



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2014**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Summa Insurance Company, Inc.**

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

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 , Akron, OH, 44308  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10 North Main Street  
(Street and Number)

Akron, OH, 44308 (330)996-8410  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 10 North Main Street  
(Street and Number)

Akron, OH, 44308 (330)996-8410  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address SummaCare.com

Statutory Statement Contact Roy Douglas Hall (330)996-8410-62057  
(Name) (Area Code)(Telephone Number)(Extension)

hallroy@summacare.com (330)996-8553  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
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

**OTHERS**

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

**DIRECTORS OR TRUSTEES**

Martin Paul Hauser	Thomas Gene Knoll
Vincent Hadar Johnson Jr. M.D.	Thomas Joseph Strauss
Erik Newman Steele D.O.	John Byron Silvers Ph.D.
Richard Allen Merolla	Jay Curtis Williamson M.D.
Kenneth Eugene Berkovitz M.D.	Bradley Hall Crombie M.D.
Richard Howard Marsh	Kathleen Tirbovich Geier
Rajiv Vishnu Taliwal M.D.	James Ross McIvaine

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.

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

Subscribed and sworn to before me this  
15th day of May, 2014

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			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	10,909,845		10,909,845	11,802,924
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....48,675,176), cash equivalents (\$.....0) and short-term investments (\$.....1,299,366) .....	49,974,542		49,974,542	7,699,295
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....	32,297,747	32,297,747		
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) .....	93,182,134	32,297,747	60,884,387	19,502,219
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	57,343		57,343	56,969
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,722,680	71,157	2,651,523	874,934
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 .....	161,189		161,189	443,987
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,611,818		1,611,818	1,403,042
18.2 Net deferred tax asset .....	944,512		944,512	567,210
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	652,889		652,889	812,426
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	96,586	96,586		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	247,408		247,408	37,680,821
24. Health care (\$.....297,603) and other amounts receivable .....	837,621	540,018	297,603	388,446
25. Aggregate write-ins for other than invested assets .....	2,491,099	2,491,099		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	103,005,279	35,496,607	67,508,672	61,730,054
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	103,005,279	35,496,607	67,508,672	61,730,054
<b>DETAILS OF WRITE-INS</b>				
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 .....	65,151	65,151		
2502. Deferred ACA Asset .....	2,425,948	2,425,948		
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) .....	2,491,099	2,491,099		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	23,989,166		23,989,166	23,144,138
2. Accrued medical incentive pool and bonus amounts .....	162,500		162,500	216,000
3. Unpaid claims adjustment expenses .....	462,191		462,191	462,191
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	8,221,079		8,221,079	4,894,070
9. General expenses due or accrued .....	6,519,699		6,519,699	1,954,618
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	1,766,827		1,766,827	468,266
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....225,942 unauthorized reinsurers and \$.....0 certified reinsurers) .....	225,942		225,942	823,696
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) .....	41,347,404		41,347,404	31,962,979
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X	2,500,062	2,500,062
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	32,866,381	32,866,381
29. Surplus notes .....	X X X	X X X	35,000,000	35,000,000
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	(44,205,175)	(40,599,368)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	26,161,268	29,767,075
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	67,508,672	61,730,054
<b>DETAILS OF WRITE-INS</b>				
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. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	175,899	162,462	680,957
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	59,383,024	51,978,163	219,611,297
3. Change in unearned premium reserves and reserves for rate credits .....	X X X			
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	59,383,024	51,978,163	219,611,297
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		43,859,132	38,919,280	175,379,308
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		8,598,720	7,466,760	32,569,135
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		11,696	32,000	160,434
16. Subtotal (Lines 9 to 15) .....		52,469,548	46,418,040	208,108,877
<b>Less:</b>				
17. Net reinsurance recoveries .....		964,972	348,297	4,478,064
18. Total hospital and medical (Lines 16 minus 17) .....		51,504,576	46,069,743	203,630,813
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....73,490 cost containment expenses .....		865,069	452,726	3,266,492
21. General administrative expenses .....		8,788,097	7,466,233	28,931,670
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) .....		61,157,742	53,988,702	235,828,975
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(1,774,718)	(2,010,539)	(16,217,678)
25. Net investment income earned .....		49,786	94,158	312,130
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				6,742
27. Net investment gains or (losses) (Lines 25 plus 26) .....		49,786	94,158	318,872
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 .....		1,175	975	4,325
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	(1,723,757)	(1,915,406)	(15,894,481)
31. Federal and foreign income taxes incurred .....	X X X	(208,776)	(651,441)	(5,327,814)
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(1,514,981)	(1,263,965)	(10,566,667)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X			
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. Gain on the sale of fixed assets .....				
2902. Miscellaneous Income (Expense) .....		1,175	975	4,325
2903. Finance and service charges not included in premiums .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		1,175	975	4,325

