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2013

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ANNUAL STATEMENT
For the Year Ending December 31, 2013
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, Country 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	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

Kevin Cavalier, VP - Sales
 Judith Macro, VP - Corporate Services, Compliance Officer
 Annette Ruby, VP - Health Services Management

Keith Johnson, VP - Third Party Administrator
 James McNutt, VP - Finance, CFO
 Mumtaz Ibrahim M.D., Chief Medical Officer

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 #

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	88,906	13,657	10,184	43,543	91,288	65,002
0299999 Total group	88,906	13,657	10,184	43,543	91,288	65,002
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	88,906	13,657	10,184	43,543	91,288	65,002

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	652,000	.....	.....	1,048,000	1,382,642	317,358
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	652,000	.....	.....	1,048,000	1,382,642	317,358
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	.....	.....	.....	.....	.....	.....
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
Capitation Arrangements Receivables						
Medicare revenue due from CMS .....	.....	.....	.....	456,130	.....	456,130
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	.....	.....	.....	456,130	.....	456,130
Risk Sharing Receivables						
Medicare gap receivable due from pharmaceutical companies	380,192	342,963	415,160	187,960	.....	1,326,275
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables	380,192	342,963	415,160	187,960	.....	1,326,275
Other Receivables						
Medicare advertising subsidy due from Catholic Health Partners	165,000	.....	.....	.....	.....	165,000
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables	165,000	.....	.....	.....	.....	165,000
0799999 Gross health care receivables	1,197,192	342,963	415,160	1,692,090	1,382,642	2,264,763

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	1,479,222	908,651		1,700,000	1,479,222	1,242,133
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables				456,130		
5. Risk sharing receivables				1,326,275		
6. Other health care receivables	3,250,797			165,000	3,250,797	3,250,797
7. TOTALS (Lines 1 through 6)	4,730,019	908,651		3,647,405	4,730,019	4,492,930

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	17,715,125	6,274,000	3,998,000	1,050,000	1,161,000	30,198,125
0499999 Subtotals	17,715,125	6,274,000	3,998,000	1,050,000	1,161,000	30,198,125
0799999 Total Claims Unpaid						30,198,125
0899999 Accrued Medical Incentive Pool and Bonus Amounts						84,000

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							
Apex Benefits Services, LLC	497,842					497,842	
Ohio Health Choice	118					118	
.....
0199999 Total - Individually listed receivables	497,960					497,960	
0399999 Total gross amounts receivable	497,960					497,960	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Summa Insurance Company	Surplus note, Federal income taxes	37,435,158	37,435,158	.....
Summa Health System	Overhead	311,110	311,110	.....
Summa Management Services Organization	Salary and benefits	1,306,374	1,306,374	.....
Summa Accountable Care Organization	Medicare capitation, withhold	159,157	159,157	.....
Summa Insurance Agency	Commission revenue	20,437	20,437	.....
Summa Health Network	Cash receipts	9,127	9,127	.....
0199999 Total - Individually listed payables	XXX	39,241,363	39,241,363	.....
0399999 Total gross payables	XXX	39,241,363	39,241,363	.....

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	2,888,988	1.247				2,888,988
3. All other providers						
4. TOTAL Capitation Payments	2,888,988	1.247				2,888,988
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	228,768,004	98.741	XXX	XXX		228,768,004
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	28,178	0.012	XXX	XXX		28,178
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	228,796,182	98.753	XXX	XXX		228,796,182
13. TOTAL (Line 4 plus Line 12)	231,685,170	100.000	XXX	XXX		231,685,170

