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**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**SummaCare, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	10 North Main Street Akron, OH, 44308 (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)			
Primary Location of Books and Records	10 North Main Street Akron, OH, 44308 (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Web Site Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall hallroy@summacare.com (E-Mail Address)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension) (330)996-8553 (Fax Number)			

**OFFICERS**

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Brian Keith Derrick	Treasurer

**OTHERS**

Anne Armao, VP - Marketing and Product Development  
 James Loveless, VP - Individual Product Line  
 Mumtaz Ibrahim M.D., Chief Medical Officer

Kevin Cavalier, VP - Sales  
 Donald Novosel, VP - Contracting & Network Development  
 Claude Vincenti, President

Keith Johnson, VP - Third Party Administrator  
 Annette Ruby, VP - Health Services Management  
 Dennis Pijor, VP - Finance, CFO #

**DIRECTORS OR TRUSTEES**

Claude Maurius Vincenti #  
 Vincent Hadar Johnson Jr. M.D.  
 Richard Allen Merolla  
 Kathleen Tirbovich Geier  
 James Ross McIlvaine  
 Benjamin Paul Sutton #

Thomas Anthony Malone M.D. #  
 Erik Newman Steele D.O.  
 Bradley Hall Crombie M.D.  
 Rajiv Vishnu Taliwal M.D.  
 Brian Keith Derrick #  
 Lydia Alexander Cook M.D. #

State of Ohio  
 County of Summit ss

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

(Signature)  
 Claude Maurius Vincenti  
 (Printed Name)  
 1.  
 President  
 (Title)

(Signature)  
 Robert Andrew Gerberry  
 (Printed Name)  
 2.  
 Secretary  
 (Title)

(Signature)  
 Dennis Dale Pijor  
 (Printed Name)  
 3.  
 Vice President - Finance, CFO  
 (Title)

Subscribed and sworn to before me this  
 day of       , 2015

a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

(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 .....	37,276,384		37,276,384	39,356,279
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	29,065,028		29,065,028	31,459,090
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 (\$.....5,367,870), cash equivalents (\$.....0) and short-term investments (\$.....660,261) .....	6,028,131		6,028,131	5,356,363
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) .....	72,369,543		72,369,543	76,171,732
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	137,747		137,747	147,640
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	119,297	81,914	37,383	28,469
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 .....	114,384		114,384	
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 .....				
18.2 Net deferred tax asset .....				1,353,212
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	222,032	222,032		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	514,465		514,465	924,988
24. Health care (\$.....9,672,318) and other amounts receivable .....	11,344,118	1,671,800	9,672,318	6,540,592
25. Aggregate write-ins for other than invested assets .....	1,550,103	1,550,103		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	86,371,689	3,525,849	82,845,840	85,166,633
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	86,371,689	3,525,849	82,845,840	85,166,633
<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 assets .....	1,550,103	1,550,103		
2502. Deposits .....				
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) .....	1,550,103	1,550,103		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	30,822,295		30,822,295	30,744,997
2. Accrued medical incentive pool and bonus amounts	105,000		105,000	105,000
3. Unpaid claims adjustment expenses	599,233		599,233	563,174
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	721,178		721,178	875,708
9. General expenses due or accrued	4,044,699		4,044,699	5,815,882
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	571,678		571,678	263,639
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	2,639,586		2,639,586	4,037,599
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
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)	39,503,669		39,503,669	42,405,999
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	40,084,767	30,084,767
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	3,257,404	12,675,867
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	43,342,171	42,760,634
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	82,845,840	85,166,633
<b>DETAILS OF WRITE-INS</b>				
2301. Payroll liability				
2302. Other accrued liabilities				
2303. Medicaid Pharmacy Reserve				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
			3 Total	
1. Member Months .....	X X X .....	162,186	197,142	395,053
2. Net premium income (including \$.....0 non-health premium income) .....	X X X .....	137,511,907	154,152,997	315,607,309
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 .....	38,523	38,069	79,538
7. Aggregate write-ins for other non-health revenues .....	X X X .....			
8. Total revenues (Lines 2 to 7) .....	X X X .....	137,550,430	154,191,066	315,686,847
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		114,741,954	118,242,366	253,167,278
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		15,710,915	17,626,647	30,776,674
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....			15,871	80,812
16. Subtotal (Lines 9 to 15) .....		130,452,869	135,884,884	284,024,764
<b>Less:</b>				
17. Net reinsurance recoveries .....		179,206	25,750	109,447
18. Total hospital and medical (Lines 16 minus 17) .....		130,273,663	135,859,134	283,915,317
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....411,527 cost containment expenses .....		2,114,940	1,761,364	3,971,607
21. General administrative expenses .....		11,018,061	12,263,805	26,842,932
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) .....		143,406,664	149,884,303	314,729,856
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(5,856,234)	4,306,763	956,991
25. Net investment income earned .....		272,126	526,871	991,924
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			598,914	899,878
27. Net investment gains or (losses) (Lines 25 plus 26) .....		272,126	1,125,785	1,891,802
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 .....		8,562	6,979	11,426
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 .....	(5,575,546)	5,439,527	2,860,219
31. Federal and foreign income taxes incurred .....	X X X .....		1,911,999	878,831
32. Net income (loss) (Lines 30 minus 31) .....	X X X .....	(5,575,546)	3,527,528	1,981,388
<b>DETAILS OF WRITE-INS</b>				
0601. Administrative Services Revenue .....	X X X .....	38,523	38,069	79,538
0602. Misc income received from prior year taxes .....	X X X .....			
0603. Gain/loss on disposal of asset .....	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 .....	38,523	38,069	79,538
0701. Proceeds from the Sale of the Medicaid Product Line .....	X X X .....			
0702. Miscellaneous Income .....	X X X .....			
0703. Miscellaneous Revenue .....	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. Rental Revenue .....				
2902. Miscellaneous Income .....		8,562	6,979	11,426
2903. City Income Taxes .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		8,562	6,979	11,426

