



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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.

<u>(Signature)</u> Martin Paul Hauser <u>(Printed Name)</u> 1. CEO <u>(Title)</u>	<u>(Signature)</u> Claude Maurius Vincenti <u>(Printed Name)</u> 2. President <u>(Title)</u>	<u>(Signature)</u> James Edward McNutt <u>(Printed Name)</u> 3. Vice President - Finance, CFO <u>(Title)</u>
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Subscribed and sworn to before me this
14th day of November , 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	12,192,870		12,192,870	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 (\$.....51,335,089), cash equivalents (\$.....0) and short-term investments (\$.....114,736)	51,449,825		51,449,825	7,699,295
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	63,642,695		63,642,695	19,502,219
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	55,845		55,845	56,969
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,259,421	71,157	1,188,264	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	2,479,905		2,479,905	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	3,369,368		3,369,368	1,403,042
18.2 Net deferred tax asset	820,077		820,077	567,210
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	362,345		362,345	812,426
21. Furniture and equipment, including health care delivery assets (\$.....0)	66,747	66,747		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	5,194,064		5,194,064	37,680,821
24. Health care (\$.....1,811,485) and other amounts receivable	2,322,451	510,966	1,811,485	388,446
25. Aggregate write-ins for other than invested assets	719,829	719,829		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	80,292,747	1,368,699	78,924,048	61,730,054
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	80,292,747	1,368,699	78,924,048	61,730,054
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	36,959	36,959		
2502. Deferred ACA Asset	682,870	682,870		
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)	719,829	719,829		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	24,666,965		24,666,965	23,144,138
2. Accrued medical incentive pool and bonus amounts	225,001		225,001	216,000
3. Unpaid claims adjustment expenses	453,159		453,159	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	8,012,998		8,012,998	4,894,070
9. General expenses due or accrued	4,170,809		4,170,809	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	1,090,250		1,090,250	468,266
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....103,923 unauthorized reinsurers and \$.....0 certified reinsurers)	103,923		103,923	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)	38,723,105		38,723,105	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	82,866,381	32,866,381
29. Surplus notes	X X X	X X X		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	(45,165,500)	(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	40,200,943	29,767,075
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	78,924,048	61,730,054
DETAILS OF WRITE-INS				
2301. Minority Interest				
2302. Deferred gain on sale of bonds to SummaCare, Inc.				
2303. Miscellaneous				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	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	513,515	504,599	680,957
2. Net premium income (including \$.....0 non-health premium income)	X X X	177,241,854	161,981,662	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	177,241,854	161,981,662	219,611,297
Hospital and Medical:				
9. Hospital/medical benefits		130,208,123	127,865,541	175,379,308
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		27,892,789	23,704,683	32,569,135
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		164,044	96,000	160,434
16. Subtotal (Lines 9 to 15)		158,264,956	151,666,224	208,108,877
Less:				
17. Net reinsurance recoveries		3,862,709	2,889,463	4,478,064
18. Total hospital and medical (Lines 16 minus 17)		154,402,247	148,776,761	203,630,813
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....275,946 cost containment expenses		2,423,228	2,106,610	3,266,492
21. General administrative expenses		26,726,902	21,810,808	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)		183,552,377	172,694,179	235,828,975
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(6,310,523)	(10,712,517)	(16,217,678)
25. Net investment income earned		160,133	171,572	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)		160,133	171,572	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		3,032	3,475	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	(6,147,358)	(10,537,470)	(15,894,481)
31. Federal and foreign income taxes incurred	X X X	(1,966,326)	(3,335,868)	(5,327,814)
32. Net income (loss) (Lines 30 minus 31)	X X X	(4,181,032)	(7,201,602)	(10,566,667)
DETAILS OF WRITE-INS				
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)		3,032	3,475	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)		3,032	3,475	4,325

