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2020

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
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 (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					
Statutory Statement Contact	Michael Dennis Weals (Name) wealsm@summacare.com (E-Mail Address)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
			(330)996-8410 (Area Code) (Telephone Number)			
			(Fax Number)			

OFFICERS

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Keith Thomas Coleman	Treasurer
William Carl Epling	President #
Alan Philip Fehlner	Assistant Treasurer #

OTHERS

Charles Zonfa M.D., Chief Medical Officer
 Alan Fehlner, Chief Financial Officer #
 Kevin Cavalier, VP - Sales

Stephen Adamson M.D., VP, Chief Operations Officer
 Anne Armao, VP - Marketing & Medicare

DIRECTORS OR TRUSTEES

Frank Anthony Carrino	Rajiv Vishnu Taliwal M.D.
Benjamin Paul Sutton	Lydia Alexander Cook M.D.
Henry Leigh Gerstenberger	Russell Floyd Mohawk
Caroline Fisher Pearson	Thomas Clifford Deveny M.D.
Robert Jeffrey Copeland	Anthony Lockhart
Mark Joseph Sims	William Carl Epling #

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 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)
 Alan Philip Fehlner
 (Printed Name)
 1.
 Chief Financial Officer
 (Title)

(Signature)
 William Carl Epling
 (Printed Name)
 2.
 President
 (Title)

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

Subscribed and sworn to before me this
 26th day of Feb , 2021

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	1,475,503	60,487	531	1,987	218,866	1,319,642
0299999 TOTAL Group	1,475,503	60,487	531	1,987	218,866	1,319,642
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)	1,475,503	60,487	531	1,987	218,866	1,319,642

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	1,125,107	.....	.....	1,113,035	1,113,035	1,125,107
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,125,107	.....	.....	1,113,035	1,113,035	1,125,107
Claim Overpayment Receivables						
University Hospitals	135,841	.....	.....	.....	.....	135,841
Bio-Medical	34,463	.....	.....	.....	.....	34,463
Mercy Medical Center	1,893	.....	.....	.....	.....	1,893
Childrens Hospital Medical Center	19,802	.....	.....	.....	.....	19,802
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	191,999	.....	.....	.....	.....	191,999
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	614,057	.....	.....	.....	.....	614,057
SC Connect	2,565	.....	.....	.....	.....	2,565
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables	616,622	.....	.....	.....	.....	616,622
0799999 Gross health care receivables	1,933,728	.....	.....	1,113,035	1,113,035	1,933,728

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	2,093,950	2,501,903	2,238,142	2,093,950	2,241,502	
2. Claim overpayment receivables	20,139		191,999	20,139	20,139	20,139
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables			616,622			
7. TOTALS (Lines 1 through 6)	2,114,089	2,501,903	3,046,763	2,114,089	2,261,641	

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	6,254,964	2,604,000	1,898,000	363,000	288,000	11,407,964
0499999 Subtotals	6,254,964	2,604,000	1,898,000	363,000	288,000	11,407,964
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	11,407,964
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.	929,016					929,016	
0199999 Total - Individually listed receivables	929,016					929,016	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	929,016					929,016	

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	827,555	827,555	.....
Summa Health System	Various accounts payable checks and wires	1,561,608	1,561,608	.....
Apex Benefits Services, LLC	Amisys System Usage	23,815	23,815	.....
0199999 Total - Individually Listed Payables	XXX	2,412,978	2,412,978	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	2,412,978	2,412,978	.....

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	(40,303)	(0.045)			(229,456)	189,153
3. All other providers						
4. TOTAL Capitation Payments	(40,303)	(0.045)			(229,456)	189,153
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	89,239,105	100.045	XXX	XXX	17,254,143	71,984,962
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	89,239,105	100.045	XXX	XXX	17,254,143	71,984,962
13. TOTAL (Line 4 plus Line 12)	89,198,802	100.000	XXX	XXX	17,024,687	72,174,115

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	Kreptowski Family Practice	600			
00000	Partners Physician Group	375			
00000	Montrose Family Practice	900			
00000	Manor Management Company	1,050			
00000	Waleed Nemir MD	1,200			
00000	Austin Primary Care	1,050			
00000	Ohio Family Practice	150			
00000	South Court Family Physicians	750			
00000	Brian Cain MD	300			
00000	James E Phillips	150			
00000	Summa Accountable Care Organization	(247,096)			
00000	Pioneer	179,095			
10335	Summa Health System	17,640			
00000	Optum Insights	683			
00000	Family Physicians	2,700			
00000	Summa Health Medical Group	150			
9999999 TOTALS		(40,303)	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Summa Insurance Company 2. LOCATION:

NAIC Group Code 3259	1	BUSINESS IN THE STATE OF OHIO DURING THE YEAR									NAIC Company Code 10649
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
TOTAL Members at end of:											
1. Prior Year	19,884	2,465	17,003	36							380
2. First Quarter	18,967	2,213	16,294	33							427
3. Second Quarter	18,338	2,192	15,677	33							436
4. Third Quarter	17,258	2,143	14,636	33							446
5. Current Year	16,656	2,031	14,146	32							447
6. Current Year Member Months	215,035	25,686	183,713	396							5,240
TOTAL Member Ambulatory Encounters for Year:											
7. Physician	25,723	3,393	22,330								
8. Non-Physician	13,371	2,152	11,219								
9. TOTAL	39,094	5,545	33,549								
10. Hospital Patient Days Incurred	3,977	533	3,444								
11. Number of Inpatient Admissions	930	121	809								
12. Health Premiums Written (b)	111,991,685	17,935,845	93,812,510	114,006							129,324
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned	111,991,685	17,935,845	93,812,510	114,006							129,324
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services	89,198,802	14,083,467	75,589,970	57,622							(532,257)
18. Amount Incurred for Provision of Health Care Services	90,319,662	13,873,878	76,913,010	57,890							(525,116)

