



QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Web Site Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
	hallroy@summacare.com (E-Mail Address)		(330)996-8553 (Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Brian Keith Derrick	Treasurer
Robert Stephen Paskowski	Interim President #

OTHERS

Anne Armao, VP - Marketing and Product Development  
James Loveless, VP - Individual Product Line  
Charles Zonfa M.D., Chief Medical Officer #  
Stephen Adamson, VP - Client Services #

Kevin Cavalier, VP - Sales  
Donald Novosel, VP - Contracting & Network Development  
Dennis Pijor, VP - Finance, CFO

Keith Johnson, VP - Third Party Administrator  
Annette Ruby, VP - Health Services Management  
Robert Paskowski, Interim President #

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.  
Erik Newman Steele D.O.  
Rajiv Vishnu Taliwal M.D.  
Brian Keith Derrick  
Robert Stephen Paskowski #

Thomas Anthony Malone M.D.  
Kathleen Tirbovich Geier  
James Ross McIlvaine  
Benjamin Paul Sutton

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
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	38,180,363		38,180,363	35,850,864
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	25,578,847		25,578,847	24,382,361
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 (\$.....37,244,534), cash equivalents (\$.....0) and short-term investments (\$.....587,335) .....	37,831,869		37,831,869	9,988,368
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) .....	101,591,079		101,591,079	70,221,593
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	170,086		170,086	131,295
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	293,778	164,436	129,342	3,604,352
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 .....				182,734
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....	134,429	134,429		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	75,525		75,525	10,803,770
24.	Health care (\$.....4,849,851) and other amounts receivable .....	6,476,859	1,627,008	4,849,851	5,640,833
25.	Aggregate write-ins for other-than-invested assets .....	1,257,477	1,257,477		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	109,999,233	3,183,350	106,815,883	90,584,577
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	109,999,233	3,183,350	106,815,883	90,584,577
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid assets .....	1,257,477	1,257,477		
2502.	Deposits .....				
2503.	Pharmacy Rebates .....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,257,477	1,257,477		

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	22,818,865		22,818,865	27,746,154
2.	Accrued medical incentive pool and bonus amounts .....				58,703
3.	Unpaid claims adjustment expenses .....	598,542		598,542	601,387
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 .....	23,002,852		23,002,852	653,480
9.	General expenses due or accrued .....	4,951,927		4,951,927	4,573,732
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	925,896		925,896	925,896
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 .....	336,160		336,160	866,670
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	2,593,120		2,593,120	3,585,127
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) .....	55,227,362		55,227,362	39,011,149
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	50,084,767	50,084,767
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	1,503,754	1,488,661
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	51,588,521	51,573,428
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	106,815,883	90,584,577
DETAILS OF WRITE-INS					
2301.	Payroll liability .....				
2302.	Other accrued liabilities .....				
2303.	Medicaid Pharmacy Reserve .....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	216,965	242,426	321,810
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	186,593,798	203,858,540	271,370,208
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....	113,998	58,736	78,341
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	186,707,796	203,917,276	271,448,549
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		142,204,171	165,353,741	221,697,120
10.	Other professional services .....				
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....				
13.	Prescription drugs .....		18,845,696	20,866,751	24,570,537
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....			14,626	(6,671)
16.	Subtotal (Lines 9 to 15) .....		161,049,867	186,235,118	246,260,986
<b>Less:</b>					
17.	Net reinsurance recoveries .....		20,721	205,291	367,625
18.	Total hospital and medical (Lines 16 minus 17) .....		161,029,146	186,029,827	245,893,361
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....625,060 cost containment expenses .....		3,168,752	3,184,763	4,245,082
21.	General administrative expenses .....		23,986,251	17,392,930	25,979,889
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) .....		188,184,149	206,607,520	276,118,332
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(1,476,353)	(2,690,244)	(4,669,783)
25.	Net investment income earned .....		358,990	406,554	538,127
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		358,990	406,554	538,127
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 .....		18,115	10,028	23,944
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	(1,099,248)	(2,273,662)	(4,107,712)
31.	Federal and foreign income taxes incurred .....	X X X .....			1,046,089
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(1,099,248)	(2,273,662)	(5,153,801)
<b>DETAILS OF WRITE-INS</b>					
0601.	Administrative Services Revenue .....	X X X .....	113,998	58,736	78,341
0602.	Misc income received from prior year taxes .....	X X X .....			
0603.	Gain/loss on disposal of asset .....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....	113,998	58,736	78,341
0701.	Proceeds from the Sale of the Medicaid Product Line .....	X X X .....			
0702.	Miscellaneous Income .....	X X X .....			
0703.	Miscellaneous Revenue .....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	Rental Revenue .....		18,115	10,028	
2902.	Miscellaneous Income .....				23,944
2903.	City Income Taxes .....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		18,115	10,028	23,944

