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**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2016**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Summa Insurance Company, Inc.**

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[X] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]			
Incorporated/Organized	08/07/1995		Commenced Business		02/01/1996	
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Primary Location of Books and Records	10 North Main Street (Street and Number)		Akron, OH, 44308 (Area Code) (Telephone Number)			
Internet Web Site Address	SummaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name) 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
Robert Stephen Paskowski	Interim President #

**OTHERS**

Anne Armao, VP - Marketing & Product Development  
Keith Johnson, VP - Third Party Administrator  
Donald Novosel, VP - Contracting & Network Development  
Charles Zonfa M.D., Chief Medical Officer #  
Robert Paskowski, Interim President #

Kevin Cavalier, VP - Sales  
James Loveless, VP - Individual Product Line  
Annette Ruby, VP - Health Services Management  
Dennis Pijor, VP - Finance, CFO  
Stephen Adamson, VP - Client Services #

**DIRECTORS OR TRUSTEES**

Kathleen Tirbovich Geier  
Thomas Anthony Malone M.D.  
Rajiv Vishnu Talwalkar M.D.  
Lydia Alexander Cook M.D.  
Robert Stephen Paskowski #

Erik Newman Steele D.O.  
James Ross McIlvaine  
Benjamin Paul Sutton  
Brian Keith Derrick

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 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)  
Brian Keith Derrick  
(Printed Name)  
1.  
Treasurer  
>Title

(Signature)  
Robert Stephen Paskowski  
(Printed Name)  
2.  
Interim President  
>Title

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

Subscribed and sworn to before me this  
day of                   , 2016

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 .....	39,106,969		39,106,969	45,808,733
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....7,222,477), cash equivalents (\$.....0) and short-term investments (\$.....153,108) .....	7,375,585		7,375,585	5,147,320
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) .....	46,482,554		46,482,554	50,956,053
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	98,688		98,688	113,478
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	242,835	106,522	136,313	195,309
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 (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	2,100,862		2,100,862	2,377,575
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 .....	2,729,630		2,729,630	2,729,537
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	3,817	3,817		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	926,967		926,967	1,418,465
24. Health care (\$.....2,565,442) and other amounts receivable .....	2,795,411	229,969	2,565,442	1,903,849
25. Aggregate write-ins for other-than-invested assets .....	34,644	34,644		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	55,415,408	374,952	55,040,456	59,694,266
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	55,415,408	374,952	55,040,456	59,694,266
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	34,644	34,644		
2502. Deferred ACA Asset .....				
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) .....	34,644	34,644		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	18,026,563		18,026,563	21,817,703
2. Accrued medical incentive pool and bonus amounts				130,128
3. Unpaid claims adjustment expenses	373,379		373,379	394,677
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	8,167,353		8,167,353	6,291,417
9. General expenses due or accrued	2,008,514		2,008,514	4,082,281
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	885,800		885,800	2,595,699
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)	29,461,609		29,461,609	35,311,905
25. Aggregate write-ins for special surplus funds	XXX	XXX		3,400,000
26. Common capital stock	XXX	XXX	2,500,062	2,500,062
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,866,381	82,866,381
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(59,787,596)	(64,384,082)
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	25,578,847	24,382,361
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	55,040,456	59,694,266
<b>DETAILS OF WRITE-INS</b>				
2301. Minority Interest				
2302. Deferred gain on sale of bonds to SummaCare, Inc.				
2303. Miscellaneous				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. ACA Annual Fee on Health Insurers	XXX	XXX		3,400,000
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		3,400,000
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
1. Member Months .....	XXX .....	344,989	417,003	548,129
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	141,896,276	161,951,891	214,854,062
3. Change in unearned premium reserves and reserves for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	141,896,276	161,951,891	214,854,062
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		97,793,683	118,816,131	161,400,478
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		24,504,620	25,700,304	34,972,199
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....			60,268	(29,605)
16. Subtotal (Lines 9 to 15) .....		122,298,303	144,576,703	196,343,072
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,955,194	3,001,958	4,304,566
18. Total hospital and medical (Lines 16 minus 17) .....		119,343,109	141,574,745	192,038,506
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....296,081 cost containment expenses .....		1,976,710	2,004,456	2,785,953
21. General administrative expenses .....		19,462,227	21,478,388	28,857,955
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) .....		140,782,046	165,057,589	223,682,414
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	1,114,230	(3,105,698)	(8,828,352)
25. Net investment income earned .....		308,620	351,034	474,461
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		15,804		
27. Net investment gains or (losses) (Lines 25 plus 26) .....		324,424	351,034	474,461
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 .....		533	863	973
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX .....	1,439,187	(2,753,801)	(8,352,918)
31. Federal and foreign income taxes incurred .....	XXX .....	253,166		(732,449)
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	1,186,021	(2,753,801)	(7,620,469)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX .....			
0701. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX .....			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. Gain on the sale of fixed assets .....				
2902. Miscellaneous Income (Expense) .....		533	863	973
2903. Finance and service charges not included in premiums .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		533	863	973