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

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	42,760,634	30,582,313	30,582,313
34. Net income or (loss) from Line 32 .....	(5,575,546)	3,527,528	1,981,388
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(2,394,062)		(18,540,910)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(1,426,202)	(119,974)	(10,365,062)
39. Change in nonadmitted assets .....	(22,653)	826,204	40,601,392
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....	10,000,000		
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 .....		(35,789)	(1,498,487)
48. Net change in capital and surplus (Lines 34 to 47) .....	581,537	4,197,969	12,178,321
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	43,342,171	34,780,282	42,760,634
<b>DETAILS OF WRITE-INS</b>			
4701. Change in Minimum Pension Liability - Unrestricted Funds .....			(1,058,010)
4702. Gain on sale of bonds .....		(35,789)	(117,730)
4703. Federal income tax adjustment .....			(322,746)
4798. Summary of remaining write-ins for Line 47 from overflow page .....			(1)
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		(35,789)	(1,498,487)

**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 .....	137,348,463	154,198,345	316,164,338
2.	Net investment income .....	261,914	592,419	999,126
3.	Miscellaneous income .....	38,523	38,069	79,538
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>137,648,900</b>	<b>154,828,833</b>	<b>317,243,002</b>
5.	Benefit and loss related payments .....	130,310,749	128,289,804	283,330,854
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	14,859,563	13,712,839	28,652,477
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	72,990	289,336	11,270,164
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>145,243,302</b>	<b>142,291,979</b>	<b>323,253,495</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>(7,594,402)</b>	<b>12,536,854</b>	<b>(6,010,493)</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	2,100,000	24,963,125	36,682,148
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	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>2,100,000</b>	<b>24,963,125</b>	<b>36,682,148</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....		8,346,882	8,347,069
13.2	Stocks .....			50,000,000
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>		<b>8,346,882</b>	<b>58,347,069</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>2,100,000</b>	<b>16,616,243</b>	<b>(21,664,921)</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....	10,000,000		
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) .....	(3,833,830)	(37,618,248)	3,676,607
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	6,166,170	(37,618,248)	3,676,607
<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) .....	671,768	(8,465,151)	(23,998,807)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	5,356,363	29,355,170	29,355,170
19.2	End of period (Line 18 plus Line 19.1) .....	6,028,131	20,890,019	5,356,363

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 .....	32,654							32,654		
2. First Quarter .....	27,156							27,156		
3. Second Quarter .....	26,654							26,654		
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	162,186							162,186		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	53,031							53,031		
8. Non-Physician .....	77,101							77,101		
9. Total .....	130,132							130,132		
10. Hospital Patient Days Incurred .....	127,849							127,849		
11. Number of Inpatient Admissions .....	4,376							4,376		
12. Health Premiums Written (a) .....	137,583,327							137,583,327		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	137,583,327							137,583,327		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	130,375,571							130,375,571		
18. Amount Incurred for Provision of Health Care Services .....	130,452,869							130,452,869		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....137,583,327.

**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 .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	21,413,295	4,847,000	1,515,000	913,000	2,134,000	30,822,295
0499999 Subtotals .....	21,413,295	4,847,000	1,515,000	913,000	2,134,000	30,822,295
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	30,822,295
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	105,000

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	26,491,000	103,705,365	1,129,000	29,693,295	27,620,000	30,744,997
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	26,491,000	103,705,365	1,129,000	29,693,295	27,620,000	30,744,997
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	105,000	.....	105,000	105,000
13. Totals (Lines 9 - 10 + 11 + 12) .....	26,491,000	103,705,365	1,234,000	29,693,295	27,725,000	30,849,997

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

# Notes to Financial Statement

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

SummaCare, Inc.'s (the Company or SC) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

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 June 30, 2015 and December 31, 2014 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 monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material.

	State of Domicile	<u>Jun-15</u>	<u>Dec-14</u>
<b><u>Net Income</u></b>			
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	OH	(5,575,546)	1,981,388
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>(5,575,546)</u>	<u>1,981,388</u>
<b><u>Surplus</u></b>			
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	OH	43,342,171	42,760,634
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>43,342,171</u>	<u>42,760,634</u>

### B. Use of Estimates

The preparation of financial statements in conformity with *Accounting Practices and Procedures Manual*, 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 – See number seven, investments in subsidiaries, controlled and affiliated entities.

#### 4) Preferred stocks – None.

#### 5) Mortgage loans on real estate – None.

#### 6) Loan backed securities – None.

#### 7) SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company's investment in SIC is classified as common stock on the Assets page.

#### 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.

## **Notes to Financial Statement**

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 the Company's members by third party providers, which have been incurred but not reported to the Company. 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.

