



QUARTERLY STATEMENT
AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE
Summa Insurance Company, Inc.

| | | | | | | |
|---------------------------------------|---|------------------------|--|------------|--|------------|
| NAIC Group Code | 3259 (Current Period) | 3259 (Prior Period) | NAIC Company Code | 10649 | Employer's ID Number | 34-1809108 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | OH | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | | Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] | | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[] | |
| Incorporated/Organized | 08/07/1995 | | Commenced Business | 02/01/1996 | | |
| Statutory Home Office | 10 North Main Street (Street and Number) | | Akron, OH, 44308 (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | Akron, OH, 44308 (City or Town, State, Country and Zip Code) | | 10 North Main Street (Street and Number) | | (330)996-8410 (Area Code) (Telephone Number) | |
| Mail Address | P.O. Box 3620 (Street and Number or P.O. Box) | | Akron, OH, 44309 (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | Akron, OH, 44308 (City or Town, State, Country and Zip Code) | | 10 North Main Street (Street and Number) | | (330)996-8410 (Area Code) (Telephone Number) | |
| Internet Web Site Address | SummaCare.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 |
| Dennis Dale Pijor | President # |

OTHERS

| | |
|--|---|
| Anne Armao, VP - Marketing & Product Development | Kevin Cavalier, VP - Sales |
| Donald Novosel, VP - Contracting & Network Development | Charles Zonfa M.D., Chief Medical Officer |
| Stephen Adamson, Chief Operations Officer | |

DIRECTORS OR TRUSTEES

| | |
|---------------------------|-------------------------------|
| Kathleen Tirbovich Geier | James Ross McIlvaine |
| Rajiv Vishnu Taliwal M.D. | Benjamin Paul Sutton |
| Lydia Alexander Cook M.D. | Brian Keith Derrick |
| Henry Leigh Gerstenberger | Russell Floyd Mohawk |
| Caroline Fisher Pearson | Thomas Clifford Deveny M.D. # |
| Dennis Dale Pijor # | |

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) Dennis Dale Pijor (Printed Name) 1. President (Title) | (Signature) Robert Andrew Gerberry (Printed Name) 2. Secretary (Title) | (Signature) Brian Keith Derrick (Printed Name) 3. Treasurer (Title) |
|--|---|--|

| | | |
|---|---|--------------------------|
| Subscribed and sworn to before me this day of , 2017 | 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 | 34,715,889 | | 34,715,889 | 38,910,437 |
| 2. | Stocks: | | | | |
| 2.1 | Preferred stocks | | | | |
| 2.2 | Common stocks | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| 3.1 | First liens | | | | |
| 3.2 | Other than first liens | | | | |
| 4. | Real estate: | | | | |
| 4.1 | Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 | Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 | Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. | Cash (\$.....10,194,516), cash equivalents (\$.....0) and short-term investments (\$.....4,935,194) | 15,129,710 | | 15,129,710 | 6,566,723 |
| 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) | 49,845,599 | | 49,845,599 | 45,477,160 |
| 13. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 93,633 | | 93,633 | 125,029 |
| 15. | Premiums and considerations: | | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 2,480,798 | 33,346 | 2,447,452 | 2,344,874 |
| 15.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 15.3 | Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) | | | | |
| 16. | Reinsurance: | | | | |
| 16.1 | Amounts recoverable from reinsurers | 2,228,394 | | 2,228,394 | 2,877,502 |
| 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 | 1,186,805 | | 1,186,805 | 1,186,805 |
| 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) | 442 | 442 | | |
| 22. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | 1,716,393 | | 1,716,393 | 1,727,161 |
| 24. | Health care (\$.....2,033,002) and other amounts receivable | 2,438,523 | 405,521 | 2,033,002 | 1,145,853 |
| 25. | Aggregate write-ins for other-than-invested assets | 69,553 | 69,553 | | |
| 26. | TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 60,060,140 | 508,862 | 59,551,278 | 54,884,384 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | TOTAL (Lines 26 and 27) | 60,060,140 | 508,862 | 59,551,278 | 54,884,384 |
| DETAILS OF WRITE-INS | | | | | |
| 1101. | ..... |  |  |  |  |
| 1102. | ..... |  |  |  |  |
| 1103. | ..... |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | Prepaid Expenses | 69,553 | 69,553 | | |
| 2502. | Deferred ACA Asset | | | | |
| 2503. | Pharmacy Rebates | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 69,553 | 69,553 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|----------------------|---|----------------|----------------|--------------|--------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.....0 reinsurance ceded) | 18,540,852 | | 18,540,852 | 16,625,124 |
| 2. | Accrued medical incentive pool and bonus amounts | | | | |
| 3. | Unpaid claims adjustment expenses | 377,366 | | 377,366 | 368,015 |
| 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 | 7,021,967 | | 7,021,967 | 6,277,102 |
| 9. | General expenses due or accrued | 1,583,842 | | 1,583,842 | 2,550,495 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | 2,730,014 | | 2,730,014 | 667,288 |
| 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) | 30,254,041 | | 30,254,041 | 26,488,024 |
| 25. | Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. | Common capital stock | X X X | X X X | 2,500,062 | 2,500,062 |
| 27. | Preferred capital stock | X X X | X X X | | |
| 28. | Gross paid in and contributed surplus | X X X | X X X | 82,866,381 | 82,866,381 |
| 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 | (56,069,206) | (56,970,083) |
| 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 | 29,297,237 | 28,396,360 |
| 34. | Total Liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 59,551,278 | 54,884,384 |
| DETAILS OF WRITE-INS | | | | | |
| 2301. | Minority Interest | | | | |
| 2302. | Deferred gain on sale of bonds to SummaCare, Inc. | | | | |
| 2303. | Miscellaneous | | | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. | TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | | |
| 2501. | ACA Annual Fee on Health Insurers | 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 | 205,230 | 232,721 | 453,682 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 87,755,097 | 95,427,275 | 190,629,097 |
| 3. | Change in unearned premium reserves and reserves for rate credits | X X X | | | |
| 4. | Fee-for-service (net of \$.....0 medical expenses) | X X X | | | |
| 5. | Risk revenue | X X X | | | |
| 6. | Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. | Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. | Total revenues (Lines 2 to 7) | X X X | 87,755,097 | 95,427,275 | 190,629,097 |
| Hospital and Medical: | | | | | |
| 9. | Hospital/medical benefits | | 58,173,734 | 63,976,964 | 129,661,509 |
| 10. | Other professional services | | | | |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | | | |
| 13. | Prescription drugs | | 15,208,112 | 15,855,761 | 33,128,221 |
| 14. | Aggregate write-ins for other hospital and medical | | | | |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. | Subtotal (Lines 9 to 15) | | 73,381,846 | 79,832,725 | 162,789,730 |
| Less: | | | | | |
| 17. | Net reinsurance recoveries | | 734,628 | 2,084,430 | 4,238,130 |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 72,647,218 | 77,748,295 | 158,551,600 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$.....188,157 cost containment expenses | | 1,331,879 | 1,347,144 | 2,597,754 |
| 21. | General administrative expenses | | 13,142,123 | 14,162,994 | 24,787,115 |
| 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) | | 87,121,220 | 93,258,433 | 185,936,469 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | 633,877 | 2,168,842 | 4,692,628 |
| 25. | Net investment income earned | | 232,014 | 204,342 | 435,027 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | 15,804 | 15,804 |
| 27. | Net investment gains or (losses) (Lines 25 plus 26) | | 232,014 | 220,146 | 450,831 |
| 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 | | 142,795 | 300 | 1,730 |
| 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 | 1,008,686 | 2,389,288 | 5,145,189 |
| 31. | Federal and foreign income taxes incurred | X X X | | 253,166 | 1,115,552 |
| 32. | Net income (loss) (Lines 30 minus 31) | X X X | 1,008,686 | 2,136,122 | 4,029,637 |
| DETAILS OF WRITE-INS | | | | | |
| 0601. | ..... | X X X | | | |
| 0602. | ..... | X X X | | | |
| 0603. | ..... | X X X | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | ..... | X X X | | | |
| 0702. | ..... | X X X | | | |
| 0703. | ..... | X X X | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. | TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. | ..... |  |  |  |  |
| 1402. | ..... |  |  |  |  |
| 1403. | ..... |  |  |  |  |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | | |
| 2901. | Gain on the sale of fixed assets | | | | |
| 2902. | Miscellaneous Income (Expense) | | 142,795 | 300 | 1,730 |
| 2903. | Finance and service charges not included in premiums | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. | TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | 142,795 | 300 | 1,730 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|--------------------------------------|--|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | | |
| 33. | Capital and surplus prior reporting year | 28,396,360 | 24,382,361 | 24,382,361 |
| 34. | Net income or (loss) from Line 32 | 1,008,686 | 2,136,122 | 4,029,637 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | (107,808) | (106,387) | (3,154) |
| 40. | Change in unauthorized and certified reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| 44.1 | Paid in | | | |
| 44.2 | Transferred from surplus (Stock Dividend) | | | |
| 44.3 | Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| 45.1 | Paid in | | | |
| 45.2 | Transferred to capital (Stock Dividend) | | | |
| 45.3 | Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | (1) | (12,484) | (12,484) |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 900,877 | 2,017,251 | 4,013,999 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 29,297,237 | 26,399,612 | 28,396,360 |
| DETAILS OF WRITE-INS | | | | |
| 4701. | Deferred gain on sale of bonds to SummaCare, Inc. | | | |
| 4702. | Gain on sale of bonds | | (12,484) | (12,484) |
| 4703. | Federal income tax adjustment | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | (1) | | |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | (1) | (12,484) | (12,484) |

