



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Summa Insurance Company, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	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 (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	SummaCare.com		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8553 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(330)996-8553 (Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Brian Keith Derrick	Treasurer

OTHERS

Anne Armao, VP - Marketing & Product Development
Keith Johnson, VP - Third Party Administrator
Donald Novosel, VP - Contracting & Network Development
Mumtaz Ibrahim M.D., Chief Medical Officer
Dennis Pijor, VP - Finance, CFO #

Kevin Cavalier, VP - Sales
James Loveless, VP - Individual Product Line
Annette Ruby, VP - Health Services Management
Claude Vincenti, President

DIRECTORS OR TRUSTEES

Kathleen Tirbovich Geier
Erik Newman Steele D.O.
Richard Allen Merolla
Thomas Anthony Malone M.D. #
Rajiv Vishnu Taliwal M.D.
Lydia Alexander Cook M.D. #

Vincent Hadar Johnson Jr. M.D.
Bradley Hall Crombie M.D.
Claude Maurius Vincenti #
James Ross McIlvaine
Benjamin Paul Sutton #
Brian Keith Derrick #

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)	(Signature)	(Signature)
Brian Keith Derrick	Robert Andrew Gerberry	Dennis Dale Pijor
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Treasurer	Secretary	Vice President - Finance, CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 22nd day of February, 2016	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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	212,002	16,419	2,454	58,732	94,298	195,309
0299999 TOTAL Group	212,002	16,419	2,454	58,732	94,298	195,309
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) ..	212,002	16,419	2,454	58,732	94,298	195,309

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	272,771			278,933	278,933	272,771
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	272,771			278,933	278,933	272,771
0299998 Claim Overpayment Receivables - Not Individually Listed	23,364					23,364
0299999 Subtotal - Claim Overpayment Receivables	23,364					23,364
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
Risk Sharing Receivables						
ACA Risk Adjustment	1,607,714					1,607,714
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables	1,607,714					1,607,714
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	1,903,849			278,933	278,933	1,903,849

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

		Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables	871,705	584,776		551,704	871,705	719,868
2.	Claim overpayment receivables				23,364		285,000
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables	1,182,290			1,607,714	1,182,290	741,296
6.	Other health care receivables						
7.	TOTALS (Lines 1 through 6)	2,053,995	584,776		2,182,782	2,053,995	1,746,164

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,016,703	3,144,000	958,000	523,000	1,176,000	21,817,703
0499999 Subtotals	16,016,703	3,144,000	958,000	523,000	1,176,000	21,817,703
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						21,817,703
0899999 Accrued Medical Incentive Pool and Bonus Amounts						130,128

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
SummaCare, Inc.	1,403,870					1,403,870	
Summa Insurance Agency, LLC	14,595					14,595	
0199999 Total - Individually listed receivables	1,418,465					1,418,465	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,418,465					1,418,465	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Management Services Organization	Salaries and benefits	1,301,790	1,301,790	
Apex Benefits Services, LLC	Claims system usage	422,540	422,540	
Summa Accountable Care Organization	Incentives and withholds	871,369	871,369	
0199999 Total - Individually Listed Payables	X X X	2,595,699	2,595,699	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	2,595,699	2,595,699	

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	352,804	0.176				352,804
3. All other providers						
4. TOTAL Capitation Payments	352,804	0.176				352,804
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	199,822,667	99.769	X X X	X X X		199,822,667
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	110,268	0.055	X X X	X X X		110,268
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	199,932,935	99.824	X X X	X X X		199,932,935
13. TOTAL (Line 4 plus Line 12)	200,285,739	100.000	X X X	X X X		200,285,739

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	Alere Womens and Childrens	68,477			
00000	Summa Accountable Care Organization	284,327			
9999999 TOTALS		352,804	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	432,358	.....	423,689	.....	8,669	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	432,358	.....	423,689	.....	8,669	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

	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	51,835	5,112	44,737	61						1,925
2. First Quarter	47,753	5,036	41,558	62						1,097
3. Second Quarter	46,036	4,708	40,285	62						981
4. Third Quarter	44,961	4,402	39,519	61						979
5. Current Year	43,383	4,104	38,253	57						969
6. Current Year Member Months	548,129	53,021	482,052	716						12,340
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	57,860	5,237	52,439	184						
8. Non-Physician	75,318	7,905	67,296	117						
9. TOTAL	133,178	13,142	119,735	301						
10. Hospital Patient Days Incurred	27,399	5,937	21,002	460						
11. Number of Inpatient Admissions	1,730	190	1,528	12						
12. Health Premiums Written (b)	216,616,052	21,263,631	194,521,923	147,893						682,605
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	216,616,052	21,263,631	194,521,923	147,893						682,605
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	200,285,739	21,311,331	178,196,630	111,833						665,945
18. Amount Incurred for Provision of Health Care Services	196,343,072	20,035,421	175,539,900	114,716						653,035

