



95202201520100100

2015

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**SummaCare, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Internet Website Address	SummaCare.com		(Area Code) (Telephone Number)			
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 and Product Development  
 James Loveless, VP - Individual Product Line  
 Mumtaz Ibrahim M.D., Chief Medical Officer

Kevin Cavalier, VP - Sales  
 Donald Novosel, VP - Contracting & Network Development  
 Claude Vincenti, President

Keith Johnson, VP - Third Party Administrator  
 Annette Ruby, VP - Health Services Management  
 Dennis Pijor, VP - Finance, CFO #

**DIRECTORS OR TRUSTEES**

Claude Maurius Vincenti #  
 Vincent Hadar Johnson Jr. M.D.  
 Richard Allen Merolla  
 Kathleen Tirbovich Geier  
 James Ross McIlvaine  
 Benjamin Paul Sutton #

Thomas Anthony Malone M.D. #  
 Erik Newman Steele D.O.  
 Bradley Hall Crombie M.D.  
 Rajiv Vishnu Taliwal M.D.  
 Brian Keith Derrick #  
 Lydia Alexander Cook M.D. #

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 .....	3,684,189	14,191	4,626	19,486	118,140	3,604,352
0299999 TOTAL Group .....	3,684,189	14,191	4,626	19,486	118,140	3,604,352
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) .....	3,684,189	14,191	4,626	19,486	118,140	3,604,352

**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 .....	1,148,976	.....	.....	1,589,305	1,589,305	1,148,976
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,148,976	.....	.....	1,589,305	1,589,305	1,148,976
<b>Claim Overpayment Receivables</b>						
Discovery Health Recoveries .....	96,574	.....	.....	.....	.....	96,574
0299998 Claim Overpayment Receivables - Not Individually Listed .....	54,749	.....	.....	.....	.....	54,749
0299999 Subtotal - Claim Overpayment Receivables .....	151,323	.....	.....	.....	.....	151,323
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
<b>Capitation Arrangements Receivables</b>						
Medicare Part D revenue due from CMS .....	2,741,882	.....	.....	.....	.....	2,741,882
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	2,741,882	.....	.....	.....	.....	2,741,882
<b>Risk Sharing Receivables</b>						
Medicare gap receivables due from pharmaceutical companies .....	1,082,987	44,665	.....	.....	.....	1,127,652
Catholic Health Partners .....	471,000	.....	.....	.....	.....	471,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	1,553,987	44,665	.....	.....	.....	1,598,652
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables .....	5,596,168	44,665	.....	1,589,305	1,589,305	5,640,833

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	1,697,245	1,887,653		2,738,281	1,697,245	1,601,646
2. Claim overpayment receivables .....	15,643			151,323	15,643	15,643
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	4,257,432			2,741,882	4,257,432	3,580,600
5. Risk sharing receivables .....	2,808,861			1,598,652	2,808,861	2,808,861
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	8,779,181	1,887,653		7,230,138	8,779,181	8,006,750

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 .....	17,799,154	6,241,000	1,556,000	739,000	1,411,000	27,746,154
0499999 Subtotals .....	17,799,154	6,241,000	1,556,000	739,000	1,411,000	27,746,154
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	27,746,154
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	58,703

**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>							
Apex Benefits Services, LLC .....	803,750					803,750	
Ohio Health Choice .....	20					20	
Summa Health System Corporation .....	10,000,000					10,000,000	
<b>0199999 Total - Individually listed receivables</b> .....	<b>10,803,770</b>					<b>10,803,770</b>	
<b>0299999 Receivables not individually listed</b> .....							
<b>0399999 TOTAL Gross Amounts Receivable</b> .....	<b>10,803,770</b>					<b>10,803,770</b>	

**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 Health Network .....	Administrative Fees .....	2,792	2,792	.....
Summa Insurance Company .....	Administrative Fees .....	1,403,870	1,403,870	.....
Summa Accountable Care Organization .....	Medicare Incentive .....	194,401	194,401	.....
Summa Health System .....	Administrative Fees .....	446,204	446,204	.....
Summa Management Services Organization .....	Salaries and Benefits .....	1,537,860	1,537,860	.....
0199999 Total - Individually Listed Payables .....	XXX .....	3,585,127	3,585,127	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	3,585,127	3,585,127	.....