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

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	51,573,428	42,760,634	42,760,634
34.	Net income or (loss) from Line 32 .....	(1,099,248)	(2,273,662)	(5,153,801)
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	1,196,486	(2,715,543)	(7,076,729)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....		(1,426,202)	(1,426,202)
39.	Change in nonadmitted assets .....	(82,145)	(543,861)	401,991
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....		10,000,000	20,000,000
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....			2,067,535
48.	Net change in capital and surplus (Lines 34 to 47) .....	15,093	3,040,732	8,812,794
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	51,588,521	45,801,366	51,573,428
<b>DETAILS OF WRITE-INS</b>				
4701.	Change in Minimum Pension Liability - Unrestricted Funds .....			255,228
4702.	Gain on sale of bonds .....			
4703.	Federal income tax adjustment .....			
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			1,812,307
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			2,067,535

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	212,418,180	203,874,378	267,572,097
2.	Net investment income .....	315,330	362,722	518,712
3.	Miscellaneous income .....	132,113	58,736	78,341
4.	TOTAL (Lines 1 to 3) .....	212,865,623	204,295,836	268,169,150
5.	Benefit and loss related payments .....	165,832,404	186,435,798	249,121,235
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	26,779,653	20,933,507	31,404,964
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		72,990	193,183
10.	TOTAL (Lines 5 through 9) .....	192,612,057	207,442,295	280,719,382
11.	Net cash from operations (Line 4 minus Line 10) .....	20,253,566	(3,146,459)	(12,550,232)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	2,500,000	4,600,000	6,600,000
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	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	2,500,000	4,600,000	6,600,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	4,824,630		3,058,825
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	4,824,630		3,058,825
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(2,324,630)	4,600,000	3,541,175
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....		10,000,000	20,000,000
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	9,914,565	(627,462)	(6,358,938)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	9,914,565	9,372,538	13,641,062
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	27,843,501	10,826,079	4,632,005
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	9,988,368	5,356,363	5,356,363
19.2	End of period (Line 18 plus Line 19.1) .....	37,831,869	16,182,442	9,988,368

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

20.0001				
---------	--	--	--	--

**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 .....	26,419							26,419		
2. First Quarter .....	24,201							24,201		
3. Second Quarter .....	23,917							23,917		
4. Third Quarter .....	23,871							23,871		
5. Current Year .....										
6. Current Year Member Months .....	216,965							216,965		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	73,176							73,176		
8. Non-Physician .....	106,294							106,294		
9. Total .....	179,470							179,470		
10. Hospital Patient Days Incurred .....	259,054							259,054		
11. Number of Inpatient Admissions .....	5,916							5,916		
12. Health Premiums Written (a) .....	188,639,018							188,639,018		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	188,639,018							188,639,018		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	166,035,859							166,035,859		
18. Amount Incurred for Provision of Health Care Services .....	161,049,867							161,049,867		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....188,639,018.

**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 .....	15,805,865	3,267,000	1,336,000	764,000	1,646,000	22,818,865
0499999 Subtotals .....	15,805,865	3,267,000	1,336,000	764,000	1,646,000	22,818,865
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						22,818,865
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		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....						
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....	24,661,000	141,295,435	210,000	22,608,865	24,871,000	27,746,154
7.	Title XIX - Medicaid .....						
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	24,661,000	141,295,435	210,000	22,608,865	24,871,000	27,746,154
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	58,703				58,703	58,703
13.	Totals (Lines 9 - 10 + 11 + 12) .....	24,719,703	141,295,435	210,000	22,608,865	24,929,703	27,804,857

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of 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 monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material.

	State of Domicile	Sep-16	Dec-15
<b>Net Income</b>			
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	OH	(1,099,248)	(5,153,801)
2) State Prescribed Practices that increase / (decrease) NAIC SAP:	OH	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
4) NAIC SAP	OH	(1,099,248)	(5,153,801)
<b>Surplus</b>			
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	OH	51,588,521	51,573,428
6) State Prescribed Practices that increase / (decrease) NAIC SAP:	OH	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	OH	-	-
8) NAIC SAP	OH	51,588,521	51,573,428

B. Use of Estimates

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

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Cash and Short-Term Investments  
Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.
- 2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- 3) Common stocks – See number seven, investments in subsidiaries, controlled and affiliated entities.
- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company’s investment in SIC is classified as common stock on the Assets page.
- 8) Investments in joint ventures, partnerships and limited liability companies – None.
- 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.
- 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.

# Notes to Financial Statement

- 11) The cost of healthcare services is recognized in the period in which services are provided. Healthcare expenses also include an estimate of the cost of services provided to the Company’s members by third party providers, which have been incurred but not reported to the Company. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid are dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.
  
- 12) The Company’s capitalization policy and predefined thresholds have not changed from the prior period.
  
- 13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by three (three quarters).

