



10649201520100100

2015

Document Code: 201

**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	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Primary Location of Books and Records	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name) hallroy@summacare.com (E-Mail Address)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension) (330)996-8553 (Fax Number)			

**OFFICERS**

Name	Title
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)  
Brian Keith Derrick  
(Printed Name)  
1.  
Treasurer  
>Title)

(Signature)  
Robert Andrew Gerberry  
(Printed Name)  
2.  
Secretary  
>Title)

(Signature)  
Dennis Dale Pijor  
(Printed Name)  
3.  
Vice President - Finance, CFO  
>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 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 .....	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
<b>Pharmaceutical Rebate Receivables</b>						
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 .....	.....	.....	.....	.....	.....	.....
<b>Risk Sharing Receivables</b>						
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**

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 .....	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 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 .....	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
<b>Individually listed receivables</b>							
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
<b>Individually Listed Payables</b>				
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 withhold .....	871,369	871,369	.....
0199999 Total - Individually Listed Payables .....	XXX .....	2,595,699	2,595,699	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	2,595,699	2,595,699	.....

**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
<b>Capitation Payments:</b>						
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
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	199,822,667	99.769	XXX	XXX		199,822,667
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	110,268	0.055	XXX	XXX		110,268
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	199,932,935	99.824	XXX	XXX		199,932,935
13. TOTAL (Line 4 plus Line 12) .....	200,285,739	100.000	XXX	XXX		200,285,739

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000 .....	Alere Womens and Childrens .....	68,477			
00000 .....	Summa Accountable Care Organization .....	284,327			
9999999 TOTALS .....		352,804	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 .....	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:

NAIC Group Code 3259	1	BUSINESS IN THE STATE OF OHIO DURING THE YEAR								NAIC Company Code 10649
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total	Individual	Group								
<b>TOTAL Members at end of:</b>										
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
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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 products .....43,383 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 3259

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
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
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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 products .....43,383 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			<b>N O N E</b>								
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 .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	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	12		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
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
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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 .....					XXX
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					XXX
18. Funds deposited by and withheld from (F) .....					XXX
19. Letters of credit (L) .....					XXX
20. Trust agreements (T) .....					XXX
21. Other (O) .....					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)
<b>ASSETS (Page 2, Col. 3)</b>			
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. <b>TOTAL Assets (Line 28)</b> .....	<b>59,694,266</b>		<b>59,694,266</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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. <b>TOTAL Liabilities (Line 24)</b> .....	<b>35,311,905</b>		<b>35,311,905</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>24,382,361</b>	X X X	<b>24,382,361</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>59,694,266</b>		<b>59,694,266</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>2,377,575</b>		
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. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>2,377,575</b>		

**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 .....	95202	34-1726655 ..				SUMMACARE INC .....	OH ..	UDP ..	SUMMA INSURANCE COMPANY .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
3259 ..	SUMMA INSURANCE COMPANY .....	10649	34-1809108 ..				SUMMA INS CO INC .....	OH ..	RE ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1887844 ..				SUMMA HEALTH SYSTEM .....	OH ..	UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1515252 ..				SUMMA HEALTH SYSTEM CORPORATION .....	OH ..	UIP ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	16-1628227 ..				SUMMA INSURANCE AGENCY LLC .....	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341961463 ..				APEX BENEFITS SERVICES LLC .....	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1895396 ..				OHIO HEALTH CHOICE .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-2020978 ..				CORNERSTONE MEDICAL SERVICES .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1692767 ..				HEALTH CARE CENTER PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341790929 ..				SUMMA PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-0714755 ..				SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1219001 ..				SUMMA FOUNDATION .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	26-3536780 ..				SUMMA WESTERN RESERVE HOSPITAL .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	40.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	45-3697866 ..				ARIS TELERADIOLOGY .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	62-1865245 ..				AKRON ENDOSCOPY LLC .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	03-0507853 ..				SUMMA ENTERPRISE GROUP LLC .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	55-0837372 ..				SEG PROPERTIES LLC .....	OH ..	NIA ..	SUMMA ENTERPRISE GROUP LLC .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company 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 Domiciliary Location	10 Relationship to Reporting 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	27-1952573			SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM		
		00000	34-1872278			OHIO SLEEP DISORDERS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		00000	26-1421110			MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		00000	34-6549371			SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		00000	26-1375072			SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1887844			SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000			MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-0902510			HEALTH INNOVATIONS OHIO LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1363039			PATIENT CENTERED COLLABORATIVE LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	20-8650711			SUMMA ROBINSON HEALTH VENTURES	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-3018310			SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP				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 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 .....				(31,386,891)	(11,606,095)				(42,992,986)	
	34-1887844	SUMMA HEALTH NETWORK, LLC .....					(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)	19,101			(66,133,545)	
		MIDDLEBURY ASSURANCE COMPANY .....									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 .....									XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

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

#### MARCH FILING

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

#### APRIL FILING

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

#### JUNE FILING

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

#### AUGUST FILING

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

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

#### MARCH FILING

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

#### APRIL FILING

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

#### AUGUST FILING

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

#### Explanations:

14. Summa Insurance Company has less than 100 shareholders.

#### Bar Codes:

##### Health Life Supplement



10649201520500000

2015

Document Code: 205

##### Schedule SIS



1064920154200000

2015

Document Code: 420

##### Statement of Non-Guaranteed Elements for Exhibit 5



1064920153700000

2015

Document Code: 370

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



10649201522400000

2015

Document Code: 224

##### Health Property / Casualty Supplement



10649201520700000

2015

Document Code: 207

##### Actuarial Opinion on Participating and Non-Participating Policies



10649201537100000

2015

Document Code: 371

##### Medicare Part D Coverage Supplement



10649201536500000

2015

Document Code: 365

##### 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



1064920152260000

2015

Document Code: 226

Health Life Supplement - LHA Guaranty Association Reconciliation



1064920152110000

2015

Document Code: 211

LTC Supplemental Interrogatories



1064920153060000

2015

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



1064920152130000

2015

Document Code: 213

**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
	X X X	X X X	X X X
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)			
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. Write off of tax receivable			
2905. Miscellaneous Income			
2906. Minority Interest Income (Expense)			
2907. City Taxes			
2908. Network Access Fees - Providers			
2909. Minority Interest Expense			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

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

NAIC Company Code: 10649

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

Person Completing This Exhibit: Roy Hall

Title: Regulatory Accountant

Telephone Number: (330)996-8410-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
.... 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																	
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