**2. Accounting Changes and Corrections of Errors – 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**

## Notes to Financial Statement

	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase / (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0
b. Collateral held under security lending agreement:	\$0	\$0	\$0	\$0	\$0	\$0
c. Subject to repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
d. Subject to reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
e. Subject to dollar repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
g. Placed under option contracts	\$0	\$0	\$0	\$0	0.000	0.000
h. Letter stock or securities restricted as to sale	\$0	\$0	\$0	\$0	0.000	0.000
i. FHLB capital stock	\$0	\$0	\$0	\$0	0.000	0.000
j. On deposit with states	\$415,418	\$411,863	\$3,555	\$415,418	0.490	0.511
k. On deposit with other regulatory bodies	\$0	\$0	\$0	\$0	0.000	0.000
l. Pledged as collateral to FHLB	\$0	\$0	\$0	\$0	0.000	0.000
m. Pleaded as collateral not captured in other categories	\$0	\$0	\$0	\$0	0.000	0.000
n. Other restricted assets						
o. Total restricted assets	\$415,418	\$411,863	\$3,555	\$415,418	0.490	0.511

**I. Working Capital Finance Investments – None.****J. Offsetting and Netting of Assets and Liabilities – None.****K. Structured Notes – 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.
- B.** Total amount excluded - None

**8. Derivative Instruments – None.****9. Income Taxes**

- A.** The components of deferred tax asset as of June 30, 2015 and December 31, 2014 are:

# Notes to Financial Statement

	06/30/15			12/31/2014			Change			
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
1.										
(a)	Gross Deferred Tax Assets	\$0	\$3,687,771	\$1,760,161	\$0	\$1,760,161	\$1,927,610	\$0	\$1,927,610	
(b)	Statutory Valuation Allowance Adjustments	\$0	\$3,353,812	\$0	\$0	\$0	\$3,353,812	\$0	\$3,353,812	
(c)	Adjusted Gross DTA's (1a-1b)	\$0	\$333,959	\$1,760,161	\$0	\$1,760,161	(\$1,426,202)	\$0	(\$1,426,202)	
(d)	DTA's Nonadmitted	\$0	\$0	\$72,990	\$0	\$72,990	(\$72,990)	\$0	(\$72,990)	
(e)	Subtotal Net DTA's (1c-1d)	\$0	\$333,959	\$1,687,171	\$0	\$1,687,171	(\$1,353,212)	\$0	(\$1,353,212)	
(f)	Deferred Tax Liabilities	\$0	\$333,959	\$333,959	\$0	\$333,959	\$0	\$0	\$0	
(g)	Net Admitted DTA / Net DTL (1e-1f)	(\$0)	(\$0)	\$1,353,212	\$0	\$1,353,212	(\$1,353,212)	\$0	(\$1,353,212)	
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	
(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)	\$0	\$0	\$0	\$1,464,338	\$0	\$1,464,338	(\$1,464,338)	\$0	(\$1,464,338)
1.	Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.	\$0	\$0	\$0	\$1,464,338	\$0	\$1,464,338	(\$1,464,338)	\$0	(\$1,464,338)
2.	Adjusted Gross DTA's Allowed Per Limitation Threshold.	XXX	XXX	\$4,334,217	XXX	XXX	\$4,276,063	XXX	XXX	\$58,154
(c)	Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.	\$333,959	\$0	\$333,959	\$295,823	\$0	\$295,823	\$38,136	\$0	\$38,136
(d)	DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))	\$333,959	\$0	\$333,959	\$1,760,161	\$0	\$1,760,161	(\$1,426,202)	\$0	(\$1,426,202)
3.										
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	2015	2014							
		275%	271%							
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b)2 Above.	\$43,342,171	\$42,760,634							
	6/30/2015			12/31/2014						
	Ordinary	Capital	Total	Ordinary	Capital	Total				
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 9A(c)	\$333,959	\$0	\$333,959	\$1,760,161	\$0	\$1,760,161			
2.	Percentage of Adjusted Gross DTA's	0%	0%	0%	0%	0%	0%			
3.	Net Admitted Gross DTA's 9A(e)	\$333,959	\$0	\$333,959	\$1,687,171	\$0	\$1,687,171			
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

	6/30/2015	12/31/2014	Change
1. Current Income Tax			
(a) Federal	\$0	\$878,831	(\$878,831)
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	\$0	\$878,831	(\$878,831)
(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	\$0	\$878,831	(\$878,831)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$94,670	\$34,330	\$340
(2) Unearned Premium Reserve	\$43,040	\$59,548	(\$10,508)
(3) Policyholder Reserves	\$118,317	\$118,317	\$0
(4) Investments	\$72,930	\$72,930	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$316,459	\$334,251	(\$17,792)
(8) Compensation and Benefits Accrual	\$0	\$0	\$0
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$1,123,298	\$1,078,856	\$44,442
(11) Net Operating Loss Carry-Forward	\$1,911,127	\$0	\$1,911,127
(12) Other (Including items < 5% of total ordinary assets)	\$1,870	\$1,870	\$0
Subtotal	<u>\$3,687,771</u>	<u>\$1,760,161</u>	<u>\$1,927,610</u>
(b) Statutory Valuation Allowance	\$3,353,812	\$0	\$3,353,812
(c) Nonadmitted	\$0	\$72,930	(\$72,930)
(d) Admitted Ordinary Deferred Tax Assets	\$333,959	\$1,687,171	(\$1,353,212)
(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	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
(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	\$333,959	\$1,687,171	(\$1,353,212)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$0	\$0	\$0
Subtotal	<u>\$333,959</u>	<u>\$333,959</u>	<u>\$0</u>
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
(c) Deferred Tax Liabilities	\$333,959	\$333,959	\$0
4. Net Deferred Tax Assets / Liabilities	(\$0)	\$1,353,212	(\$1,353,212)

