



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
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	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
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	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Internet Website Address	SummaCare.com		(330)996-8410 (Area Code) (Telephone Number)			
Statutory Statement Contact	Mike Dennis Weals (Name) wealsm@summahealth.org (E-Mail Address)		(330)996-5112 (Area Code)(Telephone Number)(Extension) (Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Dennis Dale Pijor	President
Michael Anthony O'Neill	Assistant Treasurer
Henry Leigh Gerstenberger	Vice Chair #
Keith Thomas Coleman	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
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DIRECTORS OR TRUSTEES

Kathleen Tirbovich Geier Benjamin Paul Sutton Henry Leigh Gerstenberger Caroline Fisher Pearson Dennis Dale Pijor Anthony Lockhart #	Rajiv Vishnu Taliwal M.D. Lydia Alexander Cook M.D. Russell Floyd Mohawk Thomas Clifford Deveny M.D. Robert Jeffrey Copeland Mark Joseph Sims #
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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)
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Subscribed and sworn to before me this _____ day of _____, 2019	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[] _____ _____ _____
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(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	3,376,675	(15,599)	(15,182)	2,834	184,287	3,164,441
0299999 TOTAL Group	3,376,675	(15,599)	(15,182)	2,834	184,287	3,164,441
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) ..	3,376,675	(15,599)	(15,182)	2,834	184,287	3,164,441

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	1,605,062			1,642,769	1,642,769	1,605,062
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,605,062			1,642,769	1,642,769	1,605,062
Claim Overpayment Receivables						
Cleveland Clinic Foundation	278,262					278,262
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	278,262					278,262
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						
Other Receivables						
.....						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	1,883,324			1,642,769	1,642,769	1,883,324

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	1,561,997	865,251		3,247,831	1,561,997	2,088,896
2.	Claim overpayment receivables				278,262		
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	385,286				385,286	1,875,726
7.	TOTALS (Lines 1 through 6)	1,947,283	865,251		3,526,093	1,947,283	3,964,622

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	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	11,988,991	2,141,000	856,000	402,000	801,000	16,188,991
0499999 Subtotals	11,988,991	2,141,000	856,000	402,000	801,000	16,188,991
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						16,188,991
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							
SummaCare, Inc.	2,261,775					2,261,775	
Summa Health System	81,352					81,352	
0199999 Total - Individually listed receivables	2,343,127					2,343,127	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	2,343,127					2,343,127	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Management Services Organization	Salaries and benefits	918,477	918,477	
Apex Benefits Services LLC	Medimpact Rebate	1,549,745	1,549,745	
0199999 Total - Individually Listed Payables	X X X	2,468,222	2,468,222	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	2,468,222	2,468,222	

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	445,836	0.287			284,187	161,649
3.	All other providers						
4.	TOTAL Capitation Payments	445,836	0.287			284,187	161,649
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	154,935,438	99.713	X X X	X X X	24,421,732	130,513,706
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
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	154,935,438	99.713	X X X	X X X	24,421,732	130,513,706
13.	TOTAL (Line 4 plus Line 12)	155,381,274	100.000	X X X	X X X	24,705,919	130,675,355

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	Pioneer	110,840			
00000	Summa Accountable Care Organization	284,187			
00000	Optum Insights	12,965			
00000	Summa Health System	474			
00000	Summa Health Medical Group	37,370			
9999999 TOTALS		445,836	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	432,538	.....	432,538	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	432,538	.....	432,538	.....	.....	.....



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							
TOTAL Members at end of:										
1. Prior Year	31,491	3,785	26,749	46						911
2. First Quarter	31,737	4,348	26,473	44						872
3. Second Quarter	31,558	4,140	26,610	44						764
4. Third Quarter	30,753	3,939	26,001	44						769
5. Current Year	30,903	3,816	26,269	44						774
6. Current Year Member Months	376,361	49,465	316,637	528						9,731
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	47,490	6,863	40,491	136						
8. Non-Physician	71,623	11,303	60,162	158						
9. TOTAL	119,113	18,166	100,653	294						
10. Hospital Patient Days Incurred	7,606	1,582	6,024							
11. Number of Inpatient Admissions	1,805	282	1,523							
12. Health Premiums Written (b)	171,921,680	28,330,286	143,005,407	131,505						454,482
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	171,921,680	28,330,286	143,005,407	131,505						454,482
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	155,381,274	25,253,779	129,561,832	74,820						490,843
18. Amount Incurred for Provision of Health Care Services	155,811,344	26,058,700	129,193,919	74,451						484,274

