



95202202020100100

2020

Document Code: 201

95202202020100100

# **ANNUAL STATEMENT**

## **For the Year Ending DECEMBER 31, 2020**

### **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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
	Akrone, OH, 44305 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Michael Dennis Weals (Name)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
	wealsm@summacare.com (E-Mail Address)		(Fax Number)			

## OFFICERS

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

## OTHERS

Charles Zonfa M.D., Chief Medical Officer  
Anne Armao, VP - Marketing & Medicare      Stephen Adamson, VP, Chief Operations Officer  
Kevin Cavalier, VP - Sales      Alan Fehlner, Chief Financial Officer #

## **DIRECTORS OR TRUSTEES**

**DIRECTORS OR TRUSTEES**

Lydia Alexander Cook M.D.	Frank Anthony Carrino
Rajiv Vishnu Taliwal M.D.	Benjamin Paul Sutton
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 .....	12,127,390	9,877	6,655	8,357	24,216	12,128,063
0299999 TOTAL Group .....	12,127,390	9,877	6,655	8,357	24,216	12,128,063
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) .....	12,127,390	9,877	6,655	8,357	24,216	12,128,063

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
Medimpact .....	2,004,775	.....	.....	3,997,552	3,997,552	2,004,775
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	2,004,775	.....	3,997,552	3,997,552	2,004,775	.....
<b>Claim Overpayment Receivables</b>						
AlterCare .....	217,206	.....	.....	.....	.....	217,206
Blanchard Valley Regional Health Center .....	6,836	.....	.....	.....	.....	6,836
Crystal Clinic .....	1,323	.....	.....	.....	.....	1,323
Michael Lehmler .....	15,181	.....	.....	.....	.....	15,181
Ohio Eye Care Cons .....	1,094	.....	.....	.....	.....	1,094
Perinatal and Pediatric Service .....	2,152	.....	.....	.....	.....	2,152
Spring Meadows Extended Care Facilities .....	1,359	.....	.....	.....	.....	1,359
Total Renal Care .....	3,145	.....	.....	.....	.....	3,145
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	248,296	.....	.....	.....	.....	248,296
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
<b>Capitation Arrangements Receivables</b>						
CMS revenue due from membership true up .....	99,748	.....	.....	.....	.....	99,748
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	99,748	.....	.....	.....	.....	99,748
<b>Risk Sharing Receivables</b>						
Medicare gap receivables due from pharmaceutical companies .....	2,152,114	.....	.....	.....	.....	2,152,114
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	2,152,114	.....	.....	.....	.....	2,152,114
<b>Other Receivables</b>						
Assist America Receivable .....	2,500	.....	.....	.....	.....	2,500
Misc Rx .....	637	.....	.....	.....	.....	637
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	3,137	.....	.....	.....	.....	3,137
0799999 Gross health care receivables .....	4,508,070	.....	.....	3,997,552	3,997,552	4,508,070

**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 .....	4,022,888	2,367,653		6,002,327	4,022,888	3,637,309
2. Claim overpayment receivables .....	8,598			248,297	8,598	8,598
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....				99,748		38,324
5. Risk sharing receivables .....	1,384,822	3,203,768		2,152,114	1,384,822	1,384,822
6. Other health care receivables .....				3,137		400,036
7. TOTALS (Lines 1 through 6) .....	5,416,308	5,571,421		8,505,623	5,416,308	5,469,089

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 .....	15,293,444	4,550,000	2,549,000	716,000	861,000	23,969,444
0499999 Subtotals .....	15,293,444	4,550,000	2,549,000	716,000	861,000	23,969,444
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	23,969,444
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	10,106,920

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
Apex Benefits Services .....	500,414					500,414	
0199999 Total - Individually listed receivables .....	500,414					500,414	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	500,414					500,414	

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Summa Health Medical Group .....	Administrative fees .....	120,653	120,653	.....
Summa Insurance Company .....	Administrative fees .....	929,016	929,016	.....
Summa Health System .....	Administrative fees and Accounts Payable .....	10,452,984	10,452,984	.....
Summa Management Services Organization .....	Salaries and Benefits .....	1,460,610	1,460,610	.....
0199999 Total - Individually Listed Payables .....	XXX .....	12,963,263	12,963,263	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	12,963,263	12,963,263	.....

**EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....	414,751	0.185			414,751	
3. All other providers .....						
4. TOTAL Capitation Payments .....	414,751	0.185			414,751	
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	207,773,735	92.548	XXX	XXX	57,745,680	150,028,055
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	16,315,571	7.267	XXX	XXX	3,359,628	12,955,943
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	224,089,306	99.815	XXX	XXX	61,105,308	162,983,998
13. TOTAL (Line 4 plus Line 12) .....	224,504,057	100.000	XXX	XXX	61,520,059	162,983,998

**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 .....	414,751			
99999999 TOTALS .....		414,751	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 .....	1,108,492	.....	581,230	.....	562,506	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	1,108,492	.....	581,230	.....	562,506	.....