**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:**

	June 30, 2015	Effective Tax Rate
Provision computed at statutory rate	(\$1,895,686)	34.0%
Permanent Adjustments	\$594	0.0%
Change in nonadmitted assets	(\$32,519)	0.6%
Total statutory income taxes incurred	<u>(\$1,927,611)</u>	<u>34.6%</u>
Federal income taxes incurred	\$0	0.0%
Change in net deferred income taxes	(\$1,927,610)	34.6%
Total statutory income taxes	<u>(\$1,927,610)</u>	<u>34.6%</u>

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

1. The company has \$5,620,963 in net operating loss as of June 30, 2015.
2. There are no income taxes available for recoupment in the event of future net losses.
3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of June 30, 2015 and December 31, 2014.

**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

## **Notes to Financial Statement**

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.

### **10. Information Concerning Parent, Subsidiaries, and Affiliates**

#### **A. Nature of the Relationships**

SummaCare, Inc. is a wholly owned subsidiary of Summa Health System Corporation (SHSC). Summa Insurance Company (SIC) is a wholly-owned subsidiary of SummaCare, Inc.

Other affiliated organizations of SummaCare include Summa Health System Community, HealthSpan Partners, Summa Health System (SHS), 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), Wadsworth-Rittman Professional Services Corporation, 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.

The Company is licensed in Ohio as a health-insuring corporation (HIC) under Chapter 1751 of the Ohio Revised Code. SC contracts with providers to provide comprehensive health care services to a defined enrolled population (members) for a predetermined monthly fee. The population from which the Company draws its membership is predominately located in Northeast Ohio. The Company is subject to competition from other health insuring companies as well as to the regulations of certain state and federal agencies. The Company is also subject to periodic financial examinations by those regulatory authorities.

#### **B. & C. Transactions with Affiliated Organizations**

SC members receive various medical services from SACH/STH, and other SHS subsidiaries. Certain members of the Board of Directors of the Company are members of the Board of Trustees of SACH/STH's and SHS's subsidiary and affiliated organizations.

The operating activities with affiliated entities as of June 30, 2015 and December 31, 2014 are as follows:

	<b>2015</b>	<b>2014</b>
Claims expense related to affiliated entities:		
SACH/STH	\$ 26,611,956	54,939,335
SPI	4,871,952	9,971,047
BCH	4,770,280	10,908,634
WRH	—	1,437,614
ACO	758,737	1,722,972
Management fees charged to OHC	1,059	1,360
Management fees charged to SHN	37,464	78,178
Management fees charged from SMSO	6,019,198	15,245,202
Management fees charged from SHN	—	268,394
Management fees charged from Apex	589,996	966,049
Corporate expense allocation paid to SHS	316,853	1,030,500

## **Notes to Financial Statement**

**D.** The balances outstanding with affiliated entities as of June 30, 2015 and December 31, 2014 are as follows:

	<b>Due from</b>		<b>Due to</b>	
	<b>2015</b>	<b>2014</b>	<b>2015</b>	<b>2014</b>
SHN	\$ 2,833	—	—	30,740
SIC	—	—	1,128,147	910,756
SACH / STH	—	—	327,943	405,065
OHC	98	98	—	—
Apex	511,501	924,890	—	—
SMSO	—	—	1,002,086	1,504,453
SIA	33	—	—	—
ACO	—	—	181,410	1,186,585
	<b>\$ 514,465</b>	<b>924,988</b>	<b>2,639,586</b>	<b>4,037,599</b>

**E.** Guarantees or undertakings – None.

**F.** In 2014, the Company had a contract with SHN in which network contracting services and financial modeling services were provided by SHN. The Company recognized expense of \$268,394 in 2014 related to this arrangement, which is recorded within management and other fees paid to affiliates in the consolidated statements of income.

In 2015 and 2014, 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. The Company recognized expense of \$6,019,198 and \$15,245,202 in 2015 and 2014, respectively

**G.** The Company's common membership is held by its parent, Summa Health System Corporation.

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

**I.** Investments in SCA Entities

In 2014, the Company entered into an internal restructuring transaction in which SHSC contributed its stock ownership in SIC to SC. As part of this transaction, SHSC's Class A nonvoting preferred membership interest in SC was cancelled. In addition, SC and SIC cancelled the \$35 million surplus note issued by SIC to SC, and the funds were reclassified as a capital contribution from SC to SIC. SC also made an additional capital contribution to SIC in the amount of \$15 million. As of December 31, 2014, the Company owned 100% of the common stock of SIC, whose carrying value is exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net losses of SIC as of June 30, 2015 were:

Assets - \$69,407,135  
 Liabilities - \$40,342,107  
 Net Loss - \$522,501

**J.** Investments in impaired SCA entities – None.

**K.** Investments in foreign insurance subsidiaries – None.

**L.** Investment in downstream noninsurance holding company – None.

### **11. Debt**

SC has no debt as of June 30, 2015.

### **12. Retirement Plans**

- A.** Defined Benefit Plan - None.
- B.** A narrative description of investment policy and strategies – Not applicable.
- C.** The fair value of each class of plan asset – Not applicable.
- D.** A narrative description of the basis used to determine the long-term rate of return – Not applicable.
- E.** Defined Contribution Plan – None.

