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QUARTERLY STATEMENT

AS OF March 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

Summa Insurance Company, Inc.

NAIC Group Code 3259 (Current Period), 3259 (Prior Period) NAIC Company Code 10649 Employer's ID Number 34-1809108

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[ ] Property/Casualty[X] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 08/07/1995 Commenced Business 02/01/1996

Statutory Home Office 10 North Main Street (Street and Number), Akron, OH, 44308 (City or Town, State, Country and Zip Code)

Main Administrative Office 10 North Main Street (Street and Number)
Akron, OH, 44308 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 (Street and Number or P.O. Box), Akron, OH, 44309 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 North Main Street (Street and Number)
Akron, OH, 44308 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Internet Web Site Address SummaCare.com

Statutory Statement Contact Roy Douglas Hall (Name) (330)996-8410-62057 (Area Code)(Telephone Number)(Extension)
hallroy@summacare.com (E-Mail Address) (330)996-8553 (Fax Number)

OFFICERS

Name	Title
Martin Paul Hauser	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
Claude Maurius Vincenti	President #

OTHERS

Anne Armao, VP - Marketing & Product Development
Keith Johnson, VP - Third Party Administrator
Judith Macro, VP - Corporate Services, Compliance Officer
Donald Novosel, VP - Contracting & Network Development
Mumtaz Ibrahim M.D., Chief Medical Officer
Kevin Cavalier, VP - Sales
James Loveless, VP - Individual Product Line
James McNutt, VP - Finance, CFO
Annette Ruby, VP - Health Services Management

DIRECTORS OR TRUSTEES

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.
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.

State of Ohio
County of Summit ss

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

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

Subscribed and sworn to before me this 15th day of May, 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)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	16,472,434		16,472,434	15,043,516
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	54,496,043		54,496,043	52,161,524
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 $.....0 encumbrances)				
5. Cash ($.....16,772,123), cash equivalents ($.....0) and short-term investments ($.....431,002)	17,203,125		17,203,125	21,023,811
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)	88,171,602		88,171,602	88,228,851
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	83,833		83,833	98,057
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	767,789	34,237	733,552	746,025
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	111,442		111,442	350,123
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				16,210
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	25,888		25,888	
18.2 Net deferred tax asset	738,716		738,716	941,632
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,333,578		1,333,578	1,644,917
21. Furniture and equipment, including health care delivery assets ($.....0)	161,296	161,296		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,289,503		1,289,503	
24. Health care ($.....3,059,099) and other amounts receivable	3,547,099	488,000	3,059,099	3,272,571
25. Aggregate write-ins for other than invested assets	52,027	52,027		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	96,282,773	735,560	95,547,213	95,298,386
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	96,282,773	735,560	95,547,213	95,298,386
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	52,027	52,027		
2502. Deferred gain on sale of bonds to SummaCare				
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)	52,027	52,027		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	22,279,020		22,279,020	21,157,500
2.	Accrued medical incentive pool and bonus amounts	160,000		160,000	128,000
3.	Unpaid claims adjustment expenses	291,396		291,396	291,396
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	846,000		846,000	1,128,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	6,760,118		6,760,118	5,936,530
9.	General expenses due or accrued	2,361,048		2,361,048	1,976,416
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				625,554
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,990,421		1,990,421	4,606,014
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....1,439,784 unauthorized reinsurers and $.....0 certified reinsurers)	1,439,784		1,439,784	1,494,001
20.	Reinsurance in unauthorized and certified ($.....0) 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)	36,127,787		36,127,787	37,343,411
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	2,500,062	2,500,062
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	33,589,064	33,589,064
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	23,383,879	21,919,428
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX	53,579	53,579
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	59,419,426	57,954,975
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	95,547,213	95,298,386
DETAILS OF WRITE-INS					
2301.	Minority Interest				
2302.	Deferred gain on sale of bonds to SummaCare, Inc.				
2303.	Miscellaneous				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