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	29,767,075	57,954,975	57,954,975
34. Net income or (loss) from Line 32 .....	(1,514,981)	(1,263,965)	(10,566,667)
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 .....	1,715,434	2,334,519	(21,579,211)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	377,302	(202,916)	(374,422)
39. Change in nonadmitted assets .....	(4,177,077)	596,814	(29,987,156)
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			53,579
42. Change in surplus notes .....			35,000,000
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 .....			(722,683)
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 .....	(6,485)	(1)	(11,340)
48. Net change in capital and surplus (Lines 34 to 47) .....	(3,605,807)	1,464,451	(28,187,900)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	26,161,268	59,419,426	29,767,075
<b>DETAILS OF WRITE-INS</b>			
4701. Deferred gain on sale of bonds to SummaCare, Inc. ....	(6,485)		
4702. Gain on sale of bonds .....			(11,340)
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) .....	(6,485)	(1)	(11,340)

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	60,933,444	52,814,224	218,439,928
2. Net investment income .....	41,006	106,435	332,937
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	60,974,450	52,920,659	218,772,865
5. Benefit and loss related payments .....	50,430,250	44,943,332	202,761,829
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	5,086,910	7,533,352	32,044,840
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			(3,299,219)
10. TOTAL (Lines 5 through 9) .....	55,517,160	52,476,684	231,507,450
11. Net cash from operations (Line 4 minus Line 10) .....	5,457,290	443,975	(12,734,585)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	895,000	560,000	9,235,402
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	895,000	560,000	9,235,402
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		1,986,972	5,979,126
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	5,979,126
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) .....	895,000	(1,426,972)	3,256,276
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			35,000,000
16.2 Capital and paid in surplus, less treasury stock .....			(669,104)
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) .....	35,922,957	(2,837,689)	(38,177,103)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	35,922,957	(2,837,689)	(3,846,207)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	42,275,247	(3,820,686)	(13,324,516)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	7,699,295	21,023,811	21,023,811
19.2 End of period (Line 18 plus Line 19.1) .....	49,974,542	17,203,125	7,699,295

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

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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	59,289	5,252	51,949	49						2,039
2. First Quarter .....	58,828	5,773	51,021	51						1,983
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	175,899	16,947	152,840	151						5,961
Total Member Ambulatory Encounters for Period:										
7. Physician .....	18,181	816	17,312	53						
8. Non-Physician .....	23,868	1,077	22,761	30						
9. Total .....	42,049	1,893	40,073	83						
10. Hospital Patient Days Incurred .....	8,809	234	8,573	2						
11. Number of Inpatient Admissions .....	461	20	440	1						
12. Health Premiums Written (a) .....	60,157,763	3,922,991	55,840,915	31,315						362,542
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	60,157,763	3,922,991	55,840,915	31,315						362,542
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	51,678,020	2,781,773	48,482,527	23,068						390,652
18. Amount Incurred for Provision of Health Care Services .....	52,469,548	3,206,853	48,817,921	22,465						422,309

(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 .....	15,489,166	4,996,000	1,429,000	904,000	1,171,000	23,989,166
0499999 Subtotals .....	15,489,166	4,996,000	1,429,000	904,000	1,171,000	23,989,166
0799999 Total Claims Unpaid .....						23,989,166
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						162,500