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	29,767,075	57,954,975	57,954,975
34. Net income or (loss) from Line 32	(4,181,032)	(7,201,602)	(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	(30,582,313)	8,395,199	(21,579,211)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	252,867	76,595	(374,422)
39. Change in nonadmitted assets	29,950,831	500,242	(29,987,156)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock		(8,892)	53,579
42. Change in surplus notes	(35,000,000)		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	50,000,000		(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)		(11,340)
48. Net change in capital and surplus (Lines 34 to 47)	10,433,868	1,761,542	(28,187,900)
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,200,943	59,716,517	29,767,075
DETAILS OF WRITE-INS			
4701. Deferred gain on sale of bonds to SummaCare, Inc.			
4702. Gain on sale of bonds	(6,485)		(11,340)
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(6,485)		(11,340)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	180,047,452	160,017,067	218,439,928
2. Net investment income	148,518	184,485	332,937
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	180,195,970	160,201,552	218,772,865
5. Benefit and loss related payments	154,906,337	145,593,835	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	26,939,939	24,142,217	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)	181,846,276	169,736,052	231,507,450
11. Net cash from operations (Line 4 minus Line 10)	(1,650,306)	(9,534,500)	(12,734,585)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,095,000	2,740,000	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)	2,095,000	2,740,000	9,235,402
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,478,692	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)	2,478,692	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)	(383,692)	753,028	3,256,276
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			35,000,000
16.2 Capital and paid in surplus, less treasury stock	15,000,000	(8,892)	(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)	30,784,528	(3,213,573)	(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)	45,784,528	(3,222,465)	(3,846,207)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	43,750,530	(12,003,937)	(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)	51,449,825	9,019,874	7,699,295

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	59,289	5,252	51,949	49						2,039
2. First Quarter	58,828	5,773	51,021	51						1,983
3. Second Quarter	56,576	6,911	47,639	52						1,974
4. Third Quarter	54,930	6,433	46,478	54						1,965
5. Current Year										
6. Current Year Member Months	513,515	57,021	438,245	467						17,782
Total Member Ambulatory Encounters for Period:										
7. Physician	67,658	2,152	65,346	160						
8. Non-Physician	88,083	2,799	85,157	127						
9. Total	155,741	4,951	150,503	287						
10. Hospital Patient Days Incurred	86,380	7,256	78,734	390						
11. Number of Inpatient Admissions	2,031	209	1,812	10						
12. Health Premiums Written (a)	179,567,432	17,332,580	161,053,011	97,526						1,084,315
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	179,567,432	17,332,580	161,053,011	97,526						1,084,315
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	156,733,128	14,208,358	141,255,818	67,938						1,201,014
18. Amount Incurred for Provision of Health Care Services	158,264,956	16,801,185	140,156,700	72,174						1,234,897

(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	17,140,965	3,248,000	1,478,000	806,000	1,994,000	24,666,965
0499999 Subtotals	17,140,965	3,248,000	1,478,000	806,000	1,994,000	24,666,965
0799999 Total Claims Unpaid						24,666,965
0899999 Accrued Medical Incentive Pool And Bonus Amounts						225,001

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)	21,298,000	130,148,424	171,000	24,419,312	21,469,000	23,105,604
2. Medicare Supplement	15,000	52,938		18,313	15,000	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	1,177,014		58,340	24,000	24,457
9. Health subtotal (Lines 1 to 8)	21,337,000	131,378,376	171,000	24,495,965	21,508,000	23,144,138
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	155,043		90,000	135,001	245,043	216,000
13. Totals (Lines 9 - 10 + 11 + 12)	21,492,043	131,378,376	261,000	24,630,966	21,753,043	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 September 30, 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>9/30/2014</u>	<u>12/31/2013</u>
<u>Net Income</u>			
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	OH	(4,181,032)	(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>(4,181,032)</u>	<u>(10,566,667)</u>
<u>Surplus</u>			
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	OH	40,200,943	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>40,200,943</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.
- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) Investments in subsidiaries, controlled and affiliated entities - None.
- 8) Investments in joint ventures, partnerships and limited liability companies – None.
- 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.
- 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.
- 11) The cost of healthcare services is recognized in the period in which services are provided. Healthcare expenses also include an estimate of the cost of services provided to 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

Notes to Financial Statement

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

A. **Statutory Purchase Method** – None.

B. **Statutory Merger** – None.

C. **Assumption Reinsurance** – None.

D. **Impairment Loss** – None.

4. Discontinued Operations – None.

5. Investments

A. **Mortgage Loans** – None.

B. **Debt Restructuring** – None.

C. **Reverse Mortgages** – None.

D. **Loan Backed Securities** – None.

E. **Repurchase Agreements** – None.

F. **Real Estate** - None.

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

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.

