



QUARTERLY STATEMENT  
AS OF March 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE  
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	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 44309-3620 (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	SummmaCare.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 and Product Development  
James Loveless, VP - Individual Product Line  
James McNutt, VP - Finance, CFO  
Claude Vincenti, Senior VP - Chief Operating Officer

Kevin Cavalier, VP - Sales  
Judith Macro, VP - Corporate Services, Compliance Officer  
Donald Novosel, VP - Contracting & Network Development

Keith Johnson, VP - Third Party Administrator  
Nancy Markle, VP - Client Services  
Annette Ruby, VP - Health Services Management

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 Patterson 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) Martin Paul Hauser (Printed Name) 1. President, CEO (Title)	(Signature) Claude Maurius Vincenti (Printed Name) 2. Senior Vice President, COO (Title)	(Signature) James Edward McNutt (Printed Name) 3. Vice President - Finance, CFO (Title)
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Subscribed and sworn to before me this  
14th day of May, 2012

a. Is this an original filing?  
b. If no,  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

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 .....	67,954,094		67,954,094	68,236,188
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....				
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 (\$.....34,983,148), cash equivalents (\$.....0) and short-term investments (\$.....1,133,691) .....	36,116,839		36,116,839	10,769,682
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
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) .....	104,070,933		104,070,933	79,005,870
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	352,756		352,756	447,682
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	240,449	52,664	187,785	3,746
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 .....	33,821		33,821	
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....	1,203,198		1,203,198	2,111,381
18.2	Net deferred tax asset .....	2,466,694	304,046	2,162,648	2,366,368
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....	514,308	514,308		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	5,621,169		5,621,169	4,982,281
24.	Health care (\$.....1,223,094) and other amounts receivable .....	2,089,555	866,461	1,223,094	4,171,985
25.	Aggregate write-ins for other than invested assets .....	1,238,313	1,238,313		
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	117,831,196	2,975,792	114,855,404	93,089,313
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	Total (Lines 26 and 27) .....	117,831,196	2,975,792	114,855,404	93,089,313
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 assets .....	1,238,313	1,238,313		
2502.	Deposits .....				
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) .....	1,238,313	1,238,313		

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	28,512,054		28,512,054	26,381,584
2.	Accrued medical incentive pool and bonus amounts .....	360,360		360,360	297,360
3.	Unpaid claims adjustment expenses .....	365,887		365,887	365,887
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 .....	19,268,462		19,268,462	377,533
9.	General expenses due or accrued .....	6,861,794		6,861,794	8,554,647
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
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 .....	536,068		536,068	208,850
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	8,260,968		8,260,968	8,406,157
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....7,246 unauthorized reinsurers) .....	7,246		7,246	7,246
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) .....				
24.	Total liabilities (Lines 1 to 23) .....	64,172,839		64,172,839	44,599,264
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X	570	570
27.	Preferred capital stock .....	X X X	X X X	100	100
28.	Gross paid in and contributed surplus .....	X X X	X X X	30,084,097	30,084,097
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	20,597,798	18,405,282
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
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	50,682,565	48,490,049
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	114,855,404	93,089,313
DETAILS OF WRITE-INS					
2301.	Payroll liability .....				
2302.	Other accrued liabilities .....				
2303.	Medicaid Pharmacy Reserve .....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
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 .....	71,787	71,316	281,800
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	61,904,440	61,955,502	256,520,831
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 .....	6,644,519	4,582,260	20,736,015
7.	Aggregate write-ins for other non-health revenues .....	X X X .....		3,608	
8.	Total revenues (Lines 2 to 7) .....	X X X .....	68,548,959	66,541,370	277,256,846
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		45,527,978	46,693,982	192,354,353
10.	Other professional services .....				
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....			2,533	4,427
13.	Prescription drugs .....		7,000,158	7,009,683	25,924,524
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		63,000	63,000	275,300
16.	Subtotal (Lines 9 to 15) .....		52,591,136	53,769,198	218,558,604
<b>Less:</b>					
17.	Net reinsurance recoveries .....		33,821	197,491	578,281
18.	Total hospital and medical (Lines 16 minus 17) .....		52,557,315	53,571,707	217,980,323
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....378,472 cost containment expenses .....		1,095,805	1,009,073	4,130,890
21.	General administrative expenses .....		12,580,882	11,915,896	50,064,537
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) .....		66,234,002	66,496,676	272,175,750
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	2,314,957	44,694	5,081,096
25.	Net investment income earned .....		346,420	299,002	1,278,041
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		346,420	299,002	1,278,041
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 .....		9,746		23,342
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 .....	2,671,123	343,696	6,382,479
31.	Federal and foreign income taxes incurred .....	X X X .....	908,182	116,856	2,735,721
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	1,762,941	226,840	3,646,758
<b>DETAILS OF WRITE-INS</b>					
0601.	Administrative Services Revenue .....	X X X .....	6,644,519	4,582,260	20,736,015
0602.	Misc income received from prior year taxes .....	X X X .....			
0603.	Gain/loss on disposal of asset .....	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 .....	6,644,519	4,582,260	20,736,015
0701.	Proceeds from the sale of the Medicaid product line .....	X X X .....			
0702.	Miscellaneous Income .....	X X X .....		3,608	
0703.	Miscellaneous Revenue .....	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 .....		3,608	
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.	Rental Revenue .....		2,991		11,964
2902.	Miscellaneous Income .....		6,755		11,378
2903.	City Income Taxes .....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		9,746		23,342