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

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

**A. Accounting Changes** – None.

**B. Corrections of Errors**

In 2015, it was determined that the amount of Medicare Advantage risk-share receivable was incorrect in 2014. In 2014, premium revenue (Statement of Revenue and Expenses, line 2) was understated by \$1,812,307 and uncollected premiums (Assets page, line 15.1) were understated by \$1,812,307. This correction caused an increase to unassigned funds of \$1,812,307 in 2015.

**3. Business Combinations and Goodwill**

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

**B. Statutory Merger** – None.

**C. Assumption Reinsurance** – None.

**D. Impairment Loss** – None.

**4. Discontinued Operations** – None.

**5. Investments**

- A.** Mortgage Loans – None.
- B.** Debt Restructuring – None.
- C.** Reverse Mortgages – None.
- D.** Loan backed securities – None.
- E.** Repurchase agreements – None.
- F.** Real Estate – None.
- G.** Investments in low-income housing tax credits – None.
- H.** Restricted Assets

**Notes to Financial Statement**

	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0
b. Collateral held under security lending agreement:	\$0	\$0	\$0	\$0	\$0	\$0
c. Subject to repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
d. Subject to reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
e. Subject to dollar repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
g. Placed under option contracts	\$0	\$0	\$0	\$0	0.000	0.000
h. Letter stock or securities restricted as to sale	\$0	\$0	\$0	\$0	0.000	0.000
i. FHLB capital stock	\$0	\$0	\$0	\$0	0.000	0.000
j. On deposit with states	\$425,878	\$418,987	\$6,891	\$425,878	0.490	0.511
k. On deposit with other regulatory bodies	\$0	\$0	\$0	\$0	0.000	0.000
l. Pledged as collateral to FHLB	\$0	\$0	\$0	\$0	0.000	0.000
m. Pledged as collateral not captured in other categories	\$0	\$0	\$0	\$0	0.000	0.000
n. Other restricted assets						
o. Total restricted assets	\$425,878	\$418,987	\$6,891	\$425,878	0.490	0.511

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

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

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

**7. Investment Income**

- A.** The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.
- B.** Total amount excluded - None

**8. Derivative Instruments** – None.

**9. Income Taxes**

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

Notes to Financial Statement

1.
- (a) Gross Deferred Tax Assets

(b) Statutory Valuation Allowance Adjustments

(c) Adjusted Gross DTA's (1a-1b)

(d) DTA's Nonadmitted

(e) Subtotal Net DTA's (1c-1d)

(f) Deferred Tax Liabilities

(g) Net Admitted DTA / Net DTL (1e-1f)
2.
- Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.

(b) Adjusted Gross DTA's Expected to be Realized ( Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below)

1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.

2. Adjusted Gross DTA's Allowed Per Limitation Threshold.

(c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.

(d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))
3.
- (a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.

9/30/2016			12/31/2015			Change		
Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
\$5,036,268	\$0	\$5,036,268	\$4,637,323	\$0	\$4,637,323	\$398,944	\$0	\$398,944
\$3,526,340	\$0	\$3,526,340	\$3,127,395	\$0	\$3,127,395	\$398,945	\$0	\$398,945
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928	(\$0)	\$0	(\$0)
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928	(\$0)	\$0	(\$0)
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928	(\$0)	\$0	(\$0)
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
XXX	XXX	\$7,738,278	XXX	XXX	\$7,736,014	XXX	XXX	\$2,264
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928	(\$0)	\$0	(\$0)
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928	(\$0)	\$0	(\$0)
2016	2015							
375%	375%							
\$51,588,521	\$51,573,428							

9/30/2016			12/31/2015		
Ordinary	Capital	Total	Ordinary	Capital	Total
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928
0%	0%	0%	0%	0%	0%
\$1,509,928	\$0	\$1,509,928	\$1,509,928	\$0	\$1,509,928
0%	0%	0%	0%	0%	0%
Gross DTA's because of tax planning.					
Yes	No	X			

