



QUARTERLY STATEMENT  
AS OF SEPTEMBER 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		(330)996-8410-62057 (Area Code)(Telephone Number)(Extension)			
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8553 (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 #
Michael Anthony O'Neill	Assistant Treasurer #

OTHERS

Anne Armao, VP - Marketing & Medicare Charles Zonfa M.D., Chief Medical Officer Michael O'Neill, Chief Financial Officer #	Kevin Cavalier, VP - Sales Stephen Adamson, VP, Chief Operations Officer
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DIRECTORS OR TRUSTEES

Kathleen Tirbovich Geier Rajiv Vishnu Taliwal M.D. Lydia Alexander Cook M.D. Henry Leigh Gerstenberger Caroline Fisher Pearson Dennis Dale Pijor #	James Ross McIlvaine Benjamin Paul Sutton Brian Keith Derrick Russell Floyd Mohawk Thomas Clifford Deveny M.D. # Robert Jeffrey Copeland #
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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) Michael Anthony O'Neill (Printed Name) 2. Chief Financial Officer (Title)	(Signature) Stephen Michael Adamson (Printed Name) 3. Vice President, Chief Operations Officer (Title)
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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 .....	29,715,564		29,715,564	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 (\$.....5,790,364), cash equivalents (\$.....0) and short-term investments (\$.....9,987,088) .....	15,777,452		15,777,452	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) .....	45,493,016		45,493,016	45,477,160
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	84,356		84,356	125,029
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,539,257	14,530	1,524,727	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 .....	1,292,241		1,292,241	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) .....	177	177		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	1,649,440		1,649,440	1,727,161
24.	Health care (\$.....2,449,666) and other amounts receivable .....	2,892,171	442,505	2,449,666	1,145,853
25.	Aggregate write-ins for other-than-invested assets .....	37,661	37,661		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	54,175,124	494,873	53,680,251	54,884,384
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	54,175,124	494,873	53,680,251	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 .....	37,661	37,661		
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) .....	37,661	37,661		

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	16,561,991		16,561,991	16,625,124
2.	Accrued medical incentive pool and bonus amounts .....				
3.	Unpaid claims adjustment expenses .....	382,388		382,388	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 .....	5,932,706		5,932,706	6,277,102
9.	General expenses due or accrued .....	2,241,842		2,241,842	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 .....	1,348,173		1,348,173	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) .....	26,467,100		26,467,100	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	(58,153,292)	(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	27,213,151	28,396,360
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	53,680,251	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 .....	302,634	344,989	453,682
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	129,222,477	141,896,276	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 .....	129,222,477	141,896,276	190,629,097
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		88,196,216	97,793,683	129,661,509
10.	Other professional services .....				
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....				
13.	Prescription drugs .....		22,548,377	24,504,620	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) .....		110,744,593	122,298,303	162,789,730
<b>Less:</b>					
17.	Net reinsurance recoveries .....		1,662,562	2,955,194	4,238,130
18.	Total hospital and medical (Lines 16 minus 17) .....		109,082,031	119,343,109	158,551,600
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....211,823 cost containment expenses .....		2,024,406	1,976,710	2,597,754
21.	General administrative expenses .....		19,487,015	19,462,227	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) .....		130,593,452	140,782,046	185,936,469
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(1,370,975)	1,114,230	4,692,628
25.	Net investment income earned .....		254,059	308,620	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) .....		254,059	324,424	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 .....		27,528	533	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 .....	(1,089,388)	1,439,187	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 .....	(1,089,388)	1,186,021	4,029,637
<b>DETAILS OF WRITE-INS</b>					
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) .....		27,528	533	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) .....		27,528	533	1,730

