

Amended Explanation Page

SummaCare, Inc.
Amended Cover Page
12/31/14

SummaCare, Inc. has amended the 12/31/14 Annual Statement to reflect a change in hospital/medical expense and a change in the value of common stock. The financial statement changes are as follows:

Assets:
Line 2.2, Common stocks decreased by \$1,114,345.
Line 18.1, Federal income taxes recoverable increased by \$322,746.

Liabilities:
Line15, Amounts due to affiliates increased by \$393,176.
Line 31, Unassigned funds decreased by \$1,184,775

Statement of Revenues and Expenses:
Line 9, Hospital/Medical increased by \$595,722
Line 31, Federal taxes incurred decreased by \$525,292.

The Annual Statement pages affected by these changes were:

2	6	12	26	SI01
3	7	15	29	SI03
4	9	23	30	SI04
5	11	24	37	E12
				E16



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2014
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	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Internet Website Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(330)996-8553 (Fax Number)			

OFFICERS

Name	Title	#
Martin Paul Hauser	CEO	
Robert Andrew Gerberry	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 and Product Development
James Loveless, VP - Individual Product Line
Donald Novosel, VP - Contracting & Network Development
Claude Vincenti, President

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 McLvaine

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) Claude Maurius Vincenti (Printed Name) 1. President (Title)	(Signature) Robert Andrew Gerberry (Printed Name) 2. Secretary (Title)	(Signature) Brian Keith Derrick (Printed Name) 3. Treasurer (Title)
Subscribed and sworn to before me this 31st day of March, 2015	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] 1 03/31/2015 21
(Notary Public Signature)		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Summa Health Network	Administrative fees	30,740	30,740	
Summa Insurance Company	Taxes	910,756	910,756	
Summa Accountable Care Organization	Medicare withhold	1,186,585	1,186,585	
Summa Health System	Administrative fees	405,065	405,065	
Summa Management Services Organization	Salaries and benefits	1,504,453	1,504,453	
0199999 Total - Individually Listed Payables	X X X	4,037,599	4,037,599	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	4,037,599	4,037,599	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries	3,184,748	1.124				3,184,748
3.	All other providers						
4.	TOTAL Capitation Payments	3,184,748	1.124				3,184,748
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	280,212,333	98.855	X X X	X X X		280,212,333
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	59,812	0.021	X X X	X X X		59,812
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	280,272,145	98.876	X X X	X X X		280,272,145
13.	TOTAL (Line 4 plus Line 12)	283,456,893	100.000	X X X	X X X		283,456,893

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	OB/GYN ASSOCIATES	305,000	25,416		
.....	SUMMA ACCOUNTABLE CARE ORGANIZATION	1,349,966	112,497		
.....	SUMMA HEALTH SYSTEM GERIATRICS	1,529,782	127,481		
9999999 TOTALS		3,184,748	X X X	X X X	X X X



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 NAIC Company Code 95202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	28,447							28,447		
2. First Quarter	32,828							32,828		
3. Second Quarter	33,062							33,062		
4. Third Quarter	33,136							33,136		
5. Current Year	32,654							32,654		
6. Current Year Member Months	395,053							395,053		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	135,868							135,868		
8. Non-Physician	199,847							199,847		
9. TOTAL	335,715							335,715		
10. Hospital Patient Days Incurred	281,407							281,407		
11. Number of Inpatient Admissions	10,880							10,880		
12. Health Premiums Written (b)	315,981,614							315,981,614		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	315,981,614							315,981,614		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	283,456,893							283,456,893		
18. Amount Incurred for Provision of Health Care Services	284,024,764							284,024,764		

(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 \$.....315,981,614



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 Group Code 3259 NAIC Company Code 95202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	28,447							28,447		
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(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....315,981,614

30 Grand Total

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	75,192,914		75,192,914
2. Accident and health premiums due and unpaid (Line 15)	28,469		28,469
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	9,289,178		9,289,178
6. TOTAL Assets (Line 28)	84,510,561		84,510,561
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	30,744,997		30,744,997
8. Accrued medical incentive pool and bonus payments (Line 2)	105,000		105,000
9. Premiums received in advance (Line 8)	875,708		875,708
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
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)	10,680,294		10,680,294
15. TOTAL Liabilities (Line 24)	42,405,999		42,405,999
16. TOTAL Capital and Surplus (Line 33)	42,104,562	X X X	42,104,562
17. TOTAL Liabilities, Capital and Surplus (Line 34)	84,510,561		84,510,561
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
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			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
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
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X .....	.....	.....
0704. Proceeds from the Sale of the Medicaid Product Line	X X X .....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X .....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....
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	(1) .....	.....
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)	(1) .....	.....