## **Notes to Financial Statement**

- A.** Multiemployer Plan – None.
- B.** Consolidated / Holding Company Plan – None.
- C.** Postemployment Benefits and Compensated Absences – None.
- D.** Impact of Medicare Modernization Act on Postretirement Benefits – None.

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

- 1.) SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of June 30, 2015 and December 31, 2014 is SHSC.
- 2.) Dividends rate, liquidation value – Not applicable.
- 3.) Dividend Restrictions – Not applicable.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) Portion of reporting entity's profits that can be paid as ordinary dividends – Not applicable.
- 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 – \$3,525,849  
Unrealized Gains (Losses) – \$495,410

- 11.) Surplus notes – None.
- 12.) Restatement in a quasi-reorganization – Not applicable
- 13.) Quasi-reorganization – Not applicable.

### **14. Contingencies**

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

- A.** Lessee Leasing Arrangements.

- 1.) The company leases equipment and its facility under noncancelable operating leases expiring at various dates from 2015 to 2016. Rent expense was approximately \$556,069 as of June 30, 2015 and was \$1,116,790 for year ending December 31, 2014.
- 2.) Future minimum payments under noncancelable operating leases are as follows:

## **Notes to Financial Statement**

Year ended December 31:	
2015	2,115,030
2016	1,938,777
Total minimum future commitment	\$ <u><u>4,053,807</u></u>

3.) The Company has not entered into any sale-leaseback transactions.

**B. Lessor Leasing Arrangements - 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 – None.**

**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 – None.**

**23. Reinsurance**

**A. Ceded Reinsurance Report**

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
 Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled

## **Notes to Financial Statement**

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 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:

## Notes to Financial Statement

	<b>2015</b>	<b>2014</b>
Balance at January 1	\$ 30,744,997	30,198,125
Incurred related to:		
Current year	133,398,660	284,511,631
Prior years	<u>(3,124,997)</u>	<u>(677,125)</u>
Total	<u>130,273,663</u>	<u>283,834,506</u>
Paid related to:		
Current year	103,705,365	253,766,634
Prior years	<u>26,491,000</u>	<u>29,521,000</u>
Total	<u>130,196,365</u>	<u>283,287,634</u>
Balance at End of Period	<u><u>\$ 30,822,295</u></u>	<u><u>30,744,997</u></u>

Reserves as of December 31, 2014 were \$30,744,997. As of June 30, 2015, \$26,491,000 has been paid for incurred claims attributable to insured events of prior years. There is \$1,129,000 in reserves remaining for prior years as of June 30, 2015. Therefore, there has been \$3,124,997 in favorable development since December 31, 2014 to June 30, 2015. This favorable development 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 June 30, 2015, a receivable was recorded equal to two quarters of rebates. For quarter ending June 30, 2015, pharmacy rebates receivable were estimated by multiplying the most recent rebate received by three (three quarters). Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

<b>Quarter</b>	<b>Estimated</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual Rebates</b>	
	<b>Pharmacy</b>	<b>Pharmacy</b>	<b>Rebates</b>		
	<b>Rebates as</b>	<b>Received</b>	<b>Received</b>	<b>Received More</b>	
	<b>Reported on</b>	<b>Billed or</b>	<b>Within 90</b>	<b>Within 91 to</b>	
	<b>Financial</b>	<b>Otherwise</b>	<b>Days of</b>	<b>180 Days of</b>	
	<b>Statements</b>	<b>Confirmed</b>	<b>Billing</b>	<b>Billing</b>	
6/30/2015	\$1,671,800	\$678,510	\$0	\$0	\$678,510
3/31/2015	\$1,426,259	\$1,523,529	\$0	\$0	\$1,523,529
12/31/2014	\$1,601,646	\$2,236,642	\$0	\$0	\$2,236,642
9/30/2014	\$1,944,155	\$2,372,859	\$0	\$0	\$2,372,859
6/30/2014	\$1,680,029	\$2,191,416	\$0	\$0	\$2,191,416
3/31/2014	\$1,536,507	\$2,144,643	\$0	\$0	\$2,144,643
12/31/2013	\$1,700,000	\$1,982,004	\$0	\$0	\$1,982,004
9/30/2013	\$1,000,000	\$1,318,428	\$0	\$0	\$1,318,428
6/30/2013	\$1,220,851	\$1,742,117	\$0	\$0	\$1,742,117
3/31/2013	\$1,025,020	\$1,090,029	\$0	\$0	\$1,090,029
12/31/2012	\$1,242,133	\$1,479,198	\$0	\$0	\$1,479,198
9/30/2012	\$1,077,790	\$1,470,868	\$0	\$0	\$1,470,868
6/30/2012	\$1,342,850	\$1,406,969	\$0	\$0	\$1,406,969
3/31/2012	\$866,461	\$924,093	\$0	\$0	\$924,093

**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. There were no premium deficiency reserves recorded as of June 30, 2015 and December 31, 2014, respectively.

## **Notes to Financial Statement**

### **31. Anticipated Salvage Value and Subrogation – None**

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

1.2 If yes, has the report been filed with the domiciliary state? .....

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[ ] 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[X] No[ ]

		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 .....	31,459,090	29,065,028
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) .....	31,459,090	29,065,028
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?

Yes[X] No[ ]

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

1 Name of Custodian(s)	2 Custodian Address
FirstMerit Trust .....	106 South Main Street, 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 South 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?