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
N O N E					
99999999 Totals					
			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	1,905,053	.....	1,583,607	.....	321,446	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	1,905,053	.....	1,583,607	.....	321,446	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year	24,556								24,556	
2. First Quarter	27,837								27,837	
3. Second Quarter	28,015								28,015	
4. Third Quarter	28,262								28,262	
5. Current Year	28,447								28,447	
6. Current Year Member Months	336,743								336,743	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	122,114								122,114	
8. Non-Physician	187,889								187,889	
9. TOTAL	310,003								310,003	
10. Hospital Patient Days Incurred	613,274								613,274	
11. Number of Inpatient Admissions	10,659								10,659	
12. Health Premiums Written (b)	277,809,507								277,809,507	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	277,809,507								277,809,507	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	231,685,170								231,685,170	
18. Amount Incurred for Provision of Health Care Services	236,273,936								236,273,936	

(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 \$....277,809,507



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	24,556							24,556		
2. First Quarter	27,837							27,837		
3. Second Quarter	28,015							28,015		
4. Third Quarter	28,262							28,262		
5. Current Year	28,447							28,447		
6. Current Year Member Months	336,743							336,743		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	122,114							122,114		
8. Non-Physician	187,889							187,889		
9. TOTAL	310,003							310,003		
10. Hospital Patient Days Incurred	613,274							613,274		
11. Number of Inpatient Admissions	10,659							10,659		
12. Health Premiums Written (b)	277,809,507							277,809,507		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	277,809,507							277,809,507		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	231,685,170							231,685,170		
18. Amount Incurred for Provision of Health Care Services	236,273,936							236,273,936		

(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 \$....277,809,507

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 - Non-Affiliates - U.S. Non-Affiliates						
93440 06-1041332 03/01/2013	HM LIFE INS CO			PA	16,592	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					16,592	
2199999 Total - Accident and Health - Non-Affiliates					16,592	
2299999 Total - Accident and Health					16,592	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					16,592	
9999999 Total (Sum of 1199999 and 2299999)					16,592	

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	296,254						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						296,254						
1099999 Total - General Account - Authorized - Non-Affiliates						296,254						
1199999 Total - General Account Authorized						296,254						
3499999 Total - General Account - Authorized, Unauthorized and Certified						296,254						
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)						296,254						
9999999 Total (Sum of 3499999 and 6899999)						296,254						

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								7,246			
1699999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Other									XXX		7,246			
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total									XXX		7,246			
1899999 Total - General Account - Accident and Health - Affiliates									XXX		7,246			
2399999 Total - General Account									XXX		7,246			
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)									XXX		7,246			
9999999 Total (Sum of 2399999 and 3499999)									XXX		7,246			

(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	7 Effective Date of Certified Reinsurer	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 With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)	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			Letters of Credit Amount
			Issuing or Confirming Bank Name			

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			22	242	87
2. Title XVIII-Medicare	296	244	161	140	
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	34	132	578	177	433
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	17	2			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset	7	7	7	99	
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)	7	7	7	99	
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)	100,497,411		100,497,411
2. Accident and health premiums due and unpaid (Line 15)	65,002		65,002
3. Amounts recoverable from reinsurers (Line 16.1)	16,592	(16,592)	
4. Net credit for ceded reinsurance	X X X	9,346	9,346
5. All other admitted assets (Balance)	4,749,663		4,749,663
6. TOTAL Assets (Line 28)	105,328,668	(7,246)	105,321,422
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	30,198,125		30,198,125
8. Accrued medical incentive pool and bonus payments (Line 2)	84,000		84,000
9. Premiums received in advance (Line 8)	355,212		355,212
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	7,246	(7,246)	
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)	44,101,772		44,101,772
15. TOTAL Liabilities (Line 24)	74,746,355	(7,246)	74,739,109
16. TOTAL Capital and Surplus (Line 33)	30,582,313	X X X	30,582,313
17. TOTAL Liabilities, Capital and Surplus (Line 34)	105,328,668	(7,246)	105,321,422
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	16,592		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	16,592		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	7,246		
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets	7,246		
31. TOTAL Net Credit for Ceded Reinsurance	9,346		