(a) For health business: number of persons insured under PPO managed care products43,383 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 3259 NAIC Company Code 10649

	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	51,835	5,112	44,737	61						1,925
2. First Quarter	47,753	5,036	41,558	62						1,097
3. Second Quarter	46,036	4,708	40,285	62						981
4. Third Quarter	44,961	4,402	39,519	61						979
5. Current Year	43,383	4,104	38,253	57						969
6. Current Year Member Months	548,129	53,021	482,052	716						12,340
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	57,860	5,237	52,439	184						
8. Non-Physician	75,318	7,905	67,296	117						
9. TOTAL	133,178	13,142	119,735	301						
10. Hospital Patient Days Incurred	27,399	5,937	21,002	460						
11. Number of Inpatient Admissions	1,730	190	1,528	12						
12. Health Premiums Written (b)	216,616,052	21,263,631	194,521,923	147,893						682,605
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	216,616,052	21,263,631	194,521,923	147,893						682,605
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	200,285,739	21,311,331	178,196,630	111,833						665,945
18. Amount Incurred for Provision of Health Care Services	196,343,072	20,035,421	175,539,900	114,716						653,035

(a) For health business: number of persons insured under PPO managed care products43,383 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
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						
21113	13-5459190 ...	01/01/2015	UNITED STATES FIRE INS CO	DE	596,190	.....
00000	AA-9990032 ...	01/01/2015	US Dept of Hlth & Human Serv	DC	1,781,385	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					2,377,575	.....
2199999 Total - Accident and Health - Non-Affiliates					2,377,575	.....
2299999 Total - Accident and Health					2,377,575	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,377,575	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999)					2,377,575	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
21113	13-5459190	01/01/2015	UNITED STATES FIRE INS CO	DE	SSL/A/I	SLEL	1,611,544						
00000	AA-9990032	01/01/2015	US Dept of Hlth & Human Serv	DC	SSL/A/I	SLEL	150,446						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,761,990						
1099999 Total - General Account - Authorized - Non-Affiliates							1,761,990						
1199999 Total - General Account Authorized							1,761,990						
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							1,761,990						
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, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,761,990						
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)							1,761,990						

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 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	1,762	2,939	3,476	2,932	2,523
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	4,305	5,407	4,478	2,581	1,414
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	2,378	3,199	444	350	310
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset			824	1,494	1,114
12. Offset for reinsurance with Certified Reinsurers					X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)			824	1,494	1,114
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					X X X
18. Funds deposited by and withheld from (F)					X X X
19. Letters of credit (L)					X X X
20. Trust agreements (T)					X X X
21. Other (O)					X X X

