



ANNUAL STATEMENT
For the Year Ending December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
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[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
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 (Street and Number)			
	Akron, OH 44308 (City or Town, State and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH 44309-3620 (City or Town, State and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH 44308 (City or Town, State and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410-62057 (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 and Product Development
James Loveless, VP - Individual Product Line
James McNutt, VP - Finance, CFO
Claude Vincenti, Senior VP - Chief Operating Officer

Kevin Cavalier, VP - Sales
Judith Macro, VP - Corporate Services, Compliance Officer
Donald Novosel, VP - Contracting & Network Development

Keith Johnson, VP - Third Party Administrator
Nancy Markle, VP - Client Services
Annette Ruby, VP - Health Services Management

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 Patterson 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)	(Signature)	(Signature)
Martin Paul Hauser	Claude Maurius Vincenti	James Edward McNutt
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President, CEO	Senior Vice President, COO	Vice President - Finance, CFO
(Title)	(Title)	(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	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	3,746	4,368	4,327	44,030	52,725	3,746
0299999 Total group	3,746	4,368	4,327	44,030	52,725	3,746
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) ..	3,746	4,368	4,327	44,030	52,725	3,746

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	456,000			912,000	1,368,000	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	456,000			912,000	1,368,000	
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						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Medicare revenue due from CMS	819,003					819,003
Receivable due from Med Impact for ID Cards	96,076					96,076
Medicare gap receivable due from pharmaceutical companies	1,714,034					1,714,034
Receivable due from self-funded groups for pharmacy claims	1,519,422					1,519,422
Receivable due from Florida Department of Revenue	1,450					1,450
Receivable due from Catalyst	22,000					22,000
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	4,171,985					4,171,985
0799999 Gross health care receivables	4,627,985			912,000	1,368,000	4,171,985

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 .....	.... 17,537,584	..... 6,227,000	..... 1,174,000	..... 576,000	..... 867,000	.... 26,381,584
0499999 Subtotals .....	.... 17,537,584	..... 6,227,000	..... 1,174,000	..... 576,000	..... 867,000	.... 26,381,584
0599999 Unreported claims and other claim reserves .....						.....
0699999 Total Amounts Withheld .....						.....
0799999 Total Claims Unpaid .....						.... 26,381,584
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						..... 297,360

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							
Summa Insurance Company	3,484,358					3,484,358	
Apex Benefits Services, LLC	1,475,067					1,475,067	
Ohio Health Choice	791					791	
Cuyahoga Falls General Hospital	22,065					22,065	
0199999 Total - Individually listed receivables	4,982,281					4,982,281	
0299999 Receivables not inidividually listed							
0399999 Total gross amounts receivable	4,982,281					4,982,281	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Summa Health Network, LLC	Cash receipts	23,915	23,915	
Summa Accountable Care Organization	Medicare surplus sharing	4,847,603	4,847,603	
Summa Health System	Medicare transfer pricing	2,887,371	2,887,371	
Wadsworth-Rittman Hospital	Medicare transfer pricing	125,509	125,509	
Summa Barberton Hospital	Medicare transfer pricing	521,759	521,759	
0199999 Total - Individually listed payables	X X X	8,406,157	8,406,157	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	8,406,157	8,406,157	

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	1,623,201	0.754			4,427	1,618,774
3. All other providers						
4. TOTAL Capitation Payments	1,623,201	0.754			4,427	1,618,774
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	213,461,526	99.138	X X X	X X X		213,461,526
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	231,940	0.108	X X X	X X X		231,940
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	213,693,466	99.246	X X X	X X X		213,693,466
13. TOTAL (Line 4 plus Line 12)	215,316,667	100.000	X X X	X X X	4,427	215,312,240

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
10649	SUMMA INS CO INC	4,427	369	53,913,223	11,319,295
9999999 Totals		4,427	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,511,809	.....	925,608	.....	586,201	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,511,809	.....	925,608	.....	586,201	.....