(a) For health business: number of persons insured under PPO managed care products16,656 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	1	BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR								NAIC Company Code 10649
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total	Individual	Group								
TOTAL Members at end of:										
1. Prior Year	19,884	2,465	17,003	36	380
2. First Quarter	18,967	2,213	16,294	33	427
3. Second Quarter	18,338	2,192	15,677	33	436
4. Third Quarter	17,258	2,143	14,636	33	446
5. Current Year	16,656	2,031	14,146	32	447
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13. Life Premiums Direct
14. Property/Casualty Premiums Written
15. Health Premiums Earned	111,991,685	17,935,845	93,812,510	114,006	129,324
16. Property/Casualty Premiums Earned
17. Amount Paid for Provision of Health Care Services	89,198,802	14,083,467	75,589,970	57,622	(532,257)
18. Amount Incurred for Provision of Health Care Services	90,319,662	13,873,878	76,913,010	57,890	(525,116)

(a) For health business: number of persons insured under PPO managed care products16,656 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	01/01/2020	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	2,558,708			100,000		
0899999 Subtotal - Non-Affiliates - U.S. Non-Affiliates							2,558,708			100,000		
1099999 Total - Non-Affiliates							2,558,708			100,000		
1199999 Total U.S. (Sum of 0399999 and 0899999)							2,558,708			100,000		
9999999 Total (Sum of 0799999 and 1099999)							2,558,708			100,000		

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	01/01/2020	AMERICAN FIDELITY ASSUR CO	OK	166,838	.....
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				166,838	.....
2199999	Total - Accident and Health - Non-Affiliates				166,838	.....
2299999	Total - Accident and Health				166,838	.....
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				166,838	.....
9999999	Total (Sum of 1199999 and 2299999)				166,838	.....

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	01/01/2020	AMERICAN FIDELITY ASSUR CO	OK		SLEL	2,200,123						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,200,123						
1099999 Total - General Account - Authorized - Non-Affiliates							2,200,123						
1199999 Total - General Account - Authorized							2,200,123						
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													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							2,200,123						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							2,200,123						
9999999 Total (Sum of 4599999 and 9099999)							2,200,123						

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 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	2,200	1,488	1,126	1,260	1,423
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	346	1,056	1,787	2,544	4,238
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	167	274	309	1,577	2,878
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)	39,441,123		39,441,123
2. Accident and health premiums due and unpaid (Line 15)	1,319,642		1,319,642
3. Amounts recoverable from reinsurers (Line 16.1)	166,838	(166,838)	
4. Net credit for ceded reinsurance	X X X	166,838	166,838
5. All other admitted assets (Balance)	4,161,569		4,161,569
6. TOTAL Assets (Line 28)	45,089,172		45,089,172
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	11,407,964		11,407,964
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,926,375		2,926,375
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)	4,022,301		4,022,301
15. TOTAL Liabilities (Line 24)	18,356,640		18,356,640
16. TOTAL Capital and Surplus (Line 33)	26,732,532	X X X	26,732,532
17. TOTAL Liabilities, Capital and Surplus (Line 34)	45,089,172		45,089,172
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	166,838		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	166,838		
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	166,838		

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)	N O N E		.....	.....	.....
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 *	
41 3259	SUMMA INSURANCE COMPANY	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	
		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 / HEALTHSPAN PARTNERS	N		0000002
		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		
		16775	84-3836552			SUMMACARE OF MICHIGAN INC.	MI	DS		SUMMACARE	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N		
		00000	36-3636364			DIG HOLDINGS	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	10.2	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N		
		00000	85-3039796			AKRON PHYSICIAN WELLNESS	OH	NIA		SUMMA HEALTH SYSTEM	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N		
		00000	61-1730089			SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST	OH	NIA		SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	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 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 .....	.....	.....	.....	(18,052,292)	(6,462,619)	.....	.....	.....	(24,514,911)	.....
.....	34-1887844 ..	SUMMA HEALTH NETWORK, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-1961463 ..	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	.....	446,671	.....	.....	.....	446,671	.....
.....	34-1887844 ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	66,750,870	2,180,915	.....	.....	.....	68,931,785	.....
.....	34-1895396 ..	OHIO HEALTH CHOICE INC. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
95202 ..	34-1726655 ..	SUMMACARE INC .....	.....	.....	.....	(63,244,872)	(23,561,126)	.....	.....	.....	(86,805,998)	.....
.....	.....	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	.....	62,322	.....	.....	.....	62,322	.....
.....	34-1790929 ..	SUMMA PHYSICIANS INC .....	.....	.....	.....	10,069,212	.....	.....	.....	.....	10,069,212	.....
.....	27-3857055 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	4,477,082	.....	.....	.....	.....	4,477,082	.....
.....	46-1145832 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	.....	.....	27,333,837	.....	.....	.....	27,333,837	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



2020

Document Code: 306

1064920203060000

Health Life Supplement - April



2020

Document Code: 211

10649202021100000

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
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, 2020
(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 2017				Policies Issued in 2018, 2019, 2020				
										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					20,272	5,011	24.7	6	
.... Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					71,918	42,117	58.6	19	
.... Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					10,614	8,840	83.3	3	
.... Yes	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					9,363	1,922	20.5	3	
.... Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					1,838			1	
.... ???			???															
0199999 Total Experience on Individual Policies															114,006	57,890	50.8	32
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":