



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	Akron, OH 44308 (City or Town, State and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH 44309 (City or Town, State and Zip Code)			
Primary Location of Books and Records	Akron, OH 44308 (City or Town, State and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Internet Website Address	SummaCare.com		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8553 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(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	Kevin Cavalier, VP - Sales
Keith Johnson, VP - Third Party Administrator	James Loveless, VP - Individual Product Line
Judith Macro, VP - Corporate Services, Compliance Officer	Nancy Markle, VP - Client Services
James McNutt, VP - Finance, CFO	Donald Novosel, VP - Contracting & Network Development
Annette Ruby, VP - Health Services Management	Claude Vincenti, Senior VP - Chief Operating Officer

DIRECTORS OR TRUSTEES

Martin Paul Hauser	Thomas Clifford Deveny M.D.
Thomas Gene Knoll	Vincent Hadar Johnson Jr. M.D.
Thomas Joseph Strauss	Dale Paterson Murphy M.D.
John Byron Silvers Ph.D.	Richard Allen Merolla
Jay Curtis Williamson M.D.	Kenneth Eugene Berkovitz M.D.
Bradley Hall Crombie M.D.	Richard Howard Marsh
Kathleen Tirbovich Geier	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)
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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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	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
Pharmaceutical Rebate Receivables						
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						
Capitation Arrangements Receivables						
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						
Other Receivables						
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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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
Individually listed receivables							
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	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
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	X X X	3,867,878	3,867,878	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	3,867,878	3,867,878	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	ALERE WOMENS AND CHILDRENS	21,130	1,761		
00000	OB GYN MANAGEMENT INC	462,829	38,569		
9999999 Totals		483,959	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	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	.....



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	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
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
TOTAL Member Ambulatory Encounters for Year:										
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 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:
BUSINESS IN THE STATE OF GRAND TOTAL 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	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	44,342	3,898	40,406	38						
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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 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

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
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 .....					.....	.....
Accident and Health - Affiliates - Non-U.S. Affiliates						
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 .....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
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	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
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						
General Account - Unauthorized - Affilaites - Non-U.S. Affiliates												
00000	AA-3770277	03/01/2011	MIDDLEBURY ASSUR CO	KY		978,114						
0999999 Subtotal - General Account - Unauthorized - Affilaites - 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 - AuthrORIZED 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	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
0799999 Total - General Account - Life and Annuity									X X X	X X X	X X X					
General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																
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					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304
1099999 Total - General Account - Accident and Health - Affiliates					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304
1499999 Total - General Account - Accident and Health					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304
1599999 Total - General Account					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304
2299999 Total - Separate Accounts									X X X	X X X	X X X					
2399999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)									X X X	X X X	X X X					
2499999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304
2599999 Total (Sum of 1599999 and 2299999)					42,108	33,196	75,304		X X X	X X X	X X X		1,113,858			75,304

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(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
A. OPERATIONS ITEMS					
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. BALANCE SHEET ITEMS					
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			
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
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. TOTAL Assets (Line 28)	85,786,645	(1,113,858)	84,672,787
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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. TOTAL Liabilities (Line 24)	31,873,422	(1,113,858)	30,759,564
14. TOTAL Capital and Surplus (Line 33)	53,913,223	X X X	53,913,223
15. TOTAL Liabilities, Capital and Surplus (Line 34)	85,786,645	(1,113,858)	84,672,787
NET CREDIT FOR CEDED REINSURANCE			
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. TOTAL Ceded Reinsurance Recoverables	343,604		
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. TOTAL Ceded Reinsurance Payables/Offsets	1,113,858		
27. TOTAL Net Credit for Ceded Reinsurance	(770,254)		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