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	XXX	162,462	155,954	663,646
2.	Net premium income (including $.....0 non-health premium income)	XXX	51,978,163	49,430,101	205,246,012
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	51,978,163	49,430,101	205,246,012
Hospital and Medical:					
9.	Hospital/medical benefits		38,919,280	37,438,058	155,566,679
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		7,466,760	7,205,417	28,381,614
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		32,000	18,000	201,106
16.	Subtotal (Lines 9 to 15)		46,418,040	44,661,475	184,149,399
Less:					
17.	Net reinsurance recoveries		348,297	243,363	2,581,103
18.	Total hospital and medical (Lines 16 minus 17)		46,069,743	44,418,112	181,568,296
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....224,000 cost containment expenses		452,726	382,852	1,547,276
21.	General administrative expenses		7,466,233	6,383,497	25,435,496
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)		53,988,702	51,184,461	208,551,068
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,010,539)	(1,754,360)	(3,305,056)
25.	Net investment income earned		94,158	80,421	326,288
26.	Net realized capital gains (losses) less capital gains tax of $.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		94,158	80,421	326,288
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		975	953	(27,936)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,915,406)	(1,672,986)	(3,006,704)
31.	Federal and foreign income taxes incurred	XXX	(651,441)	(585,515)	(952,475)
32.	Net income (loss) (Lines 30 minus 31)	XXX	(1,263,965)	(1,087,471)	(2,054,229)
DETAILS OF WRITE-INS					
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
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.	Gain on the sale of fixed assets				
2902.	Miscellaneous Income (Expense)		975		(27,936)
2903.	Finance and service charges not included in premiums				
2998.	Summary of remaining write-ins for Line 29 from overflow page			953	
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		975	953	(27,936)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	57,954,975	53,913,223	53,913,223
34.	Net income or (loss) from Line 32	(1,263,965)	(1,087,471)	(2,054,229)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0	2,334,519	2,160,097	3,239,746
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(202,916)		71,751
39.	Change in nonadmitted assets	596,814	629,787	2,770,420
40.	Change in unauthorized and certified reinsurance			
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	(1)	11,156	14,064
48.	Net change in capital and surplus (Lines 34 to 47)	1,464,451	1,713,569	4,041,752
49.	Capital and surplus end of reporting period (Line 33 plus 48)	59,419,426	55,626,792	57,954,975
DETAILS OF WRITE-INS				
4701.	Deferred gain on sale of bonds to SummaCare, Inc.		11,156	14,064
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	(1)		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(1)	11,156	14,064

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	52,814,224	49,138,680	205,565,148
2.	Net investment income	106,435	73,427	316,936
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	52,920,659	49,212,107	205,882,084
5.	Benefit and loss related payments	44,943,332	41,438,501	176,379,740
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	7,533,352	6,232,503	27,310,538
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			(6,979)
10.	TOTAL (Lines 5 through 9)	52,476,684	47,671,004	203,683,299
11.	Net cash from operations (Line 4 minus Line 10)	443,975	1,541,103	2,198,785
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	560,000	1,500,000	4,090,000
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			8,086,075
	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)	560,000	1,500,000	12,176,075
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	1,986,972	2,992,188	4,485,469
	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)	1,986,972	2,992,188	4,485,469
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,426,972)	(1,492,188)	7,690,606
	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)	(2,837,689)	1,841,299	891,039
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(2,837,689)	1,841,299	891,039
	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)	(3,820,686)	1,890,214	10,780,430
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	21,023,811	10,243,381	10,243,381
	19.2 End of period (Line 18 plus Line 19.1)	17,203,125	12,133,595	21,023,811

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	56,247	5,113	49,070	49						2,015
2. First Quarter	54,371	5,142	47,633	48						1,548
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	162,462	15,266	142,427	142						4,627
Total Member Ambulatory Encounters for Period:										
7. Physician	20,728	1,555	19,127	46						
8. Non-Physician	28,605	2,032	26,539	34						
9. Total	49,333	3,587	45,666	80						
10. Hospital Patient Days Incurred	16,733	522	16,205	6						
11. Number of Inpatient Admissions	644	39	604	1						
12. Health Premiums Written (a)	52,717,656	2,685,419	49,654,839	27,790						349,608
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	52,717,656	2,685,419	49,654,839	27,790						349,608
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	45,264,520	2,578,241	42,209,540	17,112						459,627
18. Amount Incurred for Provision of Health Care Services	46,418,040	2,805,740	43,141,069	11,604						459,627

(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						
0399999 Aggregate Accounts Not Individually Listed - Covered	15,004,020	5,465,000	754,000	451,000	605,000	22,279,020
0499999 Subtotals	15,004,020	5,465,000	754,000	451,000	605,000	22,279,020
0799999 Total Claims Unpaid						22,279,020
0899999 Accrued Medical Incentive Pool And Bonus Amounts						160,000