B. Regarding deferred tax liabilities not recognized – None.

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

Notes to Financial Statement

	9/30/2016	12/31/2015	Change
1. Current Income Tax			
(a) Federal	\$0	\$1,046,089	(\$1,046,089)
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	\$0	\$1,046,089	(\$1,046,089)
(d) Federal Income Tax on Net Capital Gains	\$0	\$0	\$0
(e) Utilization of Capital Loss Carry Forwards	\$0	\$0	\$0
(f) Other	\$0	\$0	\$0
(g) Federal and Foreign Income Taxes Incurred	\$0	\$1,046,089	(\$1,046,089)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$58,868	\$71,581	(\$12,713)
(2) Unearned Premium Reserve	\$1,564,194	\$44,437	\$1,519,758
(3) Policyholder Reserves	\$125,865	\$125,865	(\$0)
(4) Investments	\$80,136	\$80,136	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$276,197	\$303,693	(\$27,496)
(8) Compensation and Benefits Accrual	\$0	\$0	\$0
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$1,036,633	\$984,439	\$52,194
(11) Net Operating Loss Carry-Forward	\$1,024,980	\$1,994,036	(\$969,056)
(12) Tax Credits	\$0	\$0	\$0
(13) Other	\$869,394	\$1,033,137	(\$163,742)
Subtotal	\$5,036,268	\$4,637,323	\$398,945
(b) Statutory Valuation Allowance (Ordinary)	\$3,526,340	\$3,127,395	\$398,945
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$1,509,928	\$1,509,928	\$0
(e) Capital			
(1) Investments	\$0	\$0	\$0
(2) Net Capital Loss Carry-Forward	\$0	\$0	\$0
(3) Unrealized Gains/Losses	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(f) Statutory Valuation Allowance Adjustment (Capita	\$0	\$0	\$0
(g) Nonadmitted	\$0	\$0	\$0
(h) Admitted Capital Deferred Tax Assets	\$0	\$0	\$0
(i) Admitted Deferred Tax Assets	\$1,509,928	\$1,509,928	\$0
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$1,181,538	\$1,181,538	\$0
(4) Policyholder Reserves	0	\$0	\$0
(5) Other	\$328,390	\$328,390	(\$0)
Subtotal	\$1,509,928	\$1,509,928	(\$0)
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(c) Deferred Tax Liabilities	\$1,509,928	\$1,509,928	(\$0)
4. Net Deferred Tax Assets / Liabilities	\$0	(\$0)	\$0

D. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	September 30, 2016	Effective Tax Rate
Provision computed at statutory rate	(\$373,744)	34.0%
Permanent Adjustments	\$2,728	-0.2%
Change in valuation allowance	\$398,945	-36.3%
Change in nonadmitted assets	(\$27,929)	2.5%
Total statutory income taxes incurred	\$0	0.0%
Federal income taxes incurred	\$0	0.0%
Change in net deferred income taxes	\$0	0.0%
Total statutory income taxes	\$0	0.0%

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

**Notes to Financial Statement**

- 1. The company has \$3,014,648 in net operating loss carry-forwards as of September 30, 2016.
- 2. There are no income taxes available for recoupment in the event of future net losses.
- 3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of 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**

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

Other affiliated organizations of SummaCare include Summa Health System Community, HealthSpan Partners, Summa Health System (SHS), Summa Akron City & St. Thomas Hospitals (SACH/STH), Summa Health Network LLC (SHN), Apex Benefits Services, LLC (Apex), Summa Insurance Agency, LLC (SIA), Summa Barberton Hospital (BCH), Wadsworth-Rittman Professional Services Corporation, Summa Physicians, Inc. (SPI), Summa Foundation, Health Care Center Physicians Inc. (HCCP), Middlebury Assurance Corp. (MAC), Summa Enterprise Group (SEG), Summa Enterprise Group Properties (SEG Properties), Summa Rehabilitation Hospital, LLC, Ohio Health Choice, Inc. (OHC), Cornerstone Medical Services (Cornerstone), ARIS Teleradiology LLC (ARIS), Summa Western Reserve Hospital (SWRH), Ohio Sleep Disorders, Summa Accountable Care Organization (ACO), Akron Endoscopy Associates (Akron Endoscopy) Summa Integrated Services Organization (SISO), Summa Management Services Organization (SMSO), Patient Centered Collaborative, Health Innovations Ohio, LLC, and Medina-Summit ASC, LLC, Summa Robinson Health Ventures.

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

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

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

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

	<u>2016</u>	<u>2015</u>
Claims expense related to affiliated entities:		
SACH/STH	\$ 39,202,298	55,863,642
SPI	5,210,539	9,219,326
BCH	17,896	5,005,839
ACO	835,255	1,519,788
Management fees charged to OHC	3,275	1,163
Management fees charged to SHN	56,696	77,178
Management fees charged to ACO	54,027	—
Management fees charged from SMSO	13,824,281	12,831,028
Management fees charged from Apex	866,250	1,167,496
Corporate expense allocation paid to SHS	324,017	585,666

In 2015, SC received a \$10 million capital contribution from its parent, SHSC. The Company received an additional \$10,000,000 capital contribution from SHSC in February 2016. This contribution was recorded as a

**Notes to Financial Statement**

Type 1 subsequent event on the December 31, 2015 annual statement in accordance with SSAP 72 Surplus and Quasi-Reorganizations (see footnote 22).

**E.** The balances outstanding with affiliated entities as of September 30, 2016 and December 31, 2015 are as follows:

	<u>Due from</u>		<u>Due to</u>	
	<u>2016</u>	<u>2015</u>	<u>2016</u>	<u>2015</u>
SHN	\$ —	—	—	2,792
SIC	—	—	926,967	1,403,870
SACH / STH	—	—	337,268	446,204
OHC	20	20	—	—
Apex	75,475	803,750	—	—
SMSO	—	—	1,328,885	1,537,860
SHSC	—	10,000,000	—	—
SIA	30	—	—	—
ACO	—	—	—	194,401
	<u>\$ 75,525</u>	<u>10,803,770</u>	<u>2,593,120</u>	<u>3,585,127</u>

**F.** Guarantees or undertakings – None.

**G.** 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. The Company recognized expense of \$13,824,281 and \$12,831,028 in 2016 and 2015, respectively.