**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 .....	48,490,049	44,407,469	44,407,469
34.	Net income or (loss) from Line 32 .....	1,762,941	226,840	3,646,758
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 .....			
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....	(220,016)	(142,461)	306,599
39.	Change in nonadmitted assets .....	649,591	495,121	506,141
40.	Change in unauthorized reinsurance .....		41,122	63,689
41.	Change in treasury stock .....			
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 .....		(2)	(440,607)
48.	Net change in capital and surplus (Lines 34 to 47) .....	2,192,516	620,620	4,082,580
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	50,682,565	45,028,089	48,490,049
<b>DETAILS OF WRITE-INS</b>				
4701.	Change in Minimum Pension Liability - Unrestricted Funds .....			(440,605)
4702.	Adjustments to 2008 financial statements .....			
4703.	Miscellaneous .....		(2)	(2)
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		(2)	(440,607)

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 .....	80,577,509	62,618,627	256,509,133
2.	Net investment income .....	423,440	300,310	1,121,820
3.	Miscellaneous income .....	6,644,519	4,585,868	20,736,015
4.	Total (Lines 1 to 3) .....	87,645,468	67,504,805	278,366,968
5.	Benefit and loss related payments .....	50,363,845	51,693,622	214,738,386
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	15,359,794	13,545,633	54,265,235
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	16,295	1,849,756	7,787,206
10.	Total (Lines 5 through 9) .....	65,739,934	67,089,011	276,790,827
11.	Net cash from operations (Line 4 minus Line 10) .....	21,905,534	415,794	1,576,141
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	1,800,000	1,000,000	8,350,000
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) .....	1,800,000	1,000,000	8,350,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	1,500,000	15,240,234	24,696,953
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) .....	1,500,000	15,240,234	24,696,953
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) .....	300,000	(14,240,234)	(16,346,953)
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 .....			
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) .....	3,141,623	(1,400,736)	(3,978,278)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	3,141,623	(1,400,736)	(3,978,278)
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) .....	25,347,157	(15,225,176)	(18,749,090)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	10,769,682	29,518,772	29,518,772
19.2	End of period (Line 18 plus Line 19.1) .....	36,116,839	14,293,596	10,769,682

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

20.0001				
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**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 .....	23,367							23,367		
2. First Quarter .....	23,996							23,996		
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	71,787							71,787		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	19,649							19,649		
8. Non-Physician .....	31,449							31,449		
9. Total .....	51,098							51,098		
10. Hospital Patient Days Incurred .....	50,002							50,002		
11. Number of Inpatient Admissions .....	1,380							1,380		
12. Health Premiums Written (a) .....	61,947,091							61,947,091		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	61,947,091							61,947,091		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	50,397,666		(49,974)					50,447,640		
18. Amount Incurred for Provision of Health Care Services .....	52,591,136		(49,974)					52,641,110		

(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 .....	17,273,054	7,071,000	2,845,000	579,000	744,000	28,512,054
0499999 Subtotals .....	17,273,054	7,071,000	2,845,000	579,000	744,000	28,512,054
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						28,512,054
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						360,360



**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) .....	(49,974)				(49,974)	
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....	20,890,000	29,523,819	1,323,000	27,189,054	22,213,000	26,381,584
7.	Title XIX - Medicaid .....						
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	20,840,026	29,523,819	1,323,000	27,189,054	22,163,026	26,381,584
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....			297,360	63,000	297,360	297,360
13.	Totals (Lines 9 - 10 + 11 + 12) .....	20,840,026	29,523,819	1,620,360	27,252,054	22,460,386	26,678,944

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

# Notes to Financial Statement

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

SummaCare, Inc.'s (the Company or SC) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the *Accounting Practices and Procedures Manual*.