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 | 88,397,384 | 94,797,732 | 190,072,931 |
| 2. | Net investment income | 257,958 | 211,318 | 421,773 |
| 3. | Miscellaneous income | | 300 | |
| 4. | TOTAL (Lines 1 to 3) | 88,655,342 | 95,009,350 | 190,494,704 |
| 5. | Benefit and loss related payments | 70,082,382 | 82,158,190 | 164,374,234 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 15,431,304 | 14,806,114 | 28,943,317 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | 253,259 | (427,179) |
| 10. | TOTAL (Lines 5 through 9) | 85,513,686 | 97,217,563 | 192,890,372 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 3,141,656 | (2,208,213) | (2,395,668) |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | 4,200,000 | 6,203,320 | 6,903,320 |
| 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) | 4,200,000 | 6,203,320 | 6,903,320 |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | | | |
| 13.2 | Stocks | | | |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | | | |
| 13.6 | Miscellaneous applications | | | |
| 13.7 | TOTAL investments acquired (Lines 13.1 to 13.6) | | | |
| 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) | 4,200,000 | 6,203,320 | 6,903,320 |
| 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 | | | |
| 16.3 | Borrowed funds | | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 | Dividends to stockholders | | | |
| 16.6 | Other cash provided (applied) | 1,221,331 | (1,528,210) | (3,088,249) |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 1,221,331 | (1,528,210) | (3,088,249) |
| 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) | 8,562,987 | 2,466,897 | 1,419,403 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 6,566,723 | 5,147,320 | 5,147,320 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 15,129,710 | 7,614,217 | 6,566,723 |

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

| | | | | |
|---------|--|--|--|--|
| 20.0001 | | | | |
|---------|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|------------------------------------|------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|---------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 36,003 | 4,222 | 30,731 | 49 | | | | | | 1,001 |
| 2. First Quarter | 34,456 | 4,155 | 29,310 | 49 | | | | | | 942 |
| 3. Second Quarter | 33,794 | 4,033 | 28,780 | 49 | | | | | | 932 |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 205,230 | 24,040 | 175,243 | 291 | | | | | | 5,656 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 22,273 | 2,776 | 19,453 | 44 | | | | | | |
| 8. Non-Physician | 34,909 | 4,591 | 30,262 | 56 | | | | | | |
| 9. Total | 57,182 | 7,367 | 49,715 | 100 | | | | | | |
| 10. Hospital Patient Days Incurred | 20,577 | 1,733 | 18,813 | 31 | | | | | | |
| 11. Number of Inpatient Admissions | 759 | 95 | 658 | 6 | | | | | | |
| 12. Health Premiums Written (a) | 88,405,109 | 10,122,749 | 77,757,133 | 67,180 | | | | | | 458,047 |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 88,405,109 | 10,122,749 | 77,757,133 | 67,180 | | | | | | 458,047 |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 71,466,118 | 8,633,797 | 62,348,899 | 38,713 | | | | | | 444,709 |
| 18. Amount Incurred for Provision of Health Care Services | 73,381,846 | 9,404,470 | 63,515,277 | 15,900 | | | | | | 446,199 |

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid Claims | | | | | | |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
| 0199999 Individually Listed Claims Unpaid | | | | | | |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 12,058,852 | 3,285,000 | 791,000 | 463,000 | 1,943,000 | 18,540,852 |
| 0499999 Subtotals | 12,058,852 | 3,285,000 | 791,000 | 463,000 | 1,943,000 | 18,540,852 |
| 0599999 Unreported claims and other claim reserves | | | | | | |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 18,540,852 |
| 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) | 14,031,289 | 56,216,779 | 1,621,000 | 16,894,967 | 15,652,289 | 16,578,916 |
| 2. | Medicare Supplement | 8,000 | 30,713 | | 12,173 | 8,000 | 34,986 |
| 3. | Dental only | | | | | | |
| 4. | Vision only | | | | | | |
| 5. | Federal Employees Health Benefits Plan | | | | | | |
| 6. | Title XVIII - Medicare | | | | | | |
| 7. | Title XIX - Medicaid | | | | | | |
| 8. | Other health | 10,000 | 434,709 | | 12,712 | 10,000 | 11,222 |
| 9. | Health subtotal (Lines 1 to 8) | 14,049,289 | 56,682,201 | 1,621,000 | 16,919,852 | 15,670,289 | 16,625,124 |
| 10. | Healthcare receivables (a) | | | | | | |
| 11. | Other non-health | | | | | | |
| 12. | Medical incentive pools and bonus amounts | | | | | | |
| 13. | Totals (Lines 9 - 10 + 11 + 12) | 14,049,289 | 56,682,201 | 1,621,000 | 16,919,852 | 15,670,289 | 16,625,124 |

(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

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of June 30, 2017 and December 31, 2016 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the difference in capital and surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material.

| | State of Domicile | 6/30/2017 | 12/31/2016 |
|---|----------------------|-------------------|-------------------|
| <u>Net Income</u> | | | |
| 1) SIC state basis (Page 4, Line 32, Columns 2 & 3) | OH | 1,008,686 | 4,029,637 |
| 2) State Prescribed Practices that increase / (decrease) NAIC SAP | OH | - | - |
| 3) State Permitted Practices that increase / (decrease) NAIC SAP: | OH | - | - |
| 4) NAIC SAP | OH | <u>1,008,686</u> | <u>4,029,637</u> |
| <u>Surplus</u> | | | |
| 5) SIC state basis (Page 3, Line 33, Columns 3 & 4) | OH | 29,297,237 | 28,396,360 |
| 6) State Prescribed Practices that increase / (decrease) NAIC SAP | OH | - | - |
| 7) State Permitted Practices that increase / (decrease) NAIC SAP: | OH | - | - |
| 8) NAIC SAP | OH | <u>29,297,237</u> | <u>28,396,360</u> |

B. Use of Estimates

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

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Cash and Short-Term Investments
- Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.
- 2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- 3) Common stocks – None.
- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) Investments in subsidiaries, controlled and affiliated entities - None.
- 8) Investments in joint ventures, partnerships and limited liability companies – None.
- 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.
- 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.
- 11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company’s capitalization policy and predefined thresholds have not changed from the prior period.

