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2013

Document Code: 201

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[<input checked="" type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input checked="" type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[<input checked="" type="checkbox"/>] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<input type="checkbox"/>]			
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)			
Primary Location of Books and Records	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Internet Website Address	SummaCare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Roy Douglas Hall (Name) hallroy@summacare.com (E-Mail Address)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension) (330)996-8553 (Fax Number)			

OFFICERS

Name	Title
Martin Paul Hauser	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

DIRECTORS OR TRUSTEES

Martin Paul Hauser	Thomas Gene Knoll
Vincent Hadar Johnson Jr. M.D.	Thomas Joseph Strauss
Erik Newman Steele D.O. #	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.	James Ross McIlvaine #

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
28th day of February, 2014

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 Premiums due and unpaid not individually listed	840,561	59,157	16,234	38,110	79,128	874,934
0299999 Total group	840,561	59,157	16,234	38,110	79,128	874,934
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	840,561	59,157	16,234	38,110	79,128	874,934

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						
MedImpact	202,500	.....	.....	326,000	458,973	69,527
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	202,500	.....	.....	326,000	458,973	69,527
Claim Overpayment Receivables						
PPO HD Claim Overpayment	318,919	.....	.....	.....	.....	318,919
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	318,919	.....	.....	.....	.....	318,919
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 .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables	521,419	.....	.....	326,000	458,973	388,446

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	420,399	214,014	528,500	420,399	420,399	624,017
2. Claim overpayment receivables			318,919			
3. Loans and advances to providers						
4. Capitation arrangement receivables	3,059,099				3,059,099	3,059,099
5. Risk sharing receivables						
6. Other health care receivables	137,654				137,654	137,654
7. TOTALS (Lines 1 through 6)	3,617,152	214,014	847,419	3,617,152	3,617,152	3,820,770

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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
0399999 Aggregate Accounts Not Individually Listed - Covered	16,187,138	3,680,000	1,363,000	734,000	1,180,000	23,144,138
0499999 Subtotals	16,187,138	3,680,000	1,363,000	734,000	1,180,000	23,144,138
0799999 Total Claims Unpaid						23,144,138
0899999 Accrued Medical Incentive Pool and Bonus Amounts						216,000

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	
0199999 Total - Individually listed receivables	37,492,952					37,492,952	
0399999 Total gross amounts receivable	37,492,952					37,492,952	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Summa Management Services Organization	Salaries and Benefits	468,266	468,266	.....
Apex Benefits Services	Claims System Fees	148,983	148,983	.....
0199999 Total - Individually listed payables	XXX	617,249	617,249	.....
0399999 Total gross payables	XXX	617,249	617,249	.....

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
Capitation Payments:						
1. Medical groups						
2. Intermediaries	524,425	0.255				524,425
3. All other providers						
4. TOTAL Capitation Payments	524,425	0.255				524,425
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	205,437,380	99.710	XXX	XXX		205,437,380
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	72,434	0.035	XXX	XXX		72,434
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	205,509,814	99.745	XXX	XXX		205,509,814
13. TOTAL (Line 4 plus Line 12)	206,034,239	100.000	XXX	XXX		206,034,239

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000	ALERE WOMENS AND CHILDRENS	353,233	29,436		
00000	OB GYN MANAGEMENT INC	171,192	14,266		
99999999 Totals		524,425	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	501,842	.....	389,499	.....	112,343	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	501,842	.....	389,499	.....	112,343	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259	1	BUSINESS IN THE STATE OF OHIO DURING THE YEAR								NAIC Company Code 10649
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total	Individual	Group								
TOTAL Members at end of:										
1. Prior Year	56,247	5,113	49,070	49						2,015
2. First Quarter	54,840	5,142	47,633	48						2,017
3. Second Quarter	56,667	5,152	49,443	47						2,025
4. Third Quarter	58,131	5,239	50,810	47						2,035
5. Current Year	59,289	5,252	51,949	49						2,039
6. Current Year Member Months	680,957	61,584	594,504	566						24,303
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	93,095	6,037	86,896	162						
8. Non-Physician	124,396	8,186	116,070	140						
9. TOTAL	217,491	14,223	202,966	302						
10. Hospital Patient Days Incurred	90,563	1,895	88,568	100						
11. Number of Inpatient Admissions	3,123	142	2,973	8						
12. Health Premiums Written (b)	223,087,283	10,864,362	210,716,160	120,435						1,386,326
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	223,087,283	10,864,362	210,716,160	120,435						1,386,326
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	206,034,239	12,032,944	192,801,544	66,594						1,133,157
18. Amount Incurred for Provision of Health Care Services	208,108,877	12,217,353	194,664,181	69,729						1,157,614

