tirbovich Geier

Thomas Clifford Deveny M.D.  
Vincent Hadar Johnson Jr. M.D.  
Dale Paterson Murphy M.D.  
Richard Allen Merolla  
Kenneth Eugene Berkovitz M.D.  
Richard Howard Marsh  
Rajiv Vishnu Taliwal M.D.

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 the 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)  
Martin Paul Hauser  
(Printed Name)  
1.  
President, CEO  
(Title)

(Signature)  
Claude Maurius Vincenti  
(Printed Name)  
2.  
Senior Vice President, COO  
(Title)

(Signature)  
James Edward McNutt  
(Printed Name)  
3.  
Vice President - Finance, CFO  
(Title)

Subscribed and sworn to before me this  
29th day of February, 2012

a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premium due and unpaid not individually listed .....	286,913	369,514	42,252	24,250	51,097	671,832
0299999 Total group .....	286,913	369,514	42,252	24,250	51,097	671,832
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	286,913	369,514	42,252	24,250	51,097	671,832

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
Catalyst .....	335,750	.....	.....	674,327	1,007,250	2,827
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	335,750	.....	.....	674,327	1,007,250	2,827
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	.....	.....	.....	.....	.....	.....
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
<b>Capitation Arrangements Receivables</b>						
Medicare Gap coverage receivable .....	69,743	59,743	59,743	160,090	.....	349,319
Medicare Part D premiums due from CMS .....	305,034	305,002	271,737	1,730,145	.....	2,611,918
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	374,777	364,745	331,480	1,890,235	.....	2,961,237
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
<b>Other Receivables</b>						
.....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables .....	710,527	364,745	331,480	2,564,562	1,007,250	2,964,064

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)****Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	13,124,575	2,332,000	681,000	400,000	608,000	17,145,575
0499999 Subtotals .....	13,124,575	2,332,000	681,000	400,000	608,000	17,145,575
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	17,145,575
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	56,640

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
Cuyahoga Falls General Hospital .....	2,109					2,109	
Summa Wadsworth-Rittman Hospital .....	10,000					10,000	
0199999 Total - Individually listed receivables .....	12,109					12,109	
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....	12,109					12,109	

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
SummaCare, Inc. ....	Amount due to SummaCare for Catalyst pharmacy .....	3,484,358	3,484,358	.....
Apex Benefits Services .....	Cash receipts, claims system fees .....	383,520	383,520	.....
0199999 Total - Individually listed payables .....	XXX .....	3,867,878	3,867,878	.....
0299999 Payables not individually listed .....	XXX .....	.....	.....	.....
0399999 Total gross payables .....	XXX .....	3,867,878	3,867,878	.....

**EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....	483,959	0.313				483,959
3. All other providers .....						
4. TOTAL Capitation Payments .....	483,959	0.313				483,959
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	154,092,809	99.548	XXX	XXX		154,092,809
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	214,962	0.139	XXX	XXX		214,962
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	154,307,771	99.687	XXX	XXX		154,307,771
13. TOTAL (Line 4 plus Line 12) .....	154,791,730	100.000	XXX	XXX		154,791,730

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000 .....	ALERE WOMENS AND CHILDRENS .....	21,130	1,761		
00000 .....	OB GYN MANAGEMENT INC .....	462,829	38,569		
99999999 Totals .....		483,959	XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	525,964	.....	290,938	.....	235,026	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	525,964	.....	290,938	.....	235,026	.....



2011

Document Code: 430

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

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

NAIC Group Code 3259

NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	44,342	3,898	40,406	38						
2. First Quarter .....	46,664	4,047	41,135	41						1,441
3. Second Quarter .....	47,672	4,450	41,619	41						1,562
4. Third Quarter .....	49,353	4,637	42,991	46						1,679
5. Current Year .....	51,093	4,770	44,631	50						1,642
6. Current Year Member Months .....	576,335	52,468	504,810	517						18,540
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	75,109	5,194	69,798	117						
8. Non-Physician .....	101,989	6,836	95,029	124						
9. TOTAL .....	177,098	12,030	164,827	241						
10. Hospital Patient Days Incurred .....	62,001	1,781	60,115	105						
11. Number of Inpatient Admissions .....	2,580	.99	2,474	7						
12. Health Premiums Written (b) .....	178,215,526	8,791,227	165,437,294	94,836						3,892,169
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	178,215,526	8,791,227	165,437,294	94,836						3,892,169
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	154,791,730	8,067,326	142,923,789	48,762						3,751,853
18. Amount Incurred for Provision of Health Care Services .....	154,818,659	8,299,094	142,321,177	59,002						4,139,386

