



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE  
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			10 North Main Street (Street and Number)			
	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8981 (Area Code)(Telephone Number)(Extension)			
	hallroy@summahealth.org (E-Mail Address)					
			(Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Dennis Dale Pijor	President #
Michael Anthony O'Neill	Assistant Treasurer #

OTHERS

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

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.  
Rajiv Vishnu Taliwal M.D.  
Benjamin Paul Sutton  
Russell Floyd Mohawk  
Thomas Clifford Deveny M.D. #  
Robert Jeffrey Copeland #  
Kathleen Tirbovich Geier  
James Ross Mclvaine  
Henry Leigh Gerstenberger  
Caroline Fisher Pearson  
Dennis Dale Pijor #

State of Ohio  
County of Summit ss

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

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

Subscribed and sworn to before me this 1st day of March, 2018  
a. Is this an original filing? Yes[X] No[ ]  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....						
0299998 Premiums due and unpaid not individually listed .....	175,387	31,261	17,584	7,929	23,897	3,686,106
0299999 TOTAL Group .....	175,387	31,261	17,584	7,929	23,897	3,686,106
0399999 Premiums due and unpaid from Medicare entities .....				3,477,842		
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	175,387	31,261	17,584	3,485,771	23,897	3,686,106

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
Medimpact .....	1,481,462			1,882,336	1,882,336	1,481,462
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,481,462			1,882,336	1,882,336	1,481,462
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
<b>Capitation Arrangements Receivables</b>						
CMS revenue due from membership true-up .....	40,172					40,172
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....	40,172					40,172
<b>Risk Sharing Receivables</b>						
Medicare gap receivables due from pharmaceutical companies .....	863,512					863,512
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	863,512					863,512
<b>Other Receivables</b>						
University Hospitals Marketing and Sales Expenses .....	448,809					448,809
IRG Rent Subsidy .....	87,538					87,538
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	536,347					536,347
0799999 Gross health care receivables .....	2,921,493			1,882,336	1,882,336	2,921,493

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	2,513,006	2,549,026		3,363,798	2,513,006	2,836,268
2. Claim overpayment receivables .....						71,507
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	31,520			40,172	31,520	31,520
5. Risk sharing receivables .....	1,163,598	1,430,072		863,512	1,163,598	1,163,598
6. Other health care receivables .....				536,347		
7. TOTALS (Lines 1 through 6) .....	3,708,124	3,979,098		4,803,829	3,708,124	4,102,893

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	16,130,407	3,017,000	1,558,000	890,000	1,590,000	23,185,407
0499999 Subtotals .....	16,130,407	3,017,000	1,558,000	890,000	1,590,000	23,185,407
0599999 Unreported claims and other claim reserves .....						
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						23,185,407
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						927,900

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Summa Health Network .....	6,244					6,244	
Apex Benefits Services .....	310,243					310,243	
Summa Insurance Agency .....	15					15	
0199999 Total - Individually listed receivables .....	316,502					316,502	
0299999 Receivables not inidividually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	316,502					316,502	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Summa Insurance Company .....	Administrative fees .....	256,404	256,404	
Summa Health System .....	Administrative fees .....	336,608	336,608	
Summa Management Services Organization .....	Salaries and benefits .....	1,184,033	1,184,033	
0199999 Total - Individually Listed Payables .....	X X X .....	1,777,045	1,777,045	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	1,777,045	1,777,045	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....	2,369,406	1.032			1,846,902	522,504
3. All other providers .....						
4. TOTAL Capitation Payments .....	2,369,406	1.032			1,846,902	522,504
Other Payments:						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	227,249,254	98.944	X X X	X X X	63,807,543	163,441,711
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....	56,976	0.025	X X X	X X X	56,976	
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	227,306,230	98.968	X X X	X X X	63,864,519	163,441,711
13. TOTAL (Line 4 plus Line 12) .....	229,675,636	100.000	X X X	X X X	65,711,421	163,964,215