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	19,260,000	30,974,132	2,075,000	21,844,578	21,335,000	23,105,604
2. Medicare Supplement .....	13,000	10,068		13,474	13,000	14,077
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....	24,000	366,652		56,114	24,000	24,457
9. Health subtotal (Lines 1 to 8) .....	19,297,000	31,350,852	2,075,000	21,914,166	21,372,000	23,144,138
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	65,196		130,000	32,500	195,196	216,000
13. Totals (Lines 9 - 10 + 11 + 12) .....	19,362,196	31,350,852	2,205,000	21,946,666	21,567,196	23,360,138

(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, 2014 and December 31, 2013 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 <u>Domicile</u>	<u>3/31/2014</u>	<u>12/31/2013</u>
<b><u>Net Income</u></b>			
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	OH	(1,514,981)	(10,566,667)
2) State Prescribed Practices that increase / (decrease) NAIC SAP	OH	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
4) NAIC SAP	OH	<u>(1,514,981)</u>	<u>(10,566,667)</u>
<b><u>Surplus</u></b>			
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	OH	26,161,268	29,767,075
6) State Prescribed Practices that increase / (decrease) NAIC SAP	OH	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
8) NAIC SAP	OH	<u>26,161,268</u>	<u>29,767,075</u>

**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 – None.

## Notes to Financial Statement

- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) Investments in subsidiaries, controlled and affiliated entities

On November 15, 2013 the Company's subsidiary, SummaCare, Inc., converted from a for-profit corporation to a nonprofit corporation under Ohio law. At the time of conversion, the holder of all issued and outstanding shares of Common stock (Summa Insurance Company) became a Common Member of the Corporation and such issued and outstanding shares of Common stock were cancelled and extinguished. In addition, the holder of all issued and outstanding shares of Class A Preferred stock (Summa Health System) became a Class A Preferred Member of the Corporation and such issued and outstanding shares of Class A Preferred stock were cancelled and extinguished.

Due to the conversion of SummaCare from a for-profit corporation to a non-profit corporation, the Company now classifies its investment in SummaCare as Other Invested Assets on the Assets page of the Annual Statement dated December 31, 2013. In previous statement filings, the Company's investment in SummaCare was classified as common stock. The Company's investment in SummaCare is carried at audited statutory equity and is a nonadmitted asset according to the Ohio Department of Insurance.

- 8) Investments in joint ventures, partnerships and limited liability companies – None.
- 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.
- 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.
- 11) The cost of healthcare services is recognized in the period in which services are provided. Healthcare expenses also include an estimate of the cost of services provided to SIC members by third party providers, which have been incurred but not reported to SIC. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid are dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.
- 12) The Company's capitalization policy and predefined thresholds have not changed from the prior period.
- 13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables 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 was a 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 financial statements as of December 31, 1999.

### 4. Discontinued Operations – None.

### 5. Investments

- A. **Mortgage Loans** – None.
- B. **Debt Restructuring** – None.
- C. **Reverse Mortgages** – None.
- D. **Loan Backed Securities** – None.
- E. **Repurchase Agreements** – None.
- F. **Real Estate** - None.

## Notes to Financial Statement

**G. Investments in Low-Income Housing Tax Credits – None.**

**H. Restricted Assets – None.**

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

**A. For investments in joint ventures, partnerships and limited liability companies that exceed 10% of the admitted assets of the insurer – None.**

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

### 7. Investment Income

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

All accrued investment income was admitted for the period.