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 the *Accounting Practices and Procedures Manual*, 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 – None.

#### 4) Preferred stocks – None.

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

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

#### 7) Investments in subsidiaries, controlled and affiliated entities – None.

#### 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 the Company's members by third party providers, which have been incurred but not reported to the Company. 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.

Additionally, SummaCare has contracted with two physician hospital organizations (PHOs), Summa Health Network (SHN) and the Cleveland Health Network (CHN), to provide members with the services of hospitals, primary care physicians, and other physician specialists within the SHN and CHN networks. In 2012 and 2011, SummaCare retained the risk for all commercial and Medicare members choosing either a CHN or SHN provider.

#### 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 and Receivables Under Government Insured Plans.

# Notes to Financial Statement

**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 Summa Health System (SHS) reorganized resulting in a change in ownership of SC. Prior to December 31, 1999, SC was a wholly-owned subsidiary of Akron City Health System (ACHS). As part of the reorganization, SIC received SC’s voting common stock for no consideration.

**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. – None.
- 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.**

**9. Income Taxes**

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

**Notes to Financial Statement**

	3/31/2012			12/31/2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax assets	\$2,466,694	\$0	\$2,466,694	\$2,686,710	\$0	\$2,686,710	(\$220,016)	\$0	(\$220,016)
(b) Statutory Valuation Allowance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(c) Adjusted Gross DTA's (1a-1b)	\$2,466,694	\$0	\$2,466,694	\$2,686,710	\$0	\$2,686,710	(\$220,016)	\$0	(\$220,016)
(d) Deferred Tax Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal (Net DTA's) (1c-1d)	\$2,466,694	\$0	\$2,466,694	\$2,686,710	\$0	\$2,686,710	(\$220,016)	\$0	(\$220,016)
(f) DTA's Nonadmitted	\$304,046	\$0	\$304,046	\$320,342	\$0	\$320,342	(\$16,296)	\$0	(\$16,296)
(g) Net Admitted DTA's (1e-1f)	\$2,162,648	\$0	\$2,162,648	\$2,366,368	\$0	\$2,366,368	(\$203,720)	\$0	(\$203,720)
4.									
Admission Calculation Components									
SSAP No. 10R Par.10a, 10b and 10c									
(a) SSAP No. 10R Paragraph 10a	\$2,162,648	\$0	\$2,162,648	\$2,366,368	\$0	\$2,366,368	(\$203,720)	\$0	(\$203,720)
(b) SSAP No. 10R Paragraph 10b (lesser 10bi and 10bii below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(c) SSAP No. 10R Paragraph 10bi	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) SSAP No. 10R Paragraph 10bii	XXX	XXX	\$4,849,005	XXX	XXX	\$4,996,014	XXX	XXX	(\$147,009)
(e) SSAP No. 10R Paragraph 10c	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(f) Total (4a+4b+4e)	\$2,162,648	\$0	\$2,162,648	\$2,366,368	\$0	\$2,366,368	(\$203,720)	\$0	(\$203,720)
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	\$0	\$0	\$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	\$50,682,565	XXX	XXX	\$48,490,049	XXX	XXX	\$2,192,516
(n) Authorized Control Level	XXX	XXX	\$8,814,250	XXX	XXX	\$8,872,334	XXX	XXX	(\$58,084)
5.									
SSAP No. 10R Par. 10a, 10b and 10c									
(a) Admitted Deferred Tax Assets	\$2,162,648	\$0	\$2,162,648	\$2,366,368	\$0	\$2,366,368	(\$203,720)	\$0	(\$203,720)
(b) Admitted Assets	XXX	XXX	\$114,855,404	XXX	XXX	\$93,089,313	XXX	XXX	\$21,766,091
(c) Adjusted Statutory Surplus	XXX	XXX	\$50,682,565	XXX	XXX	\$48,490,049	XXX	XXX	\$2,192,516
(d) Total Adjusted Capital from DTA's	XXX	XXX	\$2,162,648	XXX	XXX	\$2,366,368	XXX	XXX	(\$203,720)
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	\$908,182	\$2,735,721	(\$1,827,539)
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	\$908,182	\$2,735,721	(\$1,827,539)
(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	\$908,182	\$2,735,721	(\$1,827,539)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Nonadmitted Assets	\$908,394	1,123,714	(\$215,320)
(2) Change in Claims Unpaid	\$832,263	907,084	(\$74,821)
(3) Change in Accrued Liabilities	\$536,027	465,301	\$70,126
(4) Charitable Contributions Carry-Forward	\$0	0	\$0
(5) Basis Difference in Fixed Assets	\$190,011	190,011	(\$0)
Subtotal	\$2,466,694	\$2,686,710	(\$220,016)
(b) Statutory Valuation Allowance	\$0	\$0	\$0
(c) Nonadmitted	\$304,046	\$320,342	(\$16,296)
(d) Admitted Ordinary Deferred Tax Assets (2a-2b)	\$2,162,648	\$2,366,368	(\$203,720)
(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)	\$2,162,648	\$2,366,368	(\$203,720)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$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)	\$0	\$0	\$0
4. Net Deferred Tax Assets / Liabilities (2g-3c)	\$2,162,648	\$2,366,368	(\$203,720)