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)	50,956,053		50,956,053
2. Accident and health premiums due and unpaid (Line 15)	195,309		195,309
3. Amounts recoverable from reinsurers (Line 16.1)	2,377,575	(2,377,575)	
4. Net credit for ceded reinsurance	X X X	2,377,575	2,377,575
5. All other admitted assets (Balance)	6,165,329		6,165,329
6. TOTAL Assets (Line 28)	59,694,266		59,694,266
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	21,817,703		21,817,703
8. Accrued medical incentive pool and bonus payments (Line 2)	130,128		130,128
9. Premiums received in advance (Line 8)	6,291,417		6,291,417
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)	7,072,657		7,072,657
15. TOTAL Liabilities (Line 24)	35,311,905		35,311,905
16. TOTAL Capital and Surplus (Line 33)	24,382,361	X X X	24,382,361
17. TOTAL Liabilities, Capital and Surplus (Line 34)	59,694,266		59,694,266
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	2,377,575		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	2,377,575		
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	2,377,575		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	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	Relation- 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	95202	34-1726655 ..	.....	.....	.....	SUMMACARE INC	OH ..	UDP ..	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY /	.....
3259 ..	SUMMA INSURANCE COMPANY	10649	34-1809108 ..	.....	.....	.....	SUMMA INS CO INC	OH ..	RE ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-1887844 ..	.....	.....	.....	SUMMA HEALTH SYSTEM	OH ..	UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-1515252 ..	.....	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH ..	UIP ..	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	16-1628227 ..	.....	.....	.....	SUMMA INSURANCE AGENCY LLC	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	341961463 ..	.....	.....	.....	APEX BENEFITS SERVICES LLC	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-1895396 ..	.....	.....	.....	OHIO HEALTH CHOICE	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-2020978 ..	.....	.....	.....	CORNERSTONE MEDICAL SERVICES ..	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-1692767 ..	.....	.....	.....	HEALTH CARE CENTER PHYSICIANS INC	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	341790929 ..	.....	.....	.....	SUMMA PHYSICIANS INC	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-0714755 ..	.....	.....	.....	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	34-1219001 ..	.....	.....	.....	SUMMA FOUNDATION	OH ..	NIA ..	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	26-3536780 ..	.....	.....	.....	SUMMA WESTERN RESERVE HOSPITAL	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	45-3697866 ..	.....	.....	.....	ARIS TELERADIOLOGY	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	58.8	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	62-1865245 ..	.....	.....	.....	AKRON ENDOSCOPY LLC	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	03-0507853 ..	.....	.....	.....	SUMMA ENTERPRISE GROUP LLC	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....
.....	00000	55-0837372 ..	.....	.....	.....	SEG PROPERTIES LLC	OH ..	NIA ..	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.....

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

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	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)	*
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1872278				OHIO SLEEP DISORDERS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-6549371				SUMMA WADSWORTH-RIITMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-1375072				SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-0902510				HEALTH INNOVATIONS OHIO LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1363039				PATIENT CENTERED COLLABORATIVE LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	20-8650711				SUMMA ROBINSON HEALTH VENTURES	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP				HEALTHSPAN PARTNERS	0000001
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					0000002

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

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(31,386,891)	(11,606,095)				(42,992,986)	
	34-1887844	SUMMA HEALTH NETWORK, LLC				(77,178)	(77,178)				(77,178)	
	34-1961463	APEX BENEFITS SERVICES, LLC					1,919,718				1,919,718	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS				83,433,941	2,773,809				86,207,750	
	34-1895396	OHIO HEALTH CHOICE INC.					(1,163)				(1,163)	
95202	34-1726655	SUMMACARE INC		20,000,000		(71,608,595)	(14,524,950)				(66,133,545)	
		MIDDLEBURY ASSURANCE COMPANY					19,101				19,101	
	34-1790929	SUMMA PHYSICIANS INC				11,704,629					11,704,629	
	26-1375072	SUMMA BARBERTON HOSPITAL				6,337,128					6,337,128	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				1,519,788					1,519,788	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					21,496,758				21,496,758	
	34-1515252	SUMMA HEALTH SYSTEM CORPORATION		(20,000,000)							(20,000,000)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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

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

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

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

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

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

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? Yes
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

- 14. Summa Insurance Company has less than 100 shareholders.

Bar Codes:

Health Life Supplement

10649201520500000 2015 Document Code: 205

Health Property / Casualty Supplement

10649201520700000 2015 Document Code: 207

Schedule SIS

10649201542000000 2015 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

10649201537100000 2015 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

10649201537000000 2015 Document Code: 370

Medicare Part D Coverage Supplement

10649201536500000 2015 Document Code: 365

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

10649201522400000 2015 Document Code: 224

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

10649201522500000 2015 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatorries



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property/Casualty Supplement - Insurance Expense Exhibit



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
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	2	3
	Uncovered	Total	Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	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. Write off of tax receivable
2905. Miscellaneous Income
2906. Minority Interest Income (Expense)
2907. City Taxes
2908. Network Access Fees - Providers
2909. Minority Interest Expense
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)

STATEMENT OF REVENUE AND EXPENSES (Continued)

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2015
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 3259
Address (City, State and Zip Code): Akron, OH 44308
Person Completing This Exhibit: Roy Hall
Title: Regulatory Accountant
Telephone Number: (330)996-8410-

Supp12 Ohio

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					28,651	39,120	136.5	13
Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					83,938	64,236	76.5	32
Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					15,978	2,578	16.1	5
Yes	2010 MED SUPP F SELECT 4-1-10	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					11,020	5,029	45.6	4
Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					8,306	3,753	45.2	3
???			???														
0199999 Total Experience on Individual Policies														147,893	114,716	77.6	57
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

INDEX TO HEALTH
ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14