



QUARTERLY STATEMENT  
AS OF March 31, 2012  
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	Ohio		
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	10 North Main Street (Street and Number)		Akron, OH 44308 (City, or Town, State and Zip Code)			
Main Administrative Office			10 North Main Street (Street and Number)			
	Akron, OH 44308 (City or Town, State and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH 44309 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH 44308 (City, or Town, State and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Web Site Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(330)996-8553 (Fax Number)			

OFFICERS

Name	Title
Martin Paul Hauser	President
William Armstrong Powel III	Secretary
Thomas Gene Knoll	Chairman
Kathleen Tirbovich Geier	Vice Chairman
Judith Ann Macro	Assistant Secretary
James Edward McNutt	Assistant Treasurer

OTHERS

Anne Armao, VP - Marketing & Product Development  
Keith Johnson, VP - Third Party Administrator  
Judith Macro, VP - Corporate Services, Compliance Officer  
James McNutt, VP - Finance, CFO  
Annette Ruby, VP - Health Services Management

Kevin Cavalier, VP - Sales  
James Loveless, VP - Individual Product Line  
Nancy Markle, VP - Client Services  
Donald Novosel, VP - Contracting & Network Development  
Claude Vincenti, Senior VP - Chief Operating Officer

DIRECTORS OR TRUSTEES

Martin Paul Hauser  
Thomas Gene Knoll  
Thomas Joseph Strauss  
John Byron Silvers Ph.D.  
Jay Curtis Williamson M.D.  
Bradley Hall Crombie M.D.  
Kathleen Tirbovich Geier

Thomas Clifford Deveny M.D.  
Vincent Hadar Johnson Jr. M.D.  
Dale Paterson Murphy M.D.  
Richard Allen Merolla  
Kenneth Eugene Berkovitz M.D.  
Richard Howard Marsh  
Rajiv Vishnu Taliwal M.D.

State of Ohio  
County of Summit ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Martin Paul Hauser	Claude Maurius Vincenti	James Edward McNutt
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President, CEO	Senior Vice President, COO	Vice President - Finance, CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
14th day of May, 2012	b. If no,	1. State the amendment number
		2. Date filed
		3. Number of pages attached

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	16,136,709		16,136,709	14,645,194
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	50,682,565		50,682,565	48,490,049
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....11,731,932), cash equivalents (\$.....0) and short-term investments (\$.....401,663) .....	12,133,595		12,133,595	10,243,381
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....	8,485,385	2,313,366	6,172,019	5,942,464
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	87,438,254	2,313,366	85,124,888	79,321,088
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	92,738		92,738	85,072
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	470,597	122,501	348,096	671,832
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	173,499		173,499	310,408
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....	33,196		33,196	33,196
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....	869,881		869,881	869,881
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....	1,765,289	219,559	1,545,730	1,518,995
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....	216,752	216,752		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	12,109		12,109	12,109
24.	Health care (\$.....2,619,800) and other amounts receivable .....	3,153,531	533,731	2,619,800	2,964,064
25.	Aggregate write-ins for other than invested assets .....	67,098	67,098		
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	94,292,944	3,473,007	90,819,937	85,786,645
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	Total (Lines 26 and 27) .....	94,292,944	3,473,007	90,819,937	85,786,645
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid Expenses .....	67,098	67,098		
2502.	A/R - Other Operating .....				
2503.	Pharmacy Rebates .....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	67,098	67,098		

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	19,970,277		19,970,277	17,145,575
2.	Accrued medical incentive pool and bonus amounts .....	74,640		74,640	56,640
3.	Unpaid claims adjustment expenses .....	218,512		218,512	218,512
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	4,928,044		4,928,044	5,543,201
9.	General expenses due or accrued .....	2,878,445		2,878,445	2,349,130
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	985,534		985,534	1,571,049
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	4,826,075		4,826,075	3,867,878
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....1,311,618 unauthorized reinsurers) .....	1,311,618		1,311,618	1,113,858
20.	Reinsurance in unauthorized companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				7,579
24.	Total liabilities (Lines 1 to 23) .....	35,193,145		35,193,145	31,873,422
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X	2,500,062	2,500,062
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	33,589,064	33,589,064
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	19,591,245	17,877,676
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X	53,579	53,579
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	55,626,792	53,913,223
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	90,819,937	85,786,645
DETAILS OF WRITE-INS					
2301.	Minority Interest .....				
2302.	Deferred gain on sale of bonds to SummaCare, Inc. ....				7,579
2303.	Miscellaneous .....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				7,579
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	155,954	138,631	576,335
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	49,430,101	42,200,632	175,692,634
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	49,430,101	42,200,632	175,692,634
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		37,438,058	29,316,418	123,792,057
10.	Other professional services .....				
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....				
13.	Prescription drugs .....		7,205,417	7,393,102	30,957,000
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		18,000	51,000	69,602
16.	Subtotal (Lines 9 to 15) .....		44,661,475	36,760,520	154,818,659
<b>Less:</b>					
17.	Net reinsurance recoveries .....		243,363	397,304	1,414,417
18.	Total hospital and medical (Lines 16 minus 17) .....		44,418,112	36,363,216	153,404,242
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....124,557 cost containment expenses .....		382,852	431,731	1,375,852
21.	General administrative expenses .....		6,383,497	5,667,379	22,517,199
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23.	Total underwriting deductions (Lines 18 through 22) .....		51,184,461	42,462,326	177,297,293
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(1,754,360)	(261,694)	(1,604,659)
25.	Net investment income earned .....		80,421	77,940	320,984
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		80,421	77,940	320,984
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....		953	1,300	4,519
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	(1,672,986)	(182,454)	(1,279,156)
31.	Federal and foreign income taxes incurred .....	X X X .....	(585,515)		(1,098,812)
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(1,087,471)	(182,454)	(180,344)
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	Finance and service charges not included in premiums .....				
2902.	Write off of tax receivable .....				
2903.	Miscellaneous Income .....		953	1,300	4,519
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		953	1,300	4,519