Notes to Financial Statement

	9/30/2014	12/31/2013	Change
1. Current Income Tax			
(a) Federal	(\$1,966,326)	(\$5,327,814)	\$3,361,488
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	(\$1,966,326)	(\$5,327,814)	\$3,361,488
(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	(\$1,966,326)	(\$5,327,814)	\$3,361,488
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$31,585	\$86,082	\$5,503
(2) Unearned Premium Reserve	\$332,797	\$332,797	(\$0)
(3) Policyholder Reserves	\$0	\$0	\$0
(4) Investments	\$0	\$10,397,986	(\$10,397,986)
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$22,694	\$38,197	(\$15,503)
(8) Compensation and Benefits Accrual	\$397,409	\$453,375	(\$55,966)
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$442,664	\$212,457	\$230,207
(11) Net Operating Loss Carry-Forward	\$0	\$0	\$0
(12) Other (Including items < 5% of total ordinary assets)	\$19,540	\$19,540	(\$0)
Subtotal	\$1,306,688	\$11,540,434	(\$10,233,746)
(b) Statutory Valuation Allowance	\$355,806	\$10,668,180	(\$10,312,374)
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$350,882	\$872,254	\$78,628
(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	\$350,882	\$872,254	\$78,628
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$74,785	\$123,307	(\$49,122)
(2) Fixed Assets	\$55,011	\$180,128	(\$125,117)
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$1,009	\$1,009	(\$0)
Subtotal	\$130,805	\$305,044	(\$174,239)
(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	\$130,805	\$305,044	(\$174,239)
4. Net Deferred Tax Assets / Liabilities	\$820,077	\$567,210	\$252,867

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:

	September 30, 2014	Effective Tax Rate
Provision computed at statutory rate	(\$2,090,102)	34.0%
Change in deferred income taxes	\$252,867	-4.1%
Change in valuation allowance	(\$10,312,374)	167.8%
Change in nonadmitted assets	\$10,183,283	-165.7%
Other Adjustments	\$0	0.0%
Total statutory income taxes incurred	(\$1,966,326)	32.0%

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

Notes to Financial Statement

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.

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), SummaCare, Inc. (SummaCare or SC), 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.

B. & C. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of September 30, 2014 and December 31, 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Claims expense related to affiliated entities:		
SACH/STH	18,113,771	23,322,767
SPI	1,750,514	2,208,350
BCH	2,301,199	3,298,171
WRH	398,218	1,017,630
Management fees charged to SIC from Apex	540,000	671,490
Management fees charged to SIC from SMSO	8,206,056	10,497,082
Corporate expense allocation paid to SHS	1,575,000	1,485,412

On September 1, 2014, an internal restructuring transaction was completed in which Summa Health System Corporation, which owned all of the issued and outstanding stock of SIC, contributed its stock ownership in SIC to SummaCare. As part of this transaction, the \$35 million surplus note issued by SIC to SummaCare was cancelled with the funds being reclassified as a capital contribution made by SummaCare to SIC. In addition, SummaCare made additional capital contribution of \$15 million to SIC.

D. Balance outstanding with affiliated entities as of September 30, 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	5,194,064	37,435,158	—	—
Apex	—	187,869	225,421	—
ACO	—	13,527	—	—
SIA	—	44,267	—	—
SMSO	—	—	864,829	468,266
	<u>\$ 5,194,064</u>	<u>37,680,821</u>	<u>1,090,250</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, SummaCare, Inc.

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

I. Investments in SCA entities - None.

Notes to Financial Statement

- J. Investments in impaired SCA entities – None.
- K. Investments in foreign insurance subsidiaries – None.
- L. Investment in downstream noninsurance holding company – None.

11. Debt

SIC has no debt as of September 30, 2014.

12. Retirement Plans – None.

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

- 1) As of September 30, 2014, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock. SC 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) As part of an internal restructuring transaction that occurred on September 1, 2014, the \$35 million surplus note that was issued by SIC to SC was cancelled and the funds were reclassified as a capital contribution from SC to SIC. In addition, SC made an additional capital contribution to SIC of \$15 million.
- 10) The portion of unassigned funds represented or reduced by :
 - Nonadmitted Asset Values – \$1,368,699
 - Unrealized Gains (Losses) – \$20,613
- 11) Surplus notes - None.
- 12) Restatement in a quasi-reorganization – Not applicable
- 13) Quasi-reorganization – Not applicable.

14. Contingencies

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

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

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

- A. Contingent commitments – None.
- B. Assessments

Notes to Financial Statement

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 September 30, 2014 the Company has recorded a liability of \$3,640 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 September 30, 2014 the Company has recorded a liability of \$13,247 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 September 30, 2014, the Company has recorded a liability of \$82,544 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 September 30, 2014 the Company recorded a liability of \$2,600,147 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.

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

Notes to Financial Statement

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.

As part of an internal restructuring transaction that occurred on September 1, 2014, the \$35 million surplus note issued by SIC to SummaCare was cancelled with the funds being reclassified as a capital contribution made by SummaCare to SIC.

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 \$2,731,482. This assessment is expected to impact risk based capital by 32%.

A. ACA fee assessment payable – 2,731,482

B. Assessment expected to affect RBC – 32%

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.

