

## **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	



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2017

Document Code: 201

**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	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Primary Location of Books and Records	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410 (Area Code)(Telephone Number)(Extension)			
	hallroy@summahealth.org (E-Mail Address)		(330)996-8981 (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  
 (Printed Name)  
 1.  
 President  
 (Title)

(Signature)  
 Michael Anthony O'Neill  
 (Printed Name)  
 2.  
 Chief Financial Officer  
 (Title)

(Signature)  
 Stephen Michael Adamson  
 (Printed Name)  
 3.  
 Vice President, Chief Operations Officer  
 (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 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 .....	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:

NAIC Group Code 3259	1	BUSINESS IN THE STATE OF OHIO DURING THE YEAR						NAIC Company Code 10649		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	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 .....	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:

NAIC Group Code 3259	1	BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR								NAIC Company Code 10649
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total	Individual	Group								
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	36,003	4,222	30,731	49						1,001
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## 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. <b>TOTAL Assets (Line 28)</b> .....	<b>48,332,431</b>		<b>48,332,431</b>
<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. <b>TOTAL Liabilities (Line 24)</b> .....	<b>26,972,219</b>		<b>26,972,219</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>21,360,212</b>	X X X	<b>21,360,212</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>48,332,431</b>		<b>48,332,431</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 .....	1,576,696		
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>1,576,696</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>1,576,696</b>		

## 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 .....	.....	.....	.....	(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 .....			.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:

**ASSETS**

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

**STATEMENT OF REVENUE AND EXPENSES**

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

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

	1 Current Year	2 Prior Year
	.....	.....
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) .....	.....	.....