### 8. Derivative Instruments – None.

### 9. Income Taxes

**A. The components of deferred tax asset / liability at March 31, 2014 and December 31, 2013 are as follows:**

	03/31/14			12/31/2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax Assets	\$13,276,780	\$0	\$13,276,780	\$11,540,434	\$0	\$11,540,434	\$1,736,346	\$0	\$1,736,346
(b) Statutory Valuation Allowance Adjustments	\$12,088,386	\$0	\$12,088,386	\$10,668,180	\$0	\$10,668,180	\$1,420,206	\$0	\$1,420,206
(c) Adjusted Gross DTA's (1a-1b)	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254	\$316,140	\$0	\$316,140
(d) DTA's Nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal Net DTA's (1c-1d)	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254	\$316,140	\$0	\$316,140
(f) Deferred Tax Liabilities	\$243,882	\$0	\$243,882	\$305,044	\$0	\$305,044	(\$61,162)	\$0	(\$61,162)
(g) Net Admitted DTA / Net DTL (1e-1f)	\$944,512	\$0	\$944,512	\$567,210	\$0	\$567,210	\$377,302	\$0	\$377,302
2.									
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(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)	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254	\$316,140	\$0	\$316,140
1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254	\$316,140	\$0	\$316,140
2. Adjusted Gross DTA's Allowed Per Limitation Threshold.	XXX	XXX	\$2,522,324	XXX	XXX	\$4,379,980	XXX	XXX	(\$1,857,656)
(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))	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254	\$316,140	\$0	\$316,140
3.									
(a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.	2014 297%	2013 344%							
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.	\$25,223,240	\$29,199,865							
4.									
Impact of Tax-Planning Strategies									
(a) Determination of Adjusted Gross DTA's and Net Admitted DTA's By Tax Character as a percentage.									
1. Adjusted Gross DTA's from 9A1c	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254			
2. Percentage of Adjusted Gross DTA's	0%	0%	0%	0%	0%	0%			
3. Net Admitted Gross DTA's 9A1e	\$1,188,394	\$0	\$1,188,394	\$872,254	\$0	\$872,254			
4. Percentage of Net Admitted Adjusted Gross DTA's because of tax planning.	0%	0%	0%	0%	0%	0%			
(b) Does the Company's tax planning strategies include 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

	3/31/2014	12/31/2013	Change
1. Current Income Tax			
(a) Federal	(\$208,776)	(\$5,327,814)	\$5,119,038
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	(\$208,776)	(\$5,327,814)	\$5,119,038
(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	(\$208,776)	(\$5,327,814)	\$5,119,038
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$88,343	\$86,082	\$2,861
(2) Unearned Premium Reserve	\$553,033	\$332,797	\$226,236
(3) Policyholder Reserves	\$0	\$0	\$0
(4) Investments	\$10,381,234	\$10,397,986	\$583,248
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$32,839	\$38,197	(\$5,358)
(8) Compensation and Benefits Accrual	\$540,418	\$453,375	\$87,043
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$1,054,773	\$212,457	\$842,316
(11) Net Operating Loss Carry-Forward	\$0	\$0	\$0
(12) Other (Including items < 5% of total ordinary assets)	\$19,540	\$19,540	(\$0)
Subtotal	\$13,276,780	\$11,540,434	\$1,736,346
(b) Statutory Valuation Allowance	\$12,088,386	\$10,668,180	\$1,420,206
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$1,188,394	\$872,254	\$316,140
(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	\$1,188,394	\$872,254	\$316,140
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$107,533	\$123,907	(\$16,374)
(2) Fixed Assets	\$135,340	\$180,128	(\$44,788)
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$1,009	\$1,009	(\$0)
Subtotal	\$243,882	\$305,044	(\$61,162)
(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	\$243,882	\$305,044	(\$61,162)
4. Net Deferred Tax Assets / Liabilities	\$344,512	\$567,210	\$377,302

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, 2014	Effective Tax Rate
Provision computed at statutory rate	(\$586,077)	34.0%
Change in deferred income taxes	\$377,301	-21.9%
Change in valuation allowance	\$1,420,206	-82.4%
Change in nonadmitted assets	(\$1,420,206)	82.4%
Other Adjustments	\$0	0.0%
Total statutory income taxes incurred	(\$208,776)	12.1%

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

- The company does not have net operating loss or tax credit carry-forwards as of December 31, 2013.
- 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
- The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of December 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) is 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 SIC include Summa Health System Community, HealthSpan Partners, Summa Health System (SHS), Summa Health System Corporation (SHSC), Summa Akron City & St. Thomas Hospitals (SACH/STH), Summa Health Network LLC (SHN), Apex Benefits Services, LLC (Apex), Summa Insurance Agency, LLC (SIA), Summa 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, Summa Robinson Health Ventures.

