



# ANNUAL STATEMENT

## For the Year Ending December 31, 2012

### OF THE CONDITION AND AFFAIRS OF THE

# Summa Insurance Company, Inc.

NAIC Group Code	3259 <small>(Current Period)</small>	3259 <small>(Prior Period)</small>	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 <small>(Street and Number)</small>		Akron, OH, 44308 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	Akron, OH, 44308 <small>(City or Town, State, Country and Zip Code)</small>		10 North Main Street <small>(Street and Number)</small>		(330)996-8410 <small>(Area Code) (Telephone Number)</small>	
Mail Address	P.O. Box 3620 <small>(Street and Number or P.O. Box)</small>		Akron, OH, 44309 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	Akron, OH, 44308 <small>(City or Town, State, Country and Zip Code)</small>		10 North Main Street <small>(Street and Number)</small>		(330)996-8410 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall <small>(Name)</small>		(330)996-8410-62057 <small>(Area Code)(Telephone Number)(Extension)</small>			
	hallroy@summacare.com <small>(E-Mail Address)</small>		(330)996-8553 <small>(Fax Number)</small>			

### OFFICERS

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

### OTHERS

<p>Anne Armao, VP - Marketing &amp; Product Development          Keith Johnson, VP - Third Party Administrator          Judith Macro, VP - Corporate Services, Compliance Officer          Donald Novosel, VP - Contracting &amp; Network Development          Claude Vincenti, Senior Vice President, COO</p>	<p>Kevin Cavalier, VP - Sales          James Loveless, VP - Individual Product Line          James McNutt, VP - Finance, CFO          Annette Ruby, VP - Health Services Management          Mumtaz Ibrahim M.D., Chief Medical Officer #</p>
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### DIRECTORS OR TRUSTEES

<p>Martin Paul Hauser          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.</p>	<p>Thomas Gene Knoll          Thomas Joseph Strauss          John Byron Silvers Ph.D.          Jay Curtis Williamson M.D.          Bradley Hall Crombie M.D.          Kathleen Tirbovich Geier          Norman E. Wells Jr. #</p>
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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.

<p>_____  <small>(Signature)</small>  <b>Martin Paul Hauser</b>  <small>(Printed Name)</small>          1.  <b>President, CEO</b>  <small>(Title)</small></p>	<p>_____  <small>(Signature)</small>  <b>Claude Maurius Vincenti</b>  <small>(Printed Name)</small>          2.  <b>Senior Vice President, COO</b>  <small>(Title)</small></p>	<p>_____  <small>(Signature)</small>  <b>James Edward McNutt</b>  <small>(Printed Name)</small>          3.  <b>Vice President - Finance, CFO</b>  <small>(Title)</small></p>
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Subscribed and sworn to before me this  
28th day of February, 2013

- a. Is this an original filing? Yes[X] No[ ]  
 b. If no, 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
0299998 Premiums due and unpaid not individually listed .....	694,032	42,644	18,147	17,610	26,408	746,025
0299999 Total group .....	694,032	42,644	18,147	17,610	26,408	746,025
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	694,032	42,644	18,147	17,610	26,408	746,025

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
MedImpact .....	221,500			326,699	548,199	
2011 Catalyst Rebate Received in January 2013 .....				75,818		75,818
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	221,500			402,517	548,199	75,818
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
<b>Capitation Arrangements Receivables</b>						
Medicare Part D premiums due from CMS .....				3,059,099		3,059,099
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....				3,059,099		3,059,099
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
<b>Other Receivables</b>						
Premium Tax Refund Due from Ohio Department of Insurance Received January 2013 .....				137,654		137,654
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....				137,654		137,654
0799999 Gross health care receivables .....	221,500			3,599,270	548,199	3,272,571

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	14,963,500	4,233,000	941,000	401,000	619,000	21,157,500
0499999 Subtotals .....	14,963,500	4,233,000	941,000	401,000	619,000	21,157,500
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						21,157,500
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						128,000

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>							
0399999 Total gross amounts receivable .....							

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
SummaCare, Inc. ....	MedImpact Pharmacy, Cash Receipts, Taxes .....	3,935,185	3,935,185	
Apex Benefits Services, LLC .....	Cash Receipts, Claims System Fees .....	496,960	496,960	
Summa Akron City & St. Thomas Hospitals .....	Overhead .....	173,869	173,869	
0199999 Total - Individually listed payables .....	X X X	4,606,014	4,606,014	
0299999 Payables not individually listed .....	X X X			
0399999 Total gross payables .....	X X X	4,606,014	4,606,014	