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		
	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	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	16,031,000	28,408,484	1,090,000	21,183,586	17,121,000	21,146,558
2. Medicare Supplement	7,000	10,112		5,434	7,000	10,942
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	19,501	440,126			19,501	
9. Health subtotal (Lines 1 to 8)	16,057,501	28,858,722	1,090,000	21,189,020	17,147,501	21,157,500
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts			128,000	32,000	128,000	128,000
13. Totals (Lines 9 - 10 + 11 + 12)	16,057,501	28,858,722	1,218,000	21,221,020	17,275,501	21,285,500

(a) Excludes $.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of March 31, 2013 and December 31, 2012 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.

	State of Domicile	3/31/2013	12/31/2012
Net Income			
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	OH	(1,263,965)	(2,054,229)
2) State Prescribed Practices that increase / (decrease) NAIC SAP	OH	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
4) NAIC SAP	OH	(1,263,965)	(2,054,229)
Surplus			
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	OH	59,419,426	57,954,975
6) State Prescribed Practices that increase / (decrease) NAIC SAP	OH	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
8) NAIC SAP	OH	59,419,426	57,954,975

B. Use of Estimates

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

C. Accounting Policy

The Company uses the following accounting policies:

1) Cash and Short-Term Investments

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

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

3) Common stocks

   The Company owns 100% of the common stock of its subsidiary SummaCare, Inc.

4) Preferred stocks – None.

5) Mortgage loans on real estate – None.

6) Loan backed securities – None.

7) Investments in subsidiaries, controlled and affiliated entities

   The Company carries its subsidiaries SummaCare, Inc. at audited statutory equity.

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

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

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

11) The cost of healthcare services is recognized in the period in which services are provided. Healthcare expenses also include an estimate of the cost of services provided to SIC members by third party providers, which have been incurred but not reported to SIC. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent

Notes to Financial Statement

variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid are dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

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

13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by three (three quarters).

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

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

4. Discontinued Operations

1) The Company entered into an agreement dated July 31, 2012 to sell its subsidiaries, Apex Benefits Services and Summa Insurance Agency, LLC, to Summa Integrated Services Organization for $8,086,075 in cash. The loss from the disposal of $45,984 was recorded as a reduction to capital and surplus.

2) The sale was completed on September 30, 2012.

3) Apex Benefits Services and Summa Insurance Agency were single members LLC's with Summa Insurance Company being the sole member. Summa Insurance Company transferred its membership to Summa Integrated Services Organization on the disposal date. This sale was approved by the Ohio Department of Insurance.

4) As of the balance sheet date, there are no remaining assets or liabilities of Apex Benefits Services, LLC or Summa Insurance Agency, LLC.

5) The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses is as follows:

Balance Sheet as of December 31, 2012

Assets		
a.	Line 5 Cash	$8,086,075
b.	Line 8 Other invested assets	($8,132,059)
c.	Line 28 Totals	($45,984)
Liabilities and Other Funds		
e.	Line 33 Total Capital and Surplus	($45,984)
f.	Line 34 Total	($45,984)

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

Notes to Financial Statement

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

1) The Company owns 100% of SummaCare, Inc.

2) The investment in SummaCare, Inc. is reported as common stock and valued at audited statutory equity.

3) There is no difference in the amount at which the investment in SummaCare, Inc. is carried and the amount of underlying equity in net assets.

4) There is no quoted market price available for SummaCare, Inc.

5) Summarized statutory financial information for SummaCare, Inc. as of March 31, 2013:

Assets - $92,993,468
Liabilities - $38,497,425
Net Income - $2,304,177

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 at March 31, 2013 and December 31, 2012 are as follows:

		03/31/13			12/31/2012			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.										
(a)	Gross Deferred Tax Assets	$1,299,680	$0	$1,299,680	$1,417,749	$0	$1,417,749	($118,069)	$0	($118,069)
(b)	Statutory Valuation Allowance Adjustments	($0)	$0	($0)	$0	$0	$0	($0)	$0	($0)
(c)	Adjusted Gross DTA's (1a-1b)	$1,299,680	$0	$1,299,680	$1,417,749	$0	$1,417,749	($118,069)	$0	($118,069)
(d)	DTA's Nonadmitted	$0	$0	$0	$0	$0	$0	$0	$0	$0
(e)	Subtotal Net DTA's (1c-1d)	$1,299,680	$0	$1,299,680	$1,417,749	$0	$1,417,749	($118,069)	$0	($118,069)
(f)	Deferred Tax Liabilities	$560,964	$0	$560,964	$476,117	$0	$476,117	$84,847	$0	$84,847
(g)	Net Admitted DTA / Net DTL (1e-1f)	$738,716	$0	$738,716	$941,632	$0	$941,632	($202,916)	$0	($202,916)
2.										
	Admission Calculation Components SSAP No. 101									
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	$0	$0	$0	$189,992	$0	$189,992	($189,992)	$0	($189,992)
(b)	Adjusted Gross DTA's Expected to be Realized (Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below)	$1,299,680	$0	$1,299,680	$1,227,757	$0	$1,227,757	$71,923	$0	$71,923
	1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.	$1,299,680	$0	$1,299,680	$1,227,757	$0	$1,227,757	$71,923	$0	$71,923
	2. Adjusted Gross DTA's Allowed Per Limitation Threshold.	XXX	XXX	$8,498,294	XXX	XXX	$8,480,584	XXX	XXX	$17,710
(c)	Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.	$0	$0	$0	$0	$0	$0	$0	$0	$0
(d)	DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))	$1,299,680	$0	$1,299,680	$1,417,749	$0	$1,417,749	($118,069)	$0	($118,069)
3.		2013	2012							
(a)	Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.	472%	471%							
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.	$56,655,295	$0							
		3/31/2013			12/31/2012			Change		
		Ordinary Percent	Capital Percent	Total Percent	Ordinary Percent	Capital Percent	Total Percent	Ordinary Percent	Capital Percent	Total Percent
4.	Impact of Tax-Planning Strategies									
(a)	Adjusted Gross DTA's (% of Total Adjusted Gross DTA's)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b)	Net Admitted Adjusted Gross DTA's (% of Total Net Admitted Adj. Gross DTA's)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c)	Does the Company's tax-planning strategies include the use of reinsurance?	Yes ____	No X							

B. Regarding deferred tax liabilities not recognized – None.

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

Notes to Financial Statement

	3/31/2013	12/31/2012	Change
1. Current Income Tax			
(a) Federal	($651,441)	($952,475)	$301,034
(b) Foreign	$0	$0	$0
(c) Subtotal	($651,441)	($952,475)	$301,034
(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	($651,441)	($952,475)	$301,034
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	$113,346	$109,156	$4,190
(2) Unearned Premium Reserve	$459,688	$403,684	$56,004
(3) Policyholder Reserves	$0	$0	$0
(4) Investments	$0	$0	$0
(5) Deffered Acquisition Costs	$0	$0	$0
(6) Policyholder Dividends Accrual	$0	$0	$0
(7) Fixed Assets	$38,301	$204,357	($166,056)
(8) Compensation and Benefits Accrual	$489,665	$470,685	$18,980
(9) Pension Accrual	$0	$0	$0
(10) Receivables - Nonadmitted	$195,250	$226,437	($31,187)
(11) Net Operating Loss Carry-Forward	$0	$0	$0
(12) Other (Including items < 5% of total ordinary assets)	$3,430	$3,430	$0
Subtotal	$1,299,680	$1,417,749	($118,069)
(b) Statutory Valuation Allowance	($0)	$0	($0)
(c) Nonadmitted	$0	$0	$0
(d) Admitted Ordinary Deferred Tax Assets	$1,299,680	$1,417,749	($118,069)
(e) 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
(f) Statutory Valuation Allowance Adjustment	$0	$0	$0
(g) Nonadmitted	$0	$0	$0
(h) Admitted Capital Deferred Tax Assets	$0	$0	$0
(i) Admitted Deferred Tax Assets	$1,299,680	$1,417,749	($118,069)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	$196,658	$196,658	$0
(2) Fixed Assets	$364,305	$279,458	$84,847
(3) Deferred and Uncollected Premium	$0	$0	$0
(4) Policyholder Reserves	$0	$0	$0
(5) Other	$0	$0	$0
Subtotal	$560,964	$476,117	$84,847
(b) Capital			
(1) Investments	$0	$0	$0
(2) Real Estate	$0	$0	$0
(3) Other	$0	$0	$0
Subtotal	$0	$0	$0
(c) Deferred Tax Liabilities	$560,964	$476,117	$84,847
4. Net Deferred Tax Assets / Liabilities	$738,716	$941,632	($202,916)