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

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

**J.** Investments in SCA Entities

As of September 30 31, 2016, the Company owned 100% of the common stock of SIC, whose carrying value is exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net losses of SIC as of September 30, 2016 were:

Assets - \$55,040,456  
Liabilities - \$29,461,609  
Net Income - \$1,186,021

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

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

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

**11. Debt**

SC has no debt as of September 30, 2016.

**12. Retirement Plans**

**A.** Defined Benefit Plan - None.

**B.** A narrative description of investment policy and strategies – Not applicable.

**C.** The fair value of each class of plan asset – Not applicable.

**D.** A narrative description of the basis used to determine the long-term rate of return – Not applicable.

**E.** Defined Contribution Plan – None.

**A.** Multiemployer Plan – None.

**B.** Consolidated / Holding Company Plan – None.



- C. Postemployment Benefits and Compensated Absences – None.
- D. Impact of Medicare Modernization Act on Postretirement Benefits – None.

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

- 1.) SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of September 30, 2016 and December 31, 2015 is SHSC.
- 2.) Dividends rate, liquidation value – Not applicable.
- 3.) Dividend Restrictions – Not applicable.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) Portion of reporting entity’s profits that can be paid as ordinary dividends – Not applicable.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocals - None.
- 8.) Stock held by the Company for special purposes – None.
- 9.) Special surplus funds – None.
- 10.) The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values – \$3,183,350

Unrealized Gains (Losses) – \$755,099
- 11.) Surplus notes – None.
- 12.) Restatement in a quasi-reorganization – Not applicable
- 13.) Quasi-reorganization – Not applicable.

14. Contingencies

- A. Contingent commitments – None.
- B. Assessments – None
- C. Gain contingencies – None.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.
- E. All other contingencies – None.

15. Leases

A. Lessee Leasing Arrangements.

- 1.) The company leases its facility under a noncancelable operating lease which expires during 2016. Rent expense was approximately \$1,121,139 as of September 30, 2016 and was \$1,114,661 for year ending December 31, 2015.
- 2.) Future minimum payments under noncancelable operating leases are as follows:

Year ended December 31:	
2016	1,370,278
Total minimum future commitment	\$ <u><u>1,370,278</u></u>

**Notes to Financial Statement**

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

**B. Lessor Leasing Arrangements - None**

**16. Information Regarding Off-Balance Sheet Risk – Not Applicable.**

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

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

**19. Direct Premium Written / Produced by Managing General Agents / Third Party Administrators – Not Applicable.**

**20. Fair Value Measurement – The Company does not have any financial instruments carried at fair value.**

**21. Other Items**

**C. Extraordinary Items – None.**

**D. Troubled Debt Restructuring – None.**

**E. Other Disclosures and Unusual Items – None.**

**F. Business Interruption Insurance Recoveries – None.**

**G. State Transferable and Non-transferable Tax Credits – None.**

**H. Subprime Mortgage Related Exposure – None.**

**I. Retained Assets – None.**

**22. Events Subsequent**

**Type I – Recognized Subsequent Events**

The following event was recognized on statutory statements for the period ending December 31, 2015.

In February 2016, SC received a \$10,000,000 capital contribution from its parent, SHSC. The Company received permission from the Ohio Department of Insurance to admit this as gross paid in and contributed surplus (Liabilities, Capital and Surplus page, line 28) and a corresponding receivable from parent (Assets page, line 23) as of December 31, 2015 according to SSAP 72 Surplus and Quasi-Reorganizations.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

Section 1 – General Interrogatories

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

If yes, give full details.

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

**Notes to Financial Statement**

directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( )    No (X)

If yes, give full details.

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

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

Yes ( )    No (X)

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

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

Yes ( )    No (X)

If yes, give full details.

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

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

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

Yes ( )    No (X)

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

**B. Uncollectible Reinsurance – None.**

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

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

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

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

Activity in claims unpaid is summarized as follows:

**Notes to Financial Statement**

	<u>2016</u>	<u>2015</u>
Balance at January 1	\$ <u>27,746,154</u>	<u>30,744,997</u>
Incurring related to:		
Current year	163,904,300	246,144,027
Prior years	<u>(2,875,154)</u>	<u>(243,995)</u>
Total	<u>161,029,146</u>	<u>245,900,032</u>
Paid related to:		
Current year	141,295,435	218,428,873
Prior years	<u>24,661,000</u>	<u>30,470,002</u>
Total	<u>165,956,435</u>	<u>248,898,875</u>
Balance at End of Period	\$ <u><u>22,818,865</u></u>	<u><u>27,746,154</u></u>

Reserves as of December 31, 2015 were \$27,746,154. As of September 30, 2016, \$24,661,000 has been paid for incurred claims attributable to insured events of prior years. There is \$210,000 in reserves remaining for prior years as of September 30, 2016. Therefore, there has been \$2,875,154 in favorable development since December 31, 2015 to September 30, 2016. This favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements** – None.

