



ANNUAL STATEMENT

For the Year Ending December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

SummaCare, Inc.

NAIC Group Code	3259 <small>(Current Period)</small>	3259 <small>(Prior Period)</small>	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 <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, 44309-3620 <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	SummmaCare.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

Anne Armao, VP - Marketing and Product Development
James Loveless, VP - Individual Product Line
Donald Novosel, VP - Contracting & Network Development
Mumtaz Ibrahim M.D., Chief Medical Officer #

Kevin Cavalier, VP - Sales
Judith Macro, VP - Corporate Services, Compliance Officer
Annette Ruby, VP - Health Services Management

Keith Johnson, VP - Third Party Administrator
James McNutt, VP - Finance, CFO
Claude Vincenti, Senior Vice President, COO

DIRECTORS OR TRUSTEES

<p>Martin Paul Hauser 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.</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> Martin Paul Hauser <small>(Printed Name)</small> 1. President, CEO <small>(Title)</small></p>	<p>_____ <small>(Signature)</small> Claude Maurius Vincenti <small>(Printed Name)</small> 2. Senior Vice President, COO <small>(Title)</small></p>	<p>_____ <small>(Signature)</small> James Edward McNutt <small>(Printed Name)</small> 3. Vice President - Finance, CFO <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	36,812	11,406	5,524	58,190	107,967	3,965
0299999 Total group	36,812	11,406	5,524	58,190	107,967	3,965
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) ..	36,812	11,406	5,524	58,190	107,967	3,965

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
Pharmaceutical Rebate Receivables						
MedImpact	437,000			805,133	1,242,133	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	437,000			805,133	1,242,133	
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						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Receivable due from Catholic Health Partners		98,500	100,000			198,500
AT&T credit	52,202					52,202
Receivable due from Catalyst	479,776					479,776
Receivable due from CMS	118,984					118,984
Medicare Gap receivable due from pharmaceutical companies	1,299,590			1,101,745		2,401,335
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,950,552	98,500	100,000	1,101,745		3,250,797
0799999 Gross health care receivables	2,387,552	98,500	100,000	1,906,878	1,242,133	3,250,797

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	17,216,359	4,561,000	1,728,000	850,000	1,292,000	25,647,359
0499999 Subtotals	17,216,359	4,561,000	1,728,000	850,000	1,292,000	25,647,359
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						25,647,359
0899999 Accrued Medical Incentive Pool and Bonus Amounts						46,000

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
Individually listed receivables							
Summa Insurance Company	3,935,185					3,935,185	
Apex Benefits Services, LLC	1,551,253					1,551,253	
Summa Accountable Care Organization, LLC	43,162					43,162	
Ohio Health Choice	691					691	
0199999 Total - Individually listed receivables	5,530,291					5,530,291	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	5,530,291					5,530,291	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Summa Health Network, LLC	Expense Reimbursement	42,180	42,180	
Summa Health System	Overhead	247,063	247,063	
Summa Insurance Agency	Taxes	182	182	
0199999 Total - Individually listed payables	X X X	289,425	289,425	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	289,425	289,425	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	1,206,445	0.550				1,206,445
3. All other providers						
4. TOTAL Capitation Payments	1,206,445	0.550				1,206,445
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	218,198,483	99.395	X X X	X X X		218,198,483
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	122,036	0.056	X X X	X X X		122,036
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	218,320,519	99.450	X X X	X X X		218,320,519
13. TOTAL (Line 4 plus Line 12)	219,526,964	100.000	X X X	X X X		219,526,964

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			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	1,862,429	.....	1,220,593	.....	641,836	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,862,429	.....	1,220,593	.....	641,836	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

	1 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	24,137							24,137		
4. Third Quarter	24,380							24,380		
5. Current Year	24,556							24,556		
6. Current Year Member Months	290,327							290,327		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	101,897							101,897		
8. Non-Physician	160,663							160,663		
9. TOTAL	262,560							262,560		
10. Hospital Patient Days Incurred	473,435							473,435		
11. Number of Inpatient Admissions	9,332							9,332		
12. Health Premiums Written (b)	255,661,173							255,661,173		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	255,661,173							255,661,173		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	219,526,964							219,505,643		
18. Amount Incurred for Provision of Health Care Services	218,541,379							218,619,178		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....255,661,173



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Group Code 3259

NAIC Company Code 95202

	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	24,137							24,137		
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	255,661,173							255,661,173		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	219,526,964							219,505,643		
18. Amount Incurred for Provision of Health Care Services	218,541,379							218,619,178		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....255,661,173

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
NONE											
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						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93440	06-1041332	03/01/2012	HM LIFE INS CO	PA	1,732	
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,732	
1399999 Total - Accident and Health - Non-Affiliates					1,732	
1499999 Total - Accident and Health					1,732	
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					1,732	
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						
1799999 Total (Sum of 0799999 and 1499999)					1,732	