Notes to Financial Statement

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 – None.

3. Business Combinations and Goodwill - None.

4. Discontinued Operations – None.

5. Investments

A. Mortgage Loans – None.

B. Debt Restructuring – None.

C. Reverse Mortgages – None.

D. Loan Backed Securities – None.

E. Repurchase Agreements – None.

F. Real Estate - None.

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

H. Restricted Assets – None.

I. Working Capital Finance Investments – None.

J. Offsetting and Netting of Assets and Liabilities – None.

K. Structured Notes – None.

L. 5* Securities – 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. The total amount excluded was \$0.

8. Derivative Instruments – None.

Notes to Financial Statement

9. Income Taxes

A. The components of deferred tax asset / liability at June 30, 2017 and December 31, 2016 are as follows:

| | 06/30/17 | | | 12/31/2016 | | | Change | | |
|--|--------------|--------------|-------------|-------------|---------|-------------|-------------|---------|-------------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| 1. | | | | | | | | | |
| (a) Gross Deferred Tax Assets | \$1,852,266 | \$0 | \$1,852,266 | \$2,163,792 | \$0 | \$2,163,792 | (\$311,526) | \$0 | (\$311,526) |
| (b) Statutory Valuation Allowance Adjustments | \$1,849,180 | \$0 | \$1,849,180 | \$2,155,479 | \$0 | \$2,155,479 | (\$306,299) | \$0 | (\$306,299) |
| (c) Adjusted Gross DTA's (1a-1b) | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | (\$5,227) | \$0 | (\$5,227) |
| (d) DTA's Nonadmitted | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (e) Subtotal Net DTA's (1c-1d) | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | (\$5,227) | \$0 | (\$5,227) |
| (f) Deferred Tax Liabilities | (\$3,086) | \$0 | (\$3,086) | (\$8,313) | \$0 | (\$8,313) | \$5,227 | \$0 | \$5,227 |
| (g) Net Admitted DTA / Net DTL (1e-1f) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1 | \$0 | \$1 |
| 2. | | | | | | | | | |
| Admission Calculation Components SSAP No. 101 | | | | | | | | | |
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | (\$5,227) | \$0 | (\$5,227) |
| (b) Adjusted Gross DTA's Expected to be Realized (Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. Adjusted Gross DTA's Allowed Per Limitation Threshold. | XXX | XXX | \$4,394,586 | XXX | XXX | \$4,259,454 | XXX | XXX | \$135,132 |
| (c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| (d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c)) | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | (\$5,227) | \$0 | (\$5,227) |
| 3. | | | | | | | | | |
| (a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount. | 2017442% | 2016428% | | | | | | | |
| (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above. | \$29,297,237 | \$28,396,360 | | | | | | | |
| 4. | | | | | | | | | |
| Impact of Tax-Planning Strategies | | | | | | | | | |
| (a) Determination of Adjusted Gross DTA's and Net Admitted DTA's By Tax Character as a percentage. | | | | | | | | | |
| 1. Adjusted Gross DTA's from 9A1c | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | | | |
| 2. Percentage of Adjusted Gross DTA's | 0% | 0% | 0% | 0% | 0% | 0% | | | |
| 3. Net Admitted Gross DTA's 9A1e | \$3,086 | \$0 | \$3,086 | \$8,313 | \$0 | \$8,313 | | | |
| 4. Percentage of Net Admitted Adjusted Gross DTA's because of tax planning. | 0% | 0% | 0% | 0% | 0% | 0% | | | |
| (b) Does the Company's tax planning strategies include reinsurance? | Yes | No | X | | | | | | |

B. Regarding deferred tax liabilities not recognized – None.

Notes to Financial Statement

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

| | 6/30/2017 | 12/31/2016 | Change |
|--|-------------|-------------|---------------|
| 1. Current Income Tax | | | |
| (a) Federal | \$0 | \$1,115,552 | (\$1,115,552) |
| (b) Foreign | \$0 | \$0 | \$0 |
| (c) Subtotal | \$0 | \$1,115,552 | (\$1,115,552) |
| (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 | \$1,115,552 | (\$1,115,552) |
| 2. Deferred Tax Assets: | | | |
| (a) Ordinary | | | |
| (1) Unpaid Losses | \$45,044 | \$39,970 | \$5,074 |
| (2) Unearned Premium Reserve | \$477,494 | \$426,843 | \$50,651 |
| (3) Policyholder Reserves | \$0 | \$0 | \$0 |
| (4) Investments | \$0 | \$0 | \$0 |
| (5) Deferred Acquisition Costs | \$0 | \$0 | \$0 |
| (6) Policyholder Dividends Accrual | \$0 | \$0 | \$0 |
| (7) Fixed Assets | \$16,341 | \$25,941 | (\$9,600) |
| (8) Compensation and Benefits Accrual | \$186,825 | \$394,432 | (\$207,607) |
| (9) Pension Accrual | \$0 | \$0 | \$0 |
| (10) Receivables - Nonadmitted | \$172,863 | \$135,537 | \$37,326 |
| (11) Net Operating Loss Carry-Forward | \$363,710 | \$547,526 | (\$183,816) |
| (12) Tax credit carryforward | \$0 | \$0 | \$0 |
| (13) Other (Including items < 5% of total ordin. | \$589,990 | \$593,543 | (\$3,553) |
| Subtotal | \$1,852,266 | \$2,163,792 | (\$311,526) |
| (b) Statutory Valuation Allowance | \$1,849,180 | \$2,155,478 | (\$306,298) |
| (c) Nonadmitted | \$0 | \$0 | \$0 |
| (d) Admitted Ordinary Deferred Tax Assets | \$3,086 | \$8,313 | (\$5,227) |
| (e) Capital | | | |
| (1) Investments | \$0 | \$0 | \$0 |
| (2) Net Capital Loss Carry-Forward | \$0 | \$0 | \$0 |
| (3) Real Estate | \$0 | \$0 | \$0 |
| (4) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (f) Statutory Valuation Allowance Adjustment | \$0 | \$0 | \$0 |
| (g) Nonadmitted | \$0 | \$0 | \$0 |
| (h) Admitted Capital Deferred Tax Assets | \$0 | \$0 | \$0 |
| (i) Admitted Deferred Tax Assets | \$3,086 | \$8,313 | (\$5,227) |
| 3. Deferred Tax Liabilities: | | | |
| (a) Ordinary | | | |
| (1) Investments | \$3,086 | \$5,601 | (\$2,515) |
| (2) Fixed Assets | \$0 | \$0 | \$0 |
| (3) Deferred and Uncollected Premium | \$0 | \$0 | \$0 |
| (4) Policyholder Reserves | \$0 | \$0 | \$0 |
| (5) Other | \$0 | \$2,712 | (\$2,712) |
| Subtotal | \$3,086 | \$8,313 | (\$5,227) |
| (b) Capital | | | |
| (1) Investments | \$0 | \$0 | \$0 |
| (2) Real Estate | \$0 | \$0 | \$0 |
| (3) Unrealized Gains/ Losses | \$0 | \$0 | \$0 |
| (4) Other | \$0 | \$0 | \$0 |
| Subtotal | \$0 | \$0 | \$0 |
| (c) Deferred Tax Liabilities | \$3,086 | \$8,313 | (\$5,227) |
| 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:

Notes to Financial Statement

| | <u>June 30, 2017</u> | <u>Effective Tax Rate</u> |
|--------------------------------------|----------------------|-------------------------------|
| Provision computed at statutory rate | \$342,953 | 34.0% |
| Change in valuation allowance | (\$306,298) | -30.4% |
| Change in nonadmitted assets | (\$36,655) | -3.6% |
| Items permanent in nature | \$0 | 0.0% |
| Total statutory income taxes | <u>\$0</u> | <u>0.0%</u> |
| Federal income taxes incurred | \$0 | 0.0% |
| Change in net deferred income taxes | \$0 | 0.0% |
| Total statutory income taxes | <u>\$0</u> | <u>0.0%</u> |

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

1. The company has \$1,069,734 in net operating loss or tax credit carry-forwards as of June 30, 2017.
2. The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses - \$1,115,552.
3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of June 30, 2017 and December 31, 2016.

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 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.

G. Federal and foreign loss contingencies as determined in accordance with SSAP 5R – None.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A. Nature of the Relationships

Summa Insurance Company, Inc. (SIC or the Company) is incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (network provider) or a non-network provider at the member’s option. The population from which SIC draws its membership is predominately in northeast Ohio. Affiliated organizations of SIC include Summa Health System Community; HealthSpan Partners; Summa Health System (SHS); Summa Health System Corporation (SHSC); Summa Health Network LLC (SHN); SummaCare, Inc. (SC); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Wadsworth-Rittman Professional Services Corporation; Summa Physicians, Inc. (SPI); Summa Foundation; Health Care Center Physicians Inc. (HCCP); Middlebury Assurance Corp. (MAC); 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); Health Innovations Ohio, LLC; Medina-Summit ASC, LLC and Advanced Health Select.

B. & C. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of June 30, 2017 and December 31, 2016 are as follows:

| | <u>2017</u> | <u>2016</u> |
|--|-------------|-------------|
| Claims expense related to affiliated entities: | | |
| SHS | 11,182,381 | 22,008,658 |
| SPI | 868,934 | 1,642,842 |
| Management fees charged to SIC from Apex | 769,423 | 770,000 |
| Management fees charged to SIC from SMSO | 6,897,475 | 8,731,061 |
| Corporate expense allocation paid to SHS | 705,446 | 1,040,721 |

Notes to Financial Statement

D. Balance outstanding with affiliated entities as of June 30, 2017 and December 31, 2016:

| | Due from | | Due to | |
|-----------|------------------|------------------|------------------|----------------|
| | 2017 | 2016 | 2017 | 2016 |
| SummaCare | 616,607 | 807,060 | — | — |
| Apex | — | 60,656 | 359,033 | — |
| ACO | 1,099,786 | 859,445 | — | — |
| SMSO | — | — | 2,370,981 | 667,288 |
| | <u>1,716,393</u> | <u>1,727,161</u> | <u>2,730,014</u> | <u>667,288</u> |

- E.** Guarantees or undertakings – None.
- F.** In 2017 and 2016, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company.
- In 2017 and 2016, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.
- In 2017 and 2016, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.
- G.** All outstanding shares of common stock are owned by the parent, SummaCare, Inc.
- H.** Investments in upstream intermediate entities or ultimate parent – None.
- I.** Investments in SCA entities - None.
- J.** Investments in impaired SCA entities – None.
- K.** Investments in foreign insurance subsidiaries – None.
- L.** Investment in downstream noninsurance holding company – None.
- M.** All SCA investment – None.
- N.** Investments in insurance SCA’s – None.

11. Debt

SIC has no debt as of June 30, 2017.

12. Retirement Plans – None.

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

- 1) As of December 31, 2016, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock. SC also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of \$.0001 per share.
- 2) Dividend rate, liquidation value and redemption schedule of preferred stock issues - None
- 3) Dividend restrictions – In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2017, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company’s capital and surplus as of December 31, 2016, or (b) the Company’s net gain from operations for the year ended December 31, 2016. Accordingly, during 2017, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$4,029,637.
- 4) Dates and amounts of dividends paid – None.
- 5) Portion of reporting entities profits that may be paid as ordinary dividends - Reference number 3 above.
- 6) Restrictions on unassigned funds – None.
- 7) Mutual Reciprocal - None.
- 8) Stock held by the Company for special purposes – None.
- 9) Changes in the balances of special surplus funds – None.

Notes to Financial Statement

10) The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values – \$508,862

Unrealized Gains (Losses) – \$50,821

11) Surplus notes - None.

12) Restatement in a quasi-reorganization – Not applicable

13) Quasi-reorganization – Not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent commitments – None.

B. Assessments

C. On May 16, 2017, the company received notification of the insolvency of Penn Treaty. This insolvency resulted in a premium based guaranty fund assessment against the company of \$983,098.16. This assessment will result in an amount that is recoverable through from premium tax offsets. Thus, a receivable for premium tax credits was recorded by the company in the amount of \$983,098.

On June 17, 2016, the company received notification of the insolvency of Coordinated Health Mutual. This insolvency resulted in a premium based guaranty fund assessment against the company of \$879,952. This assessment will result in an amount that is recoverable through from premium tax offsets. Thus, a receivable for premium tax credits was recorded by the company in the amount of \$879,952.

C. Gain contingencies – None.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.

E. Joint and several liabilities – None.

F. All other contingencies – None.

15. Leases – None.

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable.

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

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

19. Direct Premium Written / Produced by Managing General Agents / Third Party Administrators -
Not applicable.

20. Fair Value Measurement

A. Assets and liabilities measured and reported at fair value.

1) Fair value measurements at the reporting date.

Notes to Financial Statement

| Description for each class of asset or liability | Level 1 | Level 2 | Level 3 | Total |
|--|--------------|---------|---------|--------------|
| a. Assets at fair value | | | | |
| Cash and short-term investments | \$15,129,710 | \$0 | \$0 | \$15,129,710 |
| Perpetual referred stock | | | | |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 |
| Total perpetual and preferred stock | \$0 | \$0 | \$0 | \$0 |
| Bonds | | | | |
| U.S. Governments | \$0 | \$0 | \$0 | \$0 |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 |
| Hybrid securities | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 |
| Total Bonds | \$0 | \$0 | \$0 | \$0 |
| Common stock | | | | |
| Industrial and misc | \$0 | \$0 | \$0 | \$0 |
| Parent, subsidiaries and affiliates | \$0 | \$0 | \$0 | \$0 |
| Total common stock | \$0 | \$0 | \$0 | \$0 |
| Derivative assets | | | | |
| Interest rate contracts | | | | |
| Foreign exchange contracts | \$0 | \$0 | \$0 | \$0 |
| Credit contracts | \$0 | \$0 | \$0 | \$0 |
| Commodity futures contracts | \$0 | \$0 | \$0 | \$0 |
| Commodity forwards contracts | \$0 | \$0 | \$0 | \$0 |
| Total derivatives | \$0 | \$0 | \$0 | \$0 |
| Separate account assets | \$0 | \$0 | \$0 | \$0 |
| Total assets at fair value | \$15,129,710 | \$0 | \$0 | \$15,129,710 |
| b. Liabilities at fair value | | | | |
| Derivative liabilities | \$0 | \$0 | \$0 | \$0 |
| Total liabilities at fair value | \$0 | \$0 | \$0 | \$0 |