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

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



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

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 10649

NAIC Group Code 3259

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	44,342	3,898	40,406	38						
2. First Quarter	46,664	4,047	41,135	41						1,441
3. Second Quarter	47,672	4,450	41,619	41						1,562
4. Third Quarter	49,353	4,637	42,991	46						1,679
5. Current Year	51,093	4,770	44,631	50						1,642
6. Current Year Member Months	576,335	52,468	504,810	517						18,540
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	75,109	5,194	69,798	117						
8. Non-Physician	101,989	6,836	95,029	124						
9. TOTAL	177,098	12,030	164,827	241						
10. Hospital Patient Days Incurred	62,001	1,781	60,115	105						
11. Number of Inpatient Admissions	2,580	.99	2,474	7						
12. Health Premiums Written (b)	178,215,526	8,791,227	165,437,294	94,836						3,892,169
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	178,215,526	8,791,227	165,437,294	94,836						3,892,169
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	154,791,730	8,067,326	142,923,789	48,762						3,751,853
18. Amount Incurred for Provision of Health Care Services	154,818,659	8,299,094	142,321,177	59,002						4,139,386

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

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

**SCHEDULE S - PART 1 - SECTION 2****Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7	8	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			<b>N O N E</b>								
0999999 Total (Sum of 0399999 and 0699999)											

**SCHEDULE S - PART 2****Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....						
<b>Accident and Health - Affiliates - Non-U.S. Affiliates</b>						
00000 .... AA-3770277 ... 03/01/2011 MIDDLEBURY ASSUR CO .....				KY .....	42,108	
0999999 Subtotal - Accident and Health - Affiliates - Non-U.S. Affiliates .....					42,108	
1099999 Total - Accident and Health - Affiliates .....					42,108	
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
60739 .... 74-0484030 .... 01/01/2011 AMERICAN NATL INS CO .....				TX .....	268,300	
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					268,300	
1399999 Total - Accident and Health - Non-Affiliates .....					268,300	
1499999 Total - Accident and Health .....					310,408	
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) .....					268,300	
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....					42,108	
1799999 Total (Sum of 0799999 and 1499999) .....					310,408	

**SCHEDULE S - PART 3 - SECTION 2****Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums (estimated)	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>												
60739	74-0484030	03/01/2011	AMERICAN NATL INS CO	TX	SSL/A/I	1,544,777						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,544,777						
0699999 Total - General Account - Authorized - Non-Affiliates						1,544,777						
0799999 Total - General Account Authorized						1,544,777						
<b>General Account - Unauthorized - Affiliates - Non-U.S. Affiliates</b>												
00000	AA-3770277	03/01/2011	MIDDLEBURY ASSUR CO	KY		978,114						
0999999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates						978,114						
1099999 Total - General Account - Unauthorized - Affiliates						978,114						
1499999 Total - General Account - Unauthorized						978,114						
1599999 Total - General Account - Authorized and Unauthorized						2,522,891						
2299999 Total - Separate Accounts - Authorized												
2999999 Total - Separate Accounts - Unauthorized												
3099999 Total - Separate Accounts - Authorized and Unauthorized												
3199999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699993, 1999999, 2399999 and 2699999)						1,544,777						
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						978,114						
3399999 Total (Sum of 1599999 and 3099999)						2,522,891						

**SCHEDULE S - PART 4****Reinsurance Ceded To Unauthorized Companies**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8	
									10 American Bankers Association (ABA)	11 Letter of Credit Number	12 Bank Name						
0799999 Total - General Account - Life and Annuity									XXX	XXX	XXX						
<b>General Account - Accident and Health - Affiliates - Non-U.S. Affiliates</b>																	
00000 AA-3770277 03/01/2011 MIDDLEBURY ASSUR CO				42,108	33,196		75,304							1,113,858			75,304
0999999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																	
Affiliates				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304
1099999 Total - General Account - Accident and Health - Affiliates				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304
1499999 Total - General Account - Accident and Health				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304
1599999 Total - General Account				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304
2299999 Total - Separate Accounts									XXX	XXX	XXX						
2399999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)									XXX	XXX	XXX						
2499999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304
2599999 Total (Sum of 1599999 and 2299999)				42,108	33,196		75,304		XXX	XXX	XXX			1,113,858			75,304

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,523	2,176	632	472	
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	1,414	1,113			
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	310		12	177	
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....	1,114	925			
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....	1,114	925			
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