SummaCare is a wholly owned subsidiary of SIC. 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, 2014 and December 31, 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Claims expense related to affiliated entities:		
SACH/STH	5,457,500	23,322,767
SPI	576,630	2,208,350
BCH	933,412	3,298,171
WRH	197,925	1,017,630
Management fees charged to SIC from Apex	180,000	671,490
Management fees charged to SIC from SMSO	2,743,667	10,497,082
Corporate expense allocation paid to SHS	525,000	1,485,412

#### D. Balance outstanding with affiliated entities as of March 31, 2014 and December 31, 2013:

	<u>Due from</u>		<u>Due to</u>	
	<u>2014</u>	<u>2013</u>	<u>2014</u>	<u>2013</u>
SummaCare	247,408	37,435,158	—	—
Apex	—	187,869	31,521	—
ACO	—	13,527	—	—
SIA	—	44,267	—	—
SMSO	—	—	1,735,306	468,266
	<u>\$ 247,408</u>	<u>37,680,821</u>	<u>1,766,827</u>	<u>468,266</u>

E. Guarantees or undertakings – None.

F. In 2014 and 2013 the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company.

G. All outstanding shares of common stock are owned by the parent, Summa Health System Corporation.

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

I. The Company owns a 100% common membership interest in SummaCare, Inc.

J. Investments in impaired SCA entities – None.

## Notes to Financial Statement

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, 2014.

### 12. Retirement Plans – None.

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

- 1) As of December 31, 2013, SHS owned all of the 100 authorized and outstanding shares of SIC Class A common stock. 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 2014, 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, 2013, or (b) the Company's net gain from operations for the year ended December 31, 2013. Accordingly, during 2014, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$2,976,708.
- 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 – \$35,496,607

Unrealized Gains (Losses) – (\$9,847)

#### 11) Surplus notes

Date Issued	Interest Rate	Par Value Face Amount	Carrying Value	Interest and / or Principal Paid Current Year	Total Interest and / or Principal Paid	Unapproved Interest and / or Principal	Date of Maturity
2/18/2014	3.25%	\$35,000,000	\$35,000,000	\$0	\$0	\$0	3/1/2044

The surplus note in the amount of \$35 million, listed in the above table, was issued to SummaCare, Inc. (subsidiary) in exchange for \$35 million.

The surplus note listed in the above table is governed by the laws of the State of Ohio and shall be effective on February 18, 2014.

The surplus note has the following repayment conditions and restrictions:

- (a) No principal payment shall be permitted on this Surplus Note unless such payment has received the prior approval of the Superintendent of the Ohio Department of Insurance (the “**Superintendent**”).
- (b) Periodic interest payments shall be paid as required under the terms of this Surplus Note, subject to the prior approval of the Superintendent.
- (c) Not less than thirty (30) days prior to each Scheduled Interest Payment Date or Scheduled Maturity Date hereof, Borrower will seek the approval of the Superintendent to make each payment of interest on and the principal of this Surplus Note. In the event the Superintendent does not approve Borrower's request to make an interest or principal payment as scheduled herein, Borrower shall promptly notify Lender. The Scheduled Interest Payment Date or Scheduled Maturity Date, as the case may be, shall be extended and such payment or any unpaid portion thereof shall be made by Borrower on the next following Business Day on which

## Notes to Financial Statement

Borrower shall have the approval of the Superintendent to make such payment or any unpaid portion thereof. Interest will continue to accrue on any such unpaid principal through the actual date of payment at the rate of interest stated on the face hereof. Interest will not accrue on interest with respect to which the Scheduled Interest Payment Date has been extended, during such period of extension.

- (d) Subject to the prior approval of the Superintendent, Borrower may repay the principal hereof, or any part thereof, at any time prior to the Scheduled Maturity Date, without any penalty or premium whatsoever.

The surplus note has the following subordination and liquidation terms:

- (a) In the event of the dissolution, liquidation, receivership, insolvency or bankruptcy of Borrower, repayment of principal and payment of interest under this Surplus Note shall be subordinated to the prior payment of, or provision for, all liabilities (including claim and policyholder liabilities) as reported in the statutory statement of assets and liabilities of Borrower, other than debts owed by Borrower to other holders of surplus notes issued by Borrower, with which this Surplus Note shall rank *pari passu*, but shall rank superior to the claim, interest, and equity arising in any equity interest in the Borrower held by its members.