- 2) Fair value measurement in (Level 3) of the Fair Value Hierarchy – None.
- 3) Policy for determining when transfers between levels are recognized – Not applicable.
- 4) For fair value measurements categorized within level 2 and level 3 of the fair value hierarchy – The fair values of the Company’s investment in U.S. Treasury and U.S. government agency bond securities are based on quoted prices or dealer quotes. For bonds not actively traded, fair values are estimated using values obtained from independent pricing services, or in the case of private placements, are estimated by discounting the expected future cash flows using current market rates applicable to the yield, credit and maturity of the investment.
- 5) Derivative assets and liabilities – None.
- B. The carrying amounts reported in the statutory statements of admitted assets, liabilities, and capital and surplus for cash and short-term investments, uncollected premiums, reinsurance recoverable, investment income due and accrued, other receivables, federal income tax receivable, receivables from and payables to parent, affiliates and subsidiary, claims unpaid, unpaid claims adjustment expenses, accrued medical incentive pool, premiums received in advance, general expenses due or accrued, and other liabilities approximate fair value because of the short-term nature of these items. A financial instrument’s categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.
- C. The following table summarizes the Company’s fair value measurements for financial instruments where fair value is a financial statement disclosure item only.

Notes to Financial Statement

| June 30, 2017 | | | | | | | | | |
|-----------------------------------|-------------------------|--------------------|---------------|---------|---------|-------------------------------------|------|------|------|
| Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) | | | |
| U.S. Treasury securities: \$ | 33,779,732 | \$ 33,772,698 | \$ 33,779,732 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| U.S. government agency securities | 986,978 | 943,191 | - | 986,978 | - | - | - | - | - |
| Short-term investments | 4,935,194 | 4,935,194 | 4,935,194 | - | - | - | - | - | - |

| December 31, 2016 | | | | | | | | | |
|-----------------------------------|-------------------------|--------------------|---------------|-----------|---------|-------------------------------------|------|------|------|
| Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) | | | |
| U.S. Treasury securities: \$ | 37,821,373 | \$ 37,767,873 | \$ 37,821,373 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| U.S. government agency securities | 1,197,317 | 1,142,564 | - | 1,197,317 | - | - | - | - | - |
| Short-term investments | 455,615 | 455,615 | 455,615 | - | - | - | - | - | - |

D. Not practicable to estimate fair value – Not applicable.

21. Other Items

- A. Unusual or Infrequent Items – None.
- B. Troubled Debt Restructuring – None.
- C. Other Disclosures – None.
- D. Business Interruption Insurance Recoveries – None.
- E. State Transferable and Non-transferable Tax Credits – None.
- F. Subprime Mortgage Related Exposure – None.
- G. Retained Assets – None.

22. Events Subsequent

Type I – Recognized Subsequent Events – None.

Type II – Nonrecognized Subsequent Events

- a. The Company is subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). The fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2016, the Company has written health insurance subject to the ACA assessment. However, The Consolidated Appropriations Act of 2016 placed a moratorium on this fee for 2017. In accordance with Interpretation 16-01, for 2016, the disclosures related to the fee payable immediately in the 2017 year and the related impact on Total Adjusted Capital (TAC) and Authorized Control Level (ACL) will report “zero” as the fee payable in 2017.

| | Current Year | Prior Year |
|---|--------------|---------------|
| A. Did the reporting entity write health premium that is subject to Section 9010 of the ACA act? | Yes | Yes |
| B. ACA fee assessment payable for the upcoming year | \$3,200,000 | \$0 |
| C. ACA fee assessment paid | \$0 | \$3,168,895 |
| D. Premium written subject to ACA 9010 assessment | \$87,755,097 | \$190,629,097 |
| E. Total Adjusted Capital before surplus adjustment | \$29,297,237 | |
| F. Total Adjusted Capital after surplus adjustment | \$26,097,237 | |
| G. Authorized Control Level after surplus adjustment | \$6,321,418 | |
| H. Would reporting the ACA assessment as of year-end have triggered an RBC action level (YES/No)? | No | |

Notes to Financial Statement

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

If yes, give full details.

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

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

Yes () No (X)

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

B. Uncollectible Reinsurance – None.

C. Commutation of Ceded Reinsurance – None.

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

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

Notes to Financial Statement

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

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

| | |
|--|--------------------|
| a. Permanent ACA Risk Adjustment Program | |
| Assets | |
| 1. Premium adjustments receivable due to ACA Risk Adjustment (2) | <u>\$1,698,858</u> |
| Liabilities | |
| 2. Risk adjustment user fee payable for ACA Risk Adjustment | <u>\$10,046</u> |
| 3. Premium adjustments payable due to ACA Risk Adjustment (2) | <u>\$0</u> |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment (2) | <u>(\$570,054)</u> |
| 5. Reported in expense as ACA risk adjustment user fees (incurred/paid) | <u>\$3,148</u> |
| b. Transitional ACA Reinsurance Program | |
| Assets | |
| 1. Amounts recoverable for claims paid due to ACA Reinsurance | <u>\$2,018,198</u> |
| 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) (1) | <u>\$0</u> |
| 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance (1) | <u>\$0</u> |
| Liabilities | |
| 4. Liabilities for contributions payable due to ACA Reinsurance (Not reported as ceded resinsurance premium) | <u>\$0</u> |
| 5. Ceded reinsurance premiums payable due to ACA Reinsurance | <u>\$0</u> |
| 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance (1) | <u>\$0</u> |
| Operations (Revenue & Expense) | |
| 7. Ceded reinsurance premiums due to ACA Reinsurance | <u>\$0</u> |
| 8. Reinsurance recoveries due to ACA Reinsurance payments or expected payments | <u>\$529,970</u> |
| 9. ACA reinsurance contributions - not reported as ceded premium | <u>\$0</u> |
| c. Temporary ACA Risk Corridors Program | |
| Assets | |
| 1. Accrued retrospective premium due to ACA Risk Corridors (2) | <u>\$0</u> |
| Liabilities | |
| 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors (1) | <u>\$0</u> |
| Operations (Revenue & Expense) | |
| 3. Effect of ACA Risk Corridors on net premium income (paid/received) (2) | <u>\$463,102</u> |
| 4. Effect of ACA Risk Corridors on change in reserves for rate credits (1) | <u>\$0</u> |