## SCHEDULE S - PART 6

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	79,321,088		79,321,088
2. Accident and health premiums due and unpaid (Line 15) .....	671,832		671,832
3. Amounts recoverable from reinsurers (Line 16.1) .....	310,408	(310,408)	
4. Net credit for ceded reinsurance .....	X X X	(770,254)	(770,254)
5. All other admitted assets (Balance) .....	5,483,317	(33,196)	5,450,121
6. <b>TOTAL Assets (Line 28)</b> .....	<b>85,786,645</b>	<b>(1,113,858)</b>	<b>84,672,787</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	17,145,575		17,145,575
8. Accrued medical incentive pool and bonus payments (Line 2) .....	56,640		56,640
9. Premiums received in advance (Line 8) .....	5,543,201		5,543,201
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19) .....	1,113,858	(1,113,858)	
11. Reinsurance in unauthorized companies (Line 20) .....			
12. All other liabilities (Balance) .....	8,014,148		8,014,148
13. <b>TOTAL Liabilities (Line 24)</b> .....	<b>31,873,422</b>	<b>(1,113,858)</b>	<b>30,759,564</b>
14. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>53,913,223</b>	X X X	53,913,223
15. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>85,786,645</b>	<b>(1,113,858)</b>	<b>84,672,787</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....	310,408		
20. Other ceded reinsurance recoverables .....	33,196		
21. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>343,604</b>		
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	1,113,858		
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....	<b>1,113,858</b>		
27. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>(770,254)</b>		

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

States, Etc.	Direct Business only					
	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 (CN) .....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT) .....	.....	.....	.....	.....	.....	.....
59. TOTALS .....	.....	.....	.....	.....	.....	.....

**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
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
3259 ..	SUMMA INSURANCE COMPANY .....	95202	34-1726655 ..				SUMMACARE INC .....	OH ..	DS ..	SUMMA INSURANCE COMPANY .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
3259 ..	SUMMA INSURANCE COMPANY .....	10649	34-1809108 ..				SUMMA INS CO INC .....	OH ..		SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	99.0	SUMMA HEALTH SYSTEM .....	1 ..
		00000	34-1887844 ..				SUMMA HEALTH SYSTEM .....	OH ..	UIP ..		Other .....			2 ..
		00000	34-1515252 ..				SUMMA HEALTH SYSTEM CORPORATION .....	OH ..	UDP ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	16-1628227 ..				SUMMA INSURANCE AGENCY LLC .....	OH ..	DS ..	SUMMA INSURANCE COMPANY .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	341961463 ..				APEX BENEFITS SERVICES LLC .....	OH ..	DS ..	SUMMA INSURANCE COMPANY .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	01-0842997 ..				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1895396 ..				OHIO HEALTH CHOICE .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	20-0972587 ..				SUMMA ENTERPRISE GROUP .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	80.0	SUMMA HEALTH SYSTEM .....	
		00000	34-2020978 ..				CORNERSTONE MEDICAL SERVICES .....	OH ..	NIA ..	SUMMA ENTERPRISE GROUP .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1692767 ..				HEALTH CARE CENTER PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	50.0	SUMMA HEALTH SYSTEM .....	
		00000	341790929 ..				SUMMA PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-0714755 ..				SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1219001 ..				SUMMA HOSPITAL FOUNDATION .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	26-1130649 ..				CRYSTAL CLINIC ORTHOPEDIC HOSPITAL .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	49.5	SUMMA HEALTH SYSTEM .....	
		00000	26-3536780 ..				SUMMA WESTERN RESERVE HOSPITAL .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	40.0	SUMMA HEALTH SYSTEM .....	
		00000	41-2233156 ..				ARIS TELERADIOLOGY .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	65.0	SUMMA HEALTH SYSTEM .....	
		00000	62-1865245 ..				AKRON ENDOSCOPY LLC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	51.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1955920 ..				DIGESTIVE HEALTH CENTER LLC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	03-0507853 ..				SUMMA ENTERPRISE GROUP LLC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	55-0837372 ..				SEG PROPERTIES LLC .....	OH ..	NIA ..	SUMMA ENTERPRISE GROUP LLC .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-0714755 ..				SUMMA REHAB HOSPITAL .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	53.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1872278 ..				OHIO SLEEP DISORDERS .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	33.0	SUMMA HEALTH SYSTEM .....	
		00000	26-1421110 ..				MEDINA-SUMMIT ASC LLC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-6549371 ..				SUMMA WADSWORTH-RITTMAN HOSPITAL .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela-tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
		00000	26-1375072			SUMMA BARBERTON HOSPITAL .....	SUMMA BARBERTON HOSPITAL .....	OH .....	NIA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	20-8650711			SUMMA ROBINSON HEALTH VENTURES .....	SUMMA ROBINSON HEALTH VENTURES .....	OH .....	NIA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-6003914			ROBINSON MEMORIAL HOSPITAL .....	ROBINSON MEMORIAL HOSPITAL .....	OH .....	NIA .....	SUMMA ROBINSON HEALTH VENTURES .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-1887844			SUMMA HEALTH NETWORK LLC .....	SUMMA HEALTH NETWORK LLC .....	OH .....	NIA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	34-0718383			CUYAHOGA FALLS GENERAL HOSPITAL .....	CUYAHOGA FALLS GENERAL HOSPITAL .....	OH .....	NIA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION .....	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	OH .....	NIA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	
		00000				MIDDLEBURY ASSURANCE COMPANY .....	MIDDLEBURY ASSURANCE COMPANY .....		IA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	3