## 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	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	22,516							22,516		
2. First Quarter .....	22,598							22,598		
3. Second Quarter .....	22,430							22,430		
4. Third Quarter .....	22,347							22,347		
5. Current Year .....	22,199							22,199		
6. Current Year Member Months .....	269,298							269,298		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	87,873							87,873		
8. Non-Physician .....	46,445							46,445		
9. TOTAL .....	134,318							134,318		
10. Hospital Patient Days Incurred .....	42,448							42,448		
11. Number of Inpatient Admissions .....	6,084							6,084		
12. Health Premiums Written (b) .....	284,627,846							284,627,846		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	284,627,846							284,627,846		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	224,504,057							224,504,057		
18. Amount Incurred for Provision of Health Care Services .....	232,569,302							232,569,302		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....284,627,846



## 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
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	22,516							22,516		
2. First Quarter .....	22,598							22,598		
3. Second Quarter .....	22,430							22,430		
4. Third Quarter .....	22,347							22,347		
5. Current Year .....	22,199							22,199		
6. Current Year Member Months .....	269,298							269,298		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	87,873							87,873		
8. Non-Physician .....	46,445							46,445		
9. TOTAL .....	134,318							134,318		
10. Hospital Patient Days Incurred .....	42,448							42,448		
11. Number of Inpatient Admissions .....	6,084							6,084		
12. Health Premiums Written (b) .....	284,627,846							284,627,846		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	284,627,846							284,627,846		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	224,504,057							224,504,057		
18. Amount Incurred for Provision of Health Care Services .....	232,569,302							232,569,302		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....284,627,846

## **SCHEDULE S - PART 1 - SECTION 2**

**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

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

**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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
60410	73-0714500	01/01/2019	AMERICAN FIDELITY ASSUR CO	OK		SLEL	242,423						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						242,423						
1099999	Total - General Account - Authorized - Non-Affiliates						242,423						
1199999	Total - General Account - Authorized						242,423						
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						242,423						
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)						242,423						
9999999	Total (Sum of 4599999 and 9099999)						242,423						

**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
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....		205			
2. Title XVIII-Medicare .....	242		165	146	84
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....		114	3	(16)	37
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....		114			16
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	91,698,563		91,698,563
2. Accident and health premiums due and unpaid (Line 15) .....	12,128,063		12,128,063
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	9,665,825		9,665,825
6. <b>TOTAL Assets (Line 28)</b> .....	<b>113,492,451</b>		<b>113,492,451</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	23,969,444		23,969,444
8. Accrued medical incentive pool and bonus payments (Line 2) .....	10,106,920		10,106,920
9. Premiums received in advance (Line 8) .....	360,279		360,279
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) .....	25,911,854		25,911,854
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>60,348,497</b>		<b>60,348,497</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>53,143,954</b>	X X X	<b>53,143,954</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>113,492,451</b>		<b>113,492,451</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....			

**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) .....	.....	<b>N O N E</b>		.....	.....	.....
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	N	
	SUMMA INSURANCE COMPANY	10649	34-1809108			SUMMA INSURANCE COMPANY		OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		95202	34-1726655			SUMMACARE INC.		OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
	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	N	
		00000	34-1961463			APEX BENEFITS SERVICES LLC		OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
	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	N	
		00000	34-1895396			OHIO HEALTH CHOICE INC		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS	N	
	SUMMA INSURANCE COMPANY	00000	34-2020978			CONERSTONE MEDICAL SERVICES		OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	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	
	SUMMA INSURANCE COMPANY	00000	34-1790929			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	
	SUMMA INSURANCE COMPANY	00000	45-3697866			ARIS TELERADIOLOGY LLC		OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	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	
	SUMMA INSURANCE COMPANY	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	
	SUMMA INSURANCE COMPANY	00000				MIDDLEBURY ASSURANCE COMPANY	CYM	IA		SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	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 *
411 3259	SUMMA INSURANCE COMPANY	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						0000002
		00000	46-3055925			HEALTHSPAN PARTNERS		OH	UIP						0000003
		00000	34-0714755			SUMMA HEALTH SYSTEM		OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS	N	
		00000	27-1952573			SUMMA REHAB HOSPITAL		OH	NIA	SUMMA HEALTH SYSTEM	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		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 INC.	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	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 .....	.....	.....	.....	(18,052,292)	.....	(6,462,619)	.....	.....	.....	(24,514,911)
.....	34-1887844 ..	SUMMA HEALTH NETWORK, LLC .....	.....	.....	.....	.....	.....	446,671	.....	.....	.....	446,671
.....	34-1961463 ..	APEX BENEFITS SERVICES, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-0714755 ..	AKRON CITY & ST. THOMAS HOSPITALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	34-1895396 ..	OHIO HEALTH CHOICE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
95202 ..	34-1726655 ..	SUMMACARE INC .....	.....	.....	.....	(63,244,872)	(23,561,126)	62,322	.....	.....	.....	(86,805,998)
.....	34-1790929 ..	MIDDLEBURY ASSURANCE COMPANY .....	.....	.....	.....	.....	10,069,212	.....	.....	.....	.....	62,322
.....	26-1375072 ..	SUMMA BARBERTON HOSPITAL .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10,069,212
.....	34-6549371 ..	SUMMA WADSWORTH-RITTMAN HOSPITAL .....	.....	.....	.....	.....	4,477,082	.....	.....	.....	.....	4,477,082
.....	27-3857055 ..	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	.....	.....	.....	.....	.....	27,333,837	.....	.....	.....	27,333,837
.....	46-1145832 ..	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	.....	.....	.....	.....	66,750,870	2,180,915	.....	.....	.....	68,931,785
.....	34-1887844 ..	SUMMA HEALTH SYSTEM .....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Schedule Y Part 2 Explanation:



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

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



9520220202240000

2020

Document Code: 224

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



9520220202250000

2020

Document Code: 225

Approval for Relief related to Require. for Audit Committees



9520220202260000

2020

Document Code: 226

LTC Supplemental Interrogatories



9520220203060000

2020

Document Code: 226

Health Life Supplement - April



9520220202110000

2020

Document Code: 211

LHA Guaranty Association Reconciliation



9520220202900000

2020

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



9520220203000000

2020

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