(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: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	56,247	5,113	49,070	49						2,015
2. First Quarter	54,840	5,142	47,633	48						2,017
3. Second Quarter	56,667	5,152	49,443	47						2,025
4. Third Quarter	58,131	5,239	50,810	47						2,035
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17. Amount Paid for Provision of Health Care Services	206,034,239	12,032,944	192,801,544	66,594						1,133,157
18. Amount Incurred for Provision of Health Care Services	208,108,877	12,217,353	194,664,181	69,729						1,157,614

(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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			N O N E								
9999999 Total (Sum of 0799999 and 1099999)											

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. - Other						
00000 AA-3770277 03/01/2013 MIDDLEBURY ASSUR CO				CYM	197,339	
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other					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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	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		
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. - Other												
00000	AA-3770277	03/01/2013	MIDDLEBURY ASSUR CO	CYM	SSL/A/I	1,380,510						
1699999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Other						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 NAIC Company Code	2 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	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account - Accident and Health - Affiliates - Non-U.S. - Other														
00000	AA-3770277	03/01/2013	MIDDLEBURY ASSUR CO		197,339		197,339				823,696			197,339
1699999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Other					197,339		197,339		XXX		823,696			197,339
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					197,339		197,339		XXX		823,696			197,339
1899999 Total - General Account - Accident and Health - Affiliates					197,339		197,339		XXX		823,696			197,339
2399999 Total - General Account					197,339		197,339		XXX		823,696			197,339
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					197,339		197,339		XXX		823,696			197,339
9999999 Total (Sum of 2399999 and 3499999)					197,339		197,339		XXX		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

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required for Full Credit	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank	19 Reference Number (a)	20 Funds Deposited by and Withheld from Reinsurers	21 Trust Agreements	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
9999999 Total (Sum of 2399999 and 3499999)																										

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	NONE		Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	3,476	2,932	2,523	2,176	632
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	4,478	2,581	1,414	1,113	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	444	350	310		12
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset	824	1,494	1,114	925	
12. Offset for reinsurance with Certified Reinsurers			XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	824	1,494	1,114	925	
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			XXX	XXX	XXX
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

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)	25,220,122		25,220,122
2. Accident and health premiums due and unpaid (Line 15)	874,934		874,934
3. Amounts recoverable from reinsurers (Line 16.1)	443,987	(443,987)	
4. Net credit for ceded reinsurance	X X X	(379,709)	(379,709)
5. All other admitted assets (Balance)	41,057,897		41,057,897
6. TOTAL Assets (Line 28)	67,596,940	(823,696)	66,773,244
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	23,144,138		23,144,138
8. Accrued medical incentive pool and bonus payments (Line 2)	216,000		216,000
9. Premiums received in advance (Line 8)	4,894,070		4,894,070
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	823,696	(823,696)	
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	3,034,058		3,034,058
15. TOTAL Liabilities (Line 24)	32,111,962	(823,696)	31,288,266
16. TOTAL Capital and Surplus (Line 33)	35,484,978	X X X	35,484,978
17. TOTAL Liabilities, Capital and Surplus (Line 34)	67,596,940	(823,696)	66,773,244
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	443,987		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	443,987		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers	823,696		
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets	823,696		
31. TOTAL Net Credit for Ceded Reinsurance	(379,709)		

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 (CAN)
58. Aggregate other alien (OT)
59. TOTALS

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC 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 COMMUNITY / HEALTHSPAN PARTNERS	
3259 ..	SUMMA INSURANCE COMPANY	10649	34-1809108 ..	.....	.....	.....	SUMMA INS CO INC	OH ..	RE ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1887844 ..	.....	.....	.....	SUMMA HEALTH SYSTEM	OH ..	UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1515252 ..	.....	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH ..	UDP ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	16-1628227 ..	.....	.....	.....	SUMMA INSURANCE AGENCY LLC	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341961463 ..	.....	.....	.....	APEX BENEFITS SERVICES LLC	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	01-0842997 ..	.....	.....	.....	WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1895396 ..	.....	.....	.....	OHIO HEALTH CHOICE	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-2020978 ..	.....	.....	.....	CORNERSTONE MEDICAL SERVICES	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1692767 ..	.....	.....	.....	HEALTH CARE CENTER PHYSICIANS INC	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341790929 ..	.....	.....	.....	SUMMA PHYSICIANS INC	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-0714755 ..	.....	.....	.....	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1219001 ..	.....	.....	.....	SUMMA FOUNDATION	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-1130649 ..	.....	.....	.....	CRYSTAL CLINIC ORTHOPEDIC HOSPITAL	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.5	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-3536780 ..	.....	.....	.....	SUMMA WESTERN RESERVE HOSPITAL	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	45-3697866 ..	.....	.....	.....	ARIS TELERADIOLOGY	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	62-1865245 ..	.....	.....	.....	AKRON ENDOSCOPY LLC	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	