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

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	28,396,360	24,382,361	24,382,361
34.	Net income or (loss) from Line 32 .....	(1,089,388)	1,186,021	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 .....	(93,819)	22,948	(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 .....	(2)	(12,483)	(12,484)
48.	Net change in capital and surplus (Lines 34 to 47) .....	(1,183,209)	1,196,486	4,013,999
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	27,213,151	25,578,847	28,396,360
<b>DETAILS OF WRITE-INS</b>				
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 .....	(2)	1	
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	(2)	(12,483)	(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 .....	129,698,228	143,831,208	190,072,931
2.	Net investment income .....	289,604	325,176	421,773
3.	Miscellaneous income .....		533	
4.	TOTAL (Lines 1 to 3) .....	129,987,832	144,156,917	190,494,704
5.	Benefit and loss related payments .....	107,559,903	122,987,664	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 .....	21,805,701	23,534,002	28,943,317
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		253,260	(427,179)
10.	TOTAL (Lines 5 through 9) .....	129,365,604	146,774,926	192,890,372
11.	Net cash from operations (Line 4 minus Line 10) .....	622,228	(2,618,009)	(2,395,668)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	9,200,000	6,703,320	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) .....	9,200,000	6,703,320	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) .....	9,200,000	6,703,320	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) .....	(611,499)	(1,857,046)	(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) .....	(611,499)	(1,857,046)	(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) .....	9,210,729	2,228,265	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) .....	15,777,452	7,375,585	6,566,723

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

20.0001				
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	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 .....	32,312	3,873	27,461	48						930
5. Current Year .....										
6. Current Year Member Months .....	302,634	35,630	258,121	435						8,448
Total Member Ambulatory Encounters for Period:										
7. Physician .....	37,308	4,705	32,524	79						
8. Non-Physician .....	58,642	7,658	50,868	116						
9. Total .....	95,950	12,363	83,392	195						
10. Hospital Patient Days Incurred .....	38,702	3,488	35,087	127						
11. Number of Inpatient Admissions .....	1,323	146	1,165	12						
12. Health Premiums Written (a) .....	130,181,057	15,071,951	114,325,821	101,007						682,278
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	130,181,057	15,071,951	114,325,821	101,007						682,278
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	110,807,726	12,563,598	97,609,758	59,490						574,880
18. Amount Incurred for Provision of Health Care Services .....	110,744,593	12,459,398	97,657,896	34,700						592,599

(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 .....	11,937,991	2,007,000	723,000	515,000	1,379,000	16,561,991
0499999 Subtotals .....	11,937,991	2,007,000	723,000	515,000	1,379,000	16,561,991
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						16,561,991
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) .....	14,187,289	94,323,505	915,000	15,607,854	15,102,289	16,578,916
2.	Medicare Supplement .....	9,000	50,490		28,941	9,000	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 .....	11,000	563,880		10,196	11,000	11,222
9.	Health subtotal (Lines 1 to 8) .....	14,207,289	94,937,875	915,000	15,646,991	15,122,289	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) .....	14,207,289	94,937,875	915,000	15,646,991	15,122,289	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 September 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.

	SSAP #	F/S Page	F/S Line	2017	2016
<b><u>Net Income</u></b>					
1) SIC state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	(1,089,388)	4,029,637
2) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
4) NAIC SAP	XXX	XXX	XXX	<u>(1,089,388)</u>	<u>4,029,637</u>
<b><u>Surplus</u></b>					
5) SIC state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	27,213,151	28,396,360
6) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
8) NAIC SAP	XXX	XXX	XXX	<u>27,213,151</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 September 30, 2017 and December 31, 2016 are as follows:

	09/30/17			12/31/2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax Assets	\$2,546,303	\$0	\$2,546,303	\$2,163,792	\$0	\$2,163,792	\$382,511	\$0	\$382,511
(b) Statutory Valuation Allowance Adjustments	\$2,541,762	\$0	\$2,541,762	\$2,155,479	\$0	\$2,155,479	\$386,283	\$0	\$386,283
(c) Adjusted Gross DTA's (1a-1b)	\$4,541	\$0	\$4,541	\$8,313	\$0	\$8,313	(\$3,772)	\$0	(\$3,772)
(d) DTA's Nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal Net DTA's (1c-1d)	\$4,541	\$0	\$4,541	\$8,313	\$0	\$8,313	(\$3,772)	\$0	(\$3,772)
(f) Deferred Tax Liabilities	(\$4,541)	\$0	(\$4,541)	(\$8,313)	\$0	(\$8,313)	\$3,772	\$0	\$3,772
(g) Net Admitted DTA / Net DTL (1e-1f)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$0)
2.									
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$4,541	\$0	\$4,541	\$8,313	\$0	\$8,313	(\$3,772)	\$0	(\$3,772)
(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	\$4,081,973	XXX	XXX	\$4,259,454	XXX	XXX	(\$177,481)
(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))	\$4,541	\$0	\$4,541	\$8,313	\$0	\$8,313	(\$3,772)	\$0	(\$3,772)
3.									
(a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.	2017410%	2016428%							
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.	\$27,213,151	\$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	\$4,541	\$0	\$4,541	\$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	\$4,541	\$0	\$4,541	\$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:

	9/30/2017	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	\$40,566	\$39,970	\$596
(2) Unearned Premium Reserve	\$403,424	\$426,843	(\$23,419)
(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	\$16,189	\$25,941	(\$9,752)
(8) Compensation and Benefits Accrual	\$274,630	\$394,432	(\$119,742)
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$168,197	\$135,537	\$32,660
(11) Net Operating Loss Carry-Forward	\$1,143,679	\$547,526	\$596,153
(12) Tax credit carryforward	\$0	\$0	\$0
(13) Other (Including items < 5% of total ordin.	499,558	\$593,543	(\$93,985)
Subtotal	\$2,546,303	\$2,163,792	\$382,511
(b) Statutory Valuation Allowance	\$2,541,762	\$2,155,478	\$386,284
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$4,541	\$8,313	(\$3,772)
(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	\$4,541	\$8,313	(\$3,772)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$1,829	\$5,601	(\$3,772)
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$2,712	\$2,712	(\$0)
Subtotal	\$4,541	\$8,313	(\$3,772)
(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	\$4,541	\$8,313	(\$3,772)
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>September 30, 2017</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	(\$370,392)	34.0%
Change in valuation allowance	\$386,284	-35.5%
Change in nonadmitted assets	(\$31,898)	2.9%
Items permanent in nature	\$16,006	-1.5%
Total statutory income taxes	<u>\$0</u>	<u>0.0%</u>
Federal income taxes incurred	\$0	0.0%
Change in net deferred income taxes	<u>\$0</u>	<u>0.0%</u>
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 \$3,363,762 in net operating loss or tax credit carry-forwards as of September 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 September 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 September 30, 2017 and December 31, 2016 are as follows:

	<u>2017</u>	<u>2016</u>
Claims expense related to affiliated entities:		
SHS	15,728,911	22,008,658
SPI	1,285,662	1,642,842
Management fees charged to SIC from Apex	1,154,135	770,000
Management fees charged to SIC from SMSO	10,059,957	8,731,061
Corporate expense allocation paid to SHS	1,058,168	1,040,721

Notes to Financial Statement

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

	Due from		Due to	
	2017	2016	2017	2016
SummaCare	535,654	807,060	—	—
Apex	—	60,656	279,742	—
ACO	1,113,786	859,445	—	—
SMSO	—	—	1,068,431	667,288
	<u>\$ 1,649,440</u>	<u>1,727,161</u>	<u>1,348,173</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 September 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 Reciprocals - 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 – \$494,873

Unrealized Gains (Losses) – \$32,444

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	\$15,777,452	\$0	\$0	\$15,777,452
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	\$15,777,452	\$0	\$0	\$15,777,452
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

September 30, 2017								
Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)		
U.S. Treasury securities	\$ 28,765,234	\$ 28,771,996	\$ 28,765,234	\$ -	\$ -	\$ -		
U.S. government agency securities	982,774	943,568	-	982,774	-	-		
Short-term investments	9,987,088	9,987,088	9,987,088	-	-	-		

