



95202201420100100

2014

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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	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)
 Claude Maurius Vincenti
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 James Edward McNutt
 (Printed Name)
 2.
 Vice President - Finance, CFO
 (Title)

(Signature)
 Brian Keith Derrick
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 27th day of February, 2015

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
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	26,877	16,888	25,995	203,220	244,511	28,469
0299999 TOTAL Group	26,877	16,888	25,995	203,220	244,511	28,469
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	26,877	16,888	25,995	203,220	244,511	28,469

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	699,000	.....	.....	902,646	1,466,158	135,488
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	699,000	.....	.....	902,646	1,466,158	135,488
Claim Overpayment Receivables						
.....
0299998 Claim Overpayment Receivables - Not Individually Listed	15,643	.....	.....	.....	.....	15,643
0299999 Subtotal - Claim Overpayment Receivables	15,643	.....	.....	.....	.....	15,643
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
Capitation Arrangements Receivables						
Medicare revenue due from CMS	1,157,016	478,495	740,940	1,204,149	.....	3,580,600
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables	1,157,016	478,495	740,940	1,204,149	.....	3,580,600
Risk Sharing Receivables						
Medicare gap receivables due from pharmaceutical companies	454,822	362,688	460,071	1,086,280	.....	2,363,861
Catholic Health Partners - Mercy Risk	445,000	.....	.....	.....	.....	445,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables	899,822	362,688	460,071	1,086,280	.....	2,808,861
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables	2,771,481	841,183	1,201,011	3,193,075	1,466,158	6,540,592

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	1,680,313	1,310,354		1,601,646	1,680,313	1,700,000
2. Claim overpayment receivables				15,643		
3. Loans and advances to providers						
4. Capitation arrangement receivables	1,449,821			3,580,600	1,449,821	456,130
5. Risk sharing receivables	1,326,275			2,808,861	1,326,275	1,326,275
6. Other health care receivables	165,000				165,000	165,000
7. TOTALS (Lines 1 through 6)	4,621,409	1,310,354		8,006,750	4,621,409	3,647,405

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	13,786,997	7,749,000	5,340,000	1,674,000	2,195,000	30,744,997
0499999 Subtotals	13,786,997	7,749,000	5,340,000	1,674,000	2,195,000	30,744,997
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	30,744,997
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	105,000

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	924,890					924,890	
Ohio Health Choice	98					98	
0199999 Total - Individually listed receivables	924,988					924,988	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	924,988					924,988	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health Network	Administrative fees	30,740	30,740	.....
Summa Insurance Company	Taxes	1,113,303	1,113,303	.....
Summa Accountable Care Organization	Medicare withhold	590,862	590,862	.....
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	3,644,423	3,644,423	.....
0299999 Payables not Individually Listed	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables	X X X	3,644,423	3,644,423	.....

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	3,184,748	1.126				3,184,748
3. All other providers						
4. TOTAL Capitation Payments	3,184,748	1.126				3,184,748
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	279,616,610	98.853	XXX	XXX		279,616,610
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	59,812	0.021	XXX	XXX		59,812
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	279,676,422	98.874	XXX	XXX		279,676,422
13. TOTAL (Line 4 plus Line 12)	282,861,170	100.000	XXX	XXX		282,861,170

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
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	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	1,931,950	.....	1,674,849	.....	257,101	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	1,931,950	.....	1,674,849	.....	257,101	.....



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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	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	282,861,170								282,861,170	
18. Amount Incurred for Provision of Health Care Services	283,429,042								283,429,042	

(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	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	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	282,861,170								282,861,170	
18. Amount Incurred for Provision of Health Care Services	283,429,042								283,429,042	

(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

31 Schedule S - Part 1 - Section 2 **NONE**

32 Schedule S - Part 2 **NONE**

SCHEDULE S - PART 3 - SECTION 2**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93440	06-1041332	01/01/2014	HM LIFE INS CO	PA	SSL/A/I	SLEL	374,305						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							374,305						
1099999 Total - General Account - Authorized - Non-Affiliates							374,305						
1199999 Total - General Account Authorized							374,305						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							374,305						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
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)							374,305						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							374,305						

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums				22	242
2. Title XVIII-Medicare	374	296	244	161	140
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	109	34	132	578	177
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
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
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				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)	76,307,259		76,307,259
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)	8,966,432		8,966,432
6. TOTAL Assets (Line 28)	85,302,160		85,302,160
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)	10,287,118		10,287,118
15. TOTAL Liabilities (Line 24)	42,012,823		42,012,823
16. TOTAL Capital and Surplus (Line 33)	43,289,337	X X X	43,289,337
17. TOTAL Liabilities, Capital and Surplus (Line 34)	85,302,160		85,302,160
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			