Yes[X] No[ ]

18.2 If no, list exceptions:

## **GENERAL INTERROGATORIES**

### **PART 2 - HEALTH**

**1. Operating Percentages:**

1.1 A&H loss percent	.....	95.000%
1.2 A&H cost containment percent	.....	0.300%
1.3 A&H expense percent excluding cost containment expenses	.....	9.300%

2.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

\$..... 0

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

Yes[ ] No[X]

2.3 Do you act as an administrator for health savings accounts?

\$..... 0

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

## 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>								
21113 .....	13-5459190 .....	01/01/2015 .....	UNITED STATES FIRE INS CO .....	DE .....	SSL/A/I .....	Authorized .....	.....	.....

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

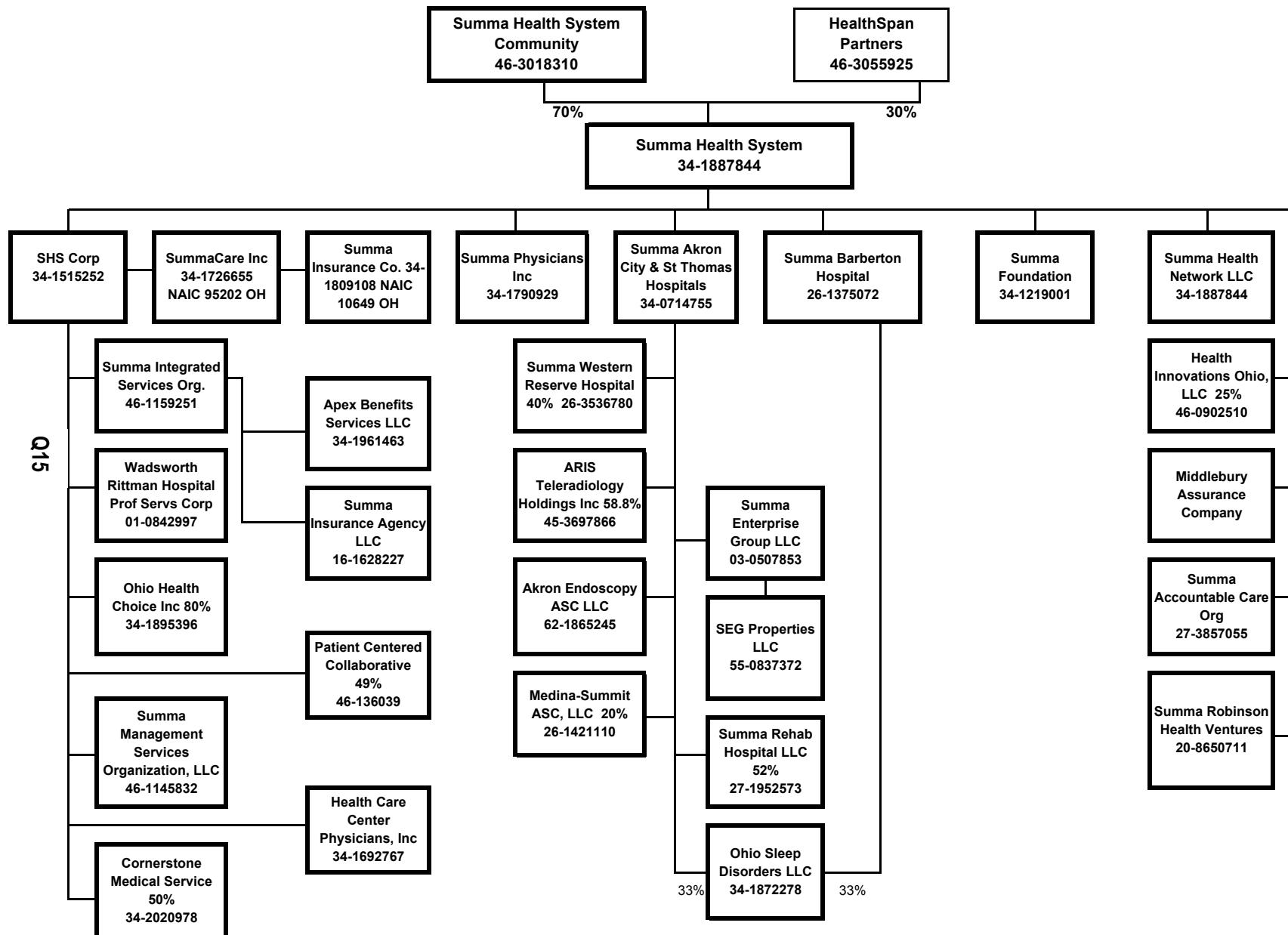
State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type 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 .....		137,583,327						137,583,327
37. Oklahoma (OK) .....	N .....								
38. Oregon (OR) .....	N .....								
39. Pennsylvania (PA) .....	N .....								
40. Rhode Island (RI) .....	N .....								
41. South Carolina (SC) .....	N .....								
42. South Dakota (SD) .....	N .....								
43. Tennessee (TN) .....	N .....								
44. Texas (TX) .....	N .....								
45. Utah (UT) .....	N .....								
46. Vermont (VT) .....	N .....								
47. Virginia (VA) .....	N .....								
48. Washington (WA) .....	N .....								
49. West Virginia (WV) .....	N .....								
50. Wisconsin (WI) .....	N .....								
51. Wyoming (WY) .....	N .....								
52. American Samoa (AS) .....	N .....								
53. Guam (GU) .....	N .....								
54. Puerto Rico (PR) .....	N .....								
55. U.S. Virgin Islands (VI) .....	N .....								
56. Northern Mariana Islands (MP) .....	N .....								
57. Canada (CAN) .....	N .....								
58. Aggregate other alien (OT) .....	XXX .....								
59. Subtotal .....	XXX .....		137,583,327						137,583,327
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. Total (Direct Business) .....	(a) 1 .....		137,583,327						137,583,327

**DETAILS OF WRITE-INS**

58001. ....	XXX .....								
58002. ....	XXX .....								
58003. ....	XXX .....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....								