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	\$4,000,000	\$0
C. ACA fee assessment paid	\$0	\$3,168,895
D. Premium written subject to ACA 9010 assessment	\$129,222,477	\$190,629,097
E. Total Adjusted Capital before surplus adjustment	\$27,213,151	
F. Total Adjusted Capital after surplus adjustment	\$23,213,151	
G. Authorized Control Level after surplus adjustment	\$6,244,982	
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.**

Notes to Financial Statement

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

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

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

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (2)	\$644,785
Liabilities	
2. Risk adjustment user fee payable for ACA Risk Adjustment	\$8,574
3. Premium adjustments payable due to ACA Risk Adjustment (2)	\$0
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment (2)	(\$751,995)
5. Reported in expense as ACA risk adjustment user fees (incurred/paid)	\$14,745
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$340,655
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) (1)	\$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance (1)	\$0
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance (Not reported as ceded resinruance premium)	\$0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance (1)	\$0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$0
8. Reinsurance recoveries due to ACA Reinsurance payments or expected payments	\$518,505
9. ACA reinsurance contributions - not reported as ceded premium	\$0
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors (2)	\$0
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors (1)	\$0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received) (2)	\$463,102
4. Effect of ACA Risk Corridors on change in reserves for rate credits (1)	\$0

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

Notes to Financial Statement

Summa Insurance Company  
ACA Risk Sharing Provisions  
As of September 30, 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. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivables	\$2,268,812	\$0	\$1,054,073	\$0	\$1,214,839	\$0	(\$570,054)	\$0	A	\$644,785
2. Premium adjustments (payable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0
3. Subtotal ACA Permanent Risk Adjustment Program	\$2,268,812	\$0	\$1,054,073	\$0	\$1,214,839	\$0	(\$570,054)	\$0		\$644,785
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	\$1,760,475	\$0	\$1,349,790	\$0	(\$189,315)	\$0	\$529,970	\$0	C	\$340,655
2. Amounts recoverable for claims unpaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$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
5. Ceded reinsurance premiums payable	\$0	\$96,559	\$0	\$96,559	\$0	\$0	\$0	\$0	G	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$1,760,475	\$999,243	\$1,349,790	\$999,243	(\$189,315)	\$0	\$529,970	\$0		\$340,655
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	\$0	\$0	\$463,102	\$0	(\$463,102)	\$0	\$463,102	\$0	I	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$463,102	\$0	(\$463,102)	\$0	\$463,102	\$0		\$0
d. Total for ACA Risk Sharing Provisions:	\$4,028,387	\$999,243	\$3,486,965	\$999,243	\$562,422	\$0	\$423,018	\$0		\$985,440
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 September 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	\$463,102	\$0	A	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
b. 2016										
1. Accrued retrospective premium	\$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	D	\$0	\$0
c. 2017										
1. Accrued retrospective premium	\$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	F	\$0	\$0
d. Total for ACA Risk Corridors	\$0	\$0	\$463,102	\$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.

Summa Insurance Company  
Risk Corridors Program Year  
As of September 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	\$1,398,873	\$1,398,873	\$0	\$0	\$0	\$0

25. Changes in Incurred Claims and Claims Adjustment Expenses

Activity in claims unpaid is summarized as follows:

Notes to Financial Statement

	2017	2016
Balance at January 1	\$ 16,625,124	21,817,703
Incurring related to:		
Current year	110,584,866	160,122,083
Prior years	(1,502,835)	(1,570,483)
Total	109,082,031	158,551,600
Paid related to:		
Current year	94,937,875	143,496,959
Prior years	14,207,289	20,247,220
Total	109,145,164	163,744,179
Balance at End of Period	\$ 16,561,991	16,625,124

Reserves as of December 31, 2016 were \$16,625,124. As of September 30, 2017, \$14,207,289 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$915,000. Therefore, there has been \$1,502,835 in favorable experience from December 31, 2016 to September 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 September 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).