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

Notes to Financial Statement

Summa Insurance Company
ACA Risk Sharing Provisions
As of June 30, 2017

| Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Ref | Unsettled Balances - Report Date | | |
|--|-------------|--|-----------|--|--|------------------------|------------------------|-----|---|--|-----|
| | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Prior Year Accrued Less Payments (Col 2 - 4 + 8) | |
| | | | | 5 | 6 | 7 | 8 | | 9 | 10 | |
| 1 | 2 | 3 | 4 | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) | |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivables | \$2,268,912 | \$0 | \$0 | \$0 | \$2,268,912 | \$0 | (\$570,054) | \$0 | A | \$1,698,858 | \$0 |
| 2. Premium adjustments (payable) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | B | \$0 | \$0 |
| 3. Subtotal ACA Permanent Risk Adjustment Program | \$2,268,912 | \$0 | \$0 | \$0 | \$2,268,912 | \$0 | (\$570,054) | \$0 | | \$1,698,858 | \$0 |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | | |
| 1. Amounts recoverable for claims paid | \$1,760,475 | \$0 | \$272,247 | \$0 | \$1,488,228 | \$0 | \$529,970 | \$0 | C | \$2,018,198 | \$0 |
| 2. Amounts recoverable for claims unpaid | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | D | \$0 | \$0 |
| 3. Amounts receivable relating to uninsured plans | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | E | \$0 | \$0 |
| 4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums | \$0 | \$902,684 | \$0 | \$902,684 | \$0 | \$0 | \$0 | \$0 | F | \$0 | \$0 |
| 5. Ceded reinsurance premiums payable | \$0 | \$96,559 | \$0 | \$96,559 | \$0 | \$0 | \$0 | \$0 | G | \$0 | \$0 |
| 6. Liability for amounts held under uninsured plans | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | H | \$0 | \$0 |
| 7. Subtotal ACA Transitional Reinsurance Program | \$1,760,475 | \$999,243 | \$272,247 | \$999,243 | \$1,488,228 | \$0 | \$529,970 | \$0 | | \$2,018,198 | \$0 |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$0 | \$0 | \$463,102 | \$0 | (\$463,102) | \$0 | \$463,102 | \$0 | I | \$0 | \$0 |
| 2. Reserve for rate credits or policy experience rating refunds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | J | \$0 | \$0 |
| 3. Subtotal ACA Risk Corridors Program | \$0 | \$0 | \$463,102 | \$0 | (\$463,102) | \$0 | \$463,102 | \$0 | | \$0 | \$0 |
| d. Total for ACA Risk Sharing Provisions: | \$4,029,387 | \$999,243 | \$735,349 | \$999,243 | \$3,294,038 | \$0 | \$423,018 | \$0 | | \$3,717,056 | \$0 |
| Explanations of Adjustments | | | | | | | | | | | |
| A The receivable was adjusted to reflect the risk adjustment amounts as published by CMS. | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C The receivable was adjusted to reflect the transitional reinsurance amounts as published by CMS. | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I Recorded the actual amount of risk corridor payments received during 2017. | | | | | | | | | | | |
| J | | | | | | | | | | | |

4) Roll-forward of risk corridors asset and liability balances by program benefit year.

Summa Insurance Company
Rollforward of Risk Corridor Asset and Liability Balances by Program Year
As of June 30, 2017

| Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Ref | Unsettled Balances - Report Date | | |
|--|-----------|--|-----------|--|--|------------------------|------------------------|-----|---|--|-----|
| | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Prior Year Accrued Less Payments (Col 2 - 4 + 8) | |
| | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | 9 | 10 |
| Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) | |
| a. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$0 | \$0 | \$463,102 | \$0 | \$0 | \$0 | \$463,102 | \$0 | A | \$0 | \$0 |
| 2. Reserve for rate credits or policy experience rating refunds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | B | \$0 | \$0 |
| b. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | C | \$0 | \$0 |
| 2. Reserve for rate credits or policy experience rating refunds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | D | \$0 | \$0 |
| c. 2017 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | E | \$0 | \$0 |
| 2. Reserve for rate credits or policy experience rating refunds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | F | \$0 | \$0 |
| d. Total for ACA Risk Corridors | \$0 | \$0 | \$463,102 | \$0 | \$0 | \$0 | \$463,102 | \$0 | | \$0 | \$0 |
| Explanations of Adjustments | | | | | | | | | | | |
| A Received a risk corridor payment of \$463,102 related to a CSR adjustment from 2015. | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |

5) ACA risk corridor receivable as of the reporting date.

Notes to Financial Statement

Summa Insurance Company
Risk Corridors Program Year
As of June 30, 2017

| Risk Corridor Program Year | | 1 Estimated amount to be filed or final amount filed with CMS | 2 Non-accrued amounts for impairment | 3 Amounts received from CMS | 4 Asset balance (gross of non-admissions) (1-2-3) | 5 Non-admitted amount | 6 Net admitted asset (4-5) |
|-------------------------------|-------|--|---|-----------------------------------|--|-----------------------------|----------------------------------|
| a. | 2015 | \$296,547 | \$296,547 | \$0 | \$0 | \$0 | \$0 |
| b. | 2016 | \$1,102,326 | \$1,102,326 | \$0 | \$0 | \$0 | \$0 |
| c. | 2017 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| d. | Total | <u>\$1,398,873</u> | <u>\$1,398,873</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |

25. Changes in Incurred Claims and Claims Adjustment Expenses

Activity in claims unpaid is summarized as follows:

| | <u>2016</u> | <u>2016</u> |
|--------------------------|-----------------------------|--------------------------|
| Balance at January 1 | \$ <u>16,625,124</u> | <u>21,817,703</u> |
| Incurred related to: | | |
| Current year | 73,602,053 | 160,122,083 |
| Prior years | <u>(954,835)</u> | <u>(1,570,483)</u> |
| Total | <u>72,647,218</u> | <u>158,551,600</u> |
| Paid related to: | | |
| Current year | 56,682,201 | 143,496,959 |
| Prior years | <u>14,049,289</u> | <u>20,247,220</u> |
| Total | <u>70,731,490</u> | <u>163,744,179</u> |
| Balance at End of Period | \$ <u><u>18,540,852</u></u> | <u><u>16,625,124</u></u> |

Reserves as of December 31, 2016 were \$16,625,124. As of June 30, 2017, \$14,049,289 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$1,621,000. Therefore, there has been \$954,835 in favorable experience from December 31, 2016 to June 30, 2017. This favorable experience is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None.

27. Structured Settlements – None.

28. Healthcare Receivables

The company receives pharmacy rebates on a quarterly basis. As of June 30, 2017, a receivable was recorded equal to three quarters of rebates. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by three (three quarters). The admission of pharmacy rebates receivable are subject to the terms stated within SSAP No. 84 (Certain Healthcare Receivables).

Notes to Financial Statement

| <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> |
|----------------|---|--|--|---|---|
| 6/30/2017 | \$630,521 | \$0 | \$0 | \$0 | \$0 |
| 3/31/2017 | \$465,548 | \$60,027 | \$0 | \$0 | \$60,027 |
| 12/31/2016 | \$498,800 | \$318,279 | \$0 | \$0 | \$318,279 |
| 9/30/2016 | \$453,128 | \$488,221 | \$0 | \$0 | \$488,221 |
| 6/30/2016 | \$632,603 | \$745,433 | \$0 | \$0 | \$745,433 |
| 3/31/2016 | \$640,862 | \$793,539 | \$0 | \$0 | \$793,539 |
| 12/31/2015 | \$551,704 | \$560,115 | \$0 | \$0 | \$560,115 |
| 9/30/2015 | \$743,423 | \$804,374 | \$0 | \$0 | \$804,374 |
| 6/30/2015 | \$681,240 | \$858,984 | \$0 | \$0 | \$858,984 |
| 3/31/2015 | \$599,635 | \$870,195 | \$0 | \$0 | \$689,296 |
| 12/31/2014 | \$719,868 | \$871,705 | \$0 | \$0 | \$871,705 |
| 9/30/2014 | \$510,966 | \$758,815 | \$0 | \$0 | \$758,815 |
| 6/30/2014 | \$551,514 | \$675,302 | \$0 | \$0 | \$675,302 |

29. Participating Policies – None.

30. Premium Deficiency Reserves

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

1. Liability carried for premium deficiency reserve:

\$0
2. Date of the most recent evaluation of this liability:

December 31, 2016
3. Was anticipated investment income utilized in the calculation?