Notes to Financial Statement

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)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

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

B. **Uncollectible Reinsurance** – None.

C. **Commutation of Ceded Reinsurance** – None.

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	155,874,341	206,281,749
Prior years	<u>(1,636,138)</u>	<u>(2,811,370)</u>
Total	<u>154,238,203</u>	<u>203,470,379</u>
Paid related to:		
Current year	131,378,376	183,146,611
Prior years	<u>21,337,000</u>	<u>18,337,130</u>
Total	<u>152,715,376</u>	<u>201,483,741</u>
Balance at End of Period	<u>\$ 24,666,965</u>	<u>23,144,138</u>

Notes to Financial Statement

Reserves as of December 31, 2013 were \$23,144,138. As of September 30, 2014, \$21,337,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$171,000 as a result of re-estimation of unpaid claims principally on the PPO lines of insurance. Therefore, there has been \$1,636,138 in favorable experience from December 31, 2013 to September 30, 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 September 30, 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).

<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>
9/30/2014	\$510,966	\$0	\$0	\$0	\$0
6/30/2014	\$551,514	\$288,909	\$0	\$0	\$288,909
3/31/2014	\$540,018	\$455,595	\$0	\$0	\$455,595
12/31/2013	\$528,500	\$489,966	\$0	\$0	\$489,966
9/30/2013	\$608,000	\$472,392	\$0	\$0	\$472,392
6/30/2013	\$590,599	\$458,310	\$0	\$0	\$458,310
3/31/2013	\$488,000	\$470,155	\$0	\$0	\$470,155
12/31/2012	\$624,017	\$476,710	\$0	\$0	\$476,710
9/30/2012	\$556,521	\$596,274	\$0	\$0	\$596,274
6/30/2012	\$719,351	\$595,094	\$0	\$0	\$595,094
3/31/2012	\$533,731	\$433,282	\$0	\$0	\$433,282
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[X] No[]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[X] No[] N/A[]

- 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[X] No[]
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[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
Summa Health System Corp contributed its stock ownership in Summa Insurance Co. to SummaCare, Inc.

- 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: \$..... 5,194,064

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	..... 87.270%
1.2 A&H cost containment percent	..... 0.160%
1.3 A&H expense percent excluding cost containment expenses	..... 16.290%
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
Accident and Health - Non-affiliates								
93440	06-1041332	01/01/2014	HM LIFE INS CO	PA	SSL/A/I	Authorized		

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

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	179,567,432						179,567,432	
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	179,567,432						179,567,432	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	(a) 1	179,567,432						179,567,432	
DETAILS OF WRITE-INS									
5801.	X X X								
5802.	X X X								
5803.	X X X								
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

