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2019

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2019
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)			
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		(Area Code) (Telephone Number)			
Statutory Statement Contact	Mike Dennis Weals (Name) wealsm@summahealth.org (E-Mail Address)		(330)996-8410 (Area Code) (Telephone Number)			
			(330)996-5112 (Area Code)(Telephone Number)(Extension)			
			(Fax Number)			

OFFICERS

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Dennis Dale Pijor	President
Michael Anthony O'Neill	Assistant Treasurer
Keith Thomas Coleman	Treasurer

OTHERS

Anne Armao, VP - Marketing & Medicare
Charles Zonfa M.D., Chief Medical Officer

Kevin Cavalier, VP - Sales
Stephen Adamson, VP, Chief Operations Officer

DIRECTORS OR TRUSTEES

Frank Anthony Carrino #
Benjamin Paul Sutton
Henry Leigh Gerstenberger
Caroline Fisher Pearson
Robert Jeffrey Copeland
Mark Joseph Sims

Rajiv Vishnu Taliwal M.D.
Lydia Alexander Cook M.D.
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Anthony Lockhart
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)
Robert Andrew Gerberry
(Printed Name)
1.
Secretary
(Title)

(Signature)
Keith Thomas Coleman
(Printed Name)
2.
Treasurer
(Title)

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

Subscribed and sworn to before me this
28th day of February, 2020

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 .....	.....	.....	.....	.....	.....	.....
0299997 Subtotal - Group Subscribers: .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	2,486,539	10,619	1,223	26,199	31,193	2,493,387
0299999 TOTAL Group	2,486,539	10,619	1,223	26,199	31,193	2,493,387
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)	2,486,539	10,619	1,223	26,199	31,193	2,493,387

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	1,101,226	.....	.....	1,140,275	1,140,275	1,101,226
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,101,226	.....	1,140,275	1,140,275	1,140,275	1,101,226
Claim Overpayment Receivables						
Lake Health Beachwood Medical	9,725	.....	.....	.....	.....	9,725
University Hospitals	9,611	.....	.....	.....	.....	9,611
Fairview Hospital	803	.....	.....	.....	.....	803
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	20,139	.....	.....	.....	.....	20,139
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						
MEWA	6,442	.....	.....	.....	.....	6,442
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables	6,442	.....	.....	.....	.....	6,442
0799999 Gross health care receivables	1,127,807	.....	.....	1,140,275	1,140,275	1,127,807

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	2,640,117	2,321,636		2,241,502	2,640,117	3,247,831
2. Claim overpayment receivables				20,139		278,262
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				6,442		
7. TOTALS (Lines 1 through 6)	2,640,117	2,321,636		2,268,083	2,640,117	3,526,093

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	8,425,926	1,277,000	480,000	287,000	441,000	10,910,926
0499999 Subtotals	8,425,926	1,277,000	480,000	287,000	441,000	10,910,926
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	10,910,926
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.	642,311					642,311	
Apex Benefits Services, LLC	520,343					520,343	
0199999 Total - Individually listed receivables	1,162,654					1,162,654	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,162,654					1,162,654	

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	751,974	751,974	.....
Summa Health System	Various accounts payable checks and wires	2,572,693	2,572,693	.....
0199999 Total - Individually Listed Payables	XXX	3,324,667	3,324,667	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	3,324,667	3,324,667	.....

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
Capitation Payments:						
1. Medical groups						
2. Intermediaries	337,014	0.297			247,322	89,692
3. All other providers						
4. TOTAL Capitation Payments	337,014	0.297			247,322	89,692
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	113,040,322	99.703	XXX	XXX	18,906,403	94,133,919
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	113,040,322	99.703	XXX	XXX	18,906,403	94,133,919
13. TOTAL (Line 4 plus Line 12)	113,377,336	100.000	XXX	XXX	19,153,725	94,223,611

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	Pioneer	79,915			
00000	Summa Accountable Care Organization	246,752			
00000	Optum Insights	4,002			
00000	Summa Health Medical Group	300			
00000	Summa Health System	270			
00000	Fairlawn Family Practice	225			
00000	Family Practice of Wadsworth	600			
00000	Brian Cain MD and Associates	450			
00000	Austin Primary Care	750			
00000	Family Physicians Inc	600			
00000	Total Lifetime Care	150			
00000	Waleed Nemer MD	450			
00000	Manor Management Company	750			
00000	Family Practice Center	1,800			
9999999 TOTALS		337,014	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
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	30,903	3,816	26,269	44						774
2. First Quarter	22,920	2,903	19,618	40						359
3. Second Quarter	21,570	2,763	18,406	39						362
4. Third Quarter	21,057	2,580	18,067	39						371
5. Current Year	19,884	2,465	17,003	36						380
6. Current Year Member Months	259,612	32,330	222,435	458						4,389
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	33,589	4,557	28,910	122						
8. Non-Physician	15,240	2,635	12,600	5						
9. TOTAL	48,829	7,192	41,510	127						
10. Hospital Patient Days Incurred	5,604	871	4,733							
11. Number of Inpatient Admissions	1,228	199	1,029							
12. Health Premiums Written (b)	126,428,256	19,398,334	106,750,777	125,216						153,929
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	126,428,256	19,398,334	106,750,777	125,216						153,929
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	113,377,336	17,036,169	96,418,784	87,641						(165,258)
18. Amount Incurred for Provision of Health Care Services	107,375,450	16,265,956	91,184,654	91,300						(166,460)