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 95202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	27,567	175	4,155					23,237		
2. First Quarter	23,747	164	595					22,988		
3. Second Quarter	23,554		528					23,026		
4. Third Quarter	23,148							23,148		
5. Current Year	23,367							23,367		
6. Current Year Member Months	281,800	665	4,013					277,122		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	95,771		1,081					94,690		
8. Non-Physician	152,750		1,603					151,147		
9. TOTAL	248,521		2,684					245,837		
10. Hospital Patient Days Incurred	354,052	235	1,650					352,167		
11. Number of Inpatient Admissions	8,557	5	38					8,514		
12. Health Premiums Written (b)	256,703,297	383,701	1,743,253					254,576,343		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	256,703,297	383,701	1,743,253					254,576,343		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	215,316,667	1,319,539	3,318,000					210,679,128		
18. Amount Incurred for Provision of Health Care Services	218,558,604	1,030,209	1,901,932					215,626,463		

(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 95202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	27,567	175	4,155					23,237		
2. First Quarter	23,747	164	595					22,988		
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	256,703,297	383,701	1,743,253					254,576,343		
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17. Amount Paid for Provision of Health Care Services	215,316,667	1,319,539	3,318,000					210,679,128		
18. Amount Incurred for Provision of Health Care Services	218,558,604	1,030,209	1,901,932					215,626,463		

(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

30	Schedule S - Part 1 - Section 2	NONE
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31	Schedule S - Part 2	NONE
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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	173,392						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						173,392						
0699999 Total - General Account - Authorized - Non-Affiliates						173,392						
0799999 Total - General Account Authorized						173,392						
General Account - Unauthorized - Affilaites - Non-U.S. Affiliates												
00000	AA-3770277	03/01/2011	MIDDLEBURY ASSUR CO	KY	SSL/A/I	9,075						
0999999 Subtotal - General Account - Unauthorized - Affilaites - Non-U.S. Affiliates						9,075						
1099999 Total - General Account - Unauthorized - Affiliates						9,075						
1499999 Total - General Account - Unauthorized						9,075						
1599999 Total - General Account - AuthrORIZED and Unauthorized						182,467						
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)						173,392						
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						9,075						
3399999 Total (Sum of 1599999 and 3099999)						182,467						

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 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7,246	.....	.....	.....
0999999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates .....				.....	.....	.....	.....	.....	X X X	X X X	X X X	.....	7,246	.....	.....	.....
1099999 Total - General Account - Accident and Health - Affiliates .....				.....	.....	.....	.....	.....	X X X	X X X	X X X	.....	7,246	.....	.....	.....
1499999 Total - General Account - Accident and Health .....				.....	.....	.....	.....	.....	X X X	X X X	X X X	.....	7,246	.....	.....	.....
1599999 Total - General Account .....				.....	.....	.....	.....	.....	X X X	X X X	X X X	.....	7,246	.....	.....	.....
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)	X X X	X X X	X X X	7,246
2599999 Total (Sum of 1599999 and 2299999)	X X X	X X X	X X X	7,246

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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	22	242	87	117	125
2. Title XVIII-Medicare	161	140			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	578	177	433	380	155
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset	7	99			
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	7	99			
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)	79,005,870		79,005,870
2. Accident and health premiums due and unpaid (Line 15)	3,746		3,746
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	(7,246)	(7,246)
5. All other admitted assets (Balance)	14,079,697		14,079,697
6. TOTAL Assets (Line 28)	93,089,313	(7,246)	93,082,067
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	26,381,584		26,381,584
8. Accrued medical incentive pool and bonus payments (Line 2)	297,360		297,360
9. Premiums received in advance (Line 8)	377,533		377,533
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	7,246	(7,246)	
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	17,535,541		17,535,541
13. TOTAL Liabilities (Line 24)	44,599,264	(7,246)	44,592,018
14. TOTAL Capital and Surplus (Line 33)	48,490,049	X X X	48,490,049
15. TOTAL Liabilities, Capital and Surplus (Line 34)	93,089,313	(7,246)	93,082,067
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	7,246		
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets	7,246		
27. TOTAL Net Credit for Ceded Reinsurance	(7,246)		