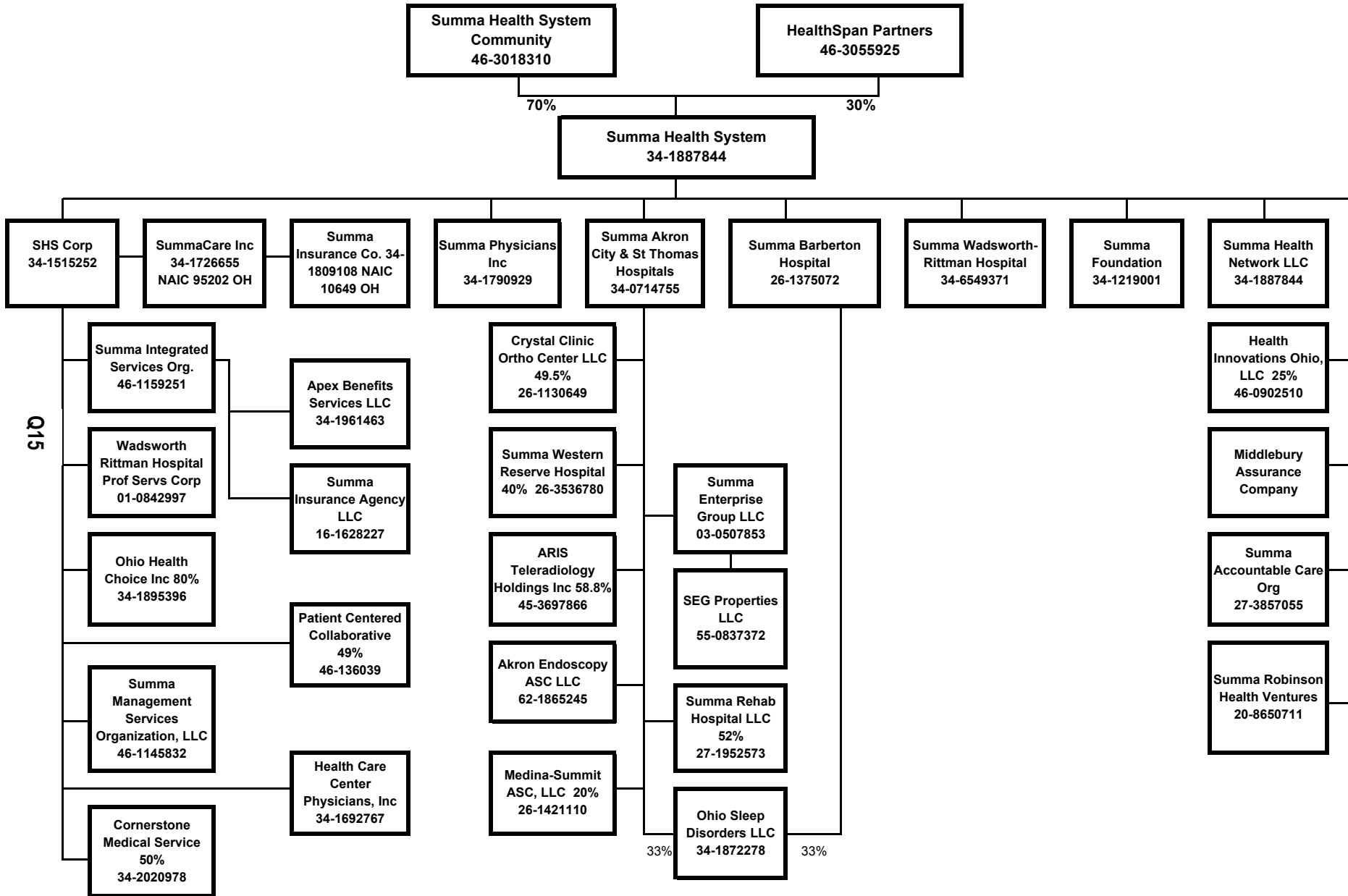
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	UDP	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	UIP	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 /	
		00000	62-1865245				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	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	03-0507853				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	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					0000001
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					0000002

Q16.1

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



10649201436500003

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			
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)			

SCHEDULE A - VERIFICATION**Real Estate**

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

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

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
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 Year To Date	2 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)	(30,582,313)	
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)		30,582,313
12. Deduct total nonadmitted amounts		30,582,313
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	11,802,924	67,205,040
2. Cost of bonds and stocks acquired	2,478,692	5,979,126
3. Accrual of discount	6,254	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	2,095,000	70,495,445
7. Deduct amortization of premium		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)	12,192,870	11,802,924
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	12,192,870	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
BONDS								
1. NAIC 1 (a)	12,275,081			32,525	12,209,211	12,275,081	12,307,606	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	12,275,081			32,525	12,209,211	12,275,081	12,307,606	12,164,297
PREFERRED STOCK								
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	12,275,081			32,525	12,209,211	12,275,081	12,307,606	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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

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	114,736	X X X	114,736	88	

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		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	246,637	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)	114,736	361,373
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	114,736	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 Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership	
		3 City	4 State										
NONE													
4699999 TOTALS													XXX

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.						
Joint Venture - Common Stock - Affiliated																			
.....	SummaCare, Inc.	Akron	OH	Transfer	12/31/1999	08/31/2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1699999 Subtotal - Joint Venture - Common Stock - Affiliated																			
4599999 Total - Affiliated																			
4699999 TOTALS																			

QE03

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828RP7	U.S. TREASURY NOTE		09/19/2014	FIRSTMERIT	X X X	499,688	500,000	2,175	1
912828D80	U.S. TREASURY NOTE		09/19/2014	FIRSTMERIT	X X X	495,000	500,000	426	1
912828VZ0	U.S. TREASURY NOTE		09/19/2014	FIRSTMERIT	X X X	496,250	500,000	4,699	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,490,938	1,500,000	7,300	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,490,938	1,500,000	7,300	X X X
8399999 Subtotal - Bonds					X X X	1,490,938	1,500,000	7,300	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,490,938	X X X	7,300	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E05 Schedule D Part 4 NONE

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	
open depositories									
First Merit Bank	Akron, Ohio					9,286,608	6,170,765	15,471,677	X X X
First Merit Bank Money Market	Akron, Ohio		0.150			35,854,294	35,858,836	35,863,232	X X X
First Merit Bank - Middlebury	Akron, Ohio					180	180	180	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			45,141,082	42,029,781	51,335,089	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			45,141,082	42,029,781	51,335,089	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			45,141,082	42,029,781	51,335,089	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
N O N E							
8699999 Total - Cash Equivalents							

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8