**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 .....	24,382,361	31,459,090	31,459,090
34. Net income or (loss) from Line 32 .....	1,186,021	(2,753,801)	(7,620,469)
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			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	22,948	38,258	543,741
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	(12,483)		(1)
48. Net change in capital and surplus (Lines 34 to 47) .....	1,196,486	(2,715,543)	(7,076,729)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	25,578,847	28,743,547	24,382,361
<b>DETAILS OF WRITE-INS</b>			
4701. Deferred gain on sale of bonds to SummaCare, Inc. ....			
4702. Gain on sale of bonds .....	(12,484)		
4703. Federal income tax adjustment .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	1		(1)
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	(12,483)		(1)

**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 .....	143,831,208	163,035,697	215,423,153
2.	Net investment income .....	325,176	380,345	520,843
3.	Miscellaneous income .....	533		
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>144,156,917</b>	<b>163,416,042</b>	<b>215,943,996</b>
5.	Benefit and loss related payments .....	122,987,664	143,691,587	195,159,267
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	23,534,002	26,406,931	33,571,020
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....253,259 tax on capital gains (losses) .....	253,260	(436,614)	(231,992)
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>146,774,926</b>	<b>169,661,904</b>	<b>228,498,295</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>(2,618,009)</b>	<b>(6,245,862)</b>	<b>(12,554,299)</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	6,703,320	1,050,000	1,330,000
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>6,703,320</b>	<b>1,050,000</b>	<b>1,330,000</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			
13.2	Stocks .....			
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>			
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>6,703,320</b>	<b>1,050,000</b>	<b>1,330,000</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 .....			
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) .....	(1,857,046)	585,339	740,002
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(1,857,046)	585,339	740,002
<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) .....	2,228,265	(4,610,523)	(10,484,297)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	5,147,320	15,631,617	15,631,617
19.2	End of period (Line 18 plus Line 19.1) .....	7,375,585	11,021,094	5,147,320

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 .....	43,383	4,104	38,253	57						969
2. First Quarter .....	39,107	4,570	33,570	48						919
3. Second Quarter .....	38,071	4,508	32,604	49						910
4. Third Quarter .....	37,170	4,449	31,657	50						1,014
5. Current Year .....										
6. Current Year Member Months .....	344,989	39,625	296,379	436						8,549
Total Member Ambulatory Encounters for Period:										
7. Physician .....	39,092	4,763	34,226	103						
8. Non-Physician .....	60,565	8,042	52,433	90						
9. Total .....	99,657	12,805	86,659	193						
10. Hospital Patient Days Incurred .....	28,053	8,257	19,774	22						
11. Number of Inpatient Admissions .....	1,344	225	1,113	6						
12. Health Premiums Written (a) .....	142,973,673	16,373,161	125,771,167	97,943						731,402
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	142,973,678	16,373,161	125,771,167	97,948						731,402
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	126,219,570	15,866,096	109,641,469	95,072						616,933
18. Amount Incurred for Provision of Health Care Services .....	122,298,303	17,060,088	104,526,256	85,150						626,809

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)****Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	12,321,563	2,973,000	1,087,000	602,000	1,043,000	18,026,563
0499999 Subtotals .....	12,321,563	2,973,000	1,087,000	602,000	1,043,000	18,026,563
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	18,026,563
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

## 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		Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year	5	6
	1	2	3	4			
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)		
1. Comprehensive (hospital & medical) .....	20,267,220	102,114,371	209,000	17,789,553	20,476,220		21,748,994
2. Medicare Supplement .....	26,000	70,683		8,465	26,000		19,998
3. Dental only .....							
4. Vision only .....							
5. Federal Employees Health Benefits Plan .....							
6. Title XVIII - Medicare .....							
7. Title XIX - Medicaid .....							
8. Other health .....	10,000	645,975		19,545	10,000		48,711
9. Health subtotal (Lines 1 to 8) .....	20,303,220	102,831,029	209,000	17,817,563	20,512,220		21,817,703
10. Healthcare receivables (a) .....							
11. Other non-health .....							
12. Medical incentive pools and bonus amounts .....	130,128				130,128		130,128
13. Totals (Lines 9 - 10 + 11 + 12) .....	20,433,348	102,831,029	209,000	17,817,563	20,642,348		21,947,831

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

# **Notes to Financial Statement**

## **1. Summary of Significant Accounting Policies and Going Concern**

### **A. Accounting Practices**

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of September 30, 2016 and December 31, 2015 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the difference in capital and surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material.