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

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

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*
39	SUMMA INSURANCE COMPANY SUMMA INSURANCE COMPANY	00000 00000	34-1887844 34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP		Other			1
							SUMMA HEALTH SYSTEM CORPORATION	OH	UIP	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM CORPORATION	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	UDP	SUMMA HEALTH SYSTEM CORPORATION	Ownership	99.0	SUMMA HEALTH SYSTEM CORPORATION	
		95202 00000	34-1726655 16-1628227				SUMMACARE INC.	OH	OTH	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM	2
		00000	34-1961463				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	01-0842997				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM	
							WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1895396				OHIO HEALTH CHOICE INC.	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				CONERSTONE 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 00000	34-1790929 34-0714755				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
							SUMMA AKRON CITY ANS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1219001				ST THOMAS HOSPITALS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	26-1130649				SUMMA HOSPITAL FOUNDATION	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	26-3536780				CRYSTAL CLINIC ORTHOPEDIC HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.5	SUMMA HEALTH SYSTEM	
		00000	41-2233156				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	SUMMA HEALTH SYSTEM	
		00000	62-1865245				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	65.0	SUMMA HEALTH SYSTEM	
		00000	34-1955920				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	51.0	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 AND ST THOMAS HOSPITALS	Ownership	53.0	SUMMA HEALTH SYSTEM	
		00000	26-1421110				OHIO SLEEP DISORDERS LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	33.3	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 Health System is the ultimate controlling entity.
0000002	SummaCare, Inc. is the reporting 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					(9,372,890)				(9,372,890)	
	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)	17,862,119	153,274			(52,958,920)	
		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												
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? No
 - 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? No
 - 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? No
 - 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:

- 12.
- 13.
- 14. SummaCare has less than 100 stockholders
- 17.
- 21.
- 22.
- 23.

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

95202201136000000 2011 Document Code: 360

Health Life Supplement

95202201120500000 2011 Document Code: 205

Health Property / Casualty Supplement

95202201120700000 2011 Document Code: 207

Schedule SIS

95202201142000000 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

95202201137100000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

95202201137000000 2011 Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



95202201136500000

2011

Document Code: 365

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



95202201122400000

2011

Document Code: 224

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

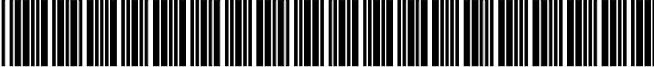


95202201122500000

2011

Document Code: 225

Approval for Relief related to Require. for Audit Committees

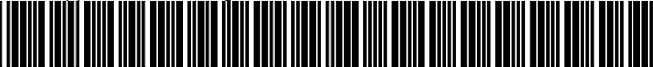


95202201122600000

2011

Document Code: 226

LTC Supplemental Interrogatorries

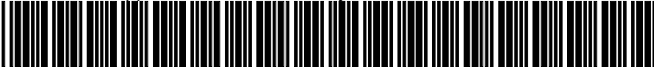


95202201130600000

2011

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95202201121100000

2011

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95202201121300000

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 Uncovered	2 Total	3 Total
2904. Minority Interest Income (Expense)			
2905. City Taxes			
2906. Network Access Fees - Providers			
2907. Minority Interest Expense			
2908. Rental Revenue			
2909. City Income Taxes			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704. True up adjustment related to Deferred Tax		
4705. Correction of an error - 2006 Premium Taxes		
4706. Misc. Adjustment		
4707. Increase par value of common stock		
4708. Correction of an error - 2006 Premium Taxes		
4709. Change in Minimum Pension Liability - Unrestricted Funds		
4710. Adjustments to 2008 financial statements		
4711. True up adjustment related to Deferred Tax		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

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Schedule B - Verification Between Years	SI02
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Schedule BA - Part 2	E08
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