



10649202420100100

2024

Document Code: 201

100493202420100100

# **ANNUAL STATEMENT**

For the Year Ended **DECEMBER 31, 2024**  
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 <input type="checkbox"/>	Property/Casualty <input checked="" 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 type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				
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)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		1200 East Market St. Suite 400 (Area Code) (Telephone Number)			
	Akron, OH, 44305 (City or Town, State, Country and Zip Code)		Akron, OH, 44305 (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
Dawn Dorsett Ahner	Treasurer
William Carl Epling	President
Alan Philip Fehlner	Assistant Treasurer/CFO
Lydia Alexander Cook M.D.	Vice Chair

## OTHERS

Melissa Rusk, VP of Operations  
Susan Crawford, VP - Sales      Anne Armao, VP - Member Experience & Product Development  
Hugh Riley M.D., Chief Medical Officer

## **DIRECTORS OR TRUSTEES**

Frank Anthony Carrino  
Lydia Alexander Cook M.D.  
Russell Floyd Mohawk  
Thomas Clifford Deveny M.D.  
Mark Joseph Sims  
David James Felicio  
Benjamin Paul Sutton  
Henry Leigh Gerstenberger  
Caroline Fisher Pearson  
George Emerson Strickler  
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)

---

(Printed Name)

3.

---

(Title)

Subscribed and sworn to before me this  
day of , 2025

- 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 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	160,415	(9,286)	(5,495)	51,833	70,746	126,721
0299999 TOTAL Group .....	160,415	(9,286)	(5,495)	51,833	70,746	126,721
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) .....	160,415	(9,286)	(5,495)	51,833	70,746	126,721

**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 .....	2,682,781	.....	.....	2,943,420	2,943,420	2,682,781
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	2,682,781	.....	2,943,420	2,943,420	2,682,781	.....
<b>Claim Overpayment Receivables</b>						
AULTMAN HOSPITAL TCC .....	.....	.....	97,064	97,064	.....	.....
UH PORTAGE MEDICAL CTR .....	.....	57,751	.....	57,751	.....	.....
UH CLEVELAND MEDICAL CENTER .....	19,257	.....	.....	19,257	.....	.....
METROHEALTH SYSTEM .....	10,537	.....	.....	4,916	.....	5,621
UH CLEVELAND MEDICAL CENTER .....	29,832	.....	.....	1,944	.....	27,888
FRESENIUS MED CARE AKRON .....	6,529	.....	.....	6,529	.....	.....
EVERSANA LIFE SCIENCE .....	10,060	.....	.....	10,060	.....	.....
UH CLEVELAND MEDICAL CTR .....	9,894	.....	.....	.....	.....	9,894
FRESENIUS MED CARE AKRON .....	5,227	.....	.....	5,227	.....	.....
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	31,710	59,626	57,751	97,064	202,748	43,403
<b>Other Health Care Receivables</b>						
Magellan .....	75,000	.....	.....	98,399	98,399	75,000
MEWA .....	665,325	.....	.....	446,482	446,482	665,325
Performance Guarantee .....	.....	.....	.....	.....	.....	.....
EviCore .....	357,886	.....	.....	.....	.....	357,886
0699998 Other Health Care Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Health Care Receivables .....	1,098,211	.....	.....	544,881	544,881	1,098,211
0799999 Gross Health Care Receivables .....	3,812,702	59,626	57,751	3,585,365	3,691,049	3,824,395

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from 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 .....	5,349,910	5,564,775	5,626,200	5,349,910	4,989,838	
2. Claim overpayment receivables .....	173,769		246,151	173,769	173,769	
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	171,144	123,675	1,643,092	171,144	202,264	
7. TOTALS (Lines 1 through 6) .....	5,694,823	5,688,450	7,515,443	5,694,823	5,365,871	

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 .....	9,829,744	3,035,000	1,729,000	518,000	1,788,000	16,899,744
0499999 Subtotals .....	9,829,744	3,035,000	1,729,000	518,000	1,788,000	16,899,744
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	16,899,744
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	1,991,999

**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>							
SummaCare .....	2,239,882					2,239,882	
0199999 Individually listed receivables .....	2,239,882					2,239,882	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	2,239,882					2,239,882	

**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 System .....	Various accounts payable checks and wires .....	324,105	324,105	.....
Apex Benefits Services, LLC .....	Amisys System Usage .....	476,674	476,674	.....
Summa Management Services Organization .....	Salaries and Benefits .....	1,013,944	1,013,944	.....
0199999 Individually Listed Payables .....	XXX .....	1,814,723	1,814,723	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	1,814,723	1,814,723	.....