**27. Structured Settlements** – None.

**28. Healthcare Receivables**

The company receives pharmacy rebates on a quarterly basis. As of September 30, 2016, a receivable was recorded equal to two quarters of rebates. For quarter ending September 30, 2016, pharmacy rebates receivable were estimated by multiplying the most recent rebate received by two (two quarters). Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

<u>Quarter</u>	<u>Estimated Pharmacy Rebates as Reported on Financial Statements</u>	<u>Pharmacy Rebates as Billed or Otherwise Confirmed</u>	<u>Actual Rebates Received Within 90 Days of Billing</u>	<u>Actual Rebates Received Within 91 to 180 Days of Billing</u>	<u>Actual Rebates Received More Than 180 Days After Billing</u>
9/30/2016	\$2,710,344	\$0	\$0	\$0	\$0
6/30/2016	\$2,306,363	\$2,205,520	\$0	\$0	\$2,205,520
3/31/2016	\$2,441,355	\$3,406,170	\$0	\$0	\$3,406,170
12/31/2015	\$2,738,381	\$3,664,230	\$0	\$0	\$3,664,230
9/30/2015	\$2,487,283	\$3,884,442	\$0	\$0	\$3,884,442
6/30/2015	\$1,671,800	\$3,531,595	\$0	\$0	\$3,531,595
3/31/2015	\$1,426,259	\$3,094,041	\$0	\$0	\$3,094,041
12/31/2014	\$1,601,646	\$2,466,689	\$0	\$0	\$2,466,689
9/30/2014	\$1,944,155	\$2,433,613	\$0	\$0	\$2,433,613
6/30/2014	\$1,680,029	\$2,244,717	\$0	\$0	\$2,244,717
3/31/2014	\$1,536,507	\$2,144,643	\$0	\$0	\$2,144,643
12/31/2013	\$1,700,000	\$1,982,004	\$0	\$0	\$1,982,004
9/30/2013	\$1,000,000	\$1,318,428	\$0	\$0	\$1,318,428

**29. Participating Policies** – None.

**30. Premium Deficiency Reserves**

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company’s method of acquiring, servicing and measuring the profitability of such contracts. There were no premium deficiency reserves recorded as of September 30, 2016 and December 31, 2015, respectively.

**Notes to Financial Statement**

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[X] No[ ]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[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	2	3
Name of Entity	NAIC Company Code	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?

If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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?

(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.

Yes[X] No[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$ 0

**GENERAL INTERROGATORIES (Continued)**

**INVESTMENT**

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes☒ No☐

	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 .....	24,382,361	25,578,847
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) .....	24,382,361	25,578,847
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes☐ No☒  
Yes☐ No☐ N/A☒

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

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

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

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

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

Yes☒ No☐

1 Name of Custodian(s)	2 Custodian Address
FirstMerit Trust .....	106 South Main Street, Akron, OH 44308 .....

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

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

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

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

Yes☐ No☒

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

Yes☒ No☐

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	86.600%
1.2 A&H cost containment percent	0.300%
1.3 A&H expense percent excluding cost containment expenses	14.200%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0



**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>								
21113 .....	13-5459190 .....	01/01/2016 .....	UNITED STATES FIRE INS CO .....	DE .....	SS/A/I .....	Authorized .....		