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

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....	471,968	0.262				471,968
3. All other providers .....						
4. TOTAL Capitation Payments .....	471,968	0.262				471,968
<b>Other Payments:</b>						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	179,464,399	99.666	X X X	X X X		179,464,399
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....	129,746	0.072	X X X	X X X		129,746
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	179,594,145	99.738	X X X	X X X		179,594,145
13. TOTAL (Line 4 plus Line 12) .....	180,066,113	100.000	X X X	X X X		180,066,113

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000 .....	ALERE WOMENS AND CHILDRENS .....	78,915	6,576		
00000 .....	OB GYN MANAGEMENT INC .....	393,053	32,754		
9999999 Totals .....		471,968	X X X	X X X	X X X

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	501,842		323,860		177,982	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....	501,842		323,860		177,982	



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

REPORT FOR: 1. CORPORATION: Summa Insurance Company    2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 10649

	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							
<b>TOTAL Members at end of:</b>										
1. Prior Year	51,093	4,770	44,631	50						1,642
2. First Quarter	54,440	4,926	47,460	41						2,013
3. Second Quarter	55,503	4,972	48,467	47						2,017
4. Third Quarter	55,768	4,975	48,725	49						2,019
5. Current Year	56,247	5,113	49,070	49						2,015
6. Current Year Member Months	663,646	59,116	579,798	554						24,178
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	84,594	5,918	78,556	120						
8. Non-Physician	115,280	7,754	107,391	135						
9. TOTAL	199,874	13,672	185,947	255						
10. Hospital Patient Days Incurred	76,883	2,527	74,243	113						
11. Number of Inpatient Admissions	2,802	130	2,665	7						
12. Health Premiums Written (b)	208,178,227	10,203,803	196,717,777	107,577						1,149,070
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	208,178,227	10,203,803	196,717,777	107,577						1,149,070
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	180,066,113	12,901,386	166,641,248	75,434						448,045
18. Amount Incurred for Provision of Health Care Services	184,149,398	13,525,924	170,489,896	73,066						60,512

(a) For health business: number of persons insured under PPO managed care products .....54,183 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



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

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

NAIC Group Code 3259

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 10649

	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							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	51,093	4,770	44,631	50						1,642
2. First Quarter .....	54,440	4,926	47,460	41						2,013
3. Second Quarter .....	55,503	4,972	48,467	47						2,017
4. Third Quarter .....	55,768	4,975	48,725	49						2,019
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<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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12. Health Premiums Written (b) .....	208,178,227	10,203,803	196,717,777	107,577						1,149,070
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	208,178,227	10,203,803	196,717,777	107,577						1,149,070
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	180,066,113	12,901,386	166,641,248	75,434						448,045
18. Amount Incurred for Provision of Health Care Services .....	184,149,398	13,525,924	170,489,896	73,066						60,512

(a) For health business: number of persons insured under PPO managed care products .....54,183 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

## SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>											
0999999 Total (Sum of 0399999 and 0699999) .....											

## SCHEDULE S - PART 2

### Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....						
<b>Accident and Health - Affiliates - Non-U.S. Affiliates</b>						
00000	AA-3770277	03/01/2012	MIDDLEBURY ASSUR CO	KY	350,123	
0999999 Subtotal - Accident and Health - Affiliates - Non-U.S. Affiliates .....					350,123	
1099999 Total - Accident and Health - Affiliates .....					350,123	
1499999 Total - Accident and Health .....					350,123	
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) .....						
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....					350,123	
1799999 Total (Sum of 0799999 and 1499999) .....					350,123	

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>												
60739	74-0484030	03/01/2011	AMERICAN NATL INS CO	TX	SSL/A/I	292,554						
93440	06-1041332	03/01/2012	HM LIFE INS CO	PA	SSL/A/I	1,444,102						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,736,656						
0699999 Total - General Account - Authorized - Non-Affiliates						1,736,656						
0799999 Total - General Account Authorized						1,736,656						
<b>General Account - Unauthorized - Affiliates - Non-U.S. Affiliates</b>												
00000	AA-3770277	03/01/2012	MIDDLEBURY ASSUR CO	KY	SSL/A/I	1,195,559						
0999999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates						1,195,559						
1099999 Total - General Account - Unauthorized - Affiliates						1,195,559						
1499999 Total - General Account - Unauthorized						1,195,559						
2199999 Total - General Account - Certified												
2299999 Total - General Account - Authorized, Unauthorized and Certified						2,932,215						
2999999 Total - Separate Accounts - Authorized												
3699999 Total - Separate Accounts - Unauthorized												
4299999 Total - Separate Accounts - Certified - Non-Affiliates												
4399999 Total - Separate Accounts - Certified												
4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						1,736,656						
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						1,195,559						
4799999 Total (Sum of 2299999 and 4499999)						2,932,215						