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	53,913,223	48,237,105	48,237,105
34.	Net income or (loss) from Line 32 .....	(1,087,471)	(182,454)	(180,344)
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	2,160,097	881,003	4,824,902
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....		(26,193)	(77,667)
39.	Change in nonadmitted assets .....	629,787	233,817	1,113,219
40.	Change in unauthorized reinsurance .....			
41.	Change in treasury stock .....			(13,916)
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....	11,156	9,923	9,924
48.	Net change in capital and surplus (Lines 34 to 47) .....	1,713,569	916,096	5,676,118
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	55,626,792	49,153,201	53,913,223
<b>DETAILS OF WRITE-INS</b>				
4701.	Deferred gain on sale of bonds to SummaCare, Inc. ....	11,156	9,923	9,923
4702.	Retired treasury stock .....			
4703.	2008 adjustments to minority interest & federal taxes .....			
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			1
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	11,156	9,923	9,924

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	49,138,680	39,986,965	176,383,866
2.	Net investment income .....	73,427	79,093	322,554
3.	Miscellaneous income .....		1,300	
4.	Total (Lines 1 to 3) .....	49,212,107	40,067,358	176,706,420
5.	Benefit and loss related payments .....	41,438,501	34,271,348	153,396,477
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	6,232,503	5,593,719	23,592,333
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			(2,090,384)
10.	Total (Lines 5 through 9) .....	47,671,004	39,865,067	174,898,426
11.	Net cash from operations (Line 4 minus Line 10) .....	1,541,103	202,291	1,807,994
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	1,500,000	900,000	4,500,000
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	1,500,000	900,000	4,500,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	2,992,188	236,250	3,474,688
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	2,992,188	236,250	3,474,688
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,492,188)	663,750	1,025,312
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			(13,916)
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	1,841,299	1,320,133	(522,325)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	1,841,299	1,320,133	(536,241)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,890,214	2,186,174	2,297,065
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	10,243,381	7,946,316	7,946,316
19.2	End of period (Line 18 plus Line 19.1) .....	12,133,595	10,132,490	10,243,381

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
---------	--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	51,093	4,770	44,631	50						1,642
2. First Quarter .....	52,427	4,926	47,460	41						
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	155,954	14,466	141,365	123						
Total Member Ambulatory Encounters for Period:										
7. Physician .....	17,408	1,254	16,148	6						
8. Non-Physician .....	24,378	1,682	22,688	8						
9. Total .....	41,786	2,936	38,836	14						
10. Hospital Patient Days Incurred .....	10,362	476	9,854	32						
11. Number of Inpatient Admissions .....	508	29	478	1						
12. Health Premiums Written (a) .....	50,165,064	2,439,923	47,414,635	24,806						285,700
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	50,165,064	2,439,923	47,414,635	24,806						285,700
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	41,818,773	3,369,276	37,909,099	18,916						521,482
18. Amount Incurred for Provision of Health Care Services .....	44,661,475	3,795,251	40,721,144	11,131						133,949

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

**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
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	14,241,277	4,121,000	629,000	400,000	579,000	19,970,277
0499999 Subtotals .....	14,241,277	4,121,000	629,000	400,000	579,000	19,970,277
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						19,970,277
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						74,640



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	14,189,000	26,846,012	980,000	18,984,752	15,169,000	16,744,732
2.	Medicare Supplement .....	9,000	9,916		5,525	9,000	13,310
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....						
7.	Title XIX - Medicaid .....						
8.	Other health .....	521,482				521,482	387,533
9.	Health subtotal (Lines 1 to 8) .....	14,719,482	26,855,928	980,000	18,990,277	15,699,482	17,145,575
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....			56,640	18,000	56,640	56,640
13.	Totals (Lines 9 - 10 + 11 + 12) .....	14,719,482	26,855,928	1,036,640	19,008,277	15,756,122	17,202,215

(a) Excludes \$.00 loans or advances to providers not yet expensed.

# Notes to Financial Statement

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

Summa Insurance Company's (the Company or SIC) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of March 31, 2012 and December 31, 2011 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the difference in capital and surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material.

### B. Use of Estimates

The preparation of financial statements in conformity with NAIC SAP, the NAIC Annual Statement Instructions and other accounting practices prescribed or permitted by the ODI requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

### C. Accounting Policy

The Company uses the following accounting policies:

#### 1) Cash and Short-Term Investments

Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.

#### 2) Bonds not backed by other loans are stated at amortized cost using the interest method.

#### 3) Common stocks

The Company owns 100% of the common stock of its subsidiary, SummaCare, Inc. SummaCare's stock is valued using the audited statutory equity method.

#### 4) Preferred stocks – None.

#### 5) Mortgage loans on real estate – None.

#### 6) Loan backed securities – None.

#### 7) Investments in subsidiaries, controlled and affiliated entities

The Company carries its subsidiaries, Apex Benefits Services, LLC and Summa Insurance Agency, LLC, at audited statutory equity.

#### 8) Investments in joint ventures, partnerships and limited liability companies – None.

#### 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.

#### 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.

#### 11) The cost of healthcare services is recognized in the period in which services are provided. Healthcare expenses also include an estimate of the cost of services provided to SIC members by third party providers, which have been incurred but not reported to SIC. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid are dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

#### 12) The Company's capitalization policy and predefined thresholds have not changed from the prior period.

#### 13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables

# Notes to Financial Statement

and Receivables Under Government Insured Plans. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by three (three quarters).

**2. Accounting Changes and Corrections of Errors**

**A. Material Changes in accounting principles and / or corrections of errors include – None.**

**3. Business Combinations and Goodwill**

On December 31, 1999, SIC acquired the net assets of SummaCare, Inc. (SC), which is a for-profit Health Insuring Corporation. This business combination was accounted for as a statutory purchase pursuant to SSAP No. 68. SC's net assets were acquired in exchange for 277,000 shares of SIC Class B common stock. The cost of acquiring the net assets was less than SC's book value, accordingly, negative goodwill was recorded as a contra asset in the accompanying financial statements as of December 31, 1999.