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, 2013	Effective Tax Rate
Provision computed at statutory rate	($651,441)	34.0%
Change in deferred income taxes	($202,916)	10.6%
Change in valuation allowance	$0	0.0%
Change in nonadmitted assets	$202,916	-10.6%
Subsidiary tax	$0	0.0%
Other Adjustments	$0	0.0%
Total statutory income taxes incurred	($651,441)	34.0%

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

1. The company does not have net operating loss or tax credit carry-forwards as of March 31, 2013.

2. The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses: None

3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of March 31, 2013 and December 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, Summa Integrated Services Organization, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Wadsworth-Rittman Professional Services Corporation, Ohio Health Choice, Summa Management Services Organization, Health Care Center Physicians, Patient Centered Collaborative and Cornerstone Medical Services. Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

Notes to Financial Statement

10. Information Concerning Parent, Subsidiaries, and Affiliates

A. Nature of the Relationships

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

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

B. & C. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of March 31, 2013 and December 31, 2012 are as follows:

	2013	2012
Claims paid to affiliated entities:		
SACH/STH	4,833,006	21,808,247
SPI	481,337	2,078,293
BCH	914,221	3,007,046
WRH	293,639	849,581
Cornerstone	317,358	1,404,158
ARIS	3,601	16,159
Management fees charged to SIC from SC	—	12,283,564
Management fees charged to SIC from Apex	167,613	312,648
Management fees charged to SMSO	610,238	0
Corporate expense allocation paid to SHS	411,548	1,500,000

D. Balance outstanding with affiliated entities as of March 31, 2013 and December 31, 2012:

	Due from		Due to	
	2013	2012	2013	2012
SummaCare	—	—	1,853,238	3,935,185
Apex	198,298	—	—	496,960
SHN	—	—	—	—
SACH/STH	—	—	137,183	173,869
SMSO	1,091,205	—	—	—
$	1,289,503	—	1,990,421	4,606,014

E. Guarantees or undertakings – None.

F. SIC members receive various medical services from SACH/STH and other SHS subsidiaries. Certain members of the board of directors of the Company are members of the board of trustees of SACH/STH's and SHS's subsidiary and affiliated organizations. During 2012, SIC contracted to receive administrative and claims processing services from SC. In 2013, a cost restructuring initiative was implemented to better match administrative expenses to the company that incurred the expense. This restructuring includes 1) the creation of SMSO to administer and allocate employee services to the appropriate company, and 2) the direct charge back of non-employee expenses to the company that incurred the expense 3) the elimination of the chargeback of administrative expenses from SC to SIC and Apex.

G. All outstanding shares of Class A and Class C common stock are owned by the parent, Summa Health System. Outstanding shares Class B common stock is owned by various physicians. Outstanding shares of Class B common stock represent approximately 1% of all outstanding shares of common stock.

Notes to Financial Statement

H. Investments in upstream intermediate entities or ultimate parent – None.

I. The Company owns a 100% interest in SummaCare, whose carrying value exceeds 10% of the admitted assets of The Company. .

J. Investments in impaired SCA entities – None.

K. Investments in foreign insurance subsidiaries – None.

L. Investment in downstream noninsurance holding company – None.

11. Debt

SIC has no debt as of March 31, 2013.

12. Retirement Plans – None.

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

1.) As of December 31, 2012, SHS owned all of the 100 authorized and outstanding shares of SIC Class A common stock. Physician shareholders, who are participating providers of SHN, own all of the 6,617 outstanding shares of SIC Class B common stock with a par value of $.0001 per share. SHS also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of $.0001 per share.

2.) Dividend rate, liquidation value and redemption schedule of preferred stock issues - None

3.) Dividend restrictions – In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2013, 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, 2012, or (b) the Company's net gain from operations for the year ended December 31, 2012. Accordingly, during 2013, prior approval from the ODI is required for any dividend or distribution payment which exceeds $5,795,498.

4.) Dates and amounts of dividends paid – None.