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	\$908,182	34.0%
Change in deferred income taxes	(\$220,016)	-8.2%
Items permanent in nature	\$4,696	0.2%
Change in nonadmitted assets	\$215,320	8.1%
Total statutory income taxes incurred	\$908,182	34.0%

E. Amounts of operating loss and tax credit carry-forwards available for tax purposes  
The company does not have any net operating loss carry-forwards as of March 31, 2012.

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, Ohio Health Choice, Summa Enterprise Group, Health Care Center Physicians, and Cornerstone Medical Services.

**Notes to Financial Statement**

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

**A. Nature of the Relationships**

SummaCare, Inc. is a wholly owned subsidiary of Summa Insurance Company, Inc. (SIC). SIC is a majority-owned subsidiary of Summa Health System (SHS).

Subsidiaries and affiliated organizations of SHS include Summa Health System Corporation (SHSC), Summa Akron City & St. Thomas Hospitals (SACH/STH), Summa Health Network LLC (SHN), 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.

The Company is licensed in Ohio as a health-insuring corporation (HIC) under Chapter 1751 of the Ohio Revised Code. SC contracts with providers to provide comprehensive health care services to a defined enrolled population (members) for a predetermined monthly fee. The population from which the Company draws its membership is predominately located in Northeast Ohio.

The Company is subject to competition from other health insuring companies as well as to the regulations of certain state and federal agencies. The Company is also subject to periodic financial examinations by those regulatory authorities.

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

SC 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, SC incurred health care costs representing premium payments made to SIC for health care costs associated with the indemnity portion on specific SC insurance plans.

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

		<u>2012</u>	<u>2011</u>
Claims paid to affiliated entities:			
SIC	\$	—	4,427
SACH/STH		10,673,908	47,907,568
SPI		1,962,244	7,543,658
BCH		1,995,252	8,171,757
ARIS		9,216	43,867
WRH		549,262	3,094,071
Cornerstone		776,959	3,235,226
ACO		184,147	846,562
Management fees charged to SIC		2,966,315	10,417,790
D&O insurance premiums paid to MAC		—	127,288
Management fees charged to Apex		3,664,329	10,259,678
Management fees charged to OHC		1,875	8,930
Management fees charged to SHN		12,000	48,000
Management fees charged from SHN		87,528	326,197
Management fees charged from Apex		111,372	533,676
Management fees charged from OHC		115,166	177,471

**D.** The balances outstanding with affiliated entities as of March 31, 2012 and December 31, 2011 are as follows:

**Notes to Financial Statement**

	<b>Due from</b>		<b>Due to</b>	
	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
SHN	\$ —	—	29,415	23,915
SIC	4,047,763	3,484,358	—	—
SACH / STH	—	—	3,022,818	2,887,371
OHC	—	791	37,026	—
Apex	1,573,406	1,475,067	—	—
WRH	—	—	125,509	125,509
BCH	—	—	521,759	521,759
CFGH	—	22,065	—	—
ACO	—	—	4,524,441	4,847,603
	<u>\$ 5,621,169</u>	<u>4,982,281</u>	<u>8,260,968</u>	<u>8,406,157</u>

- E.** Guarantees or undertakings – None.
- F.** During 2012 and 2011, the Company contracted to provide administrative and claims processing services to SIC and Apex. In 2012 and 2011, the Company contracted to reimburse SHN a portion of their total operating expenses. Expenses were recognized based on the amount charged to the Company from SHN.
- G.** All outstanding shares of SummaCare are owned by the parent, Summa Insurance Company, a property and casualty insurance company domiciled in the State of Ohio.
- H.** Investments in upstream intermediate entities or ultimate parent – None.
- I.** Investments in SCA Entities – None.
- J.** Investments in impaired SCA entities – None.
- K.** Investments in foreign insurance subsidiaries – None.
- L.** Investment in downstream noninsurance holding company – None.