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

The following are assessments with liabilities recognized under SSAP 35R, Guarantee Fund and Other Assessments:

Risk Adjustment User Fee – Health and Humans Services (HHS) collects a user fee to support the administration of the HHS-operated risk adjustment program. This fee applies to issuers of risk adjustment plans in states in which HHS is operating the risk adjustment program. HHS projects the per capita risk adjustment user fee for 2014 is \$1 per enrollee per year. As of March 31, 2014 the Company has recorded a liability of \$887 for this program.

Exchange User Fee - HHS charges insurers a monthly fee to sell plans through federally run insurance exchanges. In 2014, insurers will be required to pay the government organization 3.5 percent of the premiums for each plan they sell through the federal exchanges. As of March 31, 2014 the Company has recorded a liability of \$94,823 for this program.

Patient Centered Outcomes Research Fee (PCORI) - The Patient Protection and Affordable Care Act (PPACA) of 2010 established the Patient-Centered Outcomes Research Institute (PCORI), which will be funded by the PCOR fee, a new fee assessed on employers. For 2014, the fee is calculated as \$2 multiplied by the average number of covered lives. As of March 31, 2014, the Company has recorded a liability of \$37,542 for this program.

Transitional Reinsurance Program – HHS created the transitional reinsurance program to provide funding to insurance issuers in the individual market that incur high claims costs for enrollees. Transitional reinsurance contributions for non-individual fully insured plans are considered an assessment because these plans are not eligible for reimbursement. Contributions to the transitional reinsurance program are calculated as \$5.25 per member per month. As of March 31, 2014 the Company recorded a liability of \$257,902 for this program.

C. Gain contingencies – None.

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

E. All other contingencies – None.

## Notes to Financial Statement

- 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** – The Company does not have any financial instruments carried at fair value.

### 21. Other Items

- A. **Extraordinary Items** – None.
- B. **Troubled Debt Restructuring** – None.
- C. **Other Disclosures and Unusual 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 November 2013, all of the independent physician shareholders' 6,617 shares of SIC Class B common stock were redeemed. In 2012, no options were exercised and no shares were redeemed.

- D. **Business Interruption Insurance Recoveries** – None.
- E. **State Transferable and Non-transferable Tax Credits** – None.
- F. **Subprime Mortgage Related Exposure** – None.
- G. **Retained Assets** – None.

### 22. Events Subsequent

#### **Type I – Recognized Subsequent Events**

On February 27, 2014, the Ohio Department of Insurance approved a transaction in which Summa Insurance Company issued a \$35 million Surplus Note to its subsidiary, SummaCare, Inc. Summa Insurance Company recorded this transaction as an Amount Due from Subsidiary on the Assets page with a corresponding amount recorded as Surplus Notes on the Liabilities, Capital and Surplus page. SummaCare paid \$35 million to Summa Insurance Company on February 27, 2014.

## Notes to Financial Statement

### Type II – Nonrecognized Subsequent Events

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$3,162,000. This assessment is expected to impact risk based capital by 37%.

- A. ACA fee assessment payable - \$3,162,000
- B. Assessment expected to affect RBC – 37%

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

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

Yes ( ) No (X)

If yes, give full details.

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

Yes ( ) No (X)

If yes, give full details.

##### Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No (X)

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

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

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

Yes ( ) No (X)

If yes, give full details.

##### Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the

**Notes to Financial Statement**

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.**

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None.**

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

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

Activity in claims unpaid is summarized as follows:

	<u>2014</u>	<u>2013</u>
Balance at January 1	\$ 23,144,138	21,157,500
Prior Year Adjustment - Reinsurance	—	—
Incurred related to:		
Current year	53,265,018	206,281,749
Prior years	<u>(1,772,138)</u>	<u>(2,811,370)</u>
Total	<u>51,492,880</u>	<u>203,470,379</u>
Paid related to:		
Current year	31,350,852	183,146,611
Prior years	<u>19,297,000</u>	<u>18,337,130</u>
Total	<u>50,647,852</u>	<u>201,483,741</u>
Balance at End of Period	<u>\$ 23,989,166</u>	<u>23,144,138</u>

Reserves as of December 31, 2013 were \$23,144,138. As of March 31, 2014, \$19,297,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$2,075,000 as a result of re-estimation of unpaid claims principally on the PPO lines of insurance. Therefore, there has been \$1,772,138 in favorable experience from December 31, 2013 to March 31, 2014. 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, 2014, 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). The admission of pharmacy rebates receivable are subject to the terms stated within SSAP No. 84 (Certain Healthcare Receivables).

**Notes to Financial Statement**

<u>Quarter</u>	<u>Estimated Pharmacy Rebates as Reported on Financial Statements</u>	<u>Pharmacy Rebates as Billed or Otherwise Confirmed</u>	<u>Actual Rebates Received Within 90 Days of Billing</u>	<u>Actual Rebates Received Within 91 to 180 Days of Billing</u>	<u>Actual Rebates Received More Than 180 Days After Billing</u>
3/31/2014	\$540,018	\$0	\$0	\$0	\$0
12/31/2013	\$528,500	\$251,570	\$0	\$0	\$251,570
9/30/2013	\$608,000	\$406,693	\$0	\$0	\$406,693
6/30/2013	\$590,599	\$450,543	\$0	\$0	\$450,543
3/31/2013	\$488,000	\$470,021	\$0	\$0	\$470,021
12/31/2012	\$624,017	\$476,710	\$0	\$0	\$476,710
9/30/2012	\$556,521	\$496,302	\$0	\$0	\$496,302
6/30/2012	\$719,351	\$595,122	\$0	\$0	\$595,122
3/31/2012	\$533,731	\$433,310	\$0	\$0	\$433,310
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

**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:              | \$0               |
| 2. Date of the most recent evaluation of this liability:          | December 31, 2013 |
| 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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[ ] No[X]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 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. ..... 12/31/2012 .....
- 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. ..... 12/31/2012 .....
- 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). ..... 07/02/2013 .....
- 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

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  
 14.2 If yes, please complete the following:

Yes [ ] No [X]

	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 .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?  
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
 If no, attach a description with this statement.

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

16. 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  
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  
 16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
 \$ ..... 0  
 \$ ..... 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?  
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes [X] No [ ]

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?  
 17.4 If yes, give full and complete information relating thereto:

Yes [ ] No [X]

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 .....	Chris Creahan .....	106 S Main St. Akron OH 44308 .....

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

Yes [X] No [ ]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	86.900%
1.2 A&H cost containment percent	0.100%
1.3 A&H expense percent excluding cost containment expenses	16.100%
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 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>								
93440 .....	06-1041332 .....	01/01/2013 .....	HM LIFE INS CO .....	PA .....	SSL/A/I .....	Authorized .....		

# 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
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	60,157,763						60,157,763	
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) .....	X X X								
59. Subtotal .....	X X X	60,157,763						60,157,763	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	(a) 1	60,157,763						60,157,763	
<b>DETAILS OF WRITE-INS</b>									
5801. ....	X X X								
5802. ....	X X X								
5803. ....	X X X								
5898. Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	X X X								

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

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



# SCHEDULE Y

## 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)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC	OH	DS	SUMMA INSURANCE COMPANY	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY /	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INS CO INC	OH	RE	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1887844				SUMMA HEALTH SYSTEM	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	01-0842997				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-2020978				CORNERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	341790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-0714755				SUMMA AKRON CITY AND ST THOMAS HOSPITALS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-1130649				CRYSTAL CLINIC ORTHOPEDIC HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	49.5	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-3536780				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	45-3697866				ARIS TELERADIOLOGY	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	58.8	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	

# 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)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	62-1865245				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	03-0507853				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	55-0837372				SEG PROPERTIES LLC	OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1872278				OHIO SLEEP DISORDERS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-6549371				SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-1375072				SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-0902510				HEALTH INNOVATIONS OHIO LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-1363039				PATIENT CENTERED COLLABORATIVE LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	20-8650711				SUMMA ROBINSON HEALTH VENTURES	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP				HEALTHSPAN PARTNERS	0000001