5.) Portion of reporting entities profits that may be paid as ordinary dividends - Reference number 3 above.

6.) Restrictions on unassigned funds – None.

7.) Mutual Reciprocals - None.

8.) Stock held by the Company for special purposes – None.

9.) Special surplus funds – None.

10.) The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values – $735,560

Unrealized Gains (Losses) - $503,262

11.) Surplus notes – None.

12.) Restatement in a quasi-reorganization – Not applicable

13.) Quasi-reorganization – Not applicable.

14. Contingencies

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

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

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

. A. Contingent commitments – None.

B. Assessments – None

Notes to Financial Statement

C. Gain contingencies – None.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.

E. All other contingencies – None.

15. Leases – None.

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

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

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

19. Direct Premium Written / Produced by Managing General Agents / Third Party Administrators -

Not applicable.

20. Fair Value Measurement – Not applicable.

21. Other Items

Stock Option Plan

Under the 2000 Summa Insurance Company, Inc. Nonqualified Stock Option Plan (the Plan), the Company granted options to certain SHN (formerly Akron City Health System) physicians for the purchase of up to 38,190 restricted shares of Class B common stock. Under the Plan, the exercise price of each option is $50, and an option's maximum term is 10 years. Options were granted on January 1, 2000 and vested immediately as there is no requirement for future performance. The Plan also has a mandatory redemption period of three years, in which during the first 10 days of December 2001, 2002, and 2003, each participant has the right to require the Company to purchase all or part of the shares held by the participant, which are free of restrictions, at a purchase price equal to the fair market value of the shares at September 30 of the year during which the right is exercised. For participants that retire, resign from SHN or die during the year, the shares held by the participant are redeemed at the current market value. In 2012 and 2013, no shares were redeemed or exercised.

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

Notes to Financial Statement

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

Yes ( ) No (X)

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

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

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

Yes ( ) No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No (X)

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

B. **Uncollectible Reinsurance –** None.

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:

		2013	2012
Balance at January 1	$	21,157,500	17,145,575
Prior Year Adjustment - Reinsurance		—	—
Incurred related to:			
Current year		50,047,742	183,034,142
Prior years		(4,009,999)	(1,666,952)
Total		46,037,743	181,367,190
Paid related to:			
Current year		28,858,722	161,880,642
Prior years		16,057,501	15,474,623
Total		44,916,223	177,355,265
Balance at End of Period	$	22,279,020	21,157,500

Reserves as of December 31, 2012 were $21,157,500. As of March 31, 2013, $16,057,501 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are $1,090,000 as a result of re-estimation of unpaid claims principally on the PPO lines of insurance. Therefore, there has been $4,009,999 in favorable

Notes to Financial Statement

experience from December 31, 2012 to March 31, 2013. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

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, 2013, a receivable was recorded equal to three quarters of rebates. Pharmacy rebates receivable are 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.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2013	$488,000	$79,989	$0	$0	$79,989
12/31/2012	$624,017	$293,033	$0	$0	$293,033
9/30/2012	$556,521	$460,636	$0	$0	$460,636
6/30/2012	$719,351	$641,761	$0	$0	$641,761
3/31/2012	$533,731	$428,717	$0	$0	$428,717
12/31/2011	$1,007,250	$779,591	$0	$0	$779,591
9/30/2011	$919,063	$840,010	$0	$0	$840,010
6/30/2011	$843,955	$821,800	$0	$0	$821,800
3/31/2011	$842,961	$834,830	$0	$0	$834,830
12/31/2010	$842,250	$794,169	$0	$0	$794,169
9/30/2010	$546,875	$849,583	$0	$0	$849,583
6/30/2010	$492,649	$855,789	$0	$0	$855,789
3/31/2010	$492,649	$857,126	$0	$0	$857,126

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.

1. Liability carried for premium deficiency reserve: $846,000
2. Date of the most recent evaluation of this liability: December 31, 2012
3. Was anticipated investment income utilized in the calculation? YES

31. Anticipated Salvage Value and Subrogation – Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.2 If the response to 3.1 is yes, provide a brief description of those changes:

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? Yes[ ] No[ ] N/A[X]
If yes, attach an explanation.