	<u>Domicile</u>	<u>9/30/2016</u>	<u>12/31/2015</u>
<b><u>Net Income</u></b>			
1) SIC state basis (Page 4, Line 32, Columns 2 & 3)	OH	1,186,021	(7,620,469)
2) State Prescribed Practices that increase / (decrease) NAIC SAP	OH	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
4) NAIC SAP	OH	<u>1,186,021</u>	<u>(7,620,469)</u>
<b><u>Surplus</u></b>			
5) SIC state basis (Page 3, Line 33, Columns 3 & 4)	OH	25,578,847	24,382,361
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>25,578,847</u>	<u>24,382,361</u>

### **B. Use of Estimates**

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

### **C. Accounting Policy**

The Company uses the following accounting policies:

#### 1) Cash and Short-Term Investments

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

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

#### 3) Common stocks – None.

#### 4) Preferred stocks – None.

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

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

#### 7) Investments in subsidiaries, controlled and affiliated entities - None.

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

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

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

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

## **Notes to Financial Statement**

developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

- 12) The Company's capitalization policy and predefined thresholds have not changed from the prior period.
- 13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by two (two quarters).

### **D. Going Concern – Not applicable.**

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

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

## **3. Business Combinations and Goodwill**

- A. Statutory Purchase Method** – None.
- B. Statutory Merger** – None.
- C. Assumption Reinsurance** – None.
- D. Impairment Loss** – None.

## **4. Discontinued Operations – None.**

## **5. Investments**

- A. Mortgage Loans** – None.
- B. Debt Restructuring** – None.
- C. Reverse Mortgages** – None.
- D. Loan Backed Securities** – None.
- E. Repurchase Agreements** – None.
- F. Real Estate** - None.
- G. Investments in Low-Income Housing Tax Credits** – None.
- H. Restricted Assets** – None.
- 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.**

# **Notes to Financial Statement**

All accrued investment income was admitted for the period.

**B. The total amount excluded was \$0.**

**8. Derivative Instruments – None.**

**9. Income Taxes**

**A. The components of deferred tax asset / liability at September 30, 2016 and December 31, 2015 are as follows:**

	09/30/16			12/31/2015			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax Assets	\$2,798,763	\$0	\$2,798,763	\$4,211,787	\$0	\$4,211,787	(\$1,413,024)	\$0	(\$1,413,024)
(b) Statutory Valuation Allowance Adjustments	\$2,789,130	\$0	\$2,789,130	\$4,198,197	\$0	\$4,198,197	(\$1,409,067)	\$0	(\$1,409,067)
(c) Adjusted Gross DTA's (1a-1b)	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590	(\$3,957)	\$0	(\$3,957)
(d) DTA's Nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal Net DTA's (1c-1d)	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590	(\$3,957)	\$0	(\$3,957)
(f) Deferred Tax Liabilities	(\$9,633)	\$0	(\$9,633)	(\$13,590)	\$0	(\$13,590)	\$3,957	\$0	\$3,957
(g) Net Admitted DTA / Net DTL (1e-1f)	(\$0)	\$0	(\$0)	\$0	\$0	\$0	\$1	\$0	\$1
2.									
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(b) Adjusted Gross DTA's Expected to be Realized ( Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Adjusted Gross DTA's Allowed Per Limitation Threshold.	XXX	XXX	\$3,836,827	XXX	XXX	\$3,657,354	XXX	XXX	\$179,473
(c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590	(\$3,957)	\$0	(\$3,957)
(d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590	(\$3,957)	\$0	(\$3,957)
3.									
(a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.	2016	2015							
	322%	307%							
	\$25,578,847	\$24,382,361							
4.									
Impact of Tax-Planning Strategies									
(a) Determination of Adjusted Gross DTA's and Net Admitted DTA's By Tax Character as a percentage.									
1. Adjusted Gross DTA's from 9A1c	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590			
2. Percentage of Adjusted Gross DTA's	0%	0%	0%	0%	0%	0%			
3. Net Admitted Gross DTA's 9A1e	\$9,633	\$0	\$9,633	\$13,590	\$0	\$13,590			
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.**

# Notes to Financial Statement

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

	9/30/2016	12/31/2015	Change
1. Current Income Tax			
(a) Federal	\$253,166	(\$732,449)	\$985,615
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	<u>\$253,166</u>	<u>(\$732,449)</u>	<u>\$985,615</u>
(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	<u>\$253,166</u>	<u>(\$732,449)</u>	<u>\$985,615</u>
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$46,816	\$57,513	(\$10,697)
(2) Unearned Premium Reserve	<u>\$512,540</u>	<u>\$427,816</u>	<u>\$84,724</u>
(3) Policyholder Reserves	\$0	\$0	\$0
(4) Investments	\$0	\$0	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	<u>\$30,741</u>	<u>\$45,141</u>	<u>(\$14,400)</u>
(8) Compensation and Benefits Accrual	<u>\$286,922</u>	<u>\$431,408</u>	<u>(\$144,486)</u>
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	<u>\$126,186</u>	<u>\$225,081</u>	<u>(\$98,895)</u>
(11) Net Operating Loss Carry-Forward	<u>\$1,134,052</u>	<u>\$2,313,715</u>	<u>(\$1,179,663)</u>
(12) Tax credit carryforward	\$0	\$0	\$0
(13) Other (Including items < 5% of total ordinary assets)	<u>661,505</u>	<u>\$711,113</u>	<u>(\$49,608)</u>
Subtotal	<u>\$2,798,763</u>	<u>\$4,211,787</u>	<u>(\$1,413,024)</u>
(b) Statutory Valuation Allowance	\$2,789,130	\$4,198,197	(\$1,409,067)
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	<u>\$9,633</u>	<u>\$13,590</u>	<u>(\$3,957)</u>
(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	<u>\$9,633</u>	<u>\$13,590</u>	<u>(\$3,957)</u>
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$6,920	\$10,878	(\$3,958)
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	<u>\$2,713</u>	<u>\$2,712</u>	<u>\$1</u>
Subtotal	<u>\$9,633</u>	<u>\$13,590</u>	<u>(\$3,957)</u>
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Unrealized Gains/ Losses	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
(c) Deferred Tax Liabilities	<u>\$9,633</u>	<u>\$13,590</u>	<u>(\$3,957)</u>
4. Net Deferred Tax Assets / Liabilities	<u>\$0</u>	<u>\$0</u>	<u>(\$0)</u>

