

Amended Explanation Page

Summa Insurance Company
Amended Cover Page
12/31/13

Summa Insurance Company has amended the 12/31/13 Annual Statement to reclassify its reinsurance contract with Middlebury Assurance Company on Schedule S as Affiliate - Non-U.S.-Captive at the request of the Ohio Department of Insurance. In addition, a tax adjustment was made in accordance with a tax sharing agreement that the company has with affiliated entities. The financial statement changes are as follows:

Assets:
Line 18.1, Federal income taxes recoverable decreased by \$336,852.
Line 23, Receivables due from affiliates increased by \$187,869.

Liabilities:
Line15, Amounts due to affiliates decreased by \$148,983.

The Annual Statement pages affected by these changes were:

2	23	33
3	26	34
6	29	Supp2
22	32	MD&A



ANNUAL STATEMENT
For the Year Ending December 31, 2013
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, Country and Zip Code)			
Main Administrative Office			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country 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 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.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	CEO
William Armstrong Powel III	Secretary
Thomas Gene Knoll	Chairman
Kathleen Tirbovich Geier	Vice Chairman
Judith Ann Macro	Assistant Secretary
James Edward McNutt	Assistant Treasurer
Brian Keith Derrick	Treasurer

OTHERS

Anne Armao, VP - Marketing & Product Development Keith Johnson, VP - Third Party Administrator Judith Macro, VP - Corporate Services, Compliance Officer Donald Novosel, VP - Contracting & Network Development Mumtaz Ibrahim M.D., Chief Medical Officer	Kevin Cavalier, VP - Sales James Loveless, VP - Individual Product Line James McNutt, VP - Finance, CFO Annette Ruby, VP - Health Services Management Claude Vincenti, President
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DIRECTORS OR TRUSTEES

Martin Paul Hauser Vincent Hadar Johnson Jr. M.D. Erik Newman Steele D.O. # Richard Allen Merolla Kenneth Eugene Berkovitz M.D. Richard Howard Marsh Rajiv Vishnu Taliwal M.D.	Thomas Gene Knoll Thomas Joseph Strauss John Byron Silvers Ph.D. Jay Curtis Williamson M.D. Bradley Hall Crombie M.D. Kathleen Tirbovich Geier James Ross McIlvaine #
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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. CEO (Title)	(Signature) Claude Maurius Vincenti (Printed Name) 2. President (Title)	(Signature) James Edward McNutt (Printed Name) 3. Vice President - Finance, CFO (Title)
Subscribed and sworn to before me this 23rd day of April, 2014	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[] No[X] 3 04/23/2014 12
(Notary Public Signature)		

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							
SummaCare, Inc.	37,435,158					37,435,158	
Summa Accountable Care Organization	13,527					13,527	
Summa Insurance Agency	44,267					44,267	
Apex Benefits Services, LLC	187,869					187,869	
0199999 Total - Individually listed receivables	37,680,821					37,680,821	
0399999 Total gross amounts receivable	37,680,821					37,680,821	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Summa Management Services Organization	Salaries and Benefits	468,266	468,266	
0199999 Total - Individually listed payables	X X X	468,266	468,266	
0399999 Total gross payables	X X X	468,266	468,266	

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770277 ...	03/01/2013	MIDDLEBURY ASSUR CO .....	... CYM ...	..... 197,339	.....
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive .....					..... 197,339	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					..... 197,339	.....
1899999 Total - Accident and Health - Affiliates .....					..... 197,339	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93440	06-1041332 ...	03/01/2013	HM LIFE INS CO .....	..... PA .....	..... 246,648	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					..... 246,648	.....
2199999 Total - Accident and Health - Non-Affiliates .....					..... 246,648	.....
2299999 Total - Accident and Health .....					..... 443,987	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 246,648	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					..... 197,339	.....
9999999 Total (Sum of 1199999 and 2299999) .....					..... 443,987	.....

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	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												
93440	06-1041332	03/01/2013	HM LIFE INS CO	PA	SSL/A/I	2,095,476						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					2,095,476						
1099999	Total - General Account - Authorized - Non-Affiliates					2,095,476						
1199999	Total - General Account Authorized					2,095,476						
General Account - Unauthorized - Affiliates - Non-U.S. - Captive												
00000	AA-3770277	03/01/2013	MIDDLEBURY ASSUR CO	CYM	SSL/A/I	1,380,510						
1599999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive					1,380,510						
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total					1,380,510						
1899999	Total - General Account - Unauthorized - Affiliates					1,380,510						
3499999	Total - General Account - Authorized, Unauthorized and Certified					3,475,986						
5699999	Total - Separate Accounts - Unauthorized											
6699999	Total - Separate Accounts - Certified - Non-Affiliates											
6799999	Total - Separate Accounts - Certified											
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified											
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)					2,095,476						
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)					1,380,510						
9999999	Total (Sum of 3499999 and 6899999)					3,475,986						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	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	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770277	03/01/2013	MIDDLEBURY ASSUR CO		197,339		197,339				823,696			197,339
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive					197,339		197,339		X X X		823,696			197,339
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					197,339		197,339		X X X		823,696			197,339
1899999 Total - General Account - Accident and Health - Affiliates					197,339		197,339		X X X		823,696			197,339
2399999 Total - General Account					197,339		197,339		X X X		823,696			197,339
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					197,339		197,339		X X X		823,696			197,339
9999999 Total (Sum of 2399999 and 3499999)					197,339		197,339		X X X		823,696			197,339

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
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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)