39

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
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 CORPORATION	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		SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM	
		00000	20-0972587				SUMMA ENTERPRISE GROUP	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-2020978				CORNERSTONE MEDICAL SERVICES	OH	NIA	SUMMA ENTERPRISE GROUP	Ownership	50.0	SUMMA HEALTH SYSTEM	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	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 AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	26-1130649				CRYSTAL CLINIC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.5	SUMMA HEALTH SYSTEM	
		00000	26-3536780				ORTHOPEDIC HOSPITAL	OH		SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	SUMMA HEALTH SYSTEM	
		00000	41-2233156				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	65.0	SUMMA HEALTH SYSTEM	
		00000	62-1865245				ARIS TELERADIOLOGY	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	51.0	SUMMA HEALTH SYSTEM	
		00000	34-1955920				AKRON ENDOSCOPY LLC	OH		SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	03-0507853				DIGESTIVE HEALTH CENTER LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	55-0837372				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-0714755				SEG PROPERTIES LLC	OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1872278				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	53.0	SUMMA HEALTH SYSTEM	
		00000	26-1421110				OHIO SLEEP DISORDERS	OH		SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	33.0	SUMMA HEALTH SYSTEM	
		00000	34-6549371				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
							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	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- 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)	*
.....	00000	26-1375072	.....	.....	.....	SUMMA BARBERTON HOSPITAL	OH ....	... NIA ..	SUMMA HEALTH SYSTEM ...	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	20-8650711	.....	.....	.....	SUMMA ROBINSON HEALTH VENTURES	OH ....	... NIA ..	SUMMA HEALTH SYSTEM ...	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	34-6003914	.....	.....	.....	ROBINSON MEMORIAL HOSPITAL	OH ....	... NIA ..	SUMMA ROBINSON HEALTH VENTURES .....	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	34-1887844	.....	.....	.....	SUMMA HEALTH NETWORK LLC	OH ....	... NIA ..	SUMMA HEALTH SYSTEM ...	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	34-0718383	.....	.....	.....	CUYAHOGA FALLS GENERAL HOSPITAL	OH ....	... NIA ..	SUMMA HEALTH SYSTEM ...	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	27-3857055	.....	.....	.....	SUMMA ACCOUNTABLE CARE ORGANIZATION	OH ....	... NIA ..	SUMMA HEALTH SYSTEM ...	..... Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM ..	.....
.....	00000	.....	.....	.....	.....	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(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									X X X			

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 file 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

10649201120500000 2011 Document Code: 205

Health Property / Casualty Supplement

10649201120700000 2011 Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies

10649201137100000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

10649201137000000 2011 Document Code: 370

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

10649201122400000 2011 Document Code: 224

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

10649201122500000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees

10649201122600000 2011 Document Code: 226

LTC Supplemental Interrogatories

10649201130600000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

10649201121100000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit

10649201121300000 2011 Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	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	2	3
	Uncovered	Total	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	2
	Current Year	Prior Year
4704. Miscellaneous .....	..... 1	.....
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) .....	..... 1	.....

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
Address (City, State and Zip Code): Akron, OH 44308
Person Completing This Exhibit: Roy Hall
Title: Regulatory Accountant
Telephone: (330)996-8410-

Supp12 Ohio

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					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

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



Medicare Part D Coverage Supplement
(Net of Reinsurance)
(To be Filed By March 1)

NAIC Group Code: 3259

NAIC Company Code: 10649

	Individual Coverage		Group Coverage		5 Total Cash
	1	2	3	4	
	Insured	Uninsured	Insured	Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage	2,356,196	X X X		X X X	2,356,196
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage	24,099	X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage	2,380,295	X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums	2,380,295	X X X		X X X	2,356,196
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage	3,508,901	X X X		X X X	3,508,901
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage	387,533	X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage	3,896,434	X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims	3,896,434	X X X		X X X	3,508,901
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid	504,834	X X X		X X X	504,834
15. Expenses Incurred	565,618	X X X		X X X	X X X
16. Underwriting Gain/Loss	(2,081,757)	X X X		X X X	X X X
17. Cash Flow Results	X X X	X X X	X X X	X X X	(1,657,539)

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