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? Yes[X] No[ ]
(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.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]
14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	52,161,524	54,496,043
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)	52,161,524	54,496,043
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? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

17. 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[ ]
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

17.2 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
17.4 If yes, give full and complete information relating thereto:

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]
18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 89.100%
   1.2 A&H cost containment percent 0.431%
   1.3 A&H expense percent excluding cost containment expenses 14.800%

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)
Accident and Health - Non-affiliates						
93440	06-1041332	03/01/2013	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

			Direct Business Only							
		1	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	52,717,656						52,717,656	
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 (CAN)	N								
58.	Aggregate other alien (OT)	XXX								
59.	Subtotal	XXX	52,717,656						52,717,656	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	52,717,656						52,717,656	
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

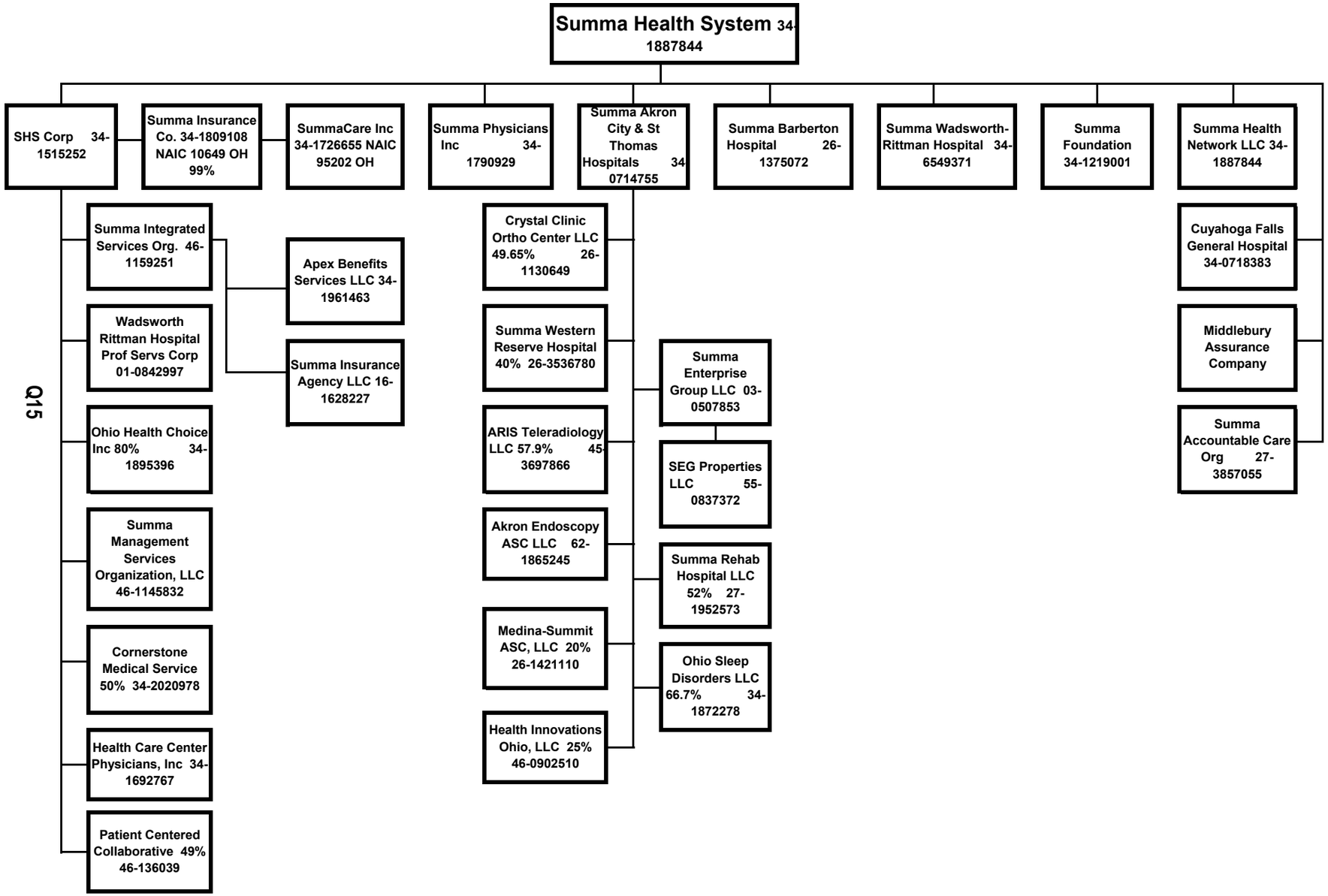
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship 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 *
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	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 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	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 ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM	
		00000	34-1872278				OHIO SLEEP DISORDERS	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 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship 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		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	