**11. Debt**

SC has no debt as of March 31, 2012.

**12. Retirement Plans**

- A.** Defined Benefit Plan - None.
- B.** Defined Contribution Plan

The Company has a defined contribution 401(k) plan that is available to all eligible employees. The plan provides for employee contributions of up to 15% of eligible salary and employer matching contributions of 50% of each employee’s voluntary contribution. The matching contribution is limited to 6% of each employee’s pay. Expense under this plan was approximately \$230,332 for period ending March 31, 2012 and was \$786,225 for year ending December 31, 2011.

- C.** Multiemployer Plan – None.
- D.** Consolidated / Holding Company Plan  
SHS maintains a noncontributory defined benefit pension plan (DB Plan), Summa Health System Retirement Income Plan and Trust, for the benefit of eligible employees in which the Company participates. The benefits are based upon years of service, as defined by the DB Plan. It is the System’s policy to contribute annually to the DB Plan amounts that are actuarially determined to provide the DB Plan with sufficient assets to meet future benefit payment requirements.  
  
Effective January 1, 2002, the Company’s employees became participants in Summa Health System Retirement Income Plan and Trust (the Plan), however, the Company has no direct liability for the Plan obligations. Pension amounts are allocated to the Company based on its pro rata portion of the DB Plan periodic benefit obligation. The Company has recorded expense associated with involvement in the DB Plan of \$56,250 and \$225,700 as part of salaries, wages, and fringe benefits expense for the periods ended March 31, 2012 and December 31, 2011, respectively.
- E.** Postemployment Benefits and Compensated Absences – None.
- F.** Impact of Medicare Modernization Act on Postretirement Benefits – None.

## Notes to Financial Statement

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1.) As of December 31, 2011, SHS owned all of the 100 issued and outstanding shares of SC's preferred stock. The par value of the preferred stock is \$1 per share. SIC owns all of the 570 issued and outstanding shares of SC common stock. The par value of the common stock is \$1 per share.
- 2.) Dividends on the preferred stock are cumulative at an annual rate of \$500 per share. No dividends have been declared or paid by the Company on its preferred stock; accordingly, there are \$954,167 of dividends in arrears as of March 31, 2012 and \$941,667 of dividends in arrears at December 31, 2011.
- 3.) No dividends can be paid on the Company's common stock until the dividends in arrears on preferred stock are paid. Dividends are cumulative.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) 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.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocal - 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 :  

Nonadmitted Asset Values – \$2,975,792  
Unrealized Gains (Losses) – \$3,363,243
- 11.) Surplus notes – None.
- 12.) Restatement in a quasi-reorganization – Not applicable
- 13.) Quasi-reorganization – Not applicable.

### 14. Contingencies

- 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

- A. The company leases equipment and its facility under noncancelable operating leases expiring at various dates from 2012 to 2016. Rent expense was approximately \$565,016 as of March 31, 2012 and was \$2,159,116 for year ending December 31, 2011.



**Notes to Financial Statement**

Future minimum payments under noncancelable operating leases are as follows:

Year ended December 31:		
2012		2,126,645
2013		2,073,708
2014		2,073,968
2015		2,129,766
2016		1,938,777
Total minimum future commitment		\$ <u><u>10,342,864</u></u>

- 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** – None.
- 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. \$\_\_\_\_\_

**Notes to Financial Statement**

- 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.**

**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>2011</u>	<u>2010</u>
Balance at January 1	\$ <u>26,381,584</u>	<u>23,345,751</u>
Incurred related to:		
Current year	56,662,915	220,202,279
Prior years	<u>(4,168,600)</u>	<u>(2,660,000)</u>
Total	<u>52,494,315</u>	<u>217,542,279</u>
Paid related to:		
Current year	29,523,819	193,987,446
Prior years	<u>20,840,026</u>	<u>20,519,000</u>
Total	<u>50,363,845</u>	<u>214,506,446</u>
Balance at End of Period	\$ <u><u>28,512,054</u></u>	<u><u>26,381,584</u></u>

**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. For quarter ending March 31, 2012, pharmacy rebates receivable were estimated by multiplying the most recent rebate received by two (two quarters). For quarter ending December 31, 2011, pharmacy rebates receivable were estimated by multiplying the most recent rebate received by three (three quarters). Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