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2017	\$663,530	\$0	\$0	\$0	\$0
6/30/2017	\$630,521	\$461,229	\$0	\$0	\$461,229
3/31/2017	\$465,548	\$461,229	\$0	\$0	\$461,229
12/31/2016	\$498,800	\$498,344	\$0	\$0	\$498,344
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

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

Notes to Financial Statement

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:

\$..... 535,654

INVESTMENT

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

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

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

\$..... 0



GENERAL INTERROGATORIES (Continued)

INVESTMENT

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

14.2 If yes, please complete the following:

Yes[ ] No[X]

	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?

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

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

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

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

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

16.3 Total payable for securities lending reported on the liability page

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

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

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

Yes[X] No[ ]

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?

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

Yes[ ] No[X]

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

17.5 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?

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?

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.

Yes[X] No[ ]  
Yes[X] No[ ]

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?

18.2 If no, list exceptions:

Yes[X] No[ ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	84.600%
1.2 A&H cost containment percent	0.200%
1.3 A&H expense percent excluding cost containment expenses	16.500%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>								
21113 .....	13-5459190 .....	..... 01/01/2017 .....	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	130,181,057						130,181,057	
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	130,181,057						130,181,057	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1	130,181,057						130,181,057	
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								

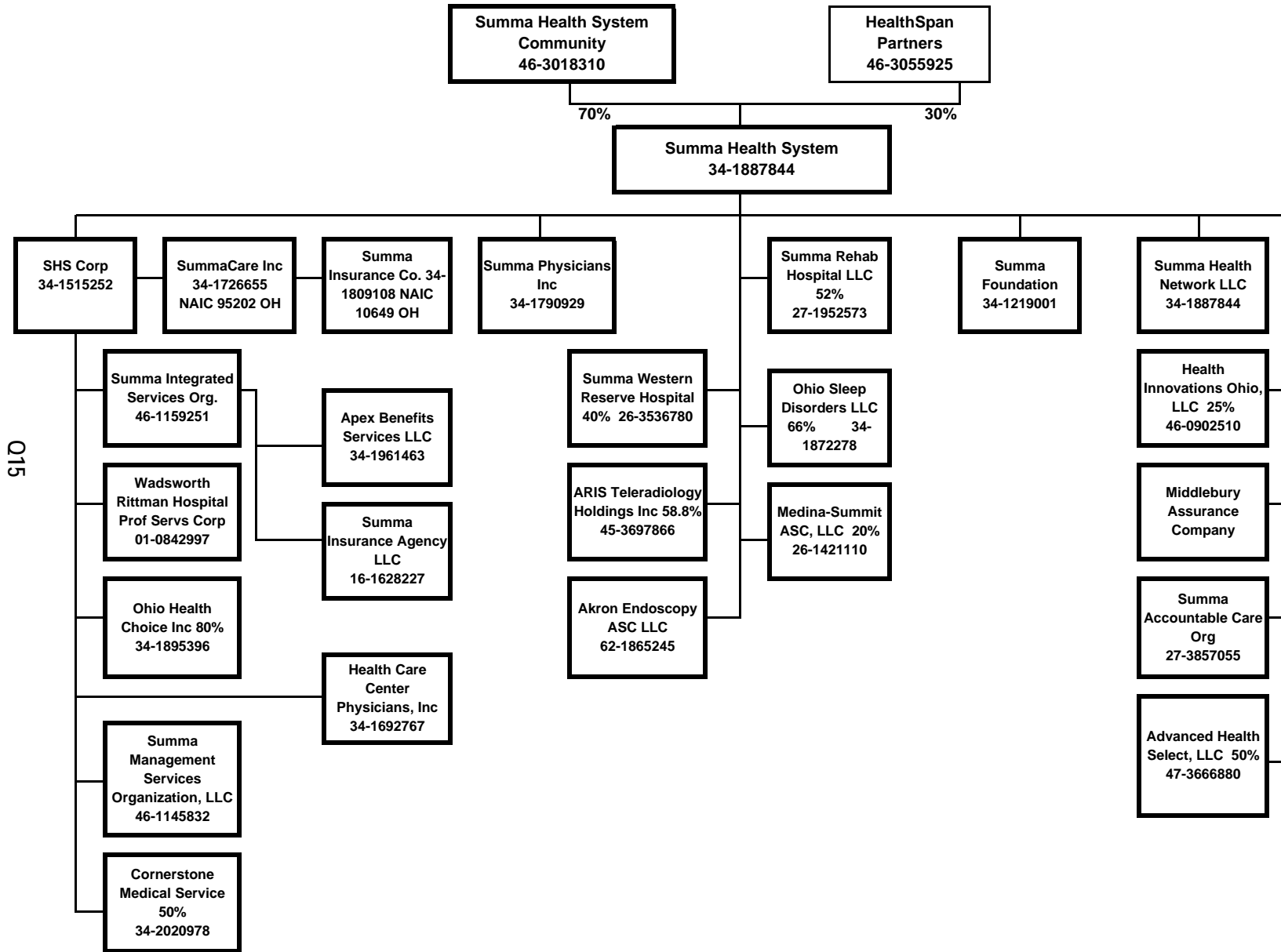
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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