**4. Discontinued Operations – None.**

**5. Investments**

- A. Mortgage Loans – None.**
- B. Debt Restructuring – None.**
- C. Reverse Mortgages – None.**
- D. Loan Backed Securities – None.**
- E. Repurchase Agreements – None.**
- F. Real Estate - None.**
- G. Investments in Low-Income Housing Tax Credits – None.**

**6. Joint Ventures, Partnerships and Limited Liability Companies**

**A. For investments in joint ventures, partnerships and limited liability companies that exceed 10% of the admitted assets of the insurer.**

- 1) The Company owns 100% of SummaCare, Inc.
- 2) The investment in SummaCare, Inc. is reported as common stock and valued at audited statutory equity.
- 3) There is no difference in the amount at which the investment in SummaCare, Inc. is carried and the amount of underlying equity in net assets.
- 4) There is no quoted market price available for SummaCare, Inc.
- 5) Summarized statutory financial information for SummaCare, Inc. as of March 31, 2012:

Assets - \$114,855,404  
Liabilities - \$64,172,839  
Net Income - \$1,762,941

**B. Impaired investments in joint ventures, partnerships and limited liability companies – None.**

**7. Investment Income**

**A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued.**

All accrued investment income was admitted for the period.

**8. Derivative Instruments – None.**

**Notes to Financial Statement**

**9. Income Taxes**

**A. The components of deferred tax asset / liability at March 31, 2012 and December 31, 2011 are as follows:**

	3/31/2012			12/31/2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax assets	\$1,618,225	\$0	\$1,618,225	\$1,618,225	\$0	\$1,618,225	\$0	\$0	\$0
(b) Statutory Valuation Allowance	\$517,781	\$0	\$517,781	\$517,781	\$0	\$517,781	(\$0)	\$0	(\$0)
(c) Adjusted Gross DTA's (1a-1b)	\$1,100,444	\$0	\$1,100,444	\$1,100,444	\$0	\$1,100,444	\$0	\$0	\$0
(d) Deferred Tax Liabilities	\$230,563	\$0	\$230,563	\$230,563	\$0	\$230,563	\$0	\$0	\$0
(e) Subtotal (Net DTA's) (1c-1d)	\$869,881	\$0	\$869,881	\$869,881	\$0	\$869,881	(\$1)	\$0	(\$1)
(f) DTA's Nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(g) Net Admitted DTA's (1e-1f)	\$869,881	\$0	\$869,881	\$869,881	\$0	\$869,881	(\$1)	\$0	(\$1)
4.									
Admission Calculation Components									
SSAP No. 10R Par.10a, 10b and 10c									
(a) SSAP No. 10R Paragraph 10a	\$208,551	\$0	\$208,551	\$208,551	\$0	\$208,551	\$0	\$0	\$0
(b) SSAP No. 10R Paragraph 10b (lesser 10bi and 10bii below)	\$891,893	\$0	\$891,893	\$891,893	\$0	\$891,893	\$0	\$0	\$0
(c) SSAP No. 10R Paragraph 10bi	\$891,893	\$0	\$891,893	\$891,893	\$0	\$891,893	\$0	\$0	\$0
(d) SSAP No. 10R Paragraph 10bii	XXX	XXX	\$5,391,322	XXX	XXX	\$5,296,654	XXX	XXX	\$94,668
(e) SSAP No. 10R Paragraph 10c	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(f) Total (4a+4b+4e)	\$1,100,444	\$0	\$1,100,444	\$1,100,444	\$0	\$1,100,444	\$0	\$0	\$0
Admission Calculation Components									
SSAP No. 10R Paragraphs 10e									
(g) SSAP No. 10R Paragraph 10ei	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(h) SSAP No. 10R Paragraph 10eii (lesser of 10eiiia and 10eiiib below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(i) SSAP No. 10R Paragraph 10eiiia	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(j) SSAP No. 10R Paragraph 10eiiib	XXX	XXX	\$0	XXX	XXX	\$0	XXX	XXX	\$0
(k) SSAP No. 10R Paragraph 10eiii	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(l) Total (4g+4h+4k)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Used in SSAP No. 10R Paragraph 10d									
(m) Total Adjusted Capital	XXX	XXX	\$55,626,792	XXX	XXX	\$53,913,223	XXX	XXX	\$1,713,569
(n) Authorized Control Level	XXX	XXX	\$11,122,923	XXX	XXX	\$11,329,295	XXX	XXX	(\$206,372)
5.									
SSAP No. 10R Par. 10a, 10b and 10c									
(a) Admitted Deferred Tax Assets	\$869,881	\$0	\$869,881	\$869,881	\$0	\$869,881	(\$1)	\$0	(\$1)
(b) Admitted Assets	XXX	XXX	\$90,819,937	XXX	XXX	\$85,786,645	XXX	XXX	\$5,033,292
(c) Adjusted Statutory Surplus	XXX	XXX	\$55,626,792	XXX	XXX	\$53,913,223	XXX	XXX	\$1,713,569
(d) Total Adjusted Capital from DTA's	XXX	XXX	\$869,881	XXX	XXX	\$869,881	XXX	XXX	(\$1)
Increases due to SSAP No. 10R Par. 10e									
(e) Admitted DTA's	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(f) Admitted Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(g) Statutory Surplus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**B. Regarding deferred tax liabilities not recognized – None.**

**C. Current income taxes incurred consist of the following components:**

Notes to Financial Statement

	3/31/2012	12/31/2011	Change
1. Current Income Tax			
(a) Federal	(\$585,515)	(\$1,098,812)	\$513,297
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	(\$585,515)	(\$1,098,812)	\$513,297
(d) Federal Income Tax on Net Capital Gains	\$0	\$0	\$0
(e) Utilization of Capital Loss Carry Forwards	\$0	\$0	\$0
(f) Other	\$0	\$0	\$0
(g) Federal and Foreign Income Taxes Incurred	(\$585,515)	(\$1,098,812)	\$513,297
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Nonadmitted Assets	\$504,587	\$504,587	(\$0)
(2) Change in Loss Reserves	\$116,779	\$116,779	(\$0)
(3) Change in Accrued Liabilities	\$616,427	\$616,427	(\$0)
(4) Charitable Contributions Carry-Forward	\$3,494	\$3,494	\$0
(5) NOL/AMT Carryforward	\$0	\$0	\$0
(6) Unearned Premium Reserves	\$376,938	\$376,938	(\$0)
Subtotal	\$1,618,225	\$1,618,225	(\$0)
(b) Statutory Valuation Allowance	\$517,781	\$517,781	(\$0)
(c) Admitted Ordinary Deferred Tax Assets (2a-2b)	\$1,100,444	\$1,100,444	(\$0)
(d) Capital			
(1) Investments	\$0	\$0	\$0
(2) Net Capital Loss Carry-Forward	\$0	\$0	\$0
(3) Real Estate	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(e) Statutory Valuation Allowance	\$0	\$0	\$0
(f) Admitted Capital Deferred Tax Assets (2d-2e)	\$0	\$0	\$0
(g) Admitted Deferred Tax Assets (2c+2f)	\$1,100,444	\$1,100,444	(\$0)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$2,577	\$2,577	\$0
(2) Fixed Assets	\$204,928	\$204,928	\$0
(3) Other	\$23,058	\$23,058	\$0
Subtotal	\$230,563	\$230,563	\$0
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(c) Deferred Tax Liabilities (3a+3b)	\$230,563	\$230,563	\$0
4. Net Deferred Tax Assets / Liabilities (2g-3c)	\$869,881	\$869,881	(\$0)

D. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	March 31, 2012	Effective Tax Rate
Provision computed at statutory rate	(\$568,815)	34.0%
Change in deferred income taxes	\$0	0.0%
Change in valuation allowance	\$0	0.0%
Change in nonadmitted assets	\$0	0.0%
Subsidiary tax	(\$16,700)	1.0%
Total statutory income taxes incurred	(\$585,515)	35.0%

E. Amounts of operating loss and tax credit carry-forwards available for tax purposes

As of March 31, 2012, the Company does not have a net operating loss carryforward.

**Notes to Financial Statement**

**F. Consolidation of Federal Income Tax Return**

Summa Health System Corporation files a consolidated federal income tax which includes the following entities: SummaCare, Inc., Summa Insurance Company, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Wadsworth-Rittman Professional Services Corporation, Northeast Ohio Primary Care Physicians, Ohio Health Choice, Summa Enterprise Group, Falls Holding Company, Cuyahoga Falls Retail Pharmacy, Health Care Center Physicians, and Cornerstone Medical Services.

**10. Information Concerning Parent, Subsidiaries, and Affiliates**

**A. Nature of the Relationships**

Summa Insurance Company, Inc. (SIC or Company) was incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (“network provider”) or a non-network provider at the member’s option. Subsidiaries and affiliated organizations of Summa Health System (SHS) include Summa Health System Corporation (SHSC), Summa Akron City & St. Thomas Hospitals (SACH/STH), Summa Health Network LLC (SHN), SummaCare, Inc. (SummaCare or SC), Apex Benefits Services, LLC (Apex), Summa Insurance Agency, LLC (SIA), Summa Cuyahoga Falls General Hospital (CFGH), Summa Barberton Hospital (BCH), Summa Wadsworth-Rittman Hospital (WRH), Wadsworth-Rittman Professional Services Corporation, Crystal Clinic Orthopedic Center, LLC, Summa Physicians, Inc. (SPI), Summa Hospitals Foundation, Health Care Center Physicians Inc. (HCCP), Middlebury Assurance Corp. (MAC), Summa Enterprise Group (SEG), Summa Enterprise Group, LLC, Summa Enterprise Group Properties (SEG Properties), Summa Rehabilitation Hospital, LLC, Ohio Health Choice, Inc. (OHC), Cornerstone Medical Services (Cornerstone), ARIS Teleradiology LLC (ARIS), Summa Robinson Health Ventures, Robinson Memorial Hospital (RMH), Summa Western Reserve Hospital (SWRH), Ohio Sleep Disorders, Digestive Health Centers, Summa Accountable Care Organization (ACO), Akron Endoscopy Associates (Akron Endoscopy) and Medina-Summit ASC, LLC.

SummaCare is a majority owned subsidiary of SIC, with 100% of the voting stock owned by SIC and preferred stock being held by SHS. SummaCare is licensed in the State of Ohio as a health-insuring corporation (HIC) under Chapter 1751 of the Ohio Revised Code. SummaCare contracts with providers to provide comprehensive health care services to a defined enrolled population (members) for a predetermined, monthly fee. The population from which SummaCare draws its membership is predominately in Northeast Ohio.

Apex is a wholly owned subsidiary of SIC and is a third party administrator. Apex does not assume insurance risk on behalf of its clients. Apex generates income from administrative fees for performing claims adjudication and other administrative services.

SIA is a wholly owned subsidiary of SIC. SIA is a licensed insurance agency in the State of Ohio under Chapter 1705 of the Ohio Revised Code. SIA licenses with other insurers of ancillary products such as dental, vision, life, disability and other like benefits and extends those product offerings to their clients.

**B&C. Transactions with Affiliated Organizations**

The operating activities with affiliated entities as of March 31, 2012 and December 31, 2011 are as follows:

	<u>2012</u>	<u>2011</u>
Premiums earned from affiliated entities:		
SC	—	4,427
Claims paid to affiliated entities:		
SACH/STH	4,621,709	17,459,220
SPI	427,758	1,703,914
BCH	720,041	2,992,040
WRH	183,044	840,475
Cornerstone	316,592	1,169,724
ARIS	5,401	18,295
Management fees charged to SIC from SC	2,966,315	10,417,790
Management fees charged to SIC from Apex	78,162	353,112
Corporate expense allocation paid to SHS	375,000	1,629,069

**Notes to Financial Statement**

D. Balance outstanding with affiliated entities as of March 31, 2012 and December 31, 2011:

	Due from		Due to	
	2012	2011	2012	2011
SummaCare	—	—	4,047,763	3,484,358
Apex	—	—	653,312	383,520
SACH/STH	—	—	125,000	—
CFGH	2,109	2,109	—	—
WRH	10,000	10,000	—	—
	<u>\$ 12,109</u>	<u>12,109</u>	<u>4,826,075</u>	<u>3,867,878</u>

- E. Guarantees or undertakings – None.
- F. SIC members receive various medical services from SACH/STH and other SHS subsidiaries. Certain members of the board of directors of the Company are members of the board of trustees of SACH/STH’s and SHS’s subsidiary and affiliated organizations. During 2012 and 2011, SIC earned premiums from SC associated with the indemnity portion on specific SC insurance plans. The Company has also contracted to receive administrative and claims processing services from SC.
- G. All outstanding shares of Class A and Class C common stock are owned by the parent, Summa Health System. Outstanding shares Class B common stock is owned by various physicians. Outstanding shares of Class B common stock represent approximately 1% of all outstanding shares of common stock.
- H. Investments in upstream intermediate entities or ultimate parent – None.
- I. The Company owns a 100% interest in SummaCare, whose carrying value exceeds 10% of the admitted assets of The Company. The Company also owns a 100% interest in Apex and SIA. The carrying value for each of these companies is less than 10% of the Company’s admitted assets.
- J. Investments in impaired SCA entities – None.
- K. Investments in foreign insurance subsidiaries – None.
- L. Investment in downstream noninsurance holding company – None.