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		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
93440	06-1041332	03/01/2012	HM LIFE INS CO	PA	SSL/A/I	221,599						
60739	74-0484030	03/01/2011	AMERICAN NATL INS CO	TX	SSL/A/I	22,471						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						244,070						
0699999 Total - General Account - Authorized - Non-Affiliates						244,070						
0799999 Total - General Account Authorized						244,070						
General Account - Unauthorized - Affiliates - Non-U.S. Affiliates												
00000	AA-3770277	03/01/2011	MIDDLEBURY ASSUR CO	KY	SSL/A/I							
0999999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates												
1099999 Total - General Account - Unauthorized - Affiliates												
1499999 Total - General Account - Unauthorized												
2199999 Total - General Account - Certified												
2299999 Total - General Account - Authorized, Unauthorized and Certified						244,070						
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)						244,070						
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)												
4799999 Total (Sum of 2299999 and 4499999)						244,070						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8	
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name						
0799999 Total - General Account - Life and Annuity																	
General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																	
00000	AA-3770277	03/01/2011	Middlebury Assur Co							X X X	X X X						7,246
0999999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																	
										X X X	X X X						7,246
1099999 Total - General Account - Accident and Health - Affiliates																	
										X X X	X X X						7,246
1499999 Total - General Account - Accident and Health																	
										X X X	X X X						7,246
1599999 Total - General Account																	
										X X X	X X X						7,246
2299999 Total - Separate Accounts																	
										X X X	X X X						
2399999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)																	
										X X X	X X X						
2499999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)																	
										X X X	X X X						7,246
2599999 Total (Sum of 1599999 and 2299999)																	
										X X X	X X X						7,246

33

(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
A. OPERATIONS ITEMS					
1. Premiums		22	242	87	117
2. Title XVIII-Medicare	244	161	140		
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	132	578	177	433	380
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	2				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset	7	7	99		
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	7	7	99		
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	75,596,455		75,596,455
2. Accident and health premiums due and unpaid (Line 15)	3,965		3,965
3. Amounts recoverable from reinsurers (Line 16.1)	1,732	(1,732)	
4. Net credit for ceded reinsurance	X X X	(5,514)	(5,514)
5. All other admitted assets (Balance)	12,645,704		12,645,704
6. TOTAL Assets (Line 28)	88,247,856	(7,246)	88,240,610
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	25,647,359		25,647,359
8. Accrued medical incentive pool and bonus payments (Line 2)	46,000		46,000
9. Premiums received in advance (Line 8)	378,877		378,877
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	7,246	(7,246)	
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)	9,971,058		9,971,058
15. TOTAL Liabilities (Line 24)	36,050,540	(7,246)	36,043,294
16. TOTAL Capital and Surplus (Line 33)	52,197,316	X X X	52,197,316
17. TOTAL Liabilities, Capital and Surplus (Line 34)	88,247,856	(7,246)	88,240,610
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,732		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,732		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	7,246		
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	7,246		
31. TOTAL Net Credit for Ceded Reinsurance	(5,514)		

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)	*
41	SUMMA INSURANCE COMPANY SUMMA INSURANCE COMPANY	00000	34-1887844				SUMMA HEALTH SYSTEM	OH	UIP		Other			1
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	UDP	SUMMA HEALTH SYSTEM CORPORATION	Ownership	99.0	SUMMA HEALTH SYSTEM CORPORATION	
		95202	34-1726655				SUMMACARE INC.	OH	OTH	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM	2
		00000	16-1628227				SUMMA INTEGRATED AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1961463				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 INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	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	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-0714755				SUMMA AKRON CITY ANS ST THOMAS HOSPITALS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	34-1219001				SUMMA HOSPITAL FOUNDATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	26-1130649				CRYSTAL CLINIC ORTHOPEDIC HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.7	SUMMA HEALTH SYSTEM	
		00000	26-3536780				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	SUMMA HEALTH SYSTEM	
		00000	45-3697866				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	57.9	SUMMA HEALTH SYSTEM	
		00000	62-1865245				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	03-0507853				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	55-0837372				SEG PROPERTIES LLC	OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	52.0	SUMMA HEALTH SYSTEM	
		00000	34-1872278				OHIO SLEEP DISORDERS LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	SUMMA HEALTH SYSTEM	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	SUMMA HEALTH SYSTEM	
		00000	34-6549371				SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	
00000	26-1375072				SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM			
00000	34-1887844				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 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
		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	CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM	3
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	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	Ownership	49.0	SUMMA HEALTH SYSTEM	

41.1

Asterisk	Explanation
0000001	Summa Health System is the ultimate controlling entity.
0000002	SummaCare, Inc. is the reporting 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	
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL				4,017,148					4,017,148	
	34-2020978	CORNERSTONE MEDICAL SERVICE				4,773,743					4,773,743	
	45-3697866	ARIS TELERADIOLOGY				47,871					47,871	
	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? | No |
| 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? | No |
| 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? | No |
| 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:

- 12.
- 13.
- 14. SummaCare has less than 100 stockholders
- 17.
- 21.
- 22.
- 23.

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



95202201236000000 2012 Document Code: 360

Health Life Supplement



95202201220500000 2012 Document Code: 205

Health Property / Casualty Supplement



95202201220700000 2012 Document Code: 207

Schedule SIS



95202201242000000 2012 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



95202201237100000 2012 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



95202201237000000 2012 Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



95202201236500000 2012 Document Code: 365

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



95202201222400000 2012 Document Code: 224

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



95202201222500000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees



95202201222600000 2012 Document Code: 226

LTC Supplemental Interrogatories



95202201230600000 2012 Document Code: 306

Analysis of Annuity Operations by Lines of Business



95202201221400000 2012 Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



95202201221300000 2012 Document Code: 213

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

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	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	2
	Current Year	Prior Year
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)		

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