



95202201920100100

2019

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
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[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com		(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)			
			(330)996-8410 (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
Stephen Adamson, VP, Chief Operations Officer

Kevin Cavalier, VP - Sales

Charles Zonfa M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Rajiv Vishnu Taliwal M.D.
Henry Leigh Gerstenberger
Caroline Fisher Pearson
Robert Jeffrey Copeland
Mark Joseph Sims

Frank Anthony Carrino #
Benjamin Paul Sutton
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	9,564,481	31,208	7,432	29,555	31,795	9,600,881
0299999 TOTAL Group	9,564,481	31,208	7,432	29,555	31,795	9,600,881
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)	9,564,481	31,208	7,432	29,555	31,795	9,600,881

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	1,570,044	.....	.....	2,067,265	2,067,265	1,570,044
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,570,044	.....	.....	2,067,265	2,067,265	1,570,044
Claim Overpayment Receivables						
University Hospitals	8,598	.....	.....	.....	.....	8,598
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	8,598	.....	.....	.....	.....	8,598
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
Capitation Arrangements Receivables						
CMS revenue due from membership true up	38,324	.....	.....	.....	.....	38,324
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables	38,324	.....	.....	.....	.....	38,324
Risk Sharing Receivables						
Medicare gap receivables due from pharmaceutical companies	1,384,822	.....	.....	.....	.....	1,384,822
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables	1,384,822	.....	.....	.....	.....	1,384,822
Other Receivables						
MSP Receivable	400,000	.....	.....	.....	400,000	.....
Misc Rx	36	.....	.....	.....	.....	36
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables	400,036	.....	.....	.....	400,000	36
0799999 Gross health care receivables	3,401,824	.....	.....	2,067,265	2,467,265	3,001,824

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	3,574,488	4,276,572	3,637,309	3,574,488	3,574,488	3,860,016
2. Claim overpayment receivables			8,598			72,316
3. Loans and advances to providers						
4. Capitation arrangement receivables			38,324			40,142
5. Risk sharing receivables	752,672	2,544,952	1,384,822	752,672	752,672	752,672
6. Other health care receivables			400,036			1,009,973
7. TOTALS (Lines 1 through 6)	4,327,160	6,821,524	5,469,089	4,327,160	4,327,160	5,735,119

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	15,270,660	4,023,000	1,894,000	628,000	752,000	22,567,660
0499999 Subtotals	15,270,660	4,023,000	1,894,000	628,000	752,000	22,567,660
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	22,567,660
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	3,443,459

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							
Apex Benefits Services	234,296					234,296	
0199999 Total - Individually listed receivables	234,296					234,296	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	234,296					234,296	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Summa Health Medical Group	Administrative fees	3,778	3,778	.....
Summa Insurance Company	Administrative fees	642,311	642,311	.....
Summa Health System	Administrative fees and Accounts Payable	5,959,972	5,959,972	.....
Summa management Services Organization	Salaries and Benefits	1,595,367	1,595,367	.....
0199999 Total - Individually Listed Payables	XXX	8,201,428	8,201,428	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	8,201,428	8,201,428	.....

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	669,773	0.294			669,773	
3. All other providers						
4. TOTAL Capitation Payments	669,773	0.294			669,773	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	222,037,828	97.603	XXX	XXX	54,386,274	167,651,554
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,784,208	2.103	XXX	XXX	744,437	4,039,771
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	226,822,036	99.706	XXX	XXX	55,130,711	171,691,325
13. TOTAL (Line 4 plus Line 12)	227,491,809	100.000	XXX	XXX	55,800,484	171,691,325

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 Health System Geriatrics	669,773			
99999999 TOTALS		669,773	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	1,859,135	.....	659,780	.....	1,199,355	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	1,859,135	.....	659,780	.....	1,199,355	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259 NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year	23,293								23,293	
2. First Quarter	23,022								23,022	
3. Second Quarter	22,824								22,824	
4. Third Quarter	22,865								22,865	
5. Current Year	22,516								22,516	
6. Current Year Member Months	273,842								273,842	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	101,829								101,829	
8. Non-Physician	49,351								49,351	
9. TOTAL	151,180								151,180	
10. Hospital Patient Days Incurred	52,833								52,833	
11. Number of Inpatient Admissions	7,340								7,340	
12. Health Premiums Written (b)	269,612,961								269,612,961	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	269,612,961								269,612,961	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	227,491,809								227,491,809	
18. Amount Incurred for Provision of Health Care Services	230,556,639								230,556,639	

(a) For health business: number of persons insured under PPO managed care products0 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 \$....269,612,961



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95202

NAIC Group Code 3259

	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	23,293							23,293		
2. First Quarter	23,022							23,022		
3. Second Quarter	22,824							22,824		
4. Third Quarter	22,865							22,865		
5. Current Year	22,516							22,516		
6. Current Year Member Months	273,842							273,842		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	101,829							101,829		
8. Non-Physician	49,351							49,351		
9. TOTAL	151,180							151,180		
10. Hospital Patient Days Incurred	52,833							52,833		
11. Number of Inpatient Admissions	7,340							7,340		
12. Health Premiums Written (b)	269,612,961							269,612,961		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	269,612,961							269,612,961		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	227,491,809							227,491,809		
18. Amount Incurred for Provision of Health Care Services	230,556,639							230,556,639		

(a) For health business: number of persons insured under PPO managed care products0 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 \$....269,612,961

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
			N O N E									
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
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60410	73-0714500	01/01/2019	AMERICAN FIDELITY ASSUR CO	OK	113,529	.....
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				113,529	.....
2199999	Total - Accident and Health - Non-Affiliates				113,529	.....
2299999	Total - Accident and Health				113,529	.....
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				113,529	.....
9999999	Total (Sum of 1199999 and 2299999)				113,529	.....