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
0799999 Total - General Account - Life and Annuity																
<b>General Account - Accident and Health - Affiliates - Non-U.S. Affiliates</b>																
00000	AA-3770277	03/01/2012	MIDDLEBURY ASSUR CO		350,123	16,210	366,333						1,494,001			366,333
0999999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																
					350,123	16,210	366,333		X X X	X X X	X X X		1,494,001			366,333
1099999 Total - General Account - Accident and Health - Affiliates																
1499999 Total - General Account - Accident and Health																
1599999 Total - General Account																
2299999 Total - Separate Accounts																
2399999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)																
2499999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)																
2599999 Total (Sum of 1599999 and 2299999)																

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

34 Schedule S - Part 5 ..... NONE

35 Schedule S - Part 5 (continued) ..... NONE

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,932	2,523	2,176	632	472
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	2,581	1,414	1,113		
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	350	310		12	177
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....	1,494	1,114	925		
12. Offset for reinsurance with Certified Reinsurers .....		X X X	X X X	X X X	X X X
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	1,494	1,114	925		
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F) .....		X X X	X X X	X X X	X X X
19. Letters of credit (L) .....		X X X	X X X	X X X	X X X
20. Trust agreements (T) .....		X X X	X X X	X X X	X X X
21. Other (O) .....		X X X	X X X	X X X	X X X

## SCHEDULE S - PART 7

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

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	88,264,643		88,264,643
2. Accident and health premiums due and unpaid (Line 15) .....	746,025		746,025
3. Amounts recoverable from reinsurers (Line 16.1) .....	350,123	(350,123)	
4. Net credit for ceded reinsurance .....	X X X	(1,127,668)	(1,127,668)
5. All other admitted assets (Balance) .....	5,671,627	(16,210)	5,655,417
6. TOTAL Assets (Line 28) .....	95,032,418	(1,494,001)	93,538,417
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	21,157,500		21,157,500
8. Accrued medical incentive pool and bonus payments (Line 2) .....	128,000		128,000
9. Premiums received in advance (Line 8) .....	5,936,530		5,936,530
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	1,494,001	(1,494,001)	
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	8,150,651		8,150,651
15. TOTAL Liabilities (Line 24) .....	36,866,682	(1,494,001)	35,372,681
16. TOTAL Capital and Surplus (Line 33) .....	58,165,736	X X X	58,165,736
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	95,032,418	(1,494,001)	93,538,417
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	350,123		
22. Other ceded reinsurance recoverables .....	16,210		
23. TOTAL Ceded Reinsurance Recoverables .....	366,333		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	1,494,001		
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....	1,494,001		
31. TOTAL Net Credit for Ceded Reinsurance .....	(1,127,668)		

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

**NONE**

# 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 Company 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	95202	34-1726655				SUMMACARE INC	OH	DS	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INS CO INC	OH		SUMMA HEALTH SYSTEM CORPORATION	Ownership	99.0	SUMMA HEALTH SYSTEM	1
		00000	34-1887844				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP		Other			2
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	01-0842997				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM	
		00000	34-2020978				CORNERSTONE MEDICAL SERVICES	OH	NIA	SUMMA ENTERPRISE GROUP	Ownership	50.0	SUMMA HEALTH SYSTEM	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	341790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-0714755				SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1219001				SUMMA HOSPITAL FOUNDATION	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	26-1130649				CRYSTAL CLINIC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.7	SUMMA HEALTH SYSTEM	
		00000	26-3536780				ORTHOPEDIC HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	SUMMA HEALTH SYSTEM	
		00000	45-3697866				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	57.9	SUMMA HEALTH SYSTEM	
		00000	62-1865245				ARIS TELERADIOLOGY	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	03-0507853				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	55-0837372				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	27-1952573				SEG PROPERTIES LLC	OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1872278				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM	
		00000	26-1421110				OHIO SLEEP DISORDERS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	SUMMA HEALTH SYSTEM	
		00000	34-6549371				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	SUMMA HEALTH SYSTEM	
		00000	26-1375072				SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1887844				SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000					SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	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 Company 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)	*
		00000	34-0718383				CUYAHOGA FALLS GENERAL HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000					MIDDLEBURY ASSURANCE COMPANY		IA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	3
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	46-0902510				HEALTH INNOVATIONS OHIO LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	25.0	SUMMA HEALTH SYSTEM	
		00000	46-1363039				PATIENT CENTERED COLLABORATIVE LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION		49.0	SUMMA HEALTH SYSTEM	

41.1

Asterisk	Explanation
0000001	SUMMA INSURANCE COMPANY IS THE REPORTING ENTITY
0000002	SUMMA HEALTH SYSTEM IS THE ULTIMATE CONTROLLING ENTITY
0000003	MIDDLEBURY ASSURANCE COMPANY IS LOCATED IN THE CAYMAN ISLANDS

