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2017

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**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  
 1st 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[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 .....	3,127,913	3,842	(23,186)	33,747	163,667	2,978,649
0299999 TOTAL Group .....	3,127,913	3,842	(23,186)	33,747	163,667	2,978,649
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) .....	3,127,913	3,842	(23,186)	33,747	163,667	2,978,649

**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 .....	889,321	.....	.....	1,199,276	1,199,276	889,321
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	889,321	.....	.....	1,199,276	1,199,276	889,321
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	.....	.....	.....	.....	.....	.....
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	.....	.....	.....	.....	.....	.....
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
<b>Other Receivables</b>						
Guaranty Fund Receivable .....	.....	.....	.....	1,875,726	.....	1,875,726
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	1,875,726	.....	1,875,726
0799999 Gross health care receivables .....	889,321	.....	.....	3,075,002	1,199,276	2,765,047

**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 .....	498,344	444,776		2,088,597	498,344	498,800
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	12,676		1,875,726		12,676	905,305
7. TOTALS (Lines 1 through 6) .....	511,020	444,776	3,964,323		511,020	1,404,105

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 .....	10,464,920	1,839,000	1,213,000	501,000	641,000	14,658,920
0499999 Subtotals .....	10,464,920	1,839,000	1,213,000	501,000	641,000	14,658,920
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	14,658,920
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
<b>Individually listed receivables</b>							
SummaCare, Inc .....	256,404					256,404	
0199999 Total - Individually listed receivables .....	256,404					256,404	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	256,404					256,404	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Summa Management Services Organization .....	Salaries and benefits .....	826,152	826,152	.....
Apex Benefits Services LLC .....	Management Fees .....	309,632	309,632	.....
Summa Accountable Care Organization .....	SC Connect Risk Adjustment .....	1,078,000	1,078,000	.....
0199999 Total - Individually Listed Payables .....	XXX .....	2,213,784	2,213,784	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	2,213,784	2,213,784	.....

**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 .....	464,752	0.308			337,173	127,579
3. All other providers .....						
4. TOTAL Capitation Payments .....	464,752	0.308			337,173	127,579
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	150,425,539	99.692	XXX	XXX	23,194,806	127,230,733
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....			XXX	XXX		
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	150,425,539	99.692	XXX	XXX	23,194,806	127,230,733
13. TOTAL (Line 4 plus Line 12) .....	150,890,291	100.000	XXX	XXX	23,531,979	127,358,312

**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 Accountable Care Organization .....	320,226			
00000 .....	Optum Insights .....	23,936			
00000 .....	Pioneer .....	120,590			
9999999 TOTALS .....		464,752	XXX	XXX	XXX

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	432,358	.....	432,358	.....	.....	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	432,358	.....	432,358	.....	.....	.....



## 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 .....	148,924,087	16,324,985	131,818,185	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



2017

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## 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	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 .....	148,924,087	16,324,985	131,818,185	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

**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
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....						
0799999 Total - Life and Annuity - Affiliates .....						
1199999 Total - Life and Annuity .....						
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....						
1899999 Total - Accident and Health - Affiliates .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
21113 .... 13-5459190 .... 01/01/2017	UNITED STATES FIRE INS CO .....			DE .....	1,236,040 .....	
00000 .... AA-9990032 .... 01/01/2016	US Dept of Hlth & Human Serv .....			DC .....	340,656 .....	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					1,576,696 .....	
2199999 Total - Accident and Health - Non-Affiliates .....					1,576,696 .....	
2299999 Total - Accident and Health .....					1,576,696 .....	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					1,576,696 .....	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					1,576,696 .....	
9999999 Total (Sum of 1199999 and 2299999) .....					1,576,696 .....	

**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		
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates													
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
21113 ... 13-5459190 ... 01/01/2017 UNITED STATES FIRE INS CO				DE	SSL/A/I	SLEL	1,260,083						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,260,083						
1099999 Total - General Account - Authorized - Non-Affiliates							1,260,083						
1199999 Total - General Account Authorized							1,260,083						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,260,083						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,260,083						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							1,260,083						

**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 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	1,260	1,423	1,762	2,939	3,476
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	2,544	4,238	4,305	5,407	4,478
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	1,577	2,878	2,378	3,199	444
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					824
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					824
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 .....					
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)
<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) .....	3,358,739		3,358,739
6. <b>TOTAL Assets (Line 28)</b> .....	<b>48,286,332</b>		<b>48,286,332</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	14,658,920		14,658,920
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>25,872,219</b>		<b>25,872,219</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>22,414,113</b>	X X X	<b>22,414,113</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>48,286,332</b>		<b>48,286,332</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 T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