**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 .....	2,970,221	3.519			2,822,780	147,441
3. All other providers .....						
4. TOTAL Capitation Payments .....	2,970,221	3.519			2,822,780	147,441
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	79,453,428	94.122	XXX	XXX	17,067,279	62,386,149
7. Bonus/withhold arrangements - fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	1,992,000	2.360	XXX	XXX	1,992,000	
9. Non-contingent salaries .....			XXX	XXX		
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. TOTAL Other Payments .....	81,445,428	96.481	XXX	XXX	19,059,279	62,386,149
13. TOTAL (Line 4 plus Line 12) .....	84,415,649	100.000	XXX	XXX	21,882,059	62,533,590

**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 .....	Vision Service Plan .....	16,640			
00000 .....	Teladoc Health .....	21,969			
00000 .....	Assist America .....	1,566			
00000 .....	Care Centrix .....	3,643			
00000 .....	Community Health Care .....	48,640			
00000 .....	Pioneer .....	42,273			
00000 .....	Summa Health System .....	2,822,780			
00000 .....	Akron Digestive Disease Consultants .....	10,872			
00000 .....	The Gastroenterology Group .....	1,838			
9999999 TOTALS .....		2,970,221	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 .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....						



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 3259

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	17,479	5,456	11,611	21										391
2. First Quarter	18,417	7,874	10,142	21										380
3. Second Quarter	18,417	7,957	10,059	21										380
4. Third Quarter	18,326	8,052	9,872	21										381
5. Current Year	18,179	8,034	9,747	21										377
6. Current Year Member Months	218,169	93,685	119,679	252										4,553
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician	33,038	14,270	18,681	87										
8. Non-Physician	17,153	7,942	9,210	1										
9. TOTAL	50,191	22,212	27,891	88										
10. Hospital Patient Days Incurred	3,903	2,172	1,731											
11. Number of Inpatient Admissions	820	380	440											
12. Health Premiums Written (b)	117,430,780	45,697,007	71,496,438	90,140										147,195
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	117,430,780	45,697,007	71,496,438	90,140										147,195
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	84,415,649	31,342,806	55,840,840	44,001										(2,811,998)
18. Amount Incurred for Provision of Health Care Services	85,606,737	32,534,691	55,855,600	25,302										(2,808,856)

(a) For health business: number of persons insured under PPO managed care products .....18,179 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 \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 3259

NAIC Company Code 10649

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	17,479	5,456	11,611	21										391
2. First Quarter	18,417	7,874	10,142	21										380
3. Second Quarter	18,417	7,957	10,059	21										380
4. Third Quarter	18,326	8,052	9,872	21										381
5. Current Year	18,179	8,034	9,747	21										377
6. Current Year Member Months	218,169	93,685	119,679	252										4,553
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician	33,038	14,270	18,681	87										
8. Non-Physician	17,153	7,942	9,210	1										
9. TOTAL	50,191	22,212	27,891	88										
10. Hospital Patient Days Incurred	3,903	2,172	1,731											
11. Number of Inpatient Admissions	820	380	440											
12. Health Premiums Written (b)	117,430,780	45,697,007	71,496,438	90,140										147,195
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	117,430,780	45,697,007	71,496,438	90,140										147,195
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	84,415,649	31,342,806	55,840,840	44,001										(2,811,998)
18. Amount Incurred for Provision of Health Care Services	85,606,737	32,534,691	55,855,600	25,302										(2,808,856)

(a) For health business: number of persons insured under PPO managed care products .....18,179 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 \$.....0

