



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2016
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	OH		
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)		(330)996-8410 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(330)996-8553 (Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Brian Keith Derrick	Treasurer
Robert Stephen Paskowski	Interim President #

OTHERS

Anne Armao, VP - Marketing and Product Development
James Loveless, VP - Individual Product Line
Dennis Pijor, VP - Finance, CFO

Kevin Cavalier, VP - Sales
Donald Novosel, VP - Contracting & Network Development
Robert Paskowski, Interim President #

Keith Johnson, VP - Third Party Administrator
Charles Zonfa M.D., Chief Medical Officer #
Stephen Adamson, VP - Client Services #

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Kathleen Tirbovich Geier
James Ross McIlvaine
Benjamin Paul Sutton
Steven Aaron Eisenberg #
Russell Floyd Mohawk #

Thomas Anthony Malone M.D.
Rajiv Vishnu Taliwal M.D.
Brian Keith Derrick
Robert Stephen Paskowski #
Henry Leigh Gerstenberger #
Caroline Fisher Pearson #

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

Subscribed and sworn to before me this
day of , 2017

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	67,201	4,884	23,254	293,692	78,816	310,215
0299999 TOTAL Group	67,201	4,884	23,254	293,692	78,816	310,215
0399999 Premiums due and unpaid from Medicare entities				3,307,433		3,307,433
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	67,201	4,884	23,254	3,601,125	78,816	3,617,648

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medimpact	1,230,838			1,605,430	1,605,430	1,230,838
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,230,838			1,605,430	1,605,430	1,230,838
0299998 Claim Overpayment Receivables - Not Individually Listed	71,507					71,507
0299999 Subtotal - Claim Overpayment Receivables	71,507					71,507
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
Capitation Arrangements Receivables						
CMS Revenue due for membership true-up	31,520					31,520
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables	31,520					31,520
Risk Sharing Receivables						
Mercy				258,803	258,803	
Medicare gap receivables due from pharmaceutical companies	904,795					904,795
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables	904,795			258,803	258,803	904,795
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	2,238,660			1,864,233	1,864,233	2,238,660

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	2,895,577	2,087,085		2,836,268	2,895,577	2,738,281
2. Claim overpayment receivables	151,323			71,507	151,323	151,323
3. Loans and advances to providers						
4. Capitation arrangement receivables	3,364,883			31,520	3,364,883	2,741,882
5. Risk sharing receivables	1,598,652	1,339,849		1,163,598	1,598,652	1,598,652
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	8,010,435	3,426,934		4,102,893	8,010,435	7,230,138

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	16,026,279	3,941,000	1,749,000	1,153,000	1,646,000	24,515,279
0499999 Subtotals	16,026,279	3,941,000	1,749,000	1,153,000	1,646,000	24,515,279
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						24,515,279
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Ohio Health Choice	22					22	
0199999 Total - Individually listed receivables	22					22	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	22					22	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Insurance Company	Administrative fees	807,060	807,060	
Apex Benefits Services	Administrative fees	111,319	111,319	
Summa Health System	Administrative fees	329,274	329,274	
Summa Management Services Organization	Salaries and benefits	2,058,385	2,058,385	
0199999 Total - Individually Listed Payables	X X X	3,306,038	3,306,038	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	3,306,038	3,306,038	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	1,811,221	0.821				1,811,221
3. All other providers						
4. TOTAL Capitation Payments	1,811,221	0.821				1,811,221
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	218,709,567	99.152	X X X	X X X		218,709,567
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	58,703	0.027	X X X	X X X		58,703
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	218,768,270	99.179	X X X	X X X		218,768,270
13. TOTAL (Line 4 plus Line 12)	220,579,491	100.000	X X X	X X X		220,579,491

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	SUMMA HEALTH SYSTEM GERIATICS	1,110,475			
00000	SUMMA ACCOUNTABLE CARE ORGANIZATION	563,598			
00000	PIONEER PHYSICIANS	137,148			
9999999 TOTALS		1,811,221	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,963,366	.....	1,847,045	.....	111,931	.....
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	.....	1,847,045	.....	111,931	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION: BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Group Code 3259 NAIC Company Code 95202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	26,419							26,419		
2. First Quarter	24,201							24,201		
3. Second Quarter	23,917							23,917		
4. Third Quarter	23,871							23,871		
5. Current Year	23,714							23,714		
6. Current Year Member Months	288,226							288,226		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	107,265							107,265		
8. Non-Physician	159,700							159,700		
9. TOTAL	266,965							266,965		
10. Hospital Patient Days Incurred	410,666							410,666		
11. Number of Inpatient Admissions	8,950							8,950		
12. Health Premiums Written (b)	252,536,054							252,536,054		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	252,536,054							252,536,054		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	220,579,491							220,579,491		
18. Amount Incurred for Provision of Health Care Services	217,289,913							217,289,913		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....252,536,054