**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:**

## **Notes to Financial Statement**

	<u>September 30, 2016</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	\$489,324	34.0%
Change in valuation allowance	(\$1,409,065)	-97.9%
Change in nonadmitted assets	\$100,544	7.0%
Items permanent in nature	<u>\$819,197</u>	<u>56.9%</u>
Total statutory income taxes	<u><u>\$0</u></u>	<u><u>0.0%</u></u>
 Federal income taxes incurred	 \$253,166	 17.6%
Change in net deferred income taxes	<u>\$0</u>	<u>0.0%</u>
Total statutory income taxes	<u><u>\$253,166</u></u>	<u><u>17.6%</u></u>

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

1. The company has \$3,335,448 in net operating loss or tax credit carry-forwards as of September 30, 2016.
2. The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses - None.
3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of September 30, 2016 and December 31, 2015.

### **F. Consolidation of Federal Income Tax Return**

Summa Health System Corporation files a consolidated federal income tax which includes the following entities: SummaCare, Inc., Summa Insurance Company, Summa Integrated Services Organization, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Wadsworth-Rittman Professional Services Corporation, Ohio Health Choice, Summa Management Services Organization, Health Care Center Physicians, Patient Centered Collaborative and Cornerstone Medical Services. Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

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

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

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

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

The operating activities with affiliated entities as of September 30, 2016 and December 31, 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Claims expense related to affiliated entities:		
SACH/STH	16,342,849	27,604,851
SPI	1,191,348	2,488,417
BCH	995	1,332,957
Management fees charged to SIC from Apex	577,500	752,222
Management fees charged to SIC from SMSO	6,063,810	8,665,730
Corporate expense allocation paid to SHS	1,723,663	2,188,143

## **Notes to Financial Statement**

### **D. Balance outstanding with affiliated entities as of September 30, 2016 and December 31, 2015:**

	<b>Due from</b>		<b>Due to</b>	
	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>
SummaCare	926,967	1,403,870	—	—
Apex	—	—	242,642	422,540
ACO	—	—	8,000	871,369
SIA	—	14,595	—	—
SMSO	—	—	635,158	1,301,790
	<hr/> <b>\$ 926,967</b>	<hr/> <b>1,418,465</b>	<hr/> <b>885,800</b>	<hr/> <b>2,595,699</b>

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

**F. In 2016 and 2015, 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.**

In 2016 and 2015, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.

In 2016 and 2015, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.

**G. All outstanding shares of common stock are owned by the parent, SummaCare, Inc.**

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

**I. Investments in SCA entities - None.**

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

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

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

### **11. Debt**

SIC has no debt as of September 30, 2016.

### **12. Retirement Plans – None.**

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

- 1) As of December 31, 2015, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock. SC also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of \$.0001 per share.
- 2) Dividend rate, liquidation value and redemption schedule of preferred stock issues - None
- 3) Dividend restrictions – In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2016, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company's capital and surplus as of December 31, 2015, or (b) the Company's net gain from operations for the year ended December 31, 2015. Accordingly, during 2016, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$2,438,236.
- 4) Dates and amounts of dividends paid – None.
- 5) Portion of reporting entities profits that may be paid as ordinary dividends - Reference number 3 above.
- 6) Restrictions on unassigned funds – None.
- 7) Mutual Reciprocals - None.
- 8) Stock held by the Company for special purposes – None.
- 9) Changes in the balances of special surplus funds – As of December 31, 2015, the SC reclassified \$3.4 million from unassigned funds to special surplus, representing the Company's estimated Section 9010 ACA annual assessment that will be payable in September 2016.
- 10) The portion of unassigned funds represented or reduced by :

## **Notes to Financial Statement**

Nonadmitted Asset Values – \$371,135

Unrealized Gains (Losses) – \$480,945

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

### **14. Liabilities, Contingencies and Assessments**

- . 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. Joint and several liabilities – None.