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

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER****MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Group Code	Group Name	NAIC Company Code	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)	*	
Q16	SUMMA INSURANCE COMPANY	00000	34-1887844	.....	.....	SUMMA HEALTH SYSTEM .....	OH .. UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....	.....	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	.....	.....		
		00000	34-1515252	.....	.....	SUMMA HEALTH SYSTEM CORPORATION .....	OH .. UDP ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....		
		10649	34-1809108	.....	.....	SUMMA INSURANCE COMPANY .....	OH .. DS ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	.....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....		
		3259	SUMMA INSURANCE COMPANY .....	95202	34-1726655	.....	.....	SUMMACARE INC. .....	OH .. RE ..	SUMMA INSURANCE COMPANY .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	16-1628227	.....	.....	SUMMA INSURANCE AGENCY LLC .....	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-1961463	.....	.....	APEX BENEFITS SERVICES LLC .....	OH .. NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	01-0842997	.....	.....	WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-1895396	.....	.....	OHIO HEALTH CHOICE INC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-2020978	.....	.....	CONERSTONE MEDICAL SERVICES .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-1692767	.....	.....	HEALTH CARE CENTER PHYSICIANS INC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-1790929	.....	.....	SUMMA PHYSICIANS INC .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-0714755	.....	.....	SUMMA AKRON CITY ANS ST THOMAS HOSPITALS .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	34-1219001	.....	.....	SUMMA FOUNDATION .....	OH .. NIA ..	SUMMA HEALTH SYSTEM .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	26-3536780	.....	.....	SUMMA WESTERN RESERVE HOSPITAL .....	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	Ownership .....	40.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	45-3697866	.....	.....	ARIS TELERADIOLOGY LLC .....	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	Ownership .....	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	62-1865245	.....	.....	AKRON ENDOSCOPY LLC .....	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	
		3259	SUMMA INSURANCE COMPANY .....	00000	03-0507853	.....	.....	SUMMA ENTERPRISE GROUP LLC .....	OH .. NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	.....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tionship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
Q16.1		00000	55-0837372			SEG PROPERTIES LLC	OH	NIA	SUMMA ENTERPRISE GROUP LLC	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	27-1952573			SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	52.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	34-1872278			OHIO SLEEP DISORDERS LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	SUMMA HEALTH SYSTEM		
		00000	26-1421110			MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	26-1375072			SUMMA BARBERTON HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	34-1887844			SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	27-3857055			SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000				MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH SYSTEM	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS	0000001	
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	46-0902510			HEALTH INNOVATIONS OHIO, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	25.0	SUMMA HEALTH SYSTEM		
		00000	46-1363039			PATIENT CENTERED COLLABORATIVE LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	49.0	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	20-8650711			SUMMA ROBINSON HEALTH VENTURES	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	46-3018310			SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP				COMMUNITY / HEALTHSPAN PARTNERS	0000002	
		00000	46-3055925			HEALTHSPAN PARTNERS	OH	UIP				HEALTHSPAN PARTNERS		0000003

Asterisk	Explanation
0000001	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health System Community is the ultimate controlling entity with 70% ownership in Summa Health System.
0000003	HealthSpan Partners is the ultimate controlling entity with 30% ownership in Summa Health System.

## **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



2015

Document Code: 365

9520220153650002

## 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)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
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 December 31	Prior Year Ended December 31
	1 Uncovered	2 Total		
	XXX	XXX		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)				
0704. Proceeds from the Sale of the Medicaid Product Line				
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)				
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2904. Minority Interest Income (Expense)				
2905. City Taxes				
2906. Network Access Fees - Providers				
2907. Minority Interest Expense				
2908. Rental Revenue				
2909. City Income Taxes				
2910. Write off of tax receivable				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
			(1)
4704. True up adjustment related to Deferred Tax			
4705. Correction of an error - 2006 Premium Taxes			
4706. Misc. Adjustment			
4707. Increase par value of common stock			
4708. Correction of an error - 2006 Premium Taxes			
4709. Change in Minimum Pension Liability - Unrestricted Funds			
4710. Adjustments to 2008 financial statements			
4711. True up adjustment related to Deferred Tax			
4712. Miscellaneous			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			(1)

## SCHEDULE A - VERIFICATION

## Real Estate

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

## SCHEDULE B - VERIFICATION

## Mortgage Loans

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

## 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 .....	.....	.....
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 depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other than temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	.....	.....
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	.....	.....