**11. Debt**

SIC has no debt as of March 31,2012.

**12. Retirement Plans – None.**

**13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations**

- 1.) As of December 31, 2010, SHS owned all of the 100 authorized and outstanding shares of SIC Class A common stock. Physician shareholders, who are participating providers of SHN, own all of the 6,617 outstanding shares of SIC Class B common stock with a par value of \$.0001 per share. SHS also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of \$.0001 per share.
- 2.) Dividend rate, liquidation value and redemption schedule of preferred stock issues - None
- 3.) Dividend restrictions – In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2012, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company’s capital and surplus as of December 31, 2011, or (b) the Company’s net gain from operations for the year ended December 31, 2011. Accordingly, during 2012, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$5,391,322.
- 4.) Dates and amounts of dividends paid – None.
- 5.) Portion of reporting entities profits that may be paid as ordinary dividends - Reference number 3 above.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocals - None.
- 8.) Stock held by the Company for special purposes – None.
- 9.) Special surplus funds – None.
- 10.) The portion of unassigned funds represented or reduced by :

# Notes to Financial Statement

Nonadmitted Asset Values – \$3,473,007

Unrealized Gains (Losses) - \$466,071

- 11.) Surplus notes – None.
- 12.) Restatement in a quasi-reorganization – Not applicable
- 13.) Quasi-reorganization – Not applicable.

**14. Contingencies**

The Company is involved in various legal proceedings arising, for the most part, in the ordinary course of business operations. Such lawsuits include professional and employment litigation, consistent with the health care industry.

The Company’s business practices are subject to review by various state insurance and health care regulatory authorities and other state and federal authorities. These reviews may result in changes to or clarifications of business practices, and may result in fines, penalties or other sanctions.

In the opinion of management, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the financial position or results of operations of the Company. Where appropriate, reserves have been established in accordance with SSAP No. 5.

- A. Contingent commitments – None.
- B. Assessments – None
- C. Gain contingencies – None.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.
- E. All other contingencies – None.

**15. Leases – None.**

**16. Information Regarding Off-Balance Sheet Risk – Not applicable.**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liability – Not applicable.**

**18. Gains or Loss to the Reporting Entity from Uninsured Plans – Not applicable.**

**19. Direct Premium Written / Produced by Managing General Agents / Third Party Administrators -**  
Not applicable.

**20. Fair Value Measurement – Not applicable.**

**21. Other Items**

Stock Option Plan

Under the 2000 Summa Insurance Company, Inc. Nonqualified Stock Option Plan (the Plan), the Company granted options to certain SHN (formerly Akron City Health System) physicians for the purchase of up to 38,190 restricted shares of Class B common stock. Under the Plan, the exercise price of each option is \$50, and an option’s maximum term is 10 years. Options were granted on January 1, 2000 and vested immediately as there is no requirement for future performance. The Plan also has a mandatory redemption period of three years, in which during the first 10 days of December 2001, 2002, and 2003, each participant has the right to require the Company to purchase all or part of the shares held by the participant, which are free of restrictions, at a purchase price equal to the fair market value of the shares at September 30 of the year during which the right is exercised. For participants that retire, resign from SHN or die during the year, the shares held by the participant are redeemed at the current market value. In 2011, 145 shares were redeemed at a fair market value of \$13,917. No options were exercised during 2011.



**Notes to Financial Statement**

**22. Events Subsequent** – None.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$\_\_\_\_\_

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$\_\_\_\_\_

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under reinsurance policies?

Yes ( ) No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? \$\_\_\_\_\_

**B. Uncollectible Reinsurance** – None.

**Notes to Financial Statement**

C. **Commutation of Ceded Reinsurance** – None.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination** – None.

**25. Changes in Incurred Claims and Claims Adjustment Expenses**

Activity in claims unpaid is summarized as follows:

	<u>2012</u>	<u>2011</u>
Balance at January 1	\$ <u>17,145,575</u>	<u>16,973,286</u>
Prior Year Adjustment - Reinsurance	<u>—</u>	<u>—</u>
Incurred related to:		
Current year	46,369,345	157,183,640
Prior years	<u>(1,969,233)</u>	<u>(3,849,000)</u>
Total	<u>44,400,112</u>	<u>153,334,640</u>
Paid related to:		
Current year	27,377,410	140,039,351
Prior years	<u>14,198,000</u>	<u>13,123,000</u>
Total	<u>41,575,410</u>	<u>153,162,351</u>
Balance at End of Period	\$ <u><u>19,970,277</u></u>	<u><u>17,145,575</u></u>

The Company uses paid claims and completion factors based on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends have resulted in changes to prior years’ claims estimates.

**26. Intercompany Pooling Arrangements** – None.

**27. Structured Settlements** – None.

**28. Healthcare Receivables**

The company receives pharmacy rebates on a quarterly basis. As of March 31, 2012, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by two (two quarters). Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

<u>Quarter</u>	<u>Estimated Rebates Receivable</u>	<u>Nonadmitted Rebates Receivable</u>	<u>Admitted Rebates Receivable</u>	<u>Actual Rebates Received More Than 180 Days After Billing</u>
3/31/2012	\$533,731	\$533,731	\$0	\$0
12/31/2011	\$1,007,250	\$1,007,250	\$0	\$518,477
9/30/2011	\$919,063	\$919,063	\$0	\$840,010
6/30/2011	\$843,955	\$842,961	\$0	\$821,800
3/31/2011	\$842,961	\$842,961	\$0	\$834,830
12/31/2010	\$842,250	\$842,250	\$0	\$794,169
9/30/2010	\$546,875	\$546,875	\$0	\$849,583
6/30/2010	\$492,649	\$492,649	\$0	\$855,789
3/31/2010	\$492,649	\$492,649	\$0	\$857,126
12/31/2009	\$343,186	\$343,186	\$0	\$577,981
9/30/2009	\$945,681	\$945,681	\$0	\$599,713
6/30/2009	\$727,006	\$727,006	\$0	\$473,162
3/31/2009	\$723,095	\$723,095	\$0	\$425,420