**Notes to Financial Statement**

<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	\$866,461	\$0	\$0	\$0
12/31/2011	\$1,368,000	\$0	\$0	\$1,024,192
9/30/2011	\$1,138,678	\$0	\$0	\$1,479,234
6/30/2011	\$1,577,964	\$1,577,964	\$0	\$1,491,295
3/31/2011	\$1,541,092	\$1,541,092	\$0	\$1,487,459
12/31/2010	\$1,545,000	\$1,545,000	\$0	\$1,547,850
9/30/2010	\$1,133,202	\$1,133,202	\$0	\$1,516,786
6/30/2010	\$1,022,074	\$1,022,074	\$0	\$1,448,788
3/31/2010	\$1,297,617	\$1,297,617	\$0	\$1,699,056
12/31/2009	\$885,851	\$885,851	\$0	\$1,207,256
9/30/2009	\$1,433,329	\$1,433,329	\$0	\$1,609,767
6/30/2009	\$1,613,311	\$1,613,311	\$0	\$1,330,376
3/31/2009	\$1,568,990	\$1,568,990	\$0	\$1,358,345

**29. Participating Policies – None.**

**30. Premium Deficiency Reserves**

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company’s method of acquiring, servicing and measuring the profitability of such contracts. There were no premium deficiency reserves recorded as of March 31, 2012 and December 31, 2011, respectively.

**31. Anticipated Salvage Value and Subrogation – None**

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 Name of Entity	2 NAIC Company Code	3 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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:

\$..... 4,047,763

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[ ] No[X]
- 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 .....		
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
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?

Yes[ ] No[X]
- 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[ ] 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?

Yes[X] No[ ]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
FirstMerit Trust .....	106 South Main Street, 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?

Yes[ ] No[X]
- 16.4 If yes, give full and complete information relating thereto:

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?

Yes[X] No[ ]
- 17.2 If no, list exceptions:

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	85.512%
1.2 A&H cost containment percent	0.611%
1.3 A&H expense percent excluding cost containment expenses	21.482%
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[X] No[ ] .....

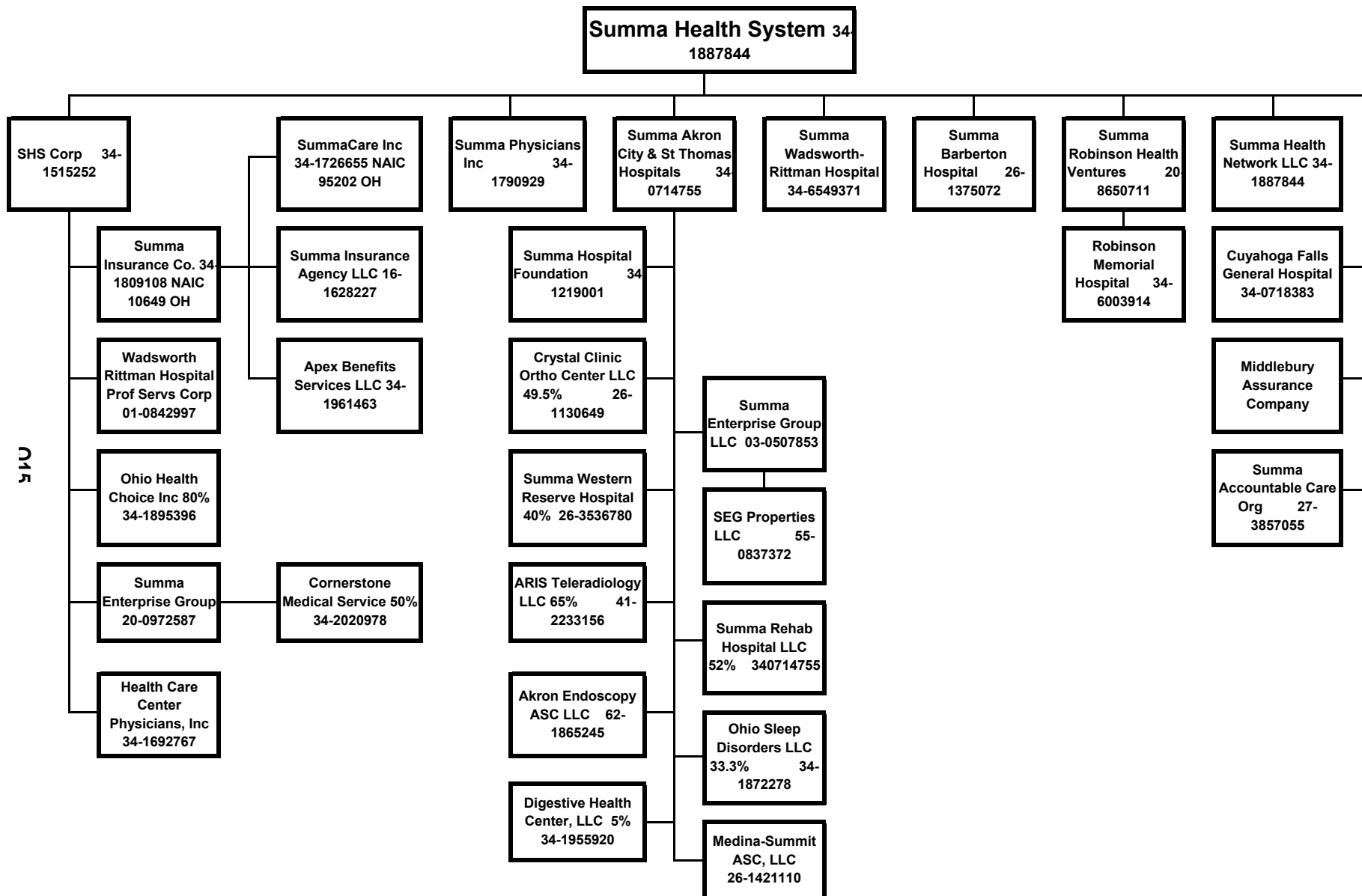
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**  
**Current Year to Date - Allocated by States and Territories**