## SCHEDULE D - VERIFICATION

## Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	70,815,369	66,726,800
2. Cost of bonds and stocks acquired .....	.....	58,347,069
3. Accrual of discount .....	28,382	81,720
4. Unrealized valuation increase (decrease) .....	(2,394,062)	(18,540,910)
5. Total gain (loss) on disposals .....	.....	899,878
6. Deduct consideration for bonds and stocks disposed of .....	2,100,000	36,682,148
7. Deduct amortization of premium .....	8,277	17,039
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) .....	66,341,412	70,815,369
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	66,341,412	70,815,369

**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**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	39,713,100	.....	2,000,000	223,545	39,713,100	37,936,645	.....	39,555,071
2. NAIC 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	39,713,100	.....	2,000,000	223,545	39,713,100	37,936,645	.....	39,555,071
<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 .....	39,713,100	.....	2,000,000	223,545	39,713,100	37,936,645	.....	39,555,071

(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 \$.....660,261; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. <b>Totals</b>	660,261	XXX	660,261	32	

**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 .....	198,792	3,674,260
2. Cost of short-term investments acquired .....	461,469	.....
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration received on disposals .....	.....	3,475,468
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) .....	660,261	198,792
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	660,261	198,792

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

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

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

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

**SI07 Schedule DB - Verification .....** **NONE**

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

**E01 Schedule A Part 2 .....** **NONE**

**E01 Schedule A Part 3 .....** **NONE**

**E02 Schedule B Part 2 .....** **NONE**

**E02 Schedule B Part 3 .....** **NONE**

**E03 Schedule BA Part 2 .....** **NONE**

**E03 Schedule BA Part 3 .....** **NONE**

**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 n g	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	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>																						
31359MA45	FNMA		04/15/2015	MATURED	XXX	600,000	600,000	605,700	600,250		(250)		(250)		600,000				15,000	04/15/2015	1	
912828SU5	U.S. TREASURY NOTE		05/15/2015	MATURED	XXX	1,000,000	1,000,000	999,688	999,953	47	47	19	19		1,000,000				1,250	05/15/2015	1	
912828SU5	U.S. TREASURY NOTE		05/15/2015	MATURED	XXX	500,000	500,000	499,883	499,981						500,000				625	05/15/2015	1	
0599999 Subtotal - Bonds - U.S. Governments					XXX	2,100,000	2,100,000	2,105,271	2,100,184		(184)		(184)		2,100,000				16,875	.. XXX	.. XXX	
8399997 Subtotal - Bonds - Part 4					XXX	2,100,000	2,100,000	2,105,271	2,100,184		(184)		(184)		2,100,000				16,875	.. XXX	.. XXX	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999 Subtotal - Bonds					XXX	2,100,000	2,100,000	2,105,271	2,100,184		(184)		(184)		2,100,000				16,875	.. XXX	.. XXX	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,100,000	XXX	2,105,271	2,100,184		(184)		(184)		2,100,000				16,875	.. XXX	.. XXX	

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

<b>E06 Schedule DB Part A Section 1 .....</b>	<b>NONE</b>
<b>E07 Schedule DB Part B Section 1 .....</b>	<b>NONE</b>
<b>E08 Schedule DB Part D Section 1 .....</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity .....</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity .....</b>	<b>NONE</b>
<b>E10 Schedule DL - Part 1 - Securities Lending Collateral Assets .....</b>	<b>NONE</b>
<b>E11 Schedule DL - Part 2 - Securities Lending Collateral Assets .....</b>	<b>NONE</b>

## 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 - General Operating	Akron, Ohio				4,751,243	4,058,341	4,322,400	XXX
First Merit - Middlebury	Akron, Ohio							XXX
FirstMerit - Cleveland Clinic	Akron, Ohio					9,445		XXX
First Merit - 401k Plan	Akron, Ohio							XXX
SummaCare - Petty Cash	Akron, Ohio				300	300	300	XXX
FirstMerit - CFGH	Akron, Ohio							XXX
FirstMerit - Bridgestone	Akron, Ohio							XXX
FirstMerit - APS	Akron, Ohio					(5,049)		XXX
FirstMerit - Goodyear	Akron, Ohio					53,466		XXX
FirstMerit - SHS	Akron, Ohio					1,660,807	450,955	922,613
FirstMerit - WRH	Akron, Ohio							XXX
FirstMerit - BCH	Akron, Ohio							XXX
FirstMerit - Medical Reimbursement	Akron, Ohio							XXX
FirstMerit - Money Market	Akron, Ohio		0.150			76,797	76,807	76,816
FirstMerit - SWRH	Akron, OH					10,173	2,402	45,741
First Merit - General Operating	Akron, Ohio							XXX
First Merit - Middlebury	Akron, Ohio							XXX
FirstMerit - Cleveland Clinic	Akron, Ohio							XXX
First Merit - 401k Plan	Akron, Ohio							XXX
SummaCare - Petty Cash	Akron, Ohio							XXX
FirstMerit - CFGH	Akron, Ohio							XXX
FirstMerit - Bridgestone	Akron, Ohio							XXX
FirstMerit - APS	Akron, Ohio							XXX
FirstMerit - Goodyear	Akron, Ohio							XXX
FirstMerit - SHS	Akron, Ohio							XXX
FirstMerit - WRH	Akron, Ohio							XXX
FirstMerit - BCH	Akron, Ohio							XXX
FirstMerit - Medical Reimbursement	Akron, Ohio							XXX
FirstMerit - Money Market	Akron, Ohio							XXX
FirstMerit - SWRH	Akron, OH							XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	XXX	XXX						XXX
0199999 Totals - Open Depositories	XXX	XXX			6,499,320	4,646,667	5,367,870	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	XXX	XXX						XXX
0299999 Totals - Suspended Depositories	XXX	XXX						XXX
0399999 Total Cash On Deposit	XXX	XXX			6,499,320	4,646,667	5,367,870	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX	XXX			6,499,320	4,646,667	5,367,870	XXX

**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
8699999 Total - Cash Equivalents .....							

**N O N E**

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