Q15

**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 .....	.....
.....	.....	00000	26-1421110 ..	.....	.....	.....	MEDINA-SUMMIT ASC LLC .....	OH ..	NIA ..	SUMMA HEALTH SYSTEM .....	Ownership .....	20.0	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	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY /		
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	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



10649201736500003

2017

Document Code: 365



**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 .....	(2)	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) .....	(2)	1	

STATEMENT AS OF **September 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 .....	21,750	34,869
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		15,804
6.	Deduct consideration for bonds and stocks disposed of .....	9,200,000	6,903,320
7.	Deduct amortization of premium .....	16,623	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) .....	29,715,564	38,910,437
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	29,715,564	38,910,437

QS102

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	39,651,083			51,569	39,519,565	39,651,083	39,702,652	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 .....	39,651,083			51,569	39,519,565	39,651,083	39,702,652	39,366,052
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	39,651,083			51,569	39,519,565	39,651,083	39,702,652	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 \$.....9,987,088; 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 .....	9,987,088	X X X	9,987,088	17,536	

**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 .....	9,531,473	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) .....	9,987,088	455,615
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	9,987,088	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)
<b>Bonds - U.S. Governments</b>																					
912828TG5	U.S. TREASURY NOTE		07/31/2017	MATURED	X X X	2,500,000	2,500,000	2,483,594	2,496,508		3,492		3,492		2,500,000				12,500	07/31/2017	1
	U.S. TREASURY NOTE		09/15/2017	MATURED	X X X	2,500,000	2,500,000	2,512,011	2,501,482		(1,482)		(1,482)		2,500,000				25,000	09/15/2017	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	5,000,000	5,000,000	4,995,605	4,997,990		2,010		2,010		5,000,000				37,500	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	5,000,000	5,000,000	4,995,605	4,997,990		2,010		2,010		5,000,000				37,500	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	5,000,000	5,000,000	4,995,605	4,997,990		2,010		2,010		5,000,000				37,500	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	5,000,000	X X X	4,995,605	4,997,990		2,010		2,010		5,000,000				37,500	X X X	X X X

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

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

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

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

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

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

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

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



**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
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 .....						6,456,335	6,886,303	5,220,429	X X X
First Merit Bank Money Market .....	Akron, Ohio .....			0.150	215		569,792	569,865	569,935	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	215		7,026,127	7,456,168	5,790,364	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	215		7,026,127	7,456,168	5,790,364	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	215		7,026,127	7,456,168	5,790,364	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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