

Amended Explanation Page

SummaCare, Inc.
Amended Cover Page
12/31/16

SummaCare, Inc. has amended the 12/31/16 Annual Statement to reflect changes that resulted from the NAIC Financial Reporting & Analysis Data Validation. Specifically, changes were made to the following schedules:

- 26, Notes to the Financial Statement, 1A
- 29
- E12
- E16
- RBC, XR004, Common stock



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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 | OH | | |
| 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 Website 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
Dennis Pijor, VP - Finance, CFO

Kevin Cavalier, VP - Sales
Donald Novosel, VP - Contracting & Network Development
Robert Paskowski, Interim President #

Keith Johnson, VP - Third Party Administrator
Charles Zonfa M.D., Chief Medical Officer #
Stephen Adamson, VP - Client Services #

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Kathleen Tirbovich Geier
James Ross McIlvaine
Benjamin Paul Sutton
Steven Aaron Eisenberg #
Russell Floyd Mohawk #

Thomas Anthony Malone M.D.
Rajiv Vishnu Taliwal M.D.
Brian Keith Derrick
Robert Stephen Paskowski #
Henry Leigh Gerstenberger #
Caroline Fisher Pearson #

State of Ohio
County of Summit ss

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

| | | |
|----------------------------------|--|--|
| (Signature) Dennis Dale Pijor | (Signature) Michael Anthony O'Neill | (Signature) Stephen Michael Adamson |
| (Printed Name) 1. | (Printed Name) 2. | (Printed Name) 3. |
| President | Chief Financial Officer | Vice President, Chief Operations Officer |
| (Title) | (Title) | (Title) |

| | | |
|--|--------------------------------|--------------|
| Subscribed and sworn to before me this | a. Is this an original filing? | Yes[] No[X] |
| day of , 2017 | b. If no, | 2 |
| | 1. State the amendment number | 11/02/2017 |
| | 2. Date filed | 3 |
| | 3. Number of pages attached | |

(Notary Public Signature)

SCHEDULE D - PART 2 - SECTION 2
Showing All COMMON STOCKS Owned December 31 of Current Year

| 1 | 2 | Codes | | 5 | 6 | Fair Value | | 9 | Dividends | | | Change in Book/Adjusted Carrying Value | | | | 17 | 18 |
|-------------------------------------|--|-------|--------------|---------------------|---------------------------------|---|---------------|----------------|------------------------|-----------------------------------|---------------------------------------|--|--|---|--|------------------------------------|------------------|
| | | 3 | 4 | | | 7 | 8 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| CUSIP Identification | Description | Code | For- eign | Number of Shares | Book/Adjusted Carrying Value | Rate per Share Used to Obtain Fair Value | Fair Value | Actual Cost | Declared but Unpaid | Amount Received During Year | Nonadmitted Declared But Unpaid | Unrealized Valuation Increase/ (Decrease) | Current Year's Other-Than- Temporary Impairment Recognized | Total Change in B./A.C.V. (Col. 13-14) | Total Foreign Exchange Change in B./A.C.V. | NAIC Market Indicator (a) | Date Acquired |
| Parent, Subsidiaries and Affiliates | | | | | | | | | | | | | | | | | |
| | Summa Insurance Company | | | 606,563.000 | 28,396,360 | 46.820 | 28,396,360 | 50,000,000 | | | | 4,013,999 | | 4,013,999 | | A | 09/01/2014 |
| 9199999 | Subtotal - Parent, Subsidiaries and Affiliates | | | | 28,396,360 | X X X | 28,396,360 | 50,000,000 | | | | 4,013,999 | | 4,013,999 | | X X X | X X X |
| 9799999 | Total Common Stocks | | | | 28,396,360 | X X X | 28,396,360 | 50,000,000 | | | | 4,013,999 | | 4,013,999 | | X X X | X X X |
| 9899999 | Total Preferred and Common Stocks | | | | 28,396,360 | X X X | 28,396,360 | 50,000,000 | | | | 4,013,999 | | 4,013,999 | | X X X | X X X |

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues0, the total \$ value (included in Column 8) of all such issues \$.....0.

SCHEDULE D - PART 6 - SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

| 1 CUSIP Identification | 2 Description Name of Subsidiary, Controlled or Affiliated Company | 3 Foreign | 4 NAIC Company Code | 5 ID Number | 6 NAIC Valuation Method (See Purposes and Procedures Manual of the NAIC Investment Analysis Office) | 7 Do Insurer's Assets Include Intangible Assets connected with Holding of Such Company's Stock? | 8 Total Amount of Such Intangible Assets | 9 Book/Adjusted Carrying Value | 10 Nonadmitted Amount | Stock of Such Company Owned by Insurer on Statement Date | |
|---|--|------------------|----------------------------------|-----------------------|--|--|---|--|---------------------------------|---|-------------------------------|
| | | | | | | | | | | 11 Number of Shares | 12 % of Outstanding |
| Common Stocks - U.S. Health Entity | | | | | | | | | | | |
| | Summa Insurance Company | | 10649 | 341809108 | 2ciB1Z | No | | 28,396,360 | | 606,653.000 | 100.000 |
| 1399999 Subtotal - Common Stocks - U.S. Health Entity | | | | | | | | 28,396,360 | | X X X | X X X |
| Common Stocks - Alien Insurer | | | | | | | | | | | |
| | | | | | | No | | | | | |
| 1499999 Subtotal - Common Stocks - Alien Insurer | | | | | | | | | | X X X | X X X |
| 1899999 Subtotal - Common Stocks | | | | | | | | 28,396,360 | | X X X | X X X |
| 1999999 Total - Preferred and Common Stocks | | | | | | | | 28,396,360 | | X X X | X X X |

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.0.
2. Total amount of intangible assets nonadmitted \$.0.

SCHEDULE D - PART 6 - SECTION 2

| 1 | 2 | 3 | 4 | Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date | |
|---|----------------------------|---|--|---|------------------------------|
| CUSIP Identification | Name of Lower-Tier Company | Name of Company Listed in Section 1 Which Controls Lower-Tier Company | Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1 | 5 Number of Shares | 6 % of Outstanding |
| <div>NONE</div> | | | | | |
| 0399999 Total - Preferred and Common Stocks | | | | XXX | XXX |