YES

31. Anticipated Salvage Value and Subrogation – Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

Yes[] No[X]
- 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[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 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:

\$..... 616,607

INVESTMENT

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

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

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

\$..... 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]
14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement. Yes[] No[] N/A[X]

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

| | | |
|--|----------|---|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.3 Total payable for securities lending reported on the liability page | \$ | 0 |

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|--------------------------------|--|
| Huntington National Bank | 106 South Main St, Akron, OH 44308 |

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[X] No[]
17.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|---------------------------|--------------------------------|------------------------|---------------------------------------|
| FirstMerit Bank N.A. | Huntington National Bank | 05/01/2017 .. | Huntington purchased FirstMerit |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---|------------------|
| Chris Keller - Huntington National Bank | U |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[X] No[]
17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[X] No[]
17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---------------------------------|---|-------------------------|---|
| | | | | |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]
18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

| | |
|--|--------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 83.000% |
| 1.2 A&H cost containment percent | 0.002% |
| 1.3 A&H expense percent excluding cost containment expenses | 16.280% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|---|-----------------------|----------------------------|---------------------------------|--------------------------------------|--|-------------------------------|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Accident and Health - Non-affiliates | | | | | | | | |
| 21113 | 13-5459190 | 01/01/2017 | UNITED STATES FIRE INS CO | DE | SS/A/I | Authorized ..... | ..... | ..... |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

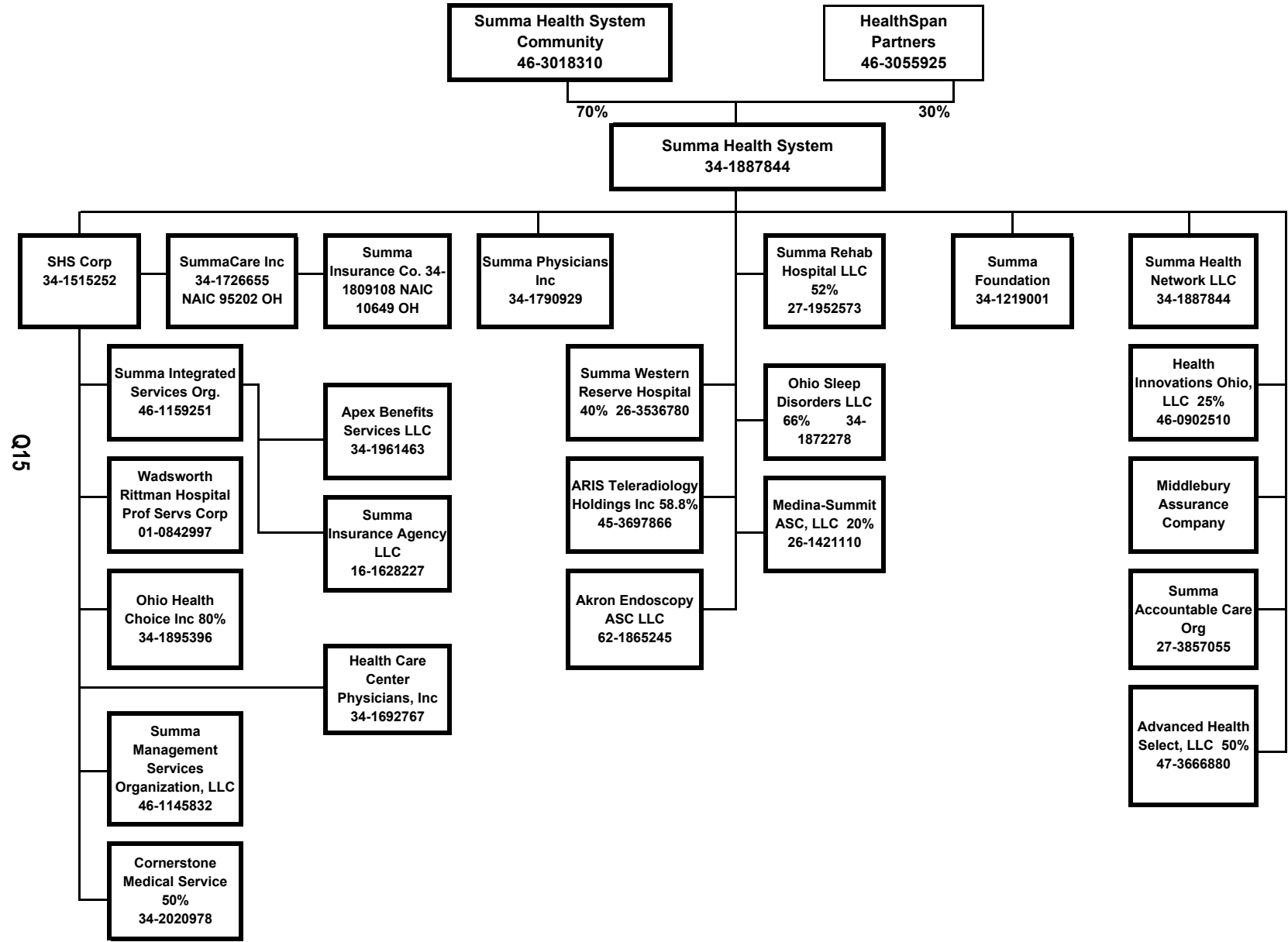
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

| | | 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 | 88,405,109 | | | | | | 88,405,109 | |
| 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 | 88,405,109 | | | | | | 88,405,109 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | Total (Direct Business) | (a)..... 1 | 88,405,109 | | | | | | 88,405,109 | |
| 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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------------------------|---------------------|---------------|--------------|-------|--|---|--------------------------|--|---|--|--|---|----------------------------------|-------|
| 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 | Rela- tion- 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) | Is an SCA Filing Required? (Y/N) | * |
| 3259 .. | SUMMA INSURANCE COMPANY | 95202 | 34-1726655 .. | ..... | ..... | ..... | SUMMACARE INC | OH .. | UDP .. | SUMMA HEALTH SYSTEM CORP | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| 3259 .. | SUMMA INSURANCE COMPANY | 10649 | 34-1809108 .. | ..... | ..... | ..... | SUMMA INS CO INC | OH .. | RE .. | SUMMACARE | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1887844 .. | ..... | ..... | ..... | SUMMA HEALTH SYSTEM | OH .. | UIP .. | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1515252 .. | ..... | ..... | ..... | SUMMA HEALTH SYSTEM CORPORATION | OH .. | UIP .. | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 16-1628227 .. | ..... | ..... | ..... | SUMMA INSURANCE AGENCY LLC | OH .. | NIA .. | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 341961463 .. | ..... | ..... | ..... | APEX BENEFITS SERVICES LLC | OH .. | NIA .. | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1895396 .. | ..... | ..... | ..... | OHIO HEALTH CHOICE | OH .. | NIA .. | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 80.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-2020978 .. | ..... | ..... | ..... | CORNERSTONE MEDICAL SERVICES | OH .. | NIA .. | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 50.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1692767 .. | ..... | ..... | ..... | HEALTH CARE CENTER PHYSICIANS INC | OH .. | NIA .. | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 341790929 .. | ..... | ..... | ..... | SUMMA PHYSICIANS INC | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1219001 .. | ..... | ..... | ..... | SUMMA FOUNDATION | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 26-3536780 .. | ..... | ..... | ..... | SUMMA WESTERN RESERVE HOSPITAL | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 40.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 45-3697866 .. | ..... | ..... | ..... | ARIS TELERADIOLOGY | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 58.8 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 62-1865245 .. | ..... | ..... | ..... | AKRON ENDOSCOPY LLC | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 27-1952573 .. | ..... | ..... | ..... | SUMMA REHAB HOSPITAL | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 52.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | 00000 | 34-1872278 .. | ..... | ..... | ..... | OHIO SLEEP DISORDERS | OH .. | NIA .. | SUMMA HEALTH SYSTEM | Ownership | 66.7 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N ..... | ..... |
| | | | | | | | | | | | | | HEALTHSPAN PARTNERS | N ..... | ..... |