**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 .....	1,976,119	0.793				1,976,119
3. All other providers .....						
4. TOTAL Capitation Payments .....	1,976,119	0.793				1,976,119
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	247,290,381	99.191	XXX	XXX		247,290,381
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	39,626	0.016	XXX	XXX		39,626
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	247,330,007	99.207	XXX	XXX		247,330,007
13. TOTAL (Line 4 plus Line 12) .....	249,306,126	100.000	XXX	XXX		249,306,126

**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 .....	SUMMA HEALTH SYSTEM GERIATRICS .....	1,257,246			
00000 .....	OB/GYN ASSOCIATES .....	(6,671)			
00000 .....	SUMMA ACCOUNTABLE CARE ORGAINIZATION .....	725,544			
9999999 TOTALS .....		1,976,119	XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	1,963,366	.....	1,757,569	.....	205,797	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	1,963,366	.....	1,757,569	.....	205,797	.....



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

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	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 .....	32,654							32,654		
2. First Quarter .....	27,156							27,156		
3. Second Quarter .....	26,654							26,654		
4. Third Quarter .....	26,548							26,548		
5. Current Year .....	26,419							26,419		
6. Current Year Member Months .....	321,810							321,810		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	83,493							83,493		
8. Non-Physician .....	120,558							120,558		
9. TOTAL .....	204,051							204,051		
10. Hospital Patient Days Incurred .....	189,122							189,122		
11. Number of Inpatient Admissions .....	6,560							6,560		
12. Health Premiums Written (b) .....	271,554,622							271,554,622		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	271,554,622							271,554,622		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	249,306,126							249,306,126		
18. Amount Incurred for Provision of Health Care Services .....	246,260,986							246,260,986		

(a) For health business: number of persons insured under PPO managed care products .....0 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 \$....271,554,622



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

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

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 3259 NAIC Company Code 95202

	1	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 .....	32,654							32,654		
2. First Quarter .....	27,156							27,156		
3. Second Quarter .....	26,654							26,654		
4. Third Quarter .....	26,548							26,548		
5. Current Year .....	26,419							26,419		
6. Current Year Member Months .....	321,810							321,810		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	83,493							83,493		
8. Non-Physician .....	120,558							120,558		
9. TOTAL .....	204,051							204,051		
10. Hospital Patient Days Incurred .....	189,122							189,122		
11. Number of Inpatient Admissions .....	6,560							6,560		
12. Health Premiums Written (b) .....	271,554,622							271,554,622		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	271,554,622							271,554,622		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	249,306,126							249,306,126		
18. Amount Incurred for Provision of Health Care Services .....	246,260,986							246,260,986		

(a) For health business: number of persons insured under PPO managed care products .....0 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 \$....271,554,622

**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 .....	182,734	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					182,734	
2199999 Total - Accident and Health - Non-Affiliates .....					182,734	
2299999 Total - Accident and Health .....					182,734	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					182,734	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....					182,734	

**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 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
21113	13-5459190	01/01/2014	UNITED STATES FIRE INS CO	DE	SSL/A/I	SLEL	184,414						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							184,414						
1099999 Total - General Account - Authorized - Non-Affiliates							184,414						
1199999 Total - General Account Authorized							184,414						
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							184,414						
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)							184,414						
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)							184,414						

**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 .....					22
2. Title XVIII-Medicare .....	184	374	296	244	161
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	368	109	34	132	578
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	183		17	2	
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....			7	7	7
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) .....			7	7	7
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) .....	70,221,593		70,221,593
2. Accident and health premiums due and unpaid (Line 15) .....	3,604,352		3,604,352
3. Amounts recoverable from reinsurers (Line 16.1) .....	182,734	(182,734)	
4. Net credit for ceded reinsurance .....	X X X	182,734	182,734
5. All other admitted assets (Balance) .....	16,575,898		16,575,898
6. <b>TOTAL Assets (Line 28)</b> .....	<b>90,584,577</b>		<b>90,584,577</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	27,746,154		27,746,154
8. Accrued medical incentive pool and bonus payments (Line 2) .....	58,703		58,703
9. Premiums received in advance (Line 8) .....	653,480		653,480
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	10,552,812		10,552,812
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>39,011,149</b>		<b>39,011,149</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>51,573,428</b>	X X X	<b>51,573,428</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>90,584,577</b>		<b>90,584,577</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 .....	182,734		
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>182,734</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>182,734</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 .....	.....	.....	.....	.....	.....	.....