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 *
411		00000	03-0507853			SUMMA ENTERPRISE GROUP LLC		OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	55-0837372			SEG PROPERTIES LLC		OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-1952573			SUMMA REHAB HOSPITAL		OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1872278			OHIO SLEEP DISORDERS		OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-1421110			MEDINA-SUMMIT ASC LLC		OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-6549371			SUMMA WADSWORTH-RITTMAN HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-1375072			SUMMA BARBERTON HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1887844			SUMMA HEALTH NETWORK LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1145832			MIDDLEBURY ASSURANCE COMPANY		CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1159251			SUMMA MANAGEMENT SERVICES ORGANIZATION		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-0902510			SUMMA INTEGRATED SERVICES ORGANIZATION		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1363039			HEALTH INNOVATIONS OHIO LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	20-8650711			PATIENT CENTERED COLLABORATIVE LLC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-3018310			SUMMA ROBINSON HEALTH VENTURES		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-3055925			SUMMA HEALTH SYSTEM COMMUNITY		OH	UIP					0000001
						HEALTHSPAN PARTNERS		OH	UIP					0000002

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE **Summa Insurance Company, Inc.**

Asterisk	Explanation
0000001	SUMMA HEALTH SYSTEM COMMUNITY IS THE ULTIMATE CONTROLLING ENTITY WITH 70% OWNERSHIP.
0000002	HEALTHSPAN PARTNERS IS THE ULTIMATE CONTROLLING ENTITY WITH 30% OWNERSHIP.
0000003	

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		35,000,000		(29,846,918)	(12,653,984)				(7,500,902)	197,339
	34-1887844	SUMMA HEALTH NETWORK, LLC					272,038				272,038	
	34-1961463	APEX BENEFITS SERVICES, LLC					1,705,434				1,705,434	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS				73,573,509	3,177,465				76,750,974	
	34-1895396	OHIO HEALTH CHOICE INC.					(1,649)				(1,649)	
95202	34-1726655	SUMMACARE INC		(35,000,000)		(72,353,162)	(16,599,567)				(123,952,729)	
		MIDDLEBURY ASSURANCE COMPANY										(197,339)
	34-1790929	SUMMA PHYSICIANS INC				11,094,822					11,094,822	
	26-1375072	SUMMA BARBERTON HOSPITAL				12,791,915					12,791,915	
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL				3,753,425					3,753,425	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				986,409					986,409	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					24,100,263				24,100,263	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

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

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	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:

14. Summa Insurance Company has less than 100 shareholders.

Bar Codes:

Health Life Supplement



10649201320500000

2013

Document Code: 205

Schedule SIS



10649201342000000

2013

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



10649201337000000

2013

Document Code: 370

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



10649201322400000

2013

Document Code: 224

Health Property / Casualty Supplement



10649201320700000

2013

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



10649201337100000

2013

Document Code: 371

Medicare Part D Coverage Supplement



10649201336500000

2013

Document Code: 365

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



10649201322500000

2013

Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



1064920132260000 2013

Document Code: 226

LTC Supplemental Interrogatories



1064920133060000 2013

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



1064920132110000 2013

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1064920132130000 2013

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. Write off of tax receivable
2905. Miscellaneous Income
2906. Minority Interest Income (Expense)
2907. City Taxes
2908. Network Access Fees - Providers
2909. Minority Interest Expense
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704. Miscellaneous
4705.
4706.
4707.
4708.
4709. Retired treasury stock
4710. 2008 adjustments to minority interest & federal taxes
4711. Common Stock Adjustment
4712. Misc. Adjustment
4713. Increase par value of common stock
4714. Correction of an error - 2006 Premium Taxes
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2013
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 3259

NAIC Company Code: 10649

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

Person Completing This Exhibit: Roy Hall

Title: Regulatory Accountant

Telephone Number: (330)996-8410-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
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					25,923	22,500	86.8	13	
.... Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					63,916	32,668	51.1	23	
.... Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					15,981	4,910	30.7	6	
.... Yes	2010 MED SUPP F SELECT 4-1-10	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					9,183	7,502	81.7	3	
.... Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					5,432	2,149	39.6	4	
0199999 Total Experience on Individual Policies															120,435	69,729	57.9	49
0299999 Total Experience on Group Policies																		

GENERAL INTERROGATORIES

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

Supp12 Ohio

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