

Amended Explanation Page

Summa Insurance Company  
Amended Cover Page  
12/31/17

Summa Insurance Company has amended the 12/31/17 Annual Statement to reflect changes to hospital / medical benefits and claims unpaid as recommended by the Company’s audit firm, RMS US LLP. The financial statement changes are as follows:

Assets:  
Line 18.1, Federal income taxes recoverable increased by \$46,099.

Liabilities:  
Line 1, Claims unpaid increased by \$1,100,000.  
Line 31, Unassigned funds decreased by \$1,053,901.

Statement of Revenues and Expenses:  
Line 9, Hospital / Medical benefits increased by \$1,100,000.  
Line 31, Federal taxes incurred decreased by \$46,099.

The Annual Statement pages affected by these changes were:

2	10	29
3	11	30
4	12	37
5	21	42
7	26	SAO
9	28	



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2017**  
**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	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[X] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Internet Website Address	SummaCare.com		(330)996-8981 (Area Code)(Telephone Number)(Extension)			
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8981 (Area Code)(Telephone Number)(Extension)			
	hallroy@summahealth.org (E-Mail Address)		(Fax Number)			

**OFFICERS**

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Dennis Dale Pijor	President #
Michael Anthony O'Neill	Assistant Treasurer #

**OTHERS**

Anne Armao, VP - Marketing & Medicare Charles Zonfa M.D., Chief Medical Officer Michael O'Neill, Chief Financial Officer #	Kevin Cavalier, VP - Sales Stephen Adamson, VP, Chief Operations Officer
--	---

**DIRECTORS OR TRUSTEES**

Kathleen Tirbovich Geier Rajiv Vishnu Taliwal M.D. Lydia Alexander Cook M.D. Russell Floyd Mohawk Thomas Clifford Deveny M.D. # Robert Jeffrey Copeland #	James Ross McIlvaine Benjamin Paul Sutton Henry Leigh Gerstenberger Caroline Fisher Pearson Dennis Dale Pijor #
--	---

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) Dennis Dale Pijor	(Signature) Michael Anthony O'Neill	(Signature) Stephen Michael Adamson
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Chief Financial Officer	Vice President, Chief Operations Officer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this 23rd day of March, 2018	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[ ] No[X] 1 03/23/2018 17

(Notary Public Signature)

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	10,664,920	1,939,000	2,013,000	501,000	641,000	15,758,920
0499999 Subtotals .....	10,664,920	1,939,000	2,013,000	501,000	641,000	15,758,920
0599999 Unreported claims and other claim reserves .....						
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						15,758,920
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 3259

NAIC Company Code 10649

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	36,003	4,222	30,731	49						1,001
2. First Quarter .....	34,456	4,155	29,310	49						942
3. Second Quarter .....	33,794	4,033	28,780	49						932
4. Third Quarter .....	32,313	3,873	27,461	49						930
5. Current Year .....	31,491	3,785	26,749	46						911
6. Current Year Member Months .....	397,460	46,942	338,747	571						11,200
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	50,907	6,476	44,327	104						
8. Non-Physician .....	79,080	10,352	68,578	150						
9. TOTAL .....	129,987	16,828	112,905	254						
10. Hospital Patient Days Incurred .....	54,237	4,504	49,469	264						
11. Number of Inpatient Admissions .....	1,748	185	1,549	14						
12. Health Premiums Written (b) .....	171,455,431	17,952,361	152,467,691	133,395						901,984
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	171,455,431	17,952,361	152,467,691	133,395						901,984
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	150,890,291	17,279,814	132,805,109	72,449						732,919
18. Amount Incurred for Provision of Health Care Services .....	150,024,087	16,324,985	132,918,185	46,589						734,328

(a) For health business: number of persons insured under PPO managed care products .....31,491 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:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 3259 NAIC Company Code 10649

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	36,003	4,222	30,731	49						1,001
2. First Quarter	34,456	4,155	29,310	49						942
3. Second Quarter	33,794	4,033	28,780	49						932
4. Third Quarter	32,313	3,873	27,461	49						930
5. Current Year	31,491	3,785	26,749	46						911
6. Current Year Member Months	397,460	46,942	338,747	571						11,200
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	50,907	6,476	44,327	104						
8. Non-Physician	79,080	10,352	68,578	150						
9. TOTAL	129,987	16,828	112,905	254						
10. Hospital Patient Days Incurred	54,237	4,504	49,469	264						
11. Number of Inpatient Admissions	1,748	185	1,549	14						
12. Health Premiums Written (b)	171,455,431	17,952,361	152,467,691	133,395						901,984
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	171,455,431	17,952,361	152,467,691	133,395						901,984
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	150,890,291	17,279,814	132,805,109	72,449						732,919
18. Amount Incurred for Provision of Health Care Services	150,024,087	16,324,985	132,918,185	46,589						734,328

(a) For health business: number of persons insured under PPO managed care products .....31,491 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

30 Grand Total

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) .....	40,372,248		40,372,248
2. Accident and health premiums due and unpaid (Line 15) .....	2,978,649		2,978,649
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,576,696	(1,576,696)	
4. Net credit for ceded reinsurance .....	X X X	1,576,696	1,576,696
5. All other admitted assets (Balance) .....	3,404,838		3,404,838
6. TOTAL Assets (Line 28) .....	48,332,431		48,332,431
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	15,758,920		15,758,920
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	5,940,265		5,940,265
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) .....	5,273,034		5,273,034
15. TOTAL Liabilities (Line 24) .....	26,972,219		26,972,219
16. TOTAL Capital and Surplus (Line 33) .....	21,360,212	X X X	21,360,212
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	48,332,431		48,332,431
<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 .....	1,576,696		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	1,576,696		
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 .....	1,576,696		

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				(25,010,822)	(15,944,772)				(40,955,594)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					(77,365)				(77,365)	
	34-1961463	APEX BENEFITS SERVICES, LLC					3,220,625				3,220,625	
	34-1887844	SUMMA HEALTH SYSTEM				77,830,433	2,821,782				80,652,215	
	34-1895396	OHIO HEALTH CHOICE INC.										
95202	34-1726655	SUMMACARE INC				(65,679,401)	(16,929,575)				(82,608,976)	
		MIDDLEBURY ASSURANCE COMPANY					23,912				23,912	
	34-1790929	SUMMA PHYSICIANS INC				10,198,602					10,198,602	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				2,661,188					2,661,188	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					26,885,393				26,885,393	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

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 Uncovered	2 Total	3 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....			
2904. Write off of tax receivable .....			
2905. Miscellaneous Income .....			
2906. Minority Interest Income (Expense) .....			
2907. City Taxes .....			
2908. Network Access Fees - Providers .....			
2909. Minority Interest Expense .....			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

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