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	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	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 .. UDP ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
	SUMMA INSURANCE COMPANY	10649	34-1809108	.....	.....	SUMMA INSURANCE COMPANY	OH .. DS ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		95202	34-1726655	.....	.....	SUMMACARE INC.	OH .. RE ..	SUMMA INSURANCE COMPANY .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
	SUMMA INSURANCE COMPANY	00000	16-1628227	.....	.....	SUMMA INSURANCE AGENCY LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1961463	.....	.....	APEX BENEFITS SERVICES LLC	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
	SUMMA INSURANCE COMPANY	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 INC	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	.....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
	SUMMA INSURANCE COMPANY	00000	34-2020978	.....	.....	CONERSTONE 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	
	SUMMA INSURANCE COMPANY	00000	34-1790929	.....	.....	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	
	SUMMA INSURANCE COMPANY	00000	34-1219001	.....	.....	SUMMA FOUNDATION	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	.....	100.0	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	
	SUMMA INSURANCE COMPANY	00000	45-3697866	.....	.....	ARIS TELERADIOLOGY LLC	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 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	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	55-0837372			SEG PROPERTIES LLC	SUMMA ENTERPRISE GROUP LLC	OH	NIA	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	27-1952573			SUMMA REHAB HOSPITAL	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	Ownership	52.0	SUMMA HEALTH SYSTEM		
		00000	34-1872278			OHIO SLEEP DISORDERS LLC	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	Ownership	66.7	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	26-1421110			MEDINA-SUMMIT ASC LLC	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	Ownership	20.0	SUMMA HEALTH SYSTEM		
		00000	26-1375072			SUMMA BARBERTON HOSPITAL	SUMMA HEALTH SYSTEM	OH	NIA	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1887844			SUMMA HEALTH NETWORK LLC	SUMMA HEALTH SYSTEM	OH	NIA	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION	SUMMA HEALTH SYSTEM	OH	NIA	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000				MIDDLEBURY ASSURANCE COMPANY	SUMMA HEALTH SYSTEM	CYM	IA	Ownership	100.0	SUMMA HEALTH SYSTEM		0000001
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	SUMMA HEALTH SYSTEM CORPORATION	OH	NIA	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	SUMMA HEALTH SYSTEM CORPORATION	OH	NIA	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	46-0902510			HEALTH INNOVATIONS OHIO, LLC	SUMMA HEALTH SYSTEM	OH	NIA	Ownership	25.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	46-1363039			PATIENT CENTERED COLLABORATIVE LLC	SUMMA HEALTH SYSTEM CORPORATION	OH	NIA	Ownership	49.0	SUMMA HEALTH SYSTEM		
		00000	20-8650711			SUMMA ROBINSON HEALTH VENTURES	SUMMA HEALTH SYSTEM	OH	NIA	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	46-3018310			SUMMA HEALTH SYSTEM COMMUNITY	SUMMA HEALTH SYSTEM	OH	UIP					0000002
		00000	46-3055925			HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	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 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		15,000,000		(30,762,940)	(13,742,279)				(29,505,219)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					190,216				190,216	
	34-1961463	APEX BENEFITS SERVICES, LLC					1,599,256				1,599,256	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS				79,796,561	3,130,500				82,927,061	
	34-1895396	OHIO HEALTH CHOICE INC					(1,360)				(1,360)	
95202	34-1726655	SUMMACARE INC		(15,000,000)		(78,979,602)	(17,468,853)				(111,448,455)	
		MIDDLEBURY ASSURANCE COMPANY										
	34-1790929	SUMMA PHYSICIANS INC.				12,386,245					12,386,245	
	26-1375072	SUMMA BARBERTON HOSPITAL				14,011,354					14,011,354	
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL				1,825,410					1,825,410	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				1,722,972					1,722,972	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					26,292,520				26,292,520	
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



9520220143600000

2014

Document Code: 360

Health Property / Casualty Supplement



9520220142070000

2014

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



9520220143710000

2014

Document Code: 371

Health Life Supplement



9520220142050000

2014

Document Code: 205

Schedule SIS



9520220144200000

2014

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



9520220143700000

2014

Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



9520220143650000

2014

Document Code: 365

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



9520220142240000

2014

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



9520220142250000

2014

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220142260000

2014

Document Code: 226

LTC Supplemental Interrogatories



LTC Supplemental Interrogatories



Health Property/Casualty Supplement - Insurance Expense Exhibit



9520220142130000

2014

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



9520220142110000

2014

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
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)
0704. Proceeds from the Sale of the Medicaid Product Line
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)
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)

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