		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		61,947,091					61,947,091	
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		61,947,091					61,947,091	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1		61,947,091					61,947,091	
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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
3259	SUMMA INSURANCE COMPANY	00000	34-1887844				SUMMA HEALTH SYSTEM	OH	UIP					1
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP			100.0	SUMMA HEALTH SYSTEM	
	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INSURANCE COMPANY	OH	UDP			99.0	SUMMA HEALTH SYSTEM CORPORATION	
		95202	34-1726655				SUMMACARE INC.	OH	OTH			100.0	SUMMA HEALTH SYSTEM	2
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC							
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA			100.0	SUMMA HEALTH SYSTEM	
		00000	01-0842997				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA			100.0	SUMMA HEALTH SYSTEM	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA					
		00000	20-0972587				SUMMA ENTERPRISE GROUP	OH	NIA			80.0	SUMMA HEALTH SYSTEM CORPORATION	
		00000	34-2020978									100.0	SUMMA HEALTH SYSTEM CORPORATION	
		00000	34-1692767				CONERSTONE MEDICAL SERVICES	OH	NIA			50.0	SUMMA ENTERPRISE GROUP	
		00000	34-1790929				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA			100.0	SUMMA HEALTH SYSTEM CORPORATION	
		00000	34-0714755				SUMMA PHYSICIANS INC	OH	NIA			100.0	SUMMA HEALTH SYSTEM	
		00000	34-1219001				SUMMA AKRON CITY ANS ST THOMAS HOSPITALS	OH	NIA			100.0	SUMMA HEALTH SYSTEM	
		00000	26-1130649				SUMMA HOSPITAL FOUNDATION	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	26-3536780				CRYSTAL CLINIC	OH	NIA			49.5	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	41-2233156				ORTHOPEDIC HOSPITAL	OH	NIA			40.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	62-1865245				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA			65.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	34-1955920				ARIS TELERADIOLOGY LLC	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	03-0507853				AKRON ENDOSCOPY LLC	OH	NIA			5.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	55-0837372				DIGESTIVE HEALTH CENTER LLC	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	34-0714755				SUMMA ENTERPRISE GROUP LLC	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	34-1872278				SEG PROPERTIES LLC	OH	NIA			52.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	26-1421110				SUMMA REHAB HOSPITAL	OH	NIA			33.3	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	34-6549371				OHIO SLEEP DISORDERS LLC	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000	26-1375072				MEDINA-SUMMIT ASC LLC	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000					SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	
		00000					SUMMA BARBERTON HOSPITAL	OH	NIA			100.0	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	

**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 Health System is the ultimate controlling entity. ....
00000002	SummaCare, Inc. is the reporting 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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95202201236500001

2012

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

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 .....	.....	.....	.....	.....
2908. Rental Revenue .....	.....	.....	.....	.....
2909. City Income Taxes .....	.....	.....	.....	.....
2910. Write off of tax receivable .....	.....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1  Current Year To Date	2  Prior Year To Date	3  Prior Year Ended December 31
4704. True up adjustment related to Deferred Tax .....	.....	.....	.....
4705. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4706. Misc. Adjustment .....	.....	.....	.....
4707. Increase par value of common stock .....	.....	.....	.....
4708. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4709. Change in Minimum Pension Liability - Unrestricted Funds .....	.....	.....	.....
4710. Adjustments to 2008 financial statements .....	.....	.....	.....
4711. True up adjustment related to Deferred Tax .....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....	.....