### **15. Leases – None.**

### **16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit 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**

**Type I – Recognized Subsequent Events – None.**

**Type II – Nonrecognized Subsequent Events**

## **Notes to Financial Statement**

a. The Company is typically subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). The fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. However, The Consolidated Appropriations Act of 2016 placed a moratorium on this fee for 2017. In accordance with Interpretation 16-01, for 2016, the disclosures related to the fee payable immediately in the 2017 year and the related impact on Total Adjusted Capital (TAC) and Authorized Control Level (ACL) will report "zero" as the fee payable in 2017.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write health premium that is subject to Section 9010 of the ACA act?	No	
B. ACA fee assessment payable for the upcoming year	\$0	\$3,400,000
C. ACA fee assessment paid	\$0	\$3,773,097
D. Premium written subject to ACA 9010 assessment	\$0	\$214,854,062
E. Total Adjusted Capital before surplus adjustment	\$0	
F. Total Adjusted Capital after surplus adjustment	\$0	
G. Authorized Control Level after surplus adjustment	\$0	
H. Would reporting the ACA assessment as of year-end have triggered an RBC action level (YES/No)?	No	

### **23. Reinsurance**

#### **A. Ceded Reinsurance Report**

##### Section 1 – General Interrogatories

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

Yes ( ) No (X)

If yes, give full details.

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

Yes ( ) No (X)

If yes, give full details.

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

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

Yes ( ) No (X)

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

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

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

Yes ( ) No (X)

##### 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

## **Notes to Financial Statement**

(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**

**A. Method used by reporting entity to estimate accrued retrospective premium adjustments – None.**

**B. Accrued retrospective premiums are recorded through written premium or earned premium – None.**

**C. Amount of net written premiums that are subject to retrospective rating features – None.**

**D. Amount of medical loss ratio rebates required pursuant to the Public Health Service Act – None.**

**E. Risk-Sharing Provisions of the Affordable Care Act (ACA)**

- 1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? - YES.
- 2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

# **Notes to Financial Statement**

**a. Permanent ACA Risk Adjustment Program**

**Assets**

1. Premium adjustments receivable due to ACA Risk Adjustment (2)	<u>\$0</u>
<b>Liabilities</b>	
2. Risk adjustment user fee payable for ACA Risk Adjustment	<u>\$4,652</u>
3. Premium adjustments payable due to ACA Risk Adjustment (2)	<u>\$0</u>
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment (2)	<u>\$0</u>
5. Reported in expense as ACA risk adjustment user fees (incurred/paid)	<u>\$4,652</u>

**b. Transitional ACA Reinsurance Program**

**Assets**

1. Amounts recoverable for claims paid due to ACA Reinsurance	<u>\$933,721</u>
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) (1)	<u>\$0</u>
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance (1)	<u>\$0</u>
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance (Not reported as ceded resinruance premium)	<u>\$663,581</u>
5. Ceded reinsurance premiums payable due to ACA Reinsurance	<u>\$67,571</u>
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance (1)	<u>\$0</u>
<b>Operations (Revenue &amp; Expense)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	<u>\$67,571</u>
8. Reinsurance recoveries due to ACA Reinsurance payments or expected payments	<u>\$933,721</u>
9. ACA reinsurance contributions - not reported as ceded premium	<u>\$663,581</u>

**c. Temporary ACA Risk Corridors Program**

**Assets**

1. Accrued retrospective premium due to ACA Risk Corridors (2)	<u>\$0</u>
<b>Liabilities</b>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors (1)	<u>\$0</u>
<b>Operations (Revenue &amp; Expense)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received) (2)	<u>\$0</u>
4. Effect of ACA Risk Corridors on change in reserves for rate credits (1)	<u>\$0</u>

(1) Estimated balance is zero.

(2) Insufficient data to make an estimate.

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for adjustments to prior year balance.

# Notes to Financial Statement

**Summa Insurance Company**  
**ACA Risk Sharing Provisions**  
**As of September 30, 2016**

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances - Report Date		
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Prior Year Accrued Less Payments (Col 2-4+8)	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref	10 Receivable	(Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivables	\$1607.714	\$0	\$1564.708	\$0	\$0	\$0	\$1248.231	\$0	A	\$1291.297	\$0
2. Premium adjustments (payable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
3. Subtotal ACA Permanent Risk Adjustment Program	\$1607.714	\$0	\$1564.708	\$0	\$43,006	\$0	\$1248.231	\$0		\$1291.297	\$0
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	\$1,781,385	\$0	\$2,125,723	\$0	(\$344,338)	\$0	\$605,120	\$0	C	\$260,782	\$0
2. Amounts recoverable for claims unpaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$0	\$1,827,925	\$0	\$1,827,925	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$150,447	\$0	\$150,447	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$1,781,385	\$1,978,372	\$2,125,723	\$1,978,372	(\$344,338)	\$0	\$605,120	\$0		\$260,782	\$0
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions:	\$3,389,099	\$1,978,372	\$3,630,431	\$1,978,372	(\$301,332)	\$0	\$1853,411	\$0		\$1552,079	\$0
Explanations of Adjustments											
A	The receivable was adjusted to reflect the amounts published by CMS on their 2015 RI RA Payments Report.										
B											
C	The receivable was adjusted to reflect the amounts published by CMS on their 2015 RI RA Payments Report.										
D											
E											
F											
G											
H											
I											
J											