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
TOTAL Members at end of:										
1. Prior Year	26,419							26,419		
2. First Quarter	24,201							24,201		
3. Second Quarter	23,917							23,917		
4. Third Quarter	23,871							23,871		
5. Current Year	23,714							23,714		
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	252,536,054							252,536,054		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	220,579,491							220,579,491		
18. Amount Incurred for Provision of Health Care Services	217,289,913							217,289,913		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....252,536,054

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
21113	13-5459190 ...	01/01/2016	UNITED STATES FIRE INS CO	DE	16,484	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					16,484	.....
2199999 Total - Accident and Health - Non-Affiliates					16,484	.....
2299999 Total - Accident and Health					16,484	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					16,484	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999)					16,484	.....

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
21113	13-5459190	01/01/2016	UNITED STATES FIRE INS CO	DE	SSL/A/I	SLEL	83,554						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							83,554						
1099999 Total - General Account - Authorized - Non-Affiliates							83,554						
1199999 Total - General Account Authorized							83,554						
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							83,554						
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)							83,554						
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)							83,554						

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 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	84	184	374	296	244
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	37	368	109	34	132
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	16	183			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	84,071,098		84,071,098
2. Accident and health premiums due and unpaid (Line 15)	3,617,648		3,617,648
3. Amounts recoverable from reinsurers (Line 16.1)	16,484	(16,484)	
4. Net credit for ceded reinsurance	X X X	16,484	16,484
5. All other admitted assets (Balance)	3,973,126		3,973,126
6. TOTAL Assets (Line 28)	91,678,356		91,678,356
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	24,515,279		24,515,279
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	756,986		756,986
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)	11,672,166		11,672,166
15. TOTAL Liabilities (Line 24)	36,944,431		36,944,431
16. TOTAL Capital and Surplus (Line 33)	54,733,925	X X X	54,733,925
17. TOTAL Liabilities, Capital and Surplus (Line 34)	91,678,356		91,678,356
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	16,484		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	16,484		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	16,484		

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

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

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

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
3259	SUMMA INSURANCE COMPANY	00000	34-1887844				SUMMA HEALTH SYSTEM	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership		SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	01-0842997				WADSWORTH-RIITMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	26-3536780				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	40.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	45-3697866				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	62-1865245				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	52.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1872278				OHIO SLEEP DISORDERS LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	66.7	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

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

[illegible]

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(23,651,499)	(10,541,782)				(34,193,281)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					(75,991)				(75,991)	
	34-1961463	APEX BENEFITS SERVICES, LLC					1,925,000				1,925,000	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS										
	34-1895396	OHIO HEALTH CHOICE INC					(3,254)				(3,254)	
95202	34-1726655	SUMMACARE INC				(62,860,042)	(20,578,689)				(83,438,731)	
		MIDDLEBURY ASSURANCE COMPANY					18,406				18,406	
	34-1790929	SUMMA PHYSICIANS INC.				8,942,113					8,942,113	
	26-1375072	SUMMA BARBERTON HOSPITAL										
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL										
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				1,110,699	(72,036)				1,038,663	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					26,108,313				26,108,313	
	34-1887844	SUMMA HEALTH SYSTEM				76,458,729	3,220,033				79,678,762	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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 file electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

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

Bar Code:

Medicare Supplement Insurance Experience Exhibit

9520220163600000 2016 Document Code: 360

Health Life Supplement

9520220162050000 2016 Document Code: 205

Health Property / Casualty Supplement

9520220162070000 2016 Document Code: 207

Schedule SIS

9520220164200000 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9520220163710000 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9520220163700000 2016 Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



95202201636500000 2016 Document Code: 365

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



95202201622400000 2016 Document Code: 224

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



95202201622500000 2016 Document Code: 225

Approval for Relief related to Require. for Audit Committees



95202201622600000 2016 Document Code: 226

LTC Supplemental Interrogatories



95202201630600000 2016 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95202201621100000 2016 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95202201621300000 2016 Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Premium Tax Recoverable				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X .....	.....	.....
0704. Proceeds from the Sale of the Medicaid Product Line	X X X .....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X .....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....
2904. Minority Interest Income (Expense) .....	.....	.....	.....
2905. City Taxes .....	.....	.....	.....
2906. Network Access Fees - Providers .....	.....	.....	.....
2907. Minority Interest Expense .....	.....	.....	.....
2908. Rental Revenue .....	.....	.....	.....
2909. City Income Taxes .....	.....	.....	.....
2910. Write off of tax receivable .....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704. 2014 CMS Revenue Reconciliation		1,812,307
4705. Correction of an error - 2006 Premium Taxes		
4706. Misc. Adjustment		
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

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Schedule B - Verification Between Years	SI02
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Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
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Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
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