## SCHEDULE Y

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC			(29,163,484)	(14,096,212)					(43,259,696)	350,123
	34-1887844	SUMMA HEALTH NETWORK, LLC				306,242					306,242	
	34-1961463	APEX BENEFITS SERVICES, LLC				(14,760,973)					(14,760,973)	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS			69,394,174	3,464,004					72,858,178	
	34-1895396	OHIO HEALTH CHOICE INC.				333,360					333,360	
95202	34-1726655	SUMMACARE INC			(72,639,689)	24,753,579					(47,886,110)	
		MIDDLEBURY ASSURANCE COMPANY										(350,123)
	34-1790929	SUMMA PHYSICIANS INC			10,655,543						10,655,543	
	26-1375072	SUMMA BARBERTON HOSPITAL			11,767,674						11,767,674	
	41-2233156	ARIS TELERADIOLOGY, LLC			47,871						47,871	
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL			4,017,148						4,017,148	
	34-2020978	CORNERSTONE MEDICAL SERVICE			4,773,743						4,773,743	
	62-1865245	AKRON ENDOSCOPY LLC										
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION			1,147,020						1,147,020	
9999999		Control Totals							X X X			

Schedule Y Part 2 Explanation:

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

- |  |     |
|--|-----|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |
|--|-----|

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |     |
|--|-----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | Yes |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No  |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | No  |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | Yes |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No  |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No  |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | Yes |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No  |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No  |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No  |

**APRIL FILING**

- |  |     |
|--|-----|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | No  |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | No  |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | No  |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | Yes |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |

**AUGUST FILING**

- |  |     |
|--|-----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanations:

Bar Codes:

Health Life Supplement



Health Property / Casualty Supplement



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Analysis of Annuity Operations by Lines of Business



Health Property/Casualty Supplement - Insurance Expense Exhibit



**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

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

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

	1	2
	Current Year	Prior Year
4704. Miscellaneous .....	1	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	1



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended December 31, 2012**  
**(To be filed by March 1)**  
**FOR THE STATE OF OHIO**

NAIC Group Code: 3259  
 Address (City, State and Zip Code): Akron, OH 44308  
 Person Completing This Exhibit: Roy Hall  
 Title: Regulatory Accountant  
 Telephone: (330)996-8410-  
 NAIC Company Code: 10649

Supp12 Ohio

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011, 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
<b>Total Experience on Individual Policies</b>																	
Yes	2010 MED SUPP C 4-1-10	C	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions				26,880	24,801	92.3	12	
Yes	2010 MED SUPP F	F	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions				47,951	30,947	64.5	23	
Yes	2010 MED SUPP C SELECT	C	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions				16,736	7,145	42.7	6	
Yes	2010 MED SUPP F SELECT 4-1-10	F	Yes	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions				12,102	9,111	75.3	5	
Yes	2010 MED SUPP A 4-1-10	A	No	2,3,4,5,7	05/05/2010				SummaCare Supplemental Solutions				3,908	1,062	27.2	3	
0199999 Total Experience on Individual Policies													107,577	73,066	67.9	49	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 10 N Main St, Akron OH 44308
  - Contact Person and Phone Number: James R. Loveless (330)996-8410-
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address: P.O. Box 3620, Akron OH 44309-3620
  - Contact Person and Phone Number: Michael T. Frye (330)996-8410-
- Explain any policies identified above as policy type "O":



## Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 3259

(To be Filed By March 1)

NAIC Company Code: 10649

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage	(3,632)	X X X		X X X	(3,632)
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage	(3,632)	X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums	(3,632)	X X X		X X X	(3,632)
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage	(73,844)	X X X		X X X	(73,844)
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage	(73,844)	X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims	(73,844)	X X X		X X X	(73,844)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X		X X X	
15. Expenses Incurred		X X X		X X X	X X X
16. Underwriting Gain/Loss	70,212	X X X		X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	70,212

# INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	23
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	24
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	29
Five-Year Historical Data .....	28
General Interrogatories .....	26
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	25
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D .....	E22
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E23

## INDEX TO HEALTH ANNUAL STATEMENT

Schedule DL - Part 2 .....	E24
Schedule E - Part 1 - Cash .....	E25
Schedule E - Part 2 - Cash Equivalents .....	E26
Schedule E - Part 3 - Special Deposits .....	E27
Schedule E - Verification Between Years .....	SI15
Schedule S - Part 1 - Section 2 .....	30
Schedule S - Part 2 .....	31
Schedule S - Part 3 - Section 2 .....	32
Schedule S - Part 4 .....	33
Schedule S - Part 5 .....	34
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14