Q16.1

## 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)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					0000002

Asterisk	Explanation
0000001	SUMMA HEALTH SYSTEM COMMUNITY IS THE ULTIMATE CONTROLLING ENTITY WITH 70% OWNERSHIP.
0000002	HEALTHSPAN PARTNERS IS THE ULTIMATE CONTROLLING ENTITY WITH 30% OWNERSHIP.
0000003	

## 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



10649201436500001

2014

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

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

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
2904. Write off of tax receivable .....				
2905. Miscellaneous Income .....				
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) .....				

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

**NONE****SCHEDULE B - VERIFICATION****Mortgage Loans**

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

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	30,582,313	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		30,582,313
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....	1,715,434	
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	32,297,747	30,582,313
12. Deduct total nonadmitted amounts .....	32,297,747	30,582,313
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	11,802,924	67,205,040
2. Cost of bonds and stocks acquired .....		5,979,126
3. Accrual of discount .....	3,095	14,088
4. Unrealized valuation increase (decrease) .....		9,098,519
5. Total gain (loss) on disposals .....		6,742
6. Deduct consideration for bonds and stocks disposed of .....	895,000	70,495,445
7. Deduct amortization of premium .....	1,174	5,146
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) .....	10,909,845	11,802,924
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	10,909,845	11,802,924

## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	12,164,297			44,914	12,209,211			12,164,297
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	12,164,297			44,914	12,209,211			12,164,297
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	12,164,297			44,914	12,209,211			12,164,297

(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 \$.....1,299,366; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	1,299,366	X X X	1,299,366	14	

**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 .....	361,373	1,763,762
2. Cost of short-term investments acquired .....	937,993	
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		1,402,389
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	1,299,366	361,373
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,299,366	361,373

**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 Equivalentents) ..... 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**

**E04 Schedule D Part 3 ..... NONE**

## SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	10 Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Governments</b>																					
3134A4UM4	FHLMC	01/15/2014	MATURED	X X X	280,000	280,000	285,362	280,038		(38)		(38)		280,000				6,300	01/15/2014	1	
313370VR6	FHLB	03/10/2014	MATURED	X X X	615,000	615,000	614,693	614,981		19		19		615,000				3,460	03/10/2014	1	
0599999 Subtotal - Bonds - U.S. Governments				X X X	895,000	895,000	900,055	895,019		(19)		(19)		895,000				9,760	X X X	X X X	
8399997 Subtotal - Bonds - Part 4				X X X	895,000	895,000	900,055	895,019		(19)		(19)		895,000				9,760	X X X	X X X	
8399999 Subtotal - Bonds				X X X	895,000	895,000	900,055	895,019		(19)		(19)		895,000				9,760	X X X	X X X	
9899999 Subtotal - Preferred and Common Stocks				X X X		X X X													X X X	X X X	
9999999 Total - Bonds, Preferred and Common Stocks				X X X	895,000	X X X	900,055	895,019		(19)		(19)		895,000				9,760	X X X	X X X	

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

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

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

**E08 Schedule DB Part D 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 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
First Merit Bank .....	Akron, Ohio .....					11,439,182	15,897,658	17,716,514	X X X
First Merit Bank Money Market .....	Akron, Ohio .....		0.100			832,367	30,832,561	30,836,464	X X X
First Merit Bank - Middlebury .....	Akron, Ohio .....					522,614	355,953	122,198	X X X
First Merit Bank .....	Akron, Ohio .....								X X X
First Merit Bank Money Market .....	Akron, Ohio .....								X X X
First Merit Bank - Middlebury .....	Akron, Ohio .....								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			12,794,163	47,086,172	48,675,176	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			12,794,163	47,086,172	48,675,176	X X X
0499999 Cash in Company's Office .....		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....		X X X	X X X			12,794,163	47,086,172	48,675,176	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
<b>NONE</b>							
8699999 Total - Cash Equivalents .....							

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