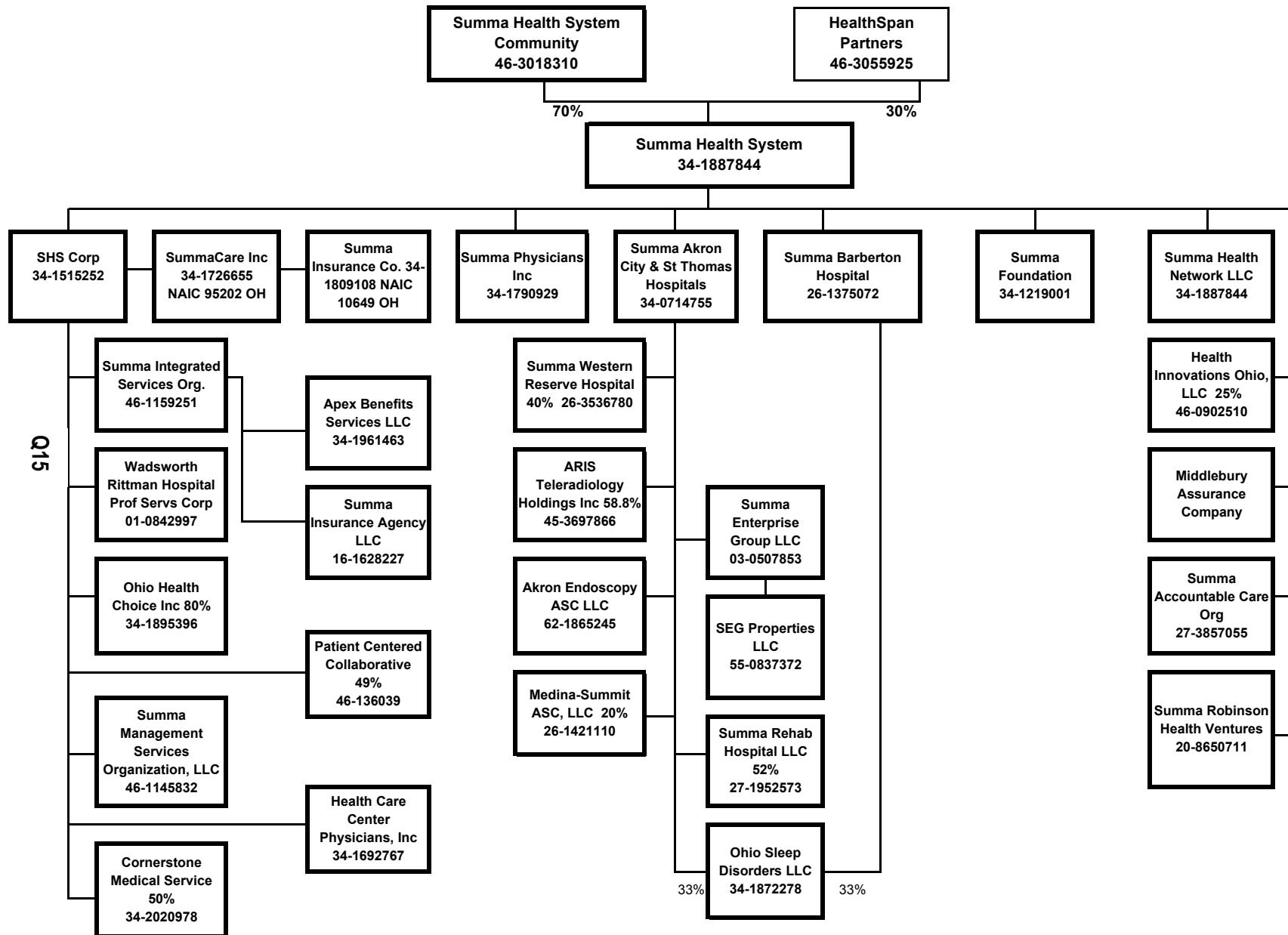
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	N								
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	L		188,639,018					188,639,018	
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CAN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X		188,639,018					188,639,018	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1		188,639,018					188,639,018	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X								

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

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

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Q16

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing 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	00000	34-1887844				SUMMA HEALH SYSTEM	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership		SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA INSURANCE COMPANY	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	01-0842997				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-0714755				SUMMA AKRON CITY ANS ST THOMAS HOSPITALS	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	26-3536780				SUMMA WESTERN RESERVE HOSPITAL	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	40.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	45-3697866				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	58.8	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	62-1865245				AKRON ENDOSCOPY LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	
		00000	03-0507853				SUMMA ENTERPRISE GROUP LLC	OH	NIA	SUMMA AKRON CITY AND ST THOMAS HOSPITALS	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Q16.1

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



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	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	X X X .....	.....	.....	.....
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X .....	.....	.....	.....
0704. Proceeds from the Sale of the Medicaid Product Line .....	X X X .....	.....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....	X X X .....	.....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....	.....
2904. Minority Interest Income (Expense) .....	.....	.....	.....	.....
2905. City Taxes .....	.....	.....	.....	.....
2906. Network Access Fees - Providers .....	.....	.....	.....	.....
2907. Minority Interest Expense .....	.....	.....	.....	.....
2908. Rental Revenue .....	.....	.....	.....	.....
2909. City Income Taxes .....	.....	.....	.....	.....
2910. Write off of tax receivable .....	.....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1  Current Year To Date	2  Prior Year To Date	3  Prior Year Ended December 31
4704. 2014 CMS Revenue Reconciliation .....	.....	.....	..... 1,812,307
4705. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4706. Misc. Adjustment .....	.....	.....	.....
4707. Increase par value of common stock .....	.....	.....	.....
4708. Correction of an error - 2006 Premium Taxes .....	.....	.....	.....
4709. Change in Minimum Pension Liability - Unrestricted Funds .....	.....	.....	.....
4710. Adjustments to 2008 financial statements .....	.....	.....	.....
4711. True up adjustment related to Deferred Tax .....	.....	.....	.....
4712. Miscellaneous .....	.....	.....	.....
4713. Capital contribution made to Summa Insurance Company .....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....	..... 1,812,307