NONE

# SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Group Code	Group Name	NAIC 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)	*	
44	SUMMA INSURANCE COMPANY	00000	34-1887844	.....	.....	SUMMA HEALH SYSTEM	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	.....	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	.....		
		00000	34-1515252	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM		
		10649	34-1809108	.....	.....	SUMMA INSURANCE COMPANY	OH	DS	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM		
		3259	SUMMA INSURANCE COMPANY	95202	34-1726655	.....	SUMMACARE INC.	OH	RE	SUMMA INSURANCE COMPANY	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	16-1628227	.....	SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-1961463	.....	APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	01-0842997	.....	WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-1895396	.....	OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-2020978	.....	CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-1692767	.....	HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-1790929	.....	SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-0714755	.....	SUMMA AKRON CITY ANS ST THOMAS HOSPITALS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	34-1219001	.....	SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	26-3536780	.....	SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	45-3697866	.....	ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	58.8	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	62-1865245	.....	AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	
		3259	SUMMA INSURANCE COMPANY	00000	03-0507853	.....	SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	SUMMA HEALTH SYSTEM	

# 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)	*
41.1		00000	55-0837372			SEG PROPERTIES LLC	OH	NIA		SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	27-1952573			SUMMA REHAB HOSPITAL	OH	NIA		SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	52.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1872278			OHIO SLEEP DISORDERS LLC	OH	NIA		SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	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	
		00000	26-1375072			SUMMA BARBERTON HOSPITAL	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1887844			SUMMA HEALTH NETWORK LLC	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000				MIDDLEBURY ASSURANCE COMPANY	CYM	IA		SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA		SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	0000001
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA		SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	46-0902510			HEALTH INNOVATIONS OHIO, LLC	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	25.0	SUMMA HEALTH SYSTEM	
		00000	46-1363039			PATIENT CENTERED COLLABORATIVE LLC	OH	NIA		SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	COMMUNITY / HEALTHSPAN PARTNERS	
		00000	20-8650711			SUMMA ROBINSON HEALTH VENTURES	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-3018310			SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP					COMMUNITY / HEALTHSPAN PARTNERS	0000002
		00000	46-3055925			HEALTHSPAN PARTNERS	OH	UIP					COMMUNITY / HEALTHSPAN PARTNERS	0000003

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

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC .....				(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	
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL .....				1,519,788					1,519,788	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION .....						21,496,758				
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION .....									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?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

#### APRIL FILING

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

#### AUGUST FILING

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

#### Explanations:

- 12.
- 13.
14. SummaCare has less than 100 stockholders
- 17.
- 21.
- 22.
- 23.

#### Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9520220153600000

2015

Document Code: 360

Health Life Supplement



9520220152050000

2015

Document Code: 205

Health Property / Casualty Supplement



9520220152070000

2015

Document Code: 207

Schedule SIS



9520220154200000

2015

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9520220153710000

2015

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9520220153700000

2015

Document Code: 370

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

Medicare Part D Coverage Supplement



9520220153650000

2015

Document Code: 365

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



9520220152240000

2015

Document Code: 224

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



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



9520220152250000

2015

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220152260000

2015

Document Code: 226

LTC Supplemental Interrogatories



LTC Supplemental Interrogatories



9520220153060000

2015

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



9520220152110000

2015

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



9520220152130000

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
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)			
0704. Proceeds from the Sale of the Medicaid Product Line			
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Minority Interest Income (Expense)			
2905. City Taxes			
2906. Network Access Fees - Providers			
2907. Minority Interest Expense			
2908. Rental Revenue			
2909. City Income Taxes			
2910. Write off of tax receivable			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

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

	1 Current Year	2 Prior Year
	1,812,307	
4704. 2014 CMS Revenue Reconciliation		
4705. Correction of an error - 2006 Premium Taxes		
4706. Misc. Adjustment		(1)
4707. Increase par value of common stock		
4708. Correction of an error - 2006 Premium Taxes		
4709. Change in Minimum Pension Liability - Unrestricted Funds		
4710. Adjustments to 2008 financial statements		
4711. True up adjustment related to Deferred Tax		
4712. Miscellaneous		
4713. Capital contribution made to Summa Insurance Company		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)	1,812,307	(1)

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