(a) For health business: number of persons insured under PPO managed care products19,884 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:

NAIC Group Code 3259

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	30,903	3,816	26,269	44						774
2. First Quarter	22,920	2,903	19,618	40						359
3. Second Quarter	21,570	2,763	18,406	39						362
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9. TOTAL	48,829	7,192	41,510	127						
10. Hospital Patient Days Incurred	5,604	871	4,733							
11. Number of Inpatient Admissions	1,228	199	1,029							
12. Health Premiums Written (b)	126,428,256	19,398,334	106,750,777	125,216						153,929
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	126,428,256	19,398,334	106,750,777	125,216						153,929
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	113,377,336	17,036,169	96,418,784	87,641						(165,258)
18. Amount Incurred for Provision of Health Care Services	107,375,450	16,265,956	91,184,654	91,300						(166,460)

(a) For health business: number of persons insured under PPO managed care products19,884 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

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 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
125	82-5056803	01/01/2019	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	1,108,042			723,822		
0899999 Subtotal - Non-Affiliates - U.S. Non-Affiliates							1,108,042			723,822		
1099999 Total - Non-Affiliates							1,108,042			723,822		
1199999 Total U.S. (Sum of 0399999 and 0899999)							1,108,042			723,822		
9999999 Total (Sum of 0799999 and 1099999)							1,108,042			723,822		

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
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60410	73-0714500	01/01/2019	AMERICAN FIDELITY ASSUR CO	OK	273,942	
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				273,942	
2199999	Total - Accident and Health - Non-Affiliates				273,942	
2299999	Total - Accident and Health				273,942	
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				273,942	
9999999	Total (Sum of 1199999 and 2299999)				273,942	

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		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60410	73-0714500	01/01/2019	AMERICAN FIDELITY ASSUR CO	OK	SLEL		1,487,583						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,487,583						
1099999 Total - General Account - Authorized - Non-Affiliates							1,487,583						
1199999 Total - General Account Authorized							1,487,583						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,487,583						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - 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)							1,487,583						
9999999 Total (Sum of 3499999 and 6899999)							1,487,583						

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 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	1,488	1,126	1,260	1,423	1,762
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	1,056	1,787	2,544	4,238	4,305
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	274	309	1,577	2,878	2,378
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)	39,529,103		39,529,103
2. Accident and health premiums due and unpaid (Line 15)	2,493,387		2,493,387
3. Amounts recoverable from reinsurers (Line 16.1)	273,942	(273,942)	
4. Net credit for ceded reinsurance	XXX	273,942	273,942
5. All other admitted assets (Balance)	4,393,137		4,393,137
6. TOTAL Assets (Line 28)	46,689,569		46,689,569
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	10,910,926		10,910,926
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	5,048,844		5,048,844
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)	6,735,148		6,735,148
15. TOTAL Liabilities (Line 24)	22,694,918		22,694,918
16. TOTAL Capital and Surplus (Line 33)	23,994,651	XXX	23,994,651
17. TOTAL Liabilities, Capital and Surplus (Line 34)	46,689,569		46,689,569
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	273,942		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	273,942		
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	273,942		

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

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	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	
		00000	82-3600079			SUMMA HHAH HOLDINGS, LLC		OH	... NIA ...	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	82-2881193			SUMMA HOME HEALTH AND HOSPICE, LLC		OH	... NIA ...	SUMMA HHAH HOLDINGS, LLC	Ownership	60.0	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 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 10649 ..	34-1809108 ..	SUMMA INS CO INC .....	.....	.....	.....	(20,315,087)	(9,712,153)	.....	.....	.....	(30,027,240)	.....
.....	34-1887844 ..	SUMMA HEALTH NETWORK, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-1961463 ..	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	.....	1,153,548	.....	.....	.....	1,153,548	.....
.....	34-1887844 ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	64,542,253	2,812,769	.....	.....	.....	67,355,022	.....
.....	34-1895396 ..	OHIO HEALTH CHOICE INC. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 95202 ..	34-1726655 ..	SUMMACARE INC .....	.....	.....	.....	(58,686,748)	(19,583,590)	.....	.....	.....	(78,270,338)	.....
.....	34-1790929 ..	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	.....	16,055	.....	.....	.....	16,055	.....
.....	27-3857055 ..	SUMMA PHYSICIANS INC .....	.....	.....	.....	10,588,413	.....	.....	.....	.....	10,588,413	.....
.....	46-1145832 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	3,871,169	25,313,371	.....	.....	.....	3,871,169	.....
.....	9999999 Control Totals .....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



2019

Document Code: 306

1064920193060000

Health Life Supplement - April



2019

Document Code: 211

10649201921100000

OVERFLOW PAGE FOR WRITE-INS**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			
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
	(2)	
4704.		
4705.		
4706.		
4707.		
4708. Retired treasury stock		
4709. 2008 adjustments to minority interest & federal taxes		
4710. Common Stock Adjustment		
4711. Misc. Adjustment	(2)	
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)	(2)	



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2019
(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 44305

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 2016				Policies Issued in 2017, 2018, 2019				
										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	
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					24,085	8,685	36.1	7	
.... Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					80,522	71,188	88.4	21	
.... Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					10,107	2,493	24.7	3	
.... Yes	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					8,777	8,934	101.8	3	
.... Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					1,726			1	
.... ???			???															
0199999 Total Experience on Individual Policies															125,217	91,300	72.9	35
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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