Asterisk	Explanation
0000001	SUMMA INSURANCE COMPANY IS THE REPORTING ENTITY .....
0000002	SUMMA HEALTH SYSTEM IS THE ULTIMATE CONTROLLING ENTITY .....
0000003	MIDDLEBURY ASSURANCE COMPANY IS LOCATED IN THE CAYMAN ISLANDS .....

## SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC .....	.....	.....	.....	(24,179,241)	(12,399,971)	.....	.....	.....	(36,579,212)	42,108
	34-1887844	SUMMA HEALTH NETWORK, LLC .....	.....	.....	.....	.....	278,197	.....	.....	.....	278,197	.....
	34-1961463	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	.....	(9,376,448)	.....	.....	.....	(9,376,448)	.....
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS .....	.....	.....	.....	65,366,787	3,464,004	.....	.....	.....	68,830,791	.....
	34-1895396	OHIO HEALTH CHOICE INC. .....	.....	.....	.....	.....	168,541	.....	.....	.....	168,541	.....
95202	34-1726655	SUMMACARE INC .....	.....	.....	.....	(70,974,313)	17,865,677	153,274	.....	.....	(52,955,362)	.....
	.....	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	127,288	.....	(153,274)	.....	.....	(25,986)	(42,108)
	34-1790929	SUMMA PHYSICIANS INC .....	.....	.....	.....	9,247,572	.....	.....	.....	.....	9,247,572	.....
	26-1375072	SUMMA BARBERTON HOSPITAL .....	.....	.....	.....	11,163,797	.....	.....	.....	.....	11,163,797	.....
	41-2233156	ARIS TELERADIOLOGY, LLC .....	.....	.....	.....	62,162	.....	.....	.....	.....	62,162	.....
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL .....	.....	.....	.....	3,934,546	.....	.....	.....	.....	3,934,546	.....
	34-2020978	CORNERSTONE MEDICAL SERVICE .....	.....	.....	.....	4,404,950	.....	.....	.....	.....	4,404,950	.....
	62-1865245	AKRON ENDOSCOPY LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	846,452	.....	.....	.....	.....	846,452	.....
9999999 Control Totals .....			.....	.....	.....	846,452	.....	.....	.....	XXX	.....	.....

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

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

#### AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
--	-----

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	Yes
15. 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
16. 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
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
18. 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
19. 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
20. 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

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. 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
25. 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

#### AUGUST FILING

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

Explanations:

Bar Codes:

Health Life Supplement



1064920112050000 2011 Document Code: 205

Health Property / Casualty Supplement



1064920112070000 2011 Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



1064920113710000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1064920113700000 2011 Document Code: 370

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



1064920112240000 2011 Document Code: 224

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



1064920112250000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees



1064920112260000 2011 Document Code: 226

LTC Supplemental Interrogatories



1064920113060000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



1064920112110000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1064920112130000 2011 Document Code: 213

**ASSETS**

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

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904. Minority Interest Income (Expense) .....	.....	.....	.....
2905. City Taxes .....	.....	.....	.....
2906. Network Access Fees - Providers .....	.....	.....	.....
2907. Minority Interest Expense .....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....