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 | 16 |
|------------|------------|--------------------|------------|--------------|-----|--|---|------------------------|------------------------------------|--|--|--|---|----------------------------------|---------|
| 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) | Is an SCA Filing Required? (Y/N) | * |
| | | 00000 | 26-1421110 | | | | MEDINA-SUMMIT ASC LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 20.0 | 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 / | N | |
| | | 00000 | 27-3857055 | | | | SUMMA ACCOUNTABLE CARE ORGANIZATION | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | 00000 | | | | | MIDDLEBURY ASSURANCE COMPANY | CYM | IA | SUMMA HEALTH SYSTEM | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | 00000 | 46-1145832 | | | | SUMMA MANAGEMENT SERVICES ORGANIZATION | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | 00000 | 46-1159251 | | | | SUMMA INTEGRATED SERVICES ORGANIZATION | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | 00000 | 46-0902510 | | | | HEALTH INNOVATIONS OHIO LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 25.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | 00000 | 46-3018310 | | | | SUMMA HEALTH SYSTEM COMMUNITY | OH | UIP | | | | | N | 0000001 |
| | | 00000 | 46-3055925 | | | | HEALTHSPAN PARTNERS | OH | UIP | | | | | N | 0000002 |
| | | 00000 | 47-3666880 | | | | ADVANCED HEALTH SELECT LLC | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 50.0 | SUMMA HEALTH SYSTEM COMMUNITY / | | |
| | | 00000 | 01-0842997 | | | | WADSWORTH RITTMAN HOSPITAL PROFESSIONAL SERVICES CORP | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY / | N | |
| | | | | | | | | | | | | | HEALTHSPAN PARTNERS | N | |

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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 |
| 0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) | 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. Write off of tax receivable | | | | |
| 2905. Miscellaneous Income | | | | |
| 2906. Minority Interest Income (Expense) | | | | |
| 2907. City Taxes | | | | |
| 2908. Network Access Fees - Providers | | | | |
| 2909. Minority Interest Expense | | | | |
| 2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|----------------------------------|--------------------------------|---|
| 4704. Miscellaneous | (1) | | |
| 4705. | | | |
| 4706. | | | |
| 4707. | | | |
| 4708. | | | |
| 4709. Retired treasury stock | | | |
| 4710. 2008 adjustments to minority interest & federal taxes | | | |
| 4711. Common Stock Adjustment | | | |
| 4712. Misc. Adjustment | | | |
| 4713. Increase par value of common stock | | | |
| 4714. Correction of an error - 2006 Premium Taxes | | | |
| 4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) | (1) | | |

STATEMENT AS OF **June 30, 2017** OF THE **Summa Insurance Company, 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 | 38,910,437 | 45,808,733 |
| 2. | Cost of bonds and stocks acquired | | |
| 3. | Accrual of discount | 17,809 | 34,869 |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | 15,804 |
| 6. | Deduct consideration for bonds and stocks disposed of | 4,200,000 | 6,903,320 |
| 7. | Deduct amortization of premium | 12,357 | 45,649 |
| 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) | 34,715,889 | 38,910,437 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 34,715,889 | 38,910,437 |

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 |
|---|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 39,519,565 | | | 131,518 | 39,519,565 | 39,651,083 | | 39,366,052 |
| 2. NAIC 2 (a) | | | | | | | | |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 39,519,565 | | | 131,518 | 39,519,565 | 39,651,083 | | 39,366,052 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 39,519,565 | | | 131,518 | 39,519,565 | 39,651,083 | | 39,366,052 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....4,935,194; 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 | 4,935,194 | X X X | 4,935,194 | 5,173 | |

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 | 455,615 | 140,815 |
| 2. | Cost of short-term investments acquired | 4,479,579 | 314,800 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | |
| 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) | 4,935,194 | 455,615 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 4,935,194 | 455,615 |

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

E04 Schedule D Part 3 NONE

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

| 1 | 2 | 3 F o r e i g n | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---------------------------------|--|--------------------------------------|------------------|----------------------|---------------------------------|---------------|--------------|----------------|--|--|--|---|---|--|--|---|--|-------------------------------------|---|---|---|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11 + 12 - 13) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation or Market Indicator (a) |
| Bonds - U.S. Governments | | | | | | | | | | | | | | | | | | | | | |
| 912828SS0 | U.S. TREASURY NOTE | | 04/30/2017 | MATURED | X X X | 1,000,000 | 1,000,000 | 999,609 | 999,958 | | 42 | | 42 | | 1,000,000 | | | | 4,375 | 04/30/2017 | 1 |
| 3133XKQX6 | FHLB | | 05/17/2017 | MATURED | X X X | 100,000 | 100,000 | 101,869 | 100,095 | (95) | | | (95) | | 100,000 | | | | 2,438 | 05/17/2017 | 1 |
| 912828TB6 | U.S. TREASURY NOTE | | 06/30/2017 | MATURED | X X X | 500,000 | 500,000 | 496,406 | 499,508 | 492 | | | 492 | | 500,000 | | | | 3,750 | 06/30/2017 | 1 |
| 0599999 | Subtotal - Bonds - U.S. Governments | | | | X X X | 1,600,000 | 1,600,000 | 1,597,884 | 1,599,561 | | 439 | | 439 | | 1,600,000 | | | | 10,563 | X X X | X X X |
| 8399997 | Subtotal - Bonds - Part 4 | | | | X X X | 1,600,000 | 1,600,000 | 1,597,884 | 1,599,561 | | 439 | | 439 | | 1,600,000 | | | | 10,563 | X X X | 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 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X |
| 8399999 | Subtotal - Bonds | | | | X X X | 1,600,000 | 1,600,000 | 1,597,884 | 1,599,561 | | 439 | | 439 | | 1,600,000 | | | | 10,563 | X X X | 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 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | 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 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | 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 | X X X |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | X X X | 1,600,000 | X X X | 1,597,884 | 1,599,561 | | 439 | | 439 | | 1,600,000 | | | | 10,563 | X X X | X X X |

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

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 Bank | Akron, Ohio | | | | | | 9,869,183 | 9,575,896 | 9,624,797 | X X X |
| First Merit Bank Money Market | Akron, Ohio | | | 0.150 | | | 569,577 | 569,649 | 569,719 | X X X |
| | | | | | | | | | | 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 | | | 10,438,760 | 10,145,545 | 10,194,516 | 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 | | | 10,438,760 | 10,145,545 | 10,194,516 | 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 | | | 10,438,760 | 10,145,545 | 10,194,516 | 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 | | | | | | | |

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