**29. Participating Policies** – None.

**Notes to Financial Statement**

**30. Premium Deficiency Reserves** – None.

**31. Anticipated Salvage Value and Subrogation** – Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[ ] No[X]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2007
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2007
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

01/12/2009
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[ ] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes[X] No[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[ ]
- 14.2 If yes, please complete the following:

**GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....		
14.22	Preferred Stock .....		
14.23	Common Stock .....	48,490,049	50,682,565
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....	5,942,464	6,172,019
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	54,432,513	56,854,584
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[ ]

1	2
Name of Custodian(s)	Custodian Address
FirstMerit Bank, N.A. ....	106 South Main St, Akron, OH 44308 .....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....	.....	.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

16.4 If yes, give full and complete information relating thereto:

Yes[ ] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
FirstMerit Bank .....	Paul Brady .....	4481 Munson St NW, Suite 200, Canton OH 44718 .....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

17.2 If no, list exceptions:

Yes[X] No[ ]

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	90.112%
1.2 A&H cost containment percent	0.252%
1.3 A&H expense percent excluding cost containment expenses	13.437%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<b>Accident and Health - Non-affiliates</b>						
93440 .....	06-1041332 .....	..... 03/01/2012 .....	HM LIFE INS CO .....	PA .....	..... SSL/A/I .....	..... Yes[ ] No[X] .....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**  
**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	N								
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	L	50,165,064						50,165,064	
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X	50,165,064						50,165,064	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1	50,165,064						50,165,064	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

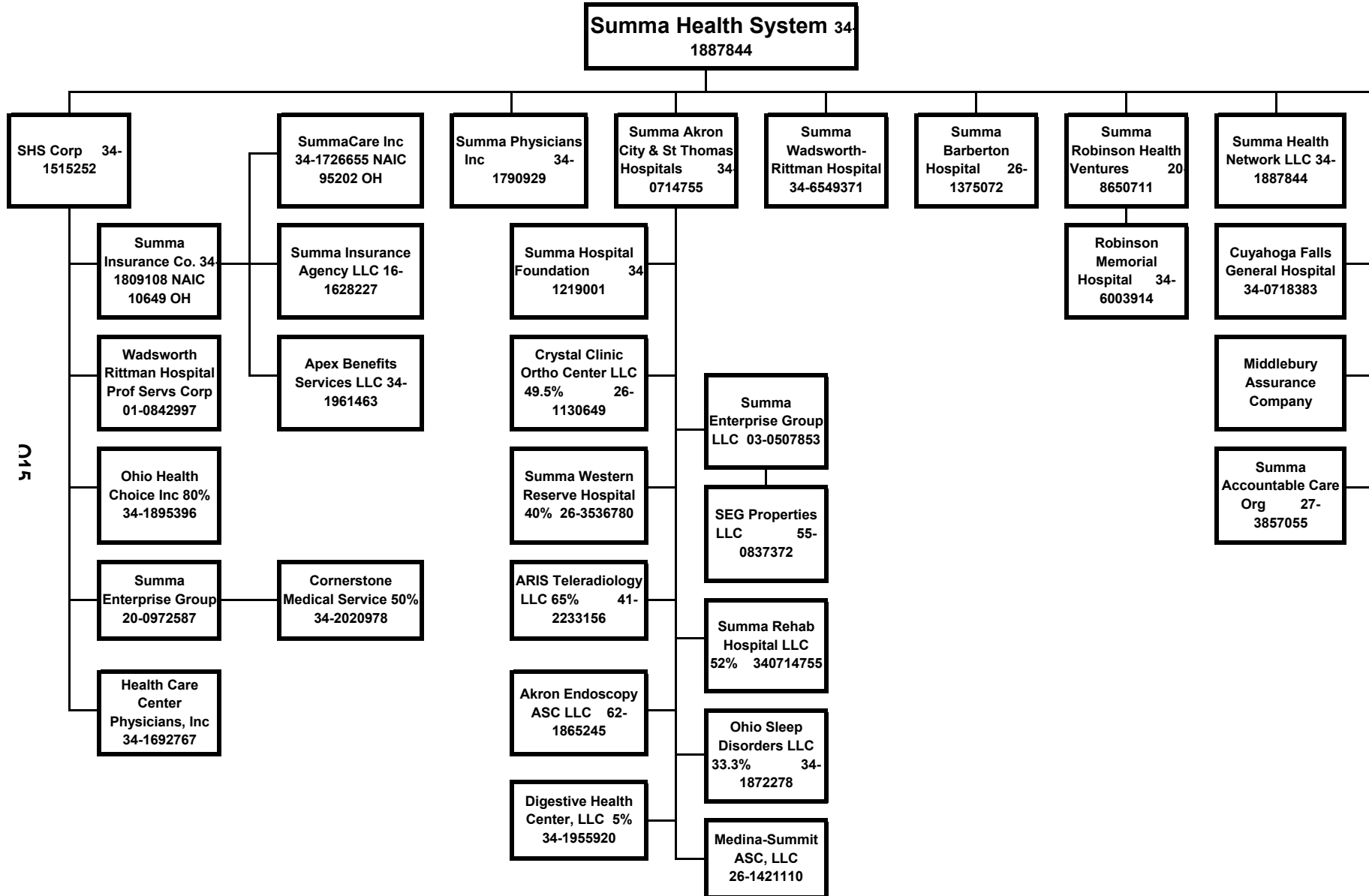
(a) Insert the number of L responses except for Canada and Other Alien.



# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship 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 Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
3259 ..	SUMMA INSURANCE COMPANY	95202	34-1726655 ..	.....	.....	.....	SUMMACARE INC .....	OH ...	.. DS ..	SUMMA INSURANCE COMPANY	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
3259 ..	SUMMA INSURANCE COMPANY	10649	34-1809108 ..	.....	.....	.....	SUMMA INS CO INC .....	OH .....	.....	SUMMA HEALTH SYSTEM CORPORATION .....	.....	99.0	SUMMA HEALTH SYSTEM .....	1 .....
.....	.....	00000	34-1887844 ..	.....	.....	.....	SUMMA HEALTH SYSTEM .....	OH .....	.. UIP ..	.....	.....	.....	.....	2 .....
.....	.....	00000	34-1515252 ..	.....	.....	.....	SUMMA HEALTH SYSTEM CORPORATION .....	OH ...	.. UDP .	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	16-1628227 ..	.....	.....	.....	SUMMA INSURANCE AGENCY LLC .....	OH ...	.. DS ..	SUMMA INSURANCE COMPANY .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	341961463 ..	.....	.....	.....	APEX BENEFITS SERVICES LLC .....	OH ...	.. DS ..	SUMMA INSURANCE COMPANY .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	01-0842997 ..	.....	.....	.....	WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1895396 ..	.....	.....	.....	OHIO HEALTH CHOICE .....	OH .....	.. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	80.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	20-0972587 ..	.....	.....	.....	SUMMA ENTERPRISE GROUP .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-2020978 ..	.....	.....	.....	CORNERSTONE MEDICAL SERVICES .....	OH ...	.. NIA ..	SUMMA ENTERPRISE GROUP ..	.....	50.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1692767 ..	.....	.....	.....	HEALTH CARE CENTER PHYSICIANS INC .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	341790929 ..	.....	.....	.....	SUMMA PHYSICIANS INC .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-0714755 ..	.....	.....	.....	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1219001 ..	.....	.....	.....	SUMMA HOSPITAL FOUNDATION .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	26-1130649 ..	.....	.....	.....	CRYSTAL CLINIC .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	49.5	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	26-3536780 ..	.....	.....	.....	ORTHOPEDIC HOSPITAL .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	40.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	41-2233156 ..	.....	.....	.....	SUMMA WESTERN RESERVE HOSPITAL .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	65.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	41-2233156 ..	.....	.....	.....	ARIS TELERADIOLOGY .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	62-1865245 ..	.....	.....	.....	AKRON ENDOSCOPY LLC .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1955920 ..	.....	.....	.....	DIGESTIVE HEALTH CENTER LLC .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	5.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	03-0507853 ..	.....	.....	.....	SUMMA ENTERPRISE GROUP LLC .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	55-0837372 ..	.....	.....	.....	SEG PROPERTIES LLC .....	OH ...	.. NIA ..	SUMMA ENTERPRISE GROUP LLC .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-0714755 ..	.....	.....	.....	SUMMA REHAB HOSPITAL .....	OH ...	.. NIA ..	SUMMA AKRON CITY ST THOMAS HOSPITAL .....	.....	52.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1872278 ..	.....	.....	.....	OHIO SLEEP DISORDERS .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	33.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	26-1421110 ..	.....	.....	.....	MEDINA-SUMMIT ASC LLC .....	OH ...	.. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-6549371 ..	.....	.....	.....	SUMMA WADSWORTH-RITTMAN HOSPITAL .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	26-1375072 ..	.....	.....	.....	SUMMA BARBERTON HOSPITAL .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....

**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
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship 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 Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	.....	00000	20-8650711	.....	.....	.....	SUMMA ROBINSON HEALTH VENTURES .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-6003914	.....	.....	.....	ROBINSON MEMORIAL HOSPITAL .....	OH ...	.. NIA ..	SUMMA ROBINSON HEALTH VENTURES .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-1887844	.....	.....	.....	SUMMA HEALTH NETWORK LLC .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	34-0718383	.....	.....	.....	CUYAHOGA FALLS GENERAL HOSPITAL .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	27-3857055	.....	.....	.....	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	OH ...	.. NIA ..	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	.....
.....	.....	00000	.....	.....	.....	.....	MIDDLEBURY ASSURANCE COMPANY .....	.....	.. IA ...	SUMMA HEALTH SYSTEM .....	.....	100.0	SUMMA HEALTH SYSTEM .....	3 .....

Asterisk	Explanation
00000001	SUMMA INSURANCE COMPANY IS THE REPORTING ENTITY .....
00000002	SUMMA HEALTH SYSTEM IS THE ULTIMATE CONTROLLING ENTITY .....
00000003	MIDDLEBURY ASSURANCE COMPANY IS LOCATED IN THE CAYMAN ISLANDS .....

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. 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.

	<b>RESPONSE</b>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	Yes

Explanations:

Bar Codes:

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
2504. Premium Tax Recoverable .....	.....	.....	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	.....	.....	.....	.....
2904. Minority Interest Income (Expense) .....	.....	.....	.....	.....
2905. City Taxes .....	.....	.....	.....	.....
2906. Network Access Fees - Providers .....	.....	.....	.....	.....
2907. Minority Interest Expense .....	.....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
4704. Miscellaneous .....	.....	.....	..... 1
4705. Common Stock Adjustment .....	.....	.....	.....
4706. Misc. Adjustment .....	.....	.....	.....
4707. Increase par value of common stock .....	.....	.....	.....
4708. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....	..... 1

STATEMENT AS OF **March 31, 2012** OF THE **Summa Insurance Company, Inc.**

**SCHEDULE A - VERIFICATION**

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points .....		
9. Total foreign exchange change in book value/recorded investment .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	8,517,804	7,775,482
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....	(32,419)	742,322
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	8,485,385	8,517,804
12. Deduct total nonadmitted amounts .....	2,313,366	2,575,340
13. Statement value at end of current period (Line 11 minus Line 12) .....	6,172,019	5,942,464

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	63,135,243	60,081,710
2. Cost of bonds and stocks acquired .....	2,992,188	3,474,688
3. Accrual of discount .....	1,961	8,767
4. Unrealized valuation increase (decrease) .....	2,192,516	4,082,580
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....	1,500,000	4,500,000
7. Deduct amortization of premium .....	2,634	12,502
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	66,819,274	63,135,243
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	66,819,274	63,135,243

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	16,458,591			79,781	16,538,372			16,458,591
2. Class 2 (a) .....								
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds .....	16,458,591			79,781	16,538,372			16,458,591
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	16,458,591			79,781	16,538,372			16,458,591

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1**

**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2  Par Value	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
9199999. Totals .....	401,663	X X X	401,663	496	

**SCHEDULE DA - Verification**

**Short-Term Investments**

		1  Year To Date	2  Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	1,813,397	442,706
2.	Cost of short-term investments acquired .....		1,370,691
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	1,411,734	
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	401,663	1,813,397
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	401,663	1,813,397