Q16.1

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

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.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

10649201336500001 2013 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year 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 To Date 1 Uncovered	2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
2904. Write off of tax receivable				
2905. Miscellaneous Income			953	
2906. Minority Interest Income (Expense)				
2907. City Taxes				
2908. Network Access Fees - Providers				
2909. Minority Interest Expense				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			953	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704. Miscellaneous	(1)		
4705.			
4706.			
4707.			
4708.			
4709. Retired treasury stock			
4710. 2008 adjustments to minority interest & federal taxes			
4711. Common Stock Adjustment			
4712. Misc. Adjustment			
4713. Increase par value of common stock			
4714. Correction of an error - 2006 Premium Taxes			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)	(1)		

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 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 Year To Date	2 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 and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
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 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		8,517,804
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)		(431,729)
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		8,086,075
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 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	67,205,040	63,135,243
2.	Cost of bonds and stocks acquired	1,986,972	4,485,469
3.	Accrual of discount	1,946	11,043
4.	Unrealized valuation increase (decrease)	2,334,519	3,671,475
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	560,000	4,090,000
7.	Deduct amortization of premium		8,190
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)	70,968,477	67,205,040
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	70,968,477	67,205,040

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	16,807,278			96,158	16,903,436			16,807,278
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	16,807,278			96,158	16,903,436			16,807,278
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	16,807,278			96,158	16,903,436			16,807,278

(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	431,002	X X X	431,002	445	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,763,762	1,813,397
2.	Cost of short-term investments acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,332,760	49,635
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)	431,002	1,763,762
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	431,002	1,763,762

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

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

SI05 Schedule DB Part C Section 1 . . . . . NONE

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

SI07 Schedule DB - Verification . . . . . NONE

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

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828SW1	U.S. TREASURY NOTE		02/04/2013	FIRSTMERIT	X X X	500,625	500,000	227	1
912828UB4	U.S. TREASURY NOTE		02/04/2013	FIRSTMERIT	X X X	490,234	500,000	907	1
912828UB4	U.S. TREASURY NOTE		03/07/2013	FIRSTMERIT	X X X	246,328	250,000	666	1
912828SU5	U.S. TREASURY NOTE		02/04/2013	FIRSTMERIT	X X X	499,844	500,000	280	1
912828SU5	U.S. TREASURY NOTE		03/07/2013	FIRSTMERIT	X X X	249,941	250,000	193	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,986,972	2,000,000	2,273	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,986,972	2,000,000	2,273	X X X
8399999 Subtotal - Bonds					X X X	1,986,972	2,000,000	2,273	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	1,986,972	X X X	2,273	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	Foreign	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)
Bonds - U.S. Governments																					
31359MRG0	FNMA		03/15/2013	MATURED	XXX	280,000	280,000	285,124	281,459		(1,459)		(1,459)		280,000				6,125	03/15/2013	1
31398AKY7	FNMA		02/12/2013	MATURED	XXX	280,000	280,000	276,842	279,173		827		827		280,000				5,075	02/12/2013	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	560,000	560,000	561,966	560,632		(632)		(632)		560,000				11,200	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	560,000	560,000	561,966	560,632		(632)		(632)		560,000				11,200	XXX	XXX
8399999 Subtotal - Bonds					XXX	560,000	560,000	561,966	560,632		(632)		(632)		560,000				11,200	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX													XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	560,000	XXX	561,966	560,632		(632)		(632)		560,000				11,200	XXX	XXX

(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 Section 1 . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity . . . . . NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets . . . . . NONE

E11 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
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
First Merit Bank	Akron, Ohio						14,417,981	13,361,697	12,002,950	X X X
First Merit Bank Money Market	Akron, Ohio			0.200	1,641		3,328,363	3,328,848	3,329,389	X X X
First Merit Bank - Middlebury	Akron, Ohio						1,243,953	1,338,801	1,439,784	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	1,641		18,990,297	18,029,346	16,772,123	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - 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	1,641		18,990,297	18,029,346	16,772,123	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	1,641		18,990,297	18,029,346	16,772,123	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

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