30 Grand Total

**SCHEDULE S - PART 1 - SECTION 2****Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 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
<b>Non-Affiliates - U.S. Non-Affiliates</b>												
125	82-5056803	01/01/2024	CHAMBER BENEFIT ARRANGEMENT TRUST	OH	SSL/G	SLEL	7,538,447			1,700,000		
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates						7,538,447			1,700,000		
1099999	Total - Non-Affiliates						7,538,447			1,700,000		
1199999	Total U.S. (Sum of 0399999 and 0899999)						7,538,447			1,700,000		
9999999	Total (Sum of 0799999 and 1099999)						7,538,447			1,700,000		

**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
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
40738	91-1160717	01/01/2024	PHYSICIANS INS A MUT CO .....	WA .....	53,825	.....
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				53,825	.....
2199999	Total - Accident and Health - Non-Affiliates .....				53,825	.....
2299999	Total - Accident and Health .....				53,825	.....
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				53,825	.....
9999999	Total (Sum of 1199999 and 2299999)				53,825	.....

**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>													
40738	91-1160717	01/01/2023	PHYSICIANS INS A MUT CO	WA	SLEL		902,871						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						902,871						
1099999	Total - General Account - Authorized - Non-Affiliates						902,871						
1199999	Total - General Account - Authorized						902,871						
4599999	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						902,871						
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						902,871						
9999999	Total (Sum of 4599999 and 9099999)						902,871						

**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 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	903	965	988	1,734	2,200
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	110	1,022	462	(13)	346
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	54	352	7		167
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) .....	70,066,487		70,066,487
2. Accident and health premiums due and unpaid (Line 15) .....	962,721		962,721
3. Amounts recoverable from reinsurers (Line 16.1) .....	53,825	53,825	107,650
4. Net credit for ceded reinsurance .....	X X X	53,825	53,825
5. All other admitted assets (Balance) .....	8,397,736		8,397,736
6. <b>TOTAL Assets (Line 28)</b> .....	<b>79,480,769</b>	<b>107,650</b>	<b>79,588,419</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	16,899,744		16,899,744
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,991,999		1,991,999
9. Premiums received in advance (Line 8) .....	3,494,886		3,494,886
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) .....	14,131,234		14,131,234
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>36,517,863</b>		<b>36,517,863</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>42,962,906</b>	X X X	<b>42,962,906</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>79,480,769</b>		<b>79,480,769</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 .....	53,825		
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>53,825</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> .....	<b>53,825</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) .....	.....	.....	.....	.....	.....	.....
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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
3259	SUMMA INSURANCE COMPANY .....	95202	34-1726655	.....	.....	SUMMACARE INC .....	OH .. UDP ..	SUMMA HEALTH SYSTEM CORP .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
3259	SUMMA INSURANCE COMPANY .....	10649	34-1809108	.....	.....	SUMMA INS CO INC .....	OH .. RE ..	SUMMACARE .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	34-1887844	.....	.....	SUMMA HEALTH .....	OH .. UIP ..	.....	.....	.....	.....	No ..	0000001		
	.....	00000	34-1515252	.....	.....	SUMMA HEALTH SYSTEM CORPORATION .....	OH .. UIP ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	16-1628227	.....	.....	SUMMA INSURANCE AGENCY LLC .....	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	341961463	.....	.....	APEX BENEFITS SERVICES LLC .....	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	34-1895396	.....	.....	OHIO HEALTH CHOICE .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	341790929	.....	.....	SUMMA PHYSICIANS INC .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	34-1219001	.....	.....	SUMMA FOUNDATION .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	27-1952573	.....	.....	SUMMA REHAB HOSPITAL .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	52.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	26-1421110	.....	.....	MEDINA-SUMMIT ASC LLC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	34-1887844	.....	.....	SUMMA HEALTH NETWORK LLC .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	27-3857055	.....	.....	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	46-1145832	.....	.....	MIDDLEBURY ASSURANCE COMPANY .....	CYM .. IA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	0000002		
	.....	00000	46-1159251	.....	.....	SUMMA MANAGEMENT SERVICES ORGANIZATION .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	34-0714755	.....	.....	SUMMA INTEGRATED SERVICES ORGANIZATION .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	82-3600079	.....	.....	SUMMA HEALTH SYSTEM .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	82-2881193	.....	.....	SUMMA HHAH HOLDINGS, LLC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	60.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	36-3636364	.....	.....	SUMMA HOME HEALTH AND HOSPICE, LLC .....	OH .. NIA ..	SUMMA HHAH HOLDINGS, LLC .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	85-3039796	.....	.....	DIG HOLDINGS .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	10.2	SUMMA HEALTH .....	No ..	.....		
	.....	00000	61-1730089	.....	.....	AKRON PHYSICIAN WELLNESS .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	50.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	86-2656357	.....	.....	SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST .....	OH .. NIA ..	SUMMA HEALTH .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		
	.....	00000	.....	.....	.....	SUMMA HEALTH OUTPATIENT SERVICES, LLC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH .....	No ..	.....		