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
.....	SUMMA HEALTH SYSTEM GERIATRICS .....	666,300			
.....	SUMMA ACCOUNTABLE CARE ORGANIZATION .....	1,180,602			
.....	PIONEER PHYSICIANS .....	522,504			
9999999 TOTALS .....		2,369,406	X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	2,539,157	.....	1,728,919	.....	810,238	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL .....	2,539,157	.....	1,728,919	.....	810,238	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION: BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Group Code 3259 NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,714							23,714		
2. First Quarter	24,598							24,598		
3. Second Quarter	24,413							24,413		
4. Third Quarter	24,219							24,219		
5. Current Year	24,005							24,005		
6. Current Year Member Months	292,442							292,442		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	112,155							112,155		
8. Non-Physician	167,402							167,402		
9. TOTAL	279,557							279,557		
10. Hospital Patient Days Incurred	502,210							502,210		
11. Number of Inpatient Admissions	9,036							9,036		
12. Health Premiums Written (b)	245,957,400							245,957,400		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	245,957,400							245,957,400		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	229,675,636							229,675,636		
18. Amount Incurred for Provision of Health Care Services	229,273,664							229,273,664		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,957,400



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 3259 NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,714							23,714		
2. First Quarter	24,598							24,598		
3. Second Quarter	24,413							24,413		
4. Third Quarter	24,219							24,219		
5. Current Year	24,005							24,005		
6. Current Year Member Months	292,442							292,442		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	112,155							112,155		
8. Non-Physician	167,402							167,402		
9. TOTAL	279,557							279,557		
10. Hospital Patient Days Incurred	502,210							502,210		
11. Number of Inpatient Admissions	9,036							9,036		
12. Health Premiums Written (b)	245,957,400							245,957,400		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	245,957,400							245,957,400		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	229,675,636							229,675,636		
18. Amount Incurred for Provision of Health Care Services	229,273,664							229,273,664		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,957,400

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999) .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Paid Losses	7  Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....					.....	.....
0799999 Total - Life and Annuity - Affiliates .....					.....	.....
1199999 Total - Life and Annuity .....					.....	.....
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
21113 .....	13-5459190 ...	01/01/2017	UNITED STATES FIRE INS CO .....	..... DE .....	.....	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					.....	.....
2199999 Total - Accident and Health - Non-Affiliates .....					.....	.....
2299999 Total - Accident and Health .....					.....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					.....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
0799999 Total - General Account - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
21113 .....	13-5459190 .....	01/01/2016	UNITED STATES FIRE INS CO .....	DE .....	SSL/A/I .....	SLEL .....	146,014	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates .....							146,014	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates .....							146,014	.....	.....	.....	.....	.....	.....
1199999 Total - General Account Authorized .....							146,014	.....	.....	.....	.....	.....	.....
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1899999 Total - General Account - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2999999 Total - General Account - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
3399999 Total - General Account - Certified .....							.....	.....	.....	.....	.....	.....	.....
3499999 Total - General Account - Authorized, Unauthorized and Certified .....							146,014	.....	.....	.....	.....	.....	.....
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4199999 Total - Separate Accounts - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
4599999 Total - Separate Accounts - Authorized .....							.....	.....	.....	.....	.....	.....	.....
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5299999 Total - Separate Accounts - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5699999 Total - Separate Accounts - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6399999 Total - Separate Accounts - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6699999 Total - Separate Accounts - Certified - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6799999 Total - Separate Accounts - Certified .....							.....	.....	.....	.....	.....	.....	.....
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified .....							.....	.....	.....	.....	.....	.....	.....
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....							146,014	.....	.....	.....	.....	.....	.....
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....							.....	.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 3499999 and 6899999) .....							146,014	.....	.....	.....	.....	.....	.....