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	SSL/I	SLEL	205,380						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							205,380						
1099999 Total - General Account - Authorized - Non-Affiliates							205,380						
1199999 Total - General Account Authorized							205,380						
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							205,380						
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)							205,380						
9999999 Total (Sum of 3499999 and 6899999)							205,380						

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	205				
2. Title XVIII-Medicare		165	146	84	184
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	114	3	(16)	37	368
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	114			16	183
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)	64,674,073		64,674,073
2. Accident and health premiums due and unpaid (Line 15)	9,600,881		9,600,881
3. Amounts recoverable from reinsurers (Line 16.1)	113,529		113,529
4. Net credit for ceded reinsurance	X X X	113,529	113,529
5. All other admitted assets (Balance)	6,502,418		6,502,418
6. TOTAL Assets (Line 28)	80,890,901	113,529	81,004,430
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	22,567,660		22,567,660
8. Accrued medical incentive pool and bonus payments (Line 2)	3,443,459		3,443,459
9. Premiums received in advance (Line 8)	392,671		392,671
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)	13,848,668		13,848,668
15. TOTAL Liabilities (Line 24)	40,252,458		40,252,458
16. TOTAL Capital and Surplus (Line 33)	40,638,443	X X X	40,638,443
17. TOTAL Liabilities, Capital and Surplus (Line 34)	80,890,901		80,890,901
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	113,529		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	113,529		
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	113,529		

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	00000	34-1887844			SUMMA HEALTH		OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership		SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1515252			SUMMA HEALTH SYSTEM CORPORATION		OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
	SUMMA INSURANCE COMPANY	10649	34-1809108			SUMMA INSURANCE COMPANY		OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		95202	34-1726655			SUMMACARE INC.		OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
	SUMMA INSURANCE COMPANY	00000	16-1628227			SUMMA INSURANCE AGENCY LLC		OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1961463			APEX BENEFITS SERVICES LLC		OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
	SUMMA INSURANCE COMPANY	00000	01-0842997			WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1895396			OHIO HEALTH CHOICE INC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS		
	SUMMA INSURANCE COMPANY	00000	34-2020978			CONERSTONE 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		
	SUMMA INSURANCE COMPANY	00000	34-1790929			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		
	SUMMA INSURANCE COMPANY	00000	45-3697866			ARIS TELERADIOLOGY LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	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		
	SUMMA INSURANCE COMPANY	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		
	SUMMA INSURANCE COMPANY	00000				MIDDLEBURY ASSURANCE COMPANY	CYM	IA		SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS		
															0000001

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	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC		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 ..							
		00000	46-3055925			HEALTHSPAN PARTNERS		OH .. UIP ..							0000002
		00000	34-0714755			SUMMA HEALTH SYSTEM		OH .. NIA ..		SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS	N ..	0000003
		00000	27-1952573			SUMMA REHAB HOSPITAL		OH .. NIA ..		SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM / 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		OH .. NIA ..		SUMMA HHAH HOLDINGS, LLC	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N ..	

Asterisk	Explanation
0000001	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health System Community is the ultimate controlling entity with 70% ownership in Summa Health
0000003	HealthSpan Partners is the ultimate controlling entity with 30% ownership in Summa Health System.

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 .....	.....	.....	.....	(20,315,087)	.....	(9,712,153)	.....	.....	.....	(30,027,240)
.....	34-1887844 ..	SUMMA HEALTH NETWORK, LLC .....	.....	.....	.....	.....	.....	1,153,548	.....	.....	.....	1,153,548
.....	34-1961463 ..	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-0714755 ..	AKRON CITY & ST. THOMAS HOSPITALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	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
.....	26-1375072 ..	SUMMA BARBERTON HOSPITAL .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-6549371 ..	SUMMA WADSWORTH-RITTMAN HOSPITAL .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	27-3857055 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	3,871,169	.....	25,313,371	.....	.....	.....	3,871,169
.....	46-1145832 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	.....	.....	.....	64,542,253	.....	.....	.....	25,313,371
.....	34-1887844 ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	.....	.....	2,812,769	.....	.....	.....	67,355,022
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

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



9520220192240000

2019

Document Code: 224

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



9520220192250000

2019

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220192260000

2019

Document Code: 226

LTC Supplemental Interrogatories



9520220193060000

2019

Document Code: 306

Health Life Supplement - April



9520220192110000

2019

Document Code: 211

LHA Guaranty Association Reconciliation



9520220192900000

2019

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



9520220193000000

2019

Document Code: 300

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
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)
0704. Proceeds from the Sale of the Medicaid Product Line
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. Rental Revenue
2905. City Income Taxes
2906. Minority Interest Income (Expense)
2907. City Taxes
2908. Network Access Fees - Providers
2909. Minority Interest Expense
2910. Write off of tax receivable
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. 2014 CMS Revenue Reconciliation
4705. Correction of an error - 2006 Premium Taxes
4706. Misc. Adjustment
4707. Increase par value of common stock	2
4708. Adjustments to 2008 financial statements
4709. True up adjustment related to Deferred Tax
4710. Miscellaneous
4711. Capital contribution made to Summa Insurance Company
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)	2

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