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

Activity in claims unpaid is summarized as follows:

	<b>2016</b>	<b>2015</b>
Balance at January 1	\$ 21,817,703	25,620,497
Incurred related to:		
Current year	120,648,592	192,182,296
Prior years	(1,305,483)	(114,185)
Total	119,343,109	192,068,111
Paid related to:		
Current year	102,831,029	170,395,593
Prior years	20,303,220	25,475,312
Total	123,134,249	195,870,905
Balance at End of Period	\$ 18,026,563	21,817,703

Reserves as of December 31, 2015 were \$21,817,708. As of September 30, 2016, \$20,303,220 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$209,000 as a result of re-estimation of unpaid claims principally on the PPO lines of insurance. Therefore, there has been \$1,305,483 in favorable experience from December 31, 2015 to September 30, 2016. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

## 26. Intercompany Pooling Arrangements – None.

## 27. Structured Settlements – None.

## 28. Healthcare Receivables

The company receives pharmacy rebates on a quarterly basis. As of September 30, 2016, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by two (two quarters). The admission of pharmacy rebates receivable are subject to the terms stated within SSAP No. 84 (Certain Healthcare Receivables).

**Notes to Financial Statement**

Quarter	Estimated	Actual	Actual	Actual Rebates Received More Than 180 Days After Billing
	Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Rebates Received Within 90 Days of Billing	
9/30/2016	\$453,128	\$0	\$0	\$0
6/30/2016	\$632,603	\$515,464	\$0	\$0 \$515,464
3/31/2016	\$640,862	\$793,539	\$0	\$0 \$793,539
12/31/2015	\$551,704	\$560,115	\$0	\$0 \$560,115
9/30/2015	\$743,423	\$804,374	\$0	\$0 \$804,374
6/30/2015	\$681,240	\$858,984	\$0	\$0 \$858,984
3/31/2015	\$599,635	\$870,195	\$0	\$0 \$689,296
12/31/2014	\$719,868	\$871,705	\$0	\$0 \$871,705
9/30/2014	\$510,966	\$758,815	\$0	\$0 \$758,815
6/30/2014	\$551,514	\$675,302	\$0	\$0 \$675,302
3/31/2014	\$540,018	\$590,002	\$0	\$0 \$590,002
12/31/2013	\$528,500	\$520,656	\$0	\$0 \$520,656
9/30/2013	\$608,000	\$472,392	\$0	\$0 \$472,392

**29. Participating Policies** – None.**30. Premium Deficiency Reserves**

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts.

1. Liability carried for premium deficiency reserve:	\$0
2. Date of the most recent evaluation of this liability:	December 31, 2015
3. Was anticipated investment income utilized in the calculation?	YES

**31. Anticipated Salvage Value and Subrogation** – Not applicable.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]   
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[X] No [ ]

2.2 If yes, date of change: 11/03/2016

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: \$ ..... 926,967

**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?

Yes[ ] No[X]

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....	.....	.....
14.22	Preferred Stock .....	.....	.....
14.23	Common Stock .....	.....	.....
14.24	Short-Term Investments .....	.....	.....
14.25	Mortgages Loans on Real Estate .....	.....	.....
14.26	All Other .....	.....	.....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	.....	.....
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

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[ ] 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

\$..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.3 Total payable for securities lending reported on the liability page

\$..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]

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

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

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
FirstMerit Bank .....	Chris Creahan .....	106 S Main St. Akron OH 44308 .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis 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	.....	84.300%
1.2 A&H cost containment percent	.....	0.200%
1.3 A&H expense percent excluding cost containment expenses	.....	14.900%

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]

\$..... 0

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

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>Life and Annuity - Non-affiliates</b>								
21113 .....	13-5459190 .....	01/01/2016 .....	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 .....	142,973,673							142,973,673
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 .....	142,973,673							142,973,673
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. Total (Direct Business) .....	(a) .....	1 .....	142,973,673						142,973,673