STATEMENT AS OF **September 30, 2016** OF THE **SummaCare, Inc.**

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....		
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	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	60,233,225	70,815,369
2.	Cost of bonds and stocks acquired .....	4,824,630	3,058,825
3.	Accrual of discount .....	35,452	55,341
4.	Unrealized valuation increase (decrease) .....	1,196,486	(7,076,729)
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration for bonds and stocks disposed of .....	2,500,000	6,600,000
7.	Deduct amortization of premium .....	30,583	19,581
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) .....	63,759,210	60,233,225
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	63,759,210	60,233,225



**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) .....	38,633,321			134,377	38,441,944	38,633,321	38,767,698	38,301,212
2.	NAIC 2 (a) .....								
3.	NAIC 3 (a) .....								
4.	NAIC 4 (a) .....								
5.	NAIC 5 (a) .....								
6.	NAIC 6 (a) .....								
7.	Total Bonds .....	38,633,321			134,377	38,441,944	38,633,321	38,767,698	38,301,212
<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 .....	38,633,321			134,377	38,441,944	38,633,321	38,767,698	38,301,212

(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 \$.....587,335; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1**

**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2  Par Value	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
9199999. Totals .....	587,335	X X X	587,335	1,011	

**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 .....	2,450,348	198,792
2.	Cost of short-term investments acquired .....		2,251,556
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	1,863,013	
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) .....	587,335	2,450,348
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	587,335	2,450,348

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

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
912828L32 ...	U.S. TREASURY NOTE .....		.. 07/21/2016 ..	FIRSTMERIT BANK .....	..... X X X .....	..... 506,542 .....	..... 500,000 .....	..... 2,672 .....	1 .....
912828S27 ..	U.S. TREASURY NOTE .....		.. 07/21/2016 ..	FIRSTMERIT BANK .....	..... X X X .....	..... 1,000,000 .....	..... 1,000,000 .....	..... 642 .....	1 .....
912828SV3 ..	U.S. TREASURY NOTE .....		.. 07/21/2016 ..	FIRSTMERIT BANK .....	..... X X X .....	..... 1,027,250 .....	..... 1,000,000 .....	..... 3,186 .....	1 .....
0599999	Subtotal - Bonds - U.S. Governments .....				..... X X X .....	..... 2,533,792 .....	..... 2,500,000 .....	..... 6,500 .....	..... X X X .....
8399997	Subtotal - Bonds - Part 3 .....				..... X X X .....	..... 2,533,792 .....	..... 2,500,000 .....	..... 6,500 .....	..... X X X .....
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....
8399999	Subtotal - Bonds .....				..... X X X .....	..... 2,533,792 .....	..... 2,500,000 .....	..... 6,500 .....	..... X X X .....
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....
9899999	Subtotal - Preferred and Common Stocks .....				..... X X X .....	..... .....	..... X X X .....	..... .....	..... X X X .....
9999999	Total - Bonds, Preferred and Common Stocks .....				..... X X X .....	..... 2,533,792 .....	..... X X X .....	..... 6,500 .....	..... X X X .....

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

**E05 Schedule D Part 4 ..... NONE**

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

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

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

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

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

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

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

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	During Current Quarter			*
							6	7	8	
							First Month	Second Month	Third Month	
open depositories										
First Merit - General Operating	Akron, Ohio						9,174,266	11,883,536	30,623,811	X X X
First Merit - Middlebury	Akron, Ohio									X X X
FirstMerit - Cleveland Clinic	Akron, Ohio									X X X
First Merit - 401k Plan	Akron, Ohio									X X X
SummaCare - Petty Cash	Akron, Ohio						300	300	300	X X X
FirstMerit - CFGH	Akron, Ohio									X X X
FirstMerit - Bridgestone	Akron, Ohio									X X X
FirstMerit - APS	Akron, Ohio								29,668	X X X
FirstMerit - Goodyear	Akron, Ohio									X X X
FirstMerit - SHS	Akron, Ohio						(632)	761		X X X
FirstMerit - WRH	Akron, Ohio									X X X
FirstMerit - BCH	Akron, Ohio									X X X
FirstMerit - Medical Reimbursement	Akron, Ohio									X X X
FirstMerit - Money Market	Akron, Ohio			0.150			6,589,108	6,589,945	6,590,755	X X X
FirstMerit - SWRH	Akron, OH						580			X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			15,763,622	18,474,542	37,244,534	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			15,763,622	18,474,542	37,244,534	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			15,763,622	18,474,542	37,244,534	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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



**INDEX TO HEALTH  
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

    Realized; Q4

    Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

    Accrued; Q2

    Earned; Q2; QSI03

    Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH  
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

- Advance; Q3
- Collected; Q6
- Deferred; Q2
- Direct; Q7; Q13
- Earned; Q7
- Retrospective; Q2
- Uncollected; Q2
- Unearned; Q4
- Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

- Ceded; Q3; Q12
- Funds Held; Q2
- Payable; Q3
- Premiums; Q3
- Receivable; Q2; Q4
- Unauthorized; Q3; Q5

Reserves

- Accident and Health; Q3; Q4
- Claim; Q3; Q5; Q8
- Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8