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

NONE

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
3259	SUMMA INSURANCE COMPANY	00000	34-1887844	.....	.....	SUMMA HEALTH SYSTEM	OH .. UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....	.....	.....	.....	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	34-1515252	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH .. UIP ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	SUMMA INSURANCE COMPANY	10649	34-1809108	.....	.....	SUMMA INSURANCE COMPANY	OH .. UDP ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		95202	34-1726655	.....	.....	SUMMACARE INC.	OH .. RE ..	SUMMA INSURANCE COMPANY .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	16-1628227	.....	.....	SUMMA INSURANCE AGENCY LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	34-1961463	.....	.....	APEX BENEFITS SERVICES LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	01-0842997	.....	.....	WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	34-1895396	.....	.....	OHIO HEALTH CHOICE INC	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	.....	.....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	34-2020978	.....	.....	CONERSTONE MEDICAL SERVICES	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	.....	.....	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	34-1692767	.....	.....	HEALTH CARE CENTER PHYSICIANS INC	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	34-1790929	.....	.....	SUMMA PHYSICIANS INC	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	34-0714755	.....	.....	SUMMA AKRON CITY ANS ST THOMAS HOSPITALS	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	34-1219001	.....	.....	SUMMA FOUNDATION	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	26-1130649	.....	.....	CRYSTAL CLINIC ORTHOPEDIC HOSPITAL	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	.....	.....	49.5	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	26-3536780	.....	.....	SUMMA WESTERN RESERVE HOSPITAL	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	.....	.....	40.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
		00000	45-3697866	.....	.....	ARIS TELERADIOLOGY LLC	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	.....	.....	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....
	.....	00000	62-1865245	.....	.....	AKRON ENDOSCOPY LLC	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	.....	.....	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	
		00000	55-0837372			SEG PROPERTIES LLC		OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-1952573			SUMMA REHAB HOSPITAL		OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	52.0	SUMMA HEALTH SYSTEM	
		00000	34-1872278			OHIO SLEEP DISORDERS LLC		OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	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	
		00000	34-6549371			SUMMA WADSWORTH-RITTMAN HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-1375072			SUMMA BARBERTON HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1887844			SUMMA HEALTH NETWORK LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-1145832			MIDDLEBURY ASSURANCE COMPANY		CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	0000001
		00000	46-1159251			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-0902510			SUMMA INTEGRATED SERVICES ORGANIZATION		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1363039			HEALTH INNOVATIONS OHIO, LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	SUMMA HEALTH SYSTEM	
		00000	20-8650711			PATIENT CENTERED COLLABORATIVE LLC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-3018310			SUMMA ROBINSON HEALTH VENTURES		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-3055925			SUMMA HEALTH SYSTEM COMMUNITY		OH	UIP					0000002
						HEALTHSPAN PARTNERS		OH	UIP					0000003

Asterisk	Explanation
0000001	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health System Community is the ultimate controlling entity with 70% ownership in Summa Health System.
0000003	HealthSpan Partners is the ultimate controlling entity with 30% ownership in Summa Health System.

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	24,100,263				986,409	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION									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?	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



9520220133600000

2013

Document Code: 360

Health Life Supplement



9520220132050000

2013

Document Code: 205

Health Property / Casualty Supplement



9520220132070000

2013

Document Code: 207

Schedule SIS



9520220134200000

2013

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9520220133710000

2013

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9520220133700000

2013

Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



9520220133650000

2013

Document Code: 365

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



9520220132240000

2013

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



9520220132250000

2013

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220132260000

2013

Document Code: 226

LTC Supplemental Interrogatories



LTC Supplemental Interrogatories



Health Property/Casualty Supplement - Insurance Expense Exhibit



9520220132130000

2013

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



9520220132110000

2013

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS**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
	X X X	X X X	X X X
0704. Proceeds from the Sale of the Medicaid Product Line
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)
2904. Minority Interest Income (Expense)
2905. City Taxes
2906. Network Access Fees - Providers
2907. Minority Interest Expense
2908. Rental Revenue
2909. City Income Taxes
2910. Write off of tax receivable
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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