**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

<b>SI05</b>	<b>Schedule DB Part C Section 1</b>	<b>NONE</b>
-------------	-------------------------------------	-------------

**SI06 Schedule DB Part C Section 2 ..... NONE**

<b>SI07</b>	<b>Schedule DB - Verification .....</b>	<b>NONE</b>
-------------	---	-------------

**SI08 Schedule E - Verification (Cash Equivalents) ..... NONE**

**E01      Schedule A Part 2 ..... NONE**

**E01      Schedule A Part 3 ..... NONE**

**E02      Schedule B Part 2 ..... NONE**

**E02      Schedule B Part 3 ..... NONE**

**E03      Schedule BA Part 2 ..... NONE**

**E03      Schedule BA Part 3 ..... NONE**

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
3134G3KF6 .....	FHLMC .....	.....	01/27/2012 ....	FIRSTMERIT BANK .....	X X X .....	500,000 .....	500,000.00 .....	.....	1 .....
912828SD3 .....	U.S. TREASURY NOTE .....	.....	02/21/2012 ....	FIRSTMERIT BANK .....	X X X .....	990,000 .....	1,000,000.00 .....	721 .....	1 .....
912828RR3 .....	U.S. TREASURY NOTE .....	.....	02/21/2012 ....	FIRSTMERIT BANK .....	X X X .....	1,002,188 .....	1,000,000.00 .....	5,385 .....	1 .....
912828SF8 .....	U.S. TREASURY NOTE .....	.....	02/21/2012 ....	FIRSTMERIT BANK .....	X X X .....	500,000 .....	500,000.00 .....	165 .....	1 .....
0599999 Subtotal - Bonds - U.S. Governments .....					X X X .....	2,992,188 .....	3,000,000.00 .....	6,271 .....	X X X .....
8399997 Subtotal - Bonds - Part 3 .....					X X X .....	2,992,188 .....	3,000,000.00 .....	6,271 .....	X X X .....
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					X X X .....	X X X .....	X X X .....	X X X .....	X X X .....
8399999 Subtotal - Bonds .....					X X X .....	2,992,188 .....	3,000,000.00 .....	6,271 .....	X X X .....
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....					X X X .....	X X X .....	X X X .....	X X X .....	X X X .....
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....					X X X .....	X X X .....	X X X .....	X X X .....	X X X .....
9899999 Subtotal - Preferred and Common Stocks .....					X X X .....	.....	X X X .....	.....	X X X .....
9999999 Total - Bonds, Preferred and Common Stocks .....					X X X .....	2,992,188 .....	X X X .....	6,271 .....	X X X .....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**SCHEDULE D - PART 4**  
**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of**  
**During the Current Quarter**

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>																					
912828KB5	U.S. TREASURY NOTE		01/15/2012	MATURED	X X X	1,500,000	1,500,000.00	1,495,547	1,499,921		79		79		1,500,000				8,438	01/15/2012	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,500,000	1,500,000.00	1,495,547	1,499,921		79		79		1,500,000				8,438	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	1,500,000	1,500,000.00	1,495,547	1,499,921		79		79		1,500,000				8,438	X X X	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,500,000	1,500,000.00	1,495,547	1,499,921		79		79		1,500,000				8,438	X X X	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X													X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,500,000	X X X	1,495,547	1,499,921		79		79		1,500,000				8,438	X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**E06      Schedule DB Part A Section 1 ..... NONE**

**E07      Schedule DB Part B Section 1 ..... NONE**

**E08      Schedule DB Part D ..... NONE**

**E09      Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E10      Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6  First Month	7  Second Month	8  Third Month	*
open depositories										
First Merit Bank .....	Akron, Ohio .....						8,341,122	1,796,244	7,097,264	X X X
First Merit Bank Money Market .....	Akron, Ohio .....			0.300			3,321,748	3,322,381	3,323,050	X X X
First Merit Bank - Middlebury ..	Akron, Ohio .....						1,202,293	1,301,935	1,311,618	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories .....			X X X	X X X						X X X
0199999 Totals - Open Depositories .....			X X X	X X X			12,865,163	6,420,560	11,731,932	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories .....			X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X			12,865,163	6,420,560	11,731,932	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....			X X X	X X X			12,865,163	6,420,560	11,731,932	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents .....					.....	.....	.....



**MEDICARE PART D COVERAGE SUPPLEMENT**  
**Net of Reinsurance**

NAIC Group Code: 3259

NAIC Company Code: 10649

		Individual Coverage		Group Coverage		5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected .....	.....	..... X X X .....	.....	..... X X X .....	.....
2.	Earned Premiums .....	.....	..... X X X .....	.....	..... X X X .....	..... X X X .....
3.	Claims Paid .....	..... 451,282	..... X X X .....	.....	..... X X X .....	..... 451,282
4.	Claims Incurred .....	..... 63,749	..... X X X .....	.....	..... X X X .....	..... X X X .....
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	..... X X X .....	.....	..... X X X .....	.....	.....
6.	Aggregate Policy Reserves - change .....	.....	..... X X X .....	.....	..... X X X .....	..... X X X .....
7.	Expenses Paid .....	..... 9,662	..... X X X .....	.....	..... X X X .....	..... 9,662
8.	Expenses Incurred .....	..... 9,662	..... X X X .....	.....	..... X X X .....	..... X X X .....
9.	Underwriting Gain or Loss .....	..... (73,411)	..... X X X .....	.....	..... X X X .....	..... X X X .....
10.	Cash Flow Results .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... (460,944)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS



**INDEX TO HEALTH  
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

    Realized; Q4

    Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE11

Cash Equivalents; Q2; Q6; QE12

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

    Accrued; Q2

    Earned; Q2; QSI03

    Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH  
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

    Advance; Q3

    Collected; Q6

    Deferred; Q2

    Direct; Q7; Q13

    Earned; Q7

    Retrospective; Q2

    Uncollected; Q2

    Unearned; Q4

    Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

    Ceded; Q3; Q12

    Funds Held; Q2

    Payable; Q3

    Premiums; Q3

    Receivable; Q2; Q4

    Unauthorized; Q3; Q5

Reserves

    Accident and Health; Q3; Q4

    Claim; Q3; Q5; Q8

    Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE10

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8