**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 .....								

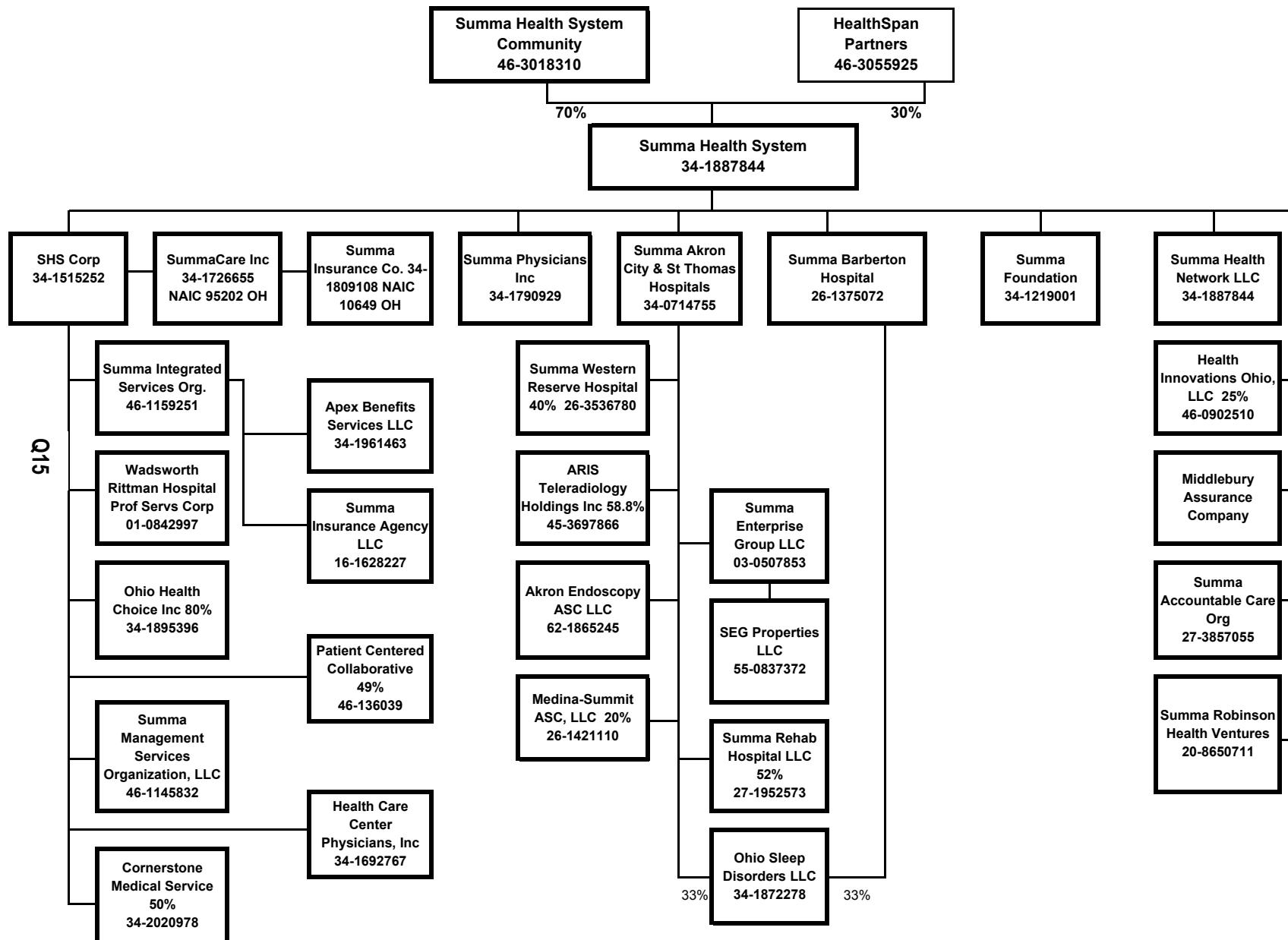
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business 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)	*
3259 ..	SUMMA INSURANCE COMPANY .....	95202	34-1726655 .....				SUMMACARE INC .....	OH ..	UDP ..	SUMMA INSURANCE COMPANY .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
3259 ..	SUMMA INSURANCE COMPANY .....	10649	34-1809108 .....				SUMMA INS CO INC .....	OH ..	RE ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1887844 .....				SUMMA HEALTH SYSTEM .....	OH ..	UIP ..	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1515252 .....				SUMMA HEALTH SYSTEM CORPORATION .....	OH ..	UIP ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	16-1628227 .....				SUMMA INSURANCE AGENCY LLC .....	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341961463 .....				APEX BENEFITS SERVICES LLC .....	OH ..	NIA ..	SUMMA INTEGRATED SERVICES ORGANIZATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1895396 .....				OHIO HEALTH CHOICE .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-2020978 .....				CORNERSTONE MEDICAL SERVICES .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1692767 .....				HEALTH CARE CENTER PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM CORPORATION .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	341790929 .....				SUMMA PHYSICIANS INC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-0714755 .....				SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	34-1219001 .....				SUMMA FOUNDATION .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		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	
		00000	45-3697866 .....				ARIS TELERADIOLOGY .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		00000	62-1865245 .....				AKRON ENDOSCOPY LLC .....	OH ..	NIA ..	SUMMA AKRON CITY AND ST THOMAS HOSPITALS .....	Ownership .....	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	
		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	
		00000	55-0837372 .....				SEG PROPERTIES LLC .....	OH ..	NIA ..	SUMMA ENTERPRISE GROUP LLC .....	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 Company 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 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
Q16.1		00000	27-1952573			SUMMA REHAB HOSPITAL	OH	NIA	SUMMA AKRON CITY ST THOMAS HOSPITAL	Ownership	52.0	SUMMA HEALTH SYSTEM		
		00000	34-1872278			OHIO SLEEP DISORDERS	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	66.7	COMMUNITY / HEALTHSPAN PARTNERS		
		00000	26-1421110			MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	20.0	SUMMA HEALTH SYSTEM		
		00000	34-6549371			SUMMA WADSWORTH-RITTMAN HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	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		
		00000	46-1145832			SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM		
		00000	46-1159251			SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	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				0000001		
		00000	46-3055925			HEALTHSPAN PARTNERS	OH	UIP				0000002		