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

	1 Current Year	2 Prior Year
	1	2
4704. Miscellaneous .....	.....	.....
4705. Common Stock Adjustment .....	.....	.....
4706. Misc. Adjustment .....	.....	.....
4707. Increase par value of common stock .....	.....	.....
4708. Correction of an error - 2006 Premium Taxes .....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended December 31, 2011**  
**(To be filed by March 1)**  
**FOR THE STATE OF OHIO**

NAIC Group Code: 3259

NAIC Company Code: 10649

Address (City, State and Zip Code): Akron, OH 44308

Person Completing This Exhibit: Roy Hall

Title: Regulatory Accountant

Telephone: (330)996-8410-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
<b>Total Experience on Individual Policies</b>																		
.... Yes ....	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					24,220	22,966	94.8	14	
.... Yes ....	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					40,712	20,279	49.8	21	
.... Yes ....	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					17,760	8,543	48.1	8	
.... Yes ....	2010 MED SUPP F SELECT 4-1-10	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					10,547	7,188	68.2	5	
.... Yes ....	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					1,597	26	1.6	2	
0199999 Total Experience on Individual Policies															94,836	59,002	62.2	50
0299999 Total Experience on Group Policies																		

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 10 N Main St, Akron OH 44308
  - 2.2 Contact Person and Phone Number: James R. Loveless (330)996-8410-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: P.O. Box 3620, Akron OH 44309-3620
  - 3.2 Contact Person and Phone Number: Michael T. Frye (330)996-8410-
4. Explain any policies identified above as policy type "O":

Supp12 Ohio



## Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 3259

(To be Filed By March 1)

NAIC Company Code: 10649

		Individual Coverage		Group Coverage		5 Total Cash
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.1.1	With Reinsurance Coverage		XXX		XXX	
1.1.2	Without Reinsurance Coverage	2,356,196	XXX		XXX	2,356,196
1.1.3	Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		XXX	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.1.1	With Reinsurance Coverage		XXX		XXX	XXX
2.1.2	Without Reinsurance Coverage	24,099	XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.1.1	With Reinsurance Coverage		XXX		XXX	XXX
3.1.2	Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
5.1.1	With Reinsurance Coverage		XXX		XXX	XXX
5.1.2	Without Reinsurance Coverage	2,380,295	XXX		XXX	XXX
5.1.3	Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2	Supplemental Benefits		XXX		XXX	XXX
6.	Total Premiums	2,380,295	XXX		XXX	2,356,196
7.	Claims Paid					
7.1	Standard Coverage					
7.1.1	With Reinsurance Coverage		XXX		XXX	
7.1.2	Without Reinsurance Coverage	3,508,901	XXX		XXX	3,508,901
7.2	Supplemental Benefits		XXX		XXX	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.1.1	With Reinsurance Coverage		XXX		XXX	XXX
8.1.2	Without Reinsurance Coverage	387,533	XXX		XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.1.1	With Reinsurance Coverage		XXX		XXX	XXX
9.1.2	Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits		XXX		XXX	XXX
10.	Claims Incurred					
10.1	Standard Coverage					
10.1.1	With Reinsurance Coverage		XXX		XXX	XXX
10.1.2	Without Reinsurance Coverage	3,896,434	XXX		XXX	XXX
10.2	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims	3,896,434	XXX		XXX	3,508,901
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied					
12.2	Reimbursements Received but Not Applied - change		XXX		XXX	
12.3	Reimbursements Receivable - change		XXX		XXX	XXX
12.4	Healthcare Receivables - change		XXX		XXX	XXX
13.	Aggregate Policy Reserves - change					
14.	Expenses Paid	504,834	XXX		XXX	504,834
15.	Expenses Incurred	565,618	XXX		XXX	XXX
16.	Underwriting Gain/Loss	(2,081,757)	XXX		XXX	XXX
17.	Cash Flow Results	XXX	XXX	XXX	XXX	(1,657,539)

# INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	23
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	24
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	29
Five-Year Historical Data .....	28
General Interrogatories .....	26
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	25
Overflow Page For Write-ins .....	42
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D .....	E22
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E23
Schedule DL - Part 2 .....	E24
Schedule E - Part 1 - Cash .....	E25

# INDEX TO HEALTH ANNUAL STATEMENT

Schedule E - Part 2 - Cash Equivalents .....	E26
Schedule E - Part 3 - Special Deposits .....	E27
Schedule E - Verification Between Years .....	SI15
Schedule S - Part 1 - Section 2 .....	30
Schedule S - Part 2 .....	31
Schedule S - Part 3 - Section 2 .....	32
Schedule S - Part 4 .....	33
Schedule S - Part 5 .....	34
Schedule S - Part 6 .....	35
Schedule T - Part 2 - Interstate Compact .....	37
Schedule T - Premiums and Other Considerations .....	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	38
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	39
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	40
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	41
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14