(a) For health business: number of persons insured under PPO managed care products30,903 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 \$.....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:										
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	171,921,680	28,330,286	143,005,407	131,505						454,482
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	155,381,274	25,253,779	129,561,832	74,820						490,843
18. Amount Incurred for Provision of Health Care Services	155,811,344	26,058,700	129,193,919	74,451						484,274

(a) For health business: number of persons insured under PPO managed care products30,903 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 \$.....0

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	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business 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						
93440	06-1041332 ...	01/01/2018	HM LIFE INS CO	PA	309,171	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					309,171	.....
2199999 Total - Accident and Health - Non-Affiliates					309,171	.....
2299999 Total - Accident and Health					309,171	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					309,171	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999)					309,171	.....

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													
93440	06-1041332	01/01/2018	HM LIFE INS CO	PA		SLEL	1,125,597						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,125,597						
1099999 Total - General Account - Authorized - Non-Affiliates							1,125,597						
1199999 Total - General Account Authorized							1,125,597						
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,125,597						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,125,597						
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)							1,125,597						

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 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	1,126	1,260	1,423	1,762	2,939
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	1,787	2,544	4,238	4,305	5,407
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	309	1,577	2,878	2,378	3,199
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)	40,311,491		40,311,491
2. Accident and health premiums due and unpaid (Line 15)	3,164,442		3,164,442
3. Amounts recoverable from reinsurers (Line 16.1)	309,171	(309,171)	
4. Net credit for ceded reinsurance	X X X	309,171	309,171
5. All other admitted assets (Balance)	6,224,992		6,224,992
6. TOTAL Assets (Line 28)	50,010,096		50,010,096
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,188,991		16,188,991
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	4,820,580		4,820,580
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)	5,028,431		5,028,431
15. TOTAL Liabilities (Line 24)	26,038,002		26,038,002
16. TOTAL Capital and Surplus (Line 33)	23,972,094	X X X	23,972,094
17. TOTAL Liabilities, Capital and Surplus (Line 34)	50,010,096		50,010,096
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	309,171		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	309,171		
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	309,171		

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

Direct Business only							
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	
States, Etc.							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

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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	Rela- tion- 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	95202	34-1726655	.....	.....	.....	SUMMACARE INC	OH .	UDP .	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
3259	SUMMA INSURANCE COMPANY	10649	34-1809108	.....	.....	.....	SUMMA INS CO INC	OH .	RE ..	SUMMACARE	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1887844	.....	.....	.....	SUMMA HEALTH	OH .	UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1515252	.....	.....	.....	SUMMA HEALTH SYSTEM CORPORATION	OH .	UIP ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	16-1628227	.....	.....	.....	SUMMA INSURANCE AGENCY LLC	OH .	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	341961463	.....	.....	.....	APEX BENEFITS SERVICES LLC	OH .	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1895396	.....	.....	.....	OHIO HEALTH CHOICE	OH .	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1692767	.....	.....	.....	HEALTH CARE CENTER PHYSICIANS INC	OH .	NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	341790929	.....	.....	.....	SUMMA PHYSICIANS INC	OH .	NIA ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1219001	.....	.....	.....	SUMMA FOUNDATION	OH .	NIA ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	45-3697866	.....	.....	.....	ARIS TELERADIOLOGY	OH .	NIA ..	SUMMA HEALTH SYSTEM	Ownership	58.8	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	27-1952573	.....	.....	.....	SUMMA REHAB HOSPITAL	OH .	NIA ..	SUMMA HEALTH SYSTEM	Ownership	52.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	26-1421110	.....	.....	.....	MEDINA-SUMMIT ASC LLC	OH .	NIA ..	SUMMA HEALTH SYSTEM	Ownership	20.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	34-1887844	.....	.....	.....	SUMMA HEALTH NETWORK LLC	OH .	NIA ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	27-3857055	.....	.....	.....	SUMMA ACCOUNTABLE CARE ORGANIZATION	OH .	NIA ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	00000	.....	.....	.....	.....	MIDDLEBURY ASSURANCE COMPANY	CYM	IA ..	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	..... N .....	.....
.....	HEALTHSPAN PARTNERS	..... N .....	.....