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

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**RESPONSE**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2016

Document Code: 365

1064920163650003

**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) .....	.....	.....	.....	.....
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. Write off of tax receivable .....	.....	.....	.....	.....
2905. Miscellaneous Income .....	.....	.....	.....	.....
2906. Minority Interest Income (Expense) .....	.....	.....	.....	.....
2907. City Taxes .....	.....	.....	.....	.....
2908. Network Access Fees - Providers .....	.....	.....	.....	.....
2909. Minority Interest Expense .....	.....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....	.....

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

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704. Miscellaneous .....	1	.....	(1)
4705. .....	.....	.....	.....
4706. .....	.....	.....	.....
4707. .....	.....	.....	.....
4708. .....	.....	.....	.....
4709. Retired treasury stock .....	.....	.....	.....
4710. 2008 adjustments to minority interest & federal taxes .....	.....	.....	.....
4711. Common Stock Adjustment .....	.....	.....	.....
4712. Misc. Adjustment .....	.....	.....	.....
4713. Increase par value of common stock .....	.....	.....	.....
4714. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	1	.....	(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 va.....	.....	.....
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 poin.....	.....	.....
9. Total foreign exchange change in book value/recorded inve.....	.....	.....
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 .....	45,808,733	47,175,877
2. Cost of bonds and stocks acquired .....	.....	.....
3. Accrual of discount .....	26,097	40,560
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	15,804	.....
6. Deduct consideration for bonds and stocks disposed of .....	6,703,320	1,330,000
7. Deduct amortization of premium .....	40,345	77,704
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) .....	39,106,969	45,808,733
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	39,106,969	45,808,733

**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) .....	41,129,695	.....	2,000,000	130,382	41,003,948	41,129,695	39,260,077	45,949,548
2. NAIC 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	41,129,695	.....	2,000,000	130,382	41,003,948	41,129,695	39,260,077	45,949,548
<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 .....	41,129,695	.....	2,000,000	130,382	41,003,948	41,129,695	39,260,077	45,949,548

(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 \$.....153,108; 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>	153,108	XXX	153,108	1,440	

**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	140,815	189,309
2. Cost of short-term investments acquired	12,293	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		48,494
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)	153,108	140,815
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	153,108	140,815

**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 g n	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>																							
912828VR8 . U.S. TREASURY NOTE .....	08/15/2016	MATURED .....			XXX .....	XXX .....	500,000	500,000	502,422	500,557		(557)		(557)	(557)	500,000				3,125	08/15/2016	1 .....	
0599999 Subtotal - Bonds - U.S. Governments .....					XXX .....	XXX .....	500,000	500,000	502,422	500,557		(557)		(557)	(557)	500,000				3,125	.. XXX .	.. XXX .	
8399997 Subtotal - Bonds - Part 4 .....					XXX .....	XXX .....	500,000	500,000	502,422	500,557		(557)		(557)	(557)	500,000				3,125	.. 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 .....	XXX .....	500,000	500,000	502,422	500,557		(557)		(557)	(557)	500,000					3,125	.. 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 .	
9999999 Total - Bonds, Preferred and Common Stocks .....					XXX .....	XXX .....	500,000	XXX .....	502,422	500,557		(557)		(557)	(557)	500,000					3,125	XXX ..	.. XXX .

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

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

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

**E08 Schedule DB Part D Section 1 .....** **NONE**

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

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

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

**E11 Schedule DL - Part 2 - Securities Lending Collateral Assets .....** **NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
First Merit Bank .....	Akron, Ohio .....						4,436,510	8,978,269	6,653,271	XXX
First Merit Bank Money Market	Akron, Ohio .....			0.150			569,114	569,161	569,206	XXX
First Merit Bank - Middlebury .....	Akron, Ohio .....									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 ..			5,005,624	9,547,430	7,222,477	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 ..			5,005,624	9,547,430	7,222,477	XXX
0499999 Cash in Company's Office .....			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash .....			XXX	XXX ..			5,005,624	9,547,430	7,222,477	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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