



95202201120100100

2011

Document Code: 201

**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 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 (Name) (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 #

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 Clifford Deveny M.D.
Thomas Gene Knoll	Vincent Hadar Johnson Jr. M.D.
Thomas Joseph Strauss	Dale Patterson 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)

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[ ]

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(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 .....	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
<b>Pharmaceutical Rebate Receivables</b>						
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 .....	.....	.....	.....	.....	.....	.....
<b>Other Receivables</b>						
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 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 .....	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
<b>Individually listed receivables</b>							
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 individually listed .....							
0399999 Total gross amounts receivable .....	4,982,281					4,982,281	

**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>				
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 .....	XXX .....	8,406,157	8,406,157	.....
0299999 Payables not individually listed .....	XXX .....	.....	.....	.....
0399999 Total gross payables .....	XXX .....	8,406,157	8,406,157	.....

**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 .....	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
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	213,461,526	99.138	XXX	XXX		213,461,526
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	231,940	0.108	XXX	XXX		231,940
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	213,693,466	99.246	XXX	XXX		213,693,466
13. TOTAL (Line 4 plus Line 12) .....	215,316,667	100.000	XXX	XXX	4,427	215,312,240

**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
10649 .....	SUMMA INS CO INC .....	4,427	369	53,913,223	11,319,295
99999999 Totals .....		4,427	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 .....	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	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 .....	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		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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 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 95202

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	27,567	175	4,155					23,237		
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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		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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9. TOTAL	248,521		2,684					245,837		
10. Hospital Patient Days Incurred	354,052	235	1,650					352,167		
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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 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

**30 Schedule S - Part 1 - Section 2 .....** **NONE**

**31 Schedule S - Part 2 .....** **NONE**

**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	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						
<b>General Account - Unauthorized - Affiliates - Non-U.S. Affiliates</b>												
00000	AA-3770277	03/01/2011	MIDDLEBURY ASSUR CO	KY	SSL/A/I	9,075						
0999999 Subtotal - General Account - Unauthorized - Affiliates - 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 - Authorized 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 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														7,246		
0999999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates									XXX	XXX	XXX			7,246		
1099999 Total - General Account - Accident and Health - Affiliates									XXX	XXX	XXX			7,246		
1499999 Total - General Account - Accident and Health									XXX	XXX	XXX			7,246		
1599999 Total - General Account									XXX	XXX	XXX			7,246		
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)									XXX	XXX	XXX			7,246		
2599999 Total (Sum of 1599999 and 2299999)									XXX	XXX	XXX			7,246		

(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 .....	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>B. BALANCE SHEET ITEMS</b>					
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			
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
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. <b>TOTAL Assets (Line 28)</b> .....	<b>93,089,313</b>	<b>(7,246)</b>	<b>93,082,067</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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. <b>TOTAL Liabilities (Line 24)</b> .....	<b>44,599,264</b>	<b>(7,246)</b>	<b>44,592,018</b>
14. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>48,490,049</b>	X X X	48,490,049
15. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>93,089,313</b>	<b>(7,246)</b>	<b>93,082,067</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 .....			
20. Other ceded reinsurance recoverables .....			
21. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
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. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....	7,246		
27. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....		(7,246)	

**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 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- tionship 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
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK									*
		00000	34-1887844											
		00000	34-1515252											1
3259 ..	SUMMA INSURANCE COMPANY .....	10649	34-1809108											
3259 ..	SUMMA INSURANCE COMPANY .....	95202	34-1726655											
		00000	16-1628227											2
		00000	34-1961463											
		00000	01-0842997											
		00000	34-1895396											
		00000	20-0972587											
		00000	34-2020978											
		00000	34-1692767											
		00000	34-1790929											
		00000	34-0714755											
		00000	34-1219001											
		00000	26-1130649											
		00000	26-3536780											
		00000	41-2233156											
		00000	62-1865245											
		00000	34-1955920											
		00000	03-0507853											
		00000	55-0837372											
		00000	34-0714755											
		00000	34-1872278											
		00000	26-1421110											
		00000	34-6549371											

# 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 .....	OH .....	IA .....	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM .....	3

Asterisk	Explanation
39.1	Summa Health System is the ultimate controlling entity.
	SummaCare, Inc. is the reporting entity.
	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 .....	.....	.....	.....	.....	(9,372,890)	.....	.....	.....	(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 .....			.....	.....	.....	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?	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 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:

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

#### Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9520220113600000

2011

Document Code: 360

Health Life Supplement



9520220112050000

2011

Document Code: 205

Health Property / Casualty Supplement



9520220112070000

2011

Document Code: 207

Schedule SIS



9520220114200000

2011

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9520220113710000

2011

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9520220113700000

2011

Document Code: 370

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

Medicare Part D Coverage Supplement



9520220113650000

2011

Document Code: 365

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



9520220112240000

2011

Document Code: 224

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



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



9520220112250000

2011

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220112260000

2011

Document Code: 226

LTC Supplemental Interrogatories



LTC Supplemental Interrogatories



9520220113060000

2011

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



9520220112110000

2011

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



9520220112130000

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 .....	.....	.....	.....
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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