<b>34</b>	<b>Schedule S - Part 4</b>	<b>NONE</b>
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<b>35</b>	<b>Schedule S - Part 5</b>	<b>NONE</b>
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SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	146	84	184	374	296
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	(16)	37	368	109	34
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....		16	183		
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					



SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	68,306,688		68,306,688
2. Accident and health premiums due and unpaid (Line 15) .....	3,686,106		3,686,106
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	4,401,121		4,401,121
6. TOTAL Assets (Line 28) .....	76,393,915		76,393,915
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	23,185,407		23,185,407
8. Accrued medical incentive pool and bonus payments (Line 2) .....	927,900		927,900
9. Premiums received in advance (Line 8) .....	394,978		394,978
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	15,505,564		15,505,564
15. TOTAL Liabilities (Line 24) .....	40,013,849		40,013,849
16. TOTAL Capital and Surplus (Line 33) .....	36,380,066	X X X	36,380,066
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	76,393,915		76,393,915
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

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

41

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	00000	34-1887844				SUMMA HEALTH	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership		SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	01-0842997				WADSWORTH-RIITMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	45-3697866				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	20.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

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	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					MIDDLEBURY ASSURANCE COMPANY	CYM	... IA ...	SUMMA HEALTH	Ownership	..... 100.0	SUMMA HEALTH SYSTEM		
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	. OH .	... NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	..... 100.0	COMMUNITY / HEALTHSPAN PARTNERS	.... N ....	0000001
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	. OH .	... NIA ..	SUMMA HEALTH SYSTEM CORPORATION	Ownership	..... 100.0	SUMMA HEALTH SYSTEM	.... N ....	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	. OH .	... UIP ..				HEALTHSPAN PARTNERS	.... N ....	
		00000	46-3055925				HEALTHSPAN PARTNERS	. OH .	... UIP ..				SUMMA HEALTH SYSTEM	.... N ....	0000002
		00000	34-0714755				SUMMA HEALTH SYSTEM	. OH .	... NIA ..	SUMMA HEALTH	Ownership	..... 100.0	SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS	.... N ....	0000003
		00000	27-1952573				SUMMA REHAB HOSPITAL	. OH .	... NIA ..	SUMMA HEALTH SYSTEM	Ownership	..... 100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	.... N ....	

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

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(24,367,836)	(15,944,772)				(40,312,608)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					(77,365)				(77,365)	
	34-1961463	APEX BENEFITS SERVICES, LLC					3,220,625				3,220,625	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS										
	34-1895396	OHIO HEALTH CHOICE INC										
95202	34-1726655	SUMMACARE INC				(65,079,997)	(16,920,953)				(82,000,950)	
		MIDDLEBURY ASSURANCE COMPANY					15,290				15,290	
	34-1790929	SUMMA PHYSICIANS INC.				10,070,585					10,070,585	
	26-1375072	SUMMA BARBERTON HOSPITAL										
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL										
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				2,661,188					2,661,188	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					26,885,393				26,885,393	
	34-1887844	SUMMA HEALTH SYSTEM				76,716,060	2,821,782				79,537,842	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

- 12.
- 13. SummaCare has less than 100 stockholders
- 16.
- 20.
- 21.

Bar Code:

Medicare Supplement Insurance Experience Exhibit

9520220173600000 2017 Document Code: 360

Health Life Supplement

9520220172050000 2017 Document Code: 205

Schedule SIS

9520220174200000 2017 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9520220173710000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9520220173700000 2017 Document Code: 370

Medicare Part D Coverage Supplement

9520220173650000 2017 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

9520220172240000 2017 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

9520220172250000 2017 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95202201722600000

2017

Document Code: 226

LTC Supplemental Interrogatories



95202201730600000

2017

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95202201721100000

2017

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
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		Prior Year
	1 Uncovered	2 Total	3 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	..... X X X .....	.....	.....
0704. Proceeds from the Sale of the Medicaid Product Line .....	..... X X X .....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....	..... X X X .....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....



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Schedule D - Part 6 - Section 2 .....	E16
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