**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 .....		
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 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) .....		
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....		

**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 .....	68,236,188	51,828,826
2.	Cost of bonds and stocks acquired .....	1,500,000	24,696,953
3.	Accrual of discount .....	23,974	98,210
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration for bonds and stocks disposed of .....	1,800,000	8,350,000
7.	Deduct amortization of premium .....	6,068	37,801
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) .....	67,954,094	68,236,188
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	67,954,094	68,236,188

**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) .....	68,585,702			502,083	69,087,785			68,585,702
2. Class 2 (a) .....								
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds .....	68,585,702			502,083	69,087,785			68,585,702
<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 .....	68,585,702			502,083	69,087,785			68,585,702

(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 .....	1,133,691	X X X	1,133,691	46	

**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 .....	349,514	5,226,269
2.	Cost of short-term investments acquired .....	784,177	
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		4,876,755
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) .....	1,133,691	349,514
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	1,133,691	349,514



**SummaCare, Inc.**

## Schedule DB - Part A Verification

**NONE**

## Schedule DB - Part B Verification

**NONE**

## Schedule DB Part C Section 1

**NONE**

## Schedule DB Part C Section 2

**NONE**

## Schedule DB - Verification

**NONE**

## 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>									
912828SF8 .....	U.S. TREASURY NOTE .....		02/21/2012 ....	FIRSTMERIT BANK .....	X X X .....	1,500,000	1,500,000.00	495	1 .....
0599999 Subtotal - Bonds - U.S. Governments .....					X X X .....	1,500,000	1,500,000.00	495	X X X .....
8399997 Subtotal - Bonds - Part 3 .....					X X X .....	1,500,000	1,500,000.00	495	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 .....	1,500,000	1,500,000.00	495	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	1,500,000	X X X	495	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>																					
3134AAJT2	FHLMC	...	01/15/2012	MATURED	X X X	300,000	300,000.00	311,157	300,058		(58)		(58)		300,000				8,625	01/15/2012	1
912828KB5	U.S. TREASURY NOTE	...	01/15/2012	MATURED	X X X	1,000,000	1,000,000.00	986,800	999,698		302		302		1,000,000				5,625	01/15/2012	1
912828KB5	U.S. TREASURY NOTE	...	01/15/2012	MATURED	X X X	500,000	500,000.00	498,438	499,891		109		109		500,000				2,813	01/15/2012	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,800,000	1,800,000.00	1,796,395	1,799,647		353		353		1,800,000				17,063	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	1,800,000	1,800,000.00	1,796,395	1,799,647		353		353		1,800,000				17,063	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	1,800,000	1,800,000.00	1,796,395	1,799,647		353		353		1,800,000				17,063	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	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,800,000	X X X	1,796,395	1,799,647		353		353		1,800,000				17,063	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	7	8	*
							First Month	Second Month	Third Month	
open depositories										
FirstMerit - General Operating	Akron, OH						3,452,255	10,622,200	28,219,828	X X X
FirstMerit - Middlebury	Akron, OH						7,246	7,246	7,246	X X X
FirstMerit - Cleveland Clinic	Akron, OH						903			X X X
FirstMerit - 401k Plan	Akron, OH						100,000	100,000	186,830	X X X
FirstMerit - Payroll	Akron, OH								1,991	X X X
Petty Cash	Akron, OH						206	206	206	X X X
FirstMerit - CFGH	Akron, OH						293			X X X
FirstMerit - APS	Akron, OH						4,761			X X X
FirstMerit - SHS	Akron, OH						363,917			X X X
FirstMerit - WRH	Akron, OH								14,450	X X X
FirstMerit - BCH	Akron, OH						75,270			X X X
FirstMerit - Medical	Akron, OH						25,000	25,000	25,000	X X X
FirstMerit - Money Market	Akron, OH			0.300	6,695		7,523,513	2,525,468	6,527,597	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	6,695		11,553,364	13,280,120	34,983,148	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	6,695		11,553,364	13,280,120	34,983,148	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	6,695		11,553,364	13,280,120	34,983,148	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 .....					.....	.....	.....

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