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

41.1

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)	*
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION .....	. OH .	... NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM COMMUNITY /		
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION .....	. OH .	... NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	..... 100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.... N ....	.....
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY .....	. OH .	... UIP ..				HEALTHSPAN PARTNERS	.... N ....	.....
		00000	46-3055925				HEALTHSPAN PARTNERS .....	. OH .	... UIP ..					.... N	0000001
		00000	01-0842997				WADSWORTH RITTMAN HOSPITAL PROFESSIONAL SERVICES CORP .....	. OH .	... NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership .....	..... 100.0	SUMMA HEALTH SYSTEM COMMUNITY /	.... N	0000002
		00000	34-0714755				SUMMA HEALTH SYSTEM .....	. OH .	... NIA ..	SUMMA HEALTH	Ownership .....	..... 100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.... N	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC .....	. OH .	... NIA ..	SUMMA HEALTH SYSTEM	Ownership .....	..... 60.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.... N	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE, LLC .....	. OH .	... NIA ..	SUMMA HHAH HOLDINGS, LLC	Ownership .....	..... 60.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	.... N	

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	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				(27,072,792)	(13,522,255)				(40,595,047)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					(76,741)				(76,741)	
	34-1961463	APEX BENEFITS SERVICES, LLC					3,209,328				3,209,328	
	34-1887844	SUMMA HEALTH SYSTEM				80,357,521	2,895,607				83,253,128	
	34-1895396	OHIO HEALTH CHOICE INC.										
95202	34-1726655	SUMMACARE INC				(67,593,612)	(17,974,552)				(85,568,164)	
		MIDDLEBURY ASSURANCE COMPANY					32,533				32,533	
	34-1790929	SUMMA PHYSICIANS INC				10,621,461					10,621,461	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				3,687,422					3,687,422	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					25,436,080				25,436,080	
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 if your company is engaged in the type of business covered by the supplement. 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 file 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	No
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:

13. Summa Insurance Company has less than 100 shareholders.

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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

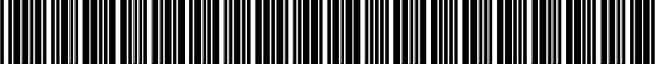


Approval for Relief related to Require. for Audit Committees



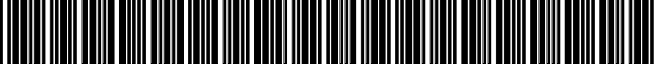
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



10649201830600000 2018 Document Code: 306

Health Life Supplement - April



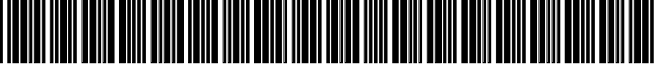
10649201821100000 2018 Document Code: 211

LHA Guaranty Association Reconciliation



10649201829000000 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



10649201830000000 2018 Document Code: 300

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
2910. Gain on the sale of fixed assets
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
4714. Deferred gain on sale of bonds to SummaCare, Inc.
4715. Federal income tax adjustment
4716. Miscellaneous
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 3259
Address (City, State and Zip Code): Akron, OH 44305
Person Completing This Exhibit: Roy Hall
Title: Regulatory Accountant
Telephone Number: (330)996-8410-

Supp12 Ohio

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					24,585	4,879	19.8	8
Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					86,293	64,850	75.2	27
Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					9,389	2,841	30.3	4
Yes	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					7,938	1,547	19.5	3
Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					3,300	334	10.1	2
???			???														
0199999 Total Experience on Individual Policies														131,505	74,451	56.6	44
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: 1200 East Market St. Suite 400, Akron OH 44305
 - 2.2 Contact Person and Phone Number: Anne Armao (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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