Asterisk	Explanation
0000001	SUMMA HEALTH IS THE ULTIMATE CONTROLLING ENTITY .....
0000002	Middlebury Assurance Company is located in the Cayman Islands .....
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 .....				(22,011,010)	(12,289,848)				(34,300,858)	
	86-2656357	SUMMA HEALTH OUTPATIENT SERVICES .....				509,334					509,334	
	34-1961463	APEX BENEFITS SERVICES, LLC .....					36,471				36,471	
	34-1887844	SUMMA HEALTH SYSTEM .....				79,133,932	2,215,622				81,349,554	
	34-1895396	OHIO HEALTH CHOICE INC. .....					171,590				171,590	
95202	34-1726655	SUMMACARE INC .....				(84,542,861)	(25,305,093)				(109,847,954)	
		MIDDLEBURY ASSURANCE COMPANY .....					15,005				15,005	
	34-1790929	SUMMA PHYSICIANS INC .....				13,871,111					13,871,111	
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION .....				1,766,089					1,766,089	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION .....					35,156,253				35,156,253	
	82-2881193	SUMMA HOME HEALTH .....				7,256,181					7,256,181	
	27-1952573	SUMMA REHAB HOSPITAL .....				3,722,691					3,722,691	
	26-1421110	MEDINA SUMMIT .....				294,533					294,533	
9999999 Control Totals .....										XXX		

Schedule Y Part 2 Explanation:

**SCHEDULE Y****Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
Summa Insurance Company .....	SummaCare .....	100.0%	Yes .....	Summa Health .....	Summa Insurance Company .....	100.0%	Yes .....
SummaCare .....	Summa Health System Corp .....	100.0%	Yes .....	Summa Health .....	Summa Insurance Company .....	100.0%	Yes .....

# **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

## **RESPONSES**

### REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

#### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

#### JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

### SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?	No

#### APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	Yes

#### AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes
--	-----

Explanation:

12. Summa Insurance Company has less than 100 shareholders.

Bar Code:

Health Life Supplement - March



1064920242050000 2024 Document Code: 205

Schedule SIS



1064920244200000 2024 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



10649202437100000 2024 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1064920243700000 2024 Document Code: 370

Medicare Part D Coverage Supplement



10649202436500000 2024 Document Code: 365

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



10649202422400000 2024 Document Code: 224

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



10649202422500000 2024 Document Code: 225

Approval for Relief related to Requirements for Audit Committees



10649202422600000 2024 Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



10649202460000000 2024 Document Code: 600

LTC Supplemental Interrogatories



10649202430600000 2024 Document Code: 306

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

Health Life Supplement - April



2024

Document Code: 211

10649202421100000

**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		
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		(1)
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		(1)



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2024**  
**(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: Financial Reporting Manager

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 2021				Policies Issued in 2022, 2023, 2024				
										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	
<b>Total Experience on Individual Policies</b>																		
.... Yes ....	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					16,920	2,457	14.5	4	
.... Yes ....	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					66,689	20,237	30.3	15	
.... Yes ....	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions									
.... Yes ....	2010 MED SUPP F SELECT 4-	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					4,201	2,607	62.1	1	
.... Yes ....	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions					2,330			1	
0199999 Total Experience on Individual Policies															90,140	25,301	28.1	21
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":