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

# SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names 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)	Is an SCA Filing Required? (Y/N)	*
3259	SUMMA INSURANCE COMPANY .....	95202	34-1726655				SUMMACARE INC .....	OH	UDP	SUMMA HEALTH SYSTEM CORP .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N .....	
	SUMMA INSURANCE COMPANY .....	10649	34-1809108				SUMMA INS CO INC .....	OH	RE	SUMMACARE .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1887844				SUMMA HEALTH .....	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION .....	OH	UIP	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC .....	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	341961463				APEX BENEFITS SERVICES LLC .....	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1895396				OHIO HEALTH CHOICE .....	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-2020978				CORNERSTONE MEDICAL SERVICES .....	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC .....	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	341790929				SUMMA PHYSICIANS INC .....	OH	NIA	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1219001				SUMMA FOUNDATION .....	OH	NIA	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	45-3697866				ARIS TELERADIOLOGY .....	OH	NIA	SUMMA HEALTH SYSTEM .....	Ownership .....	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	27-1952573				SUMMA REHAB HOSPITAL .....	OH	NIA	SUMMA HEALTH SYSTEM .....	Ownership .....	52.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	26-1421110				MEDINA-SUMMIT ASC LLC .....	OH	NIA	SUMMA HEALTH SYSTEM .....	Ownership .....	20.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1887844				SUMMA HEALTH NETWORK LLC .....	OH	NIA	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION .....	OH	NIA	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		

# SCHEDULE Y

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

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tionship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
		00000				MIDDLEBURY ASSURANCE COMPANY	CYM	... IA ...	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	... NIA ...	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	OH	... NIA ...	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	46-3018310			SUMMA HEALTH SYSTEM COMMUNITY	OH	... UIP ...						N	0000001
		00000	46-3055925			HEALTHSPAN PARTNERS	OH	... UIP ...						N	0000002
		00000	01-0842997			WADSWORTH RITTMAN HOSPITAL PROFESSIONAL SERVICES CORP	OH	... NIA ...	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	
		00000	34-0714755			SUMMA HEALTH SYSTEM	OH	... NIA ...	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		N	

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Asterisk	Explanation
0000001	SUMMA HEALTH SYSTEM COMMUNITY IS THE ULTIMATE CONTROLLING ENTITY WITH 70% OWNERSHIP.
0000002	HEALTHSPAN PARTNERS IS THE ULTIMATE CONTROLLING ENTITY WITH 30% OWNERSHIP.
0000003	

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC .....	.....	.....	.....	(24,367,836)	(15,944,772)	.....	.....	.....	(40,312,608)	.....
	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 .....	.....	.....	.....	76,716,060	2,821,782	.....	.....	.....	79,537,842	.....
	34-1895396	OHIO HEALTH CHOICE INC. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
95202	34-1726655	SUMMACARE INC .....	.....	.....	.....	(65,079,997)	(16,920,953)	.....	.....	.....	(82,000,950)	.....
	34-1790929	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	.....	15,290	.....	.....	.....	15,290	.....
	27-3857055	SUMMA PHYSICIANS INC .....	.....	.....	.....	10,070,585	.....	.....	.....	.....	10,070,585	.....
	46-1145832	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	2,661,188	.....	.....	.....	.....	2,661,188	.....
		SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	.....	.....	26,885,393	.....	.....	.....	26,885,393	.....
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 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?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. 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
18. 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
19. 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

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. 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
23. 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

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

Explanation:

13. Summa Insurance Company has less than 100 shareholders.

Bar Code:

Health Life Supplement



1064920172050000 2017 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



10649201737100000 2017 Document Code: 371

Medicare Part D Coverage Supplement



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



LTC Supplemental Interrogatories



10649201730600000 2017 Document Code: 306

Schedule SIS



1064920174200000 2017 Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



10649201737000000 2017 Document Code: 370

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



Approval for Relief related to Require. for Audit Committees



Health Life Supplement - LHA Guaranty Association Reconciliation



10649201721100000 2017 Document Code: 211

**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) .....	.....	.....



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2017**  
**(To be filed by March 1)**  
**FOR THE STATE OF OHIO**

NAIC Group Code: 3259

NAIC Company Code: 10649

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

Person Completing This Exhibit: Roy Hall

Title: Regulatory Accountant

Telephone Number: (330)996-8410-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015, 2016, 2017				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
<b>Total Experience on Individual Policies</b>																		
.... Yes ....	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					24,703	5,534	22.4	8	
.... Yes ....	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					81,549	27,977	34.3	28	
.... Yes ....	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					14,957	3,513	23.5	4	
.... Yes ....	2010 MED SUPP F SELECT	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					8,366	8,912	106.5	4	
.... Yes ....	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					3,820	653	17.1	2	
???			???															
0199999 Total Experience on Individual Policies															133,395	46,589	34.9	46
0299999 Total Experience on Group Policies																		

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 10 N Main St, Akron OH 44308
  - 2.2 Contact Person and Phone Number: James R. Loveless (330)996-8410-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: P.O. Box 3620, Akron OH 44309-3620
  - 3.2 Contact Person and Phone Number: Michael T. Frye (330)996-8410-
4. Explain any policies identified above as policy type "O".

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