



QUARTERLY STATEMENT
AS OF MARCH 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

NAIC Group Code 3259 , 3259 NAIC Company Code 95202 Employer's ID Number 34-1726655
(Current Period) (Prior Period)

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[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[X]
 Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]

Incorporated/Organized 10/23/1992 Commenced Business 03/01/1993

Statutory Home Office 10 North Main Street , Akron, OH, 44308
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10 North Main Street
(Street and Number)

Akron, OH, 44308 (330)996-8410
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 , Akron, OH, 44309-3620
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 North Main Street
(Street and Number)

Akron, OH, 44308 (330)996-8410
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address SummmaCare.com

Statutory Statement Contact Roy Douglas Hall (330)996-8981
(Name) (Area Code)(Telephone Number)(Extension)

hallroy@summahealth.org
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
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. Henry Leigh Gerstenberger Caroline Fisher Pearson Dennis Dale Pijor Anthony Lockhart #	Kathleen Tirbovich Geier Benjamin Paul Sutton 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.

<u>(Signature)</u> Dennis Dale Pijor <u>(Printed Name)</u> 1. President <u>(Title)</u>	<u>(Signature)</u> Michael Anthony O'Neill <u>(Printed Name)</u> 2. Chief Financial Officer <u>(Title)</u>	<u>(Signature)</u> Stephen Michael Adamson <u>(Printed Name)</u> 3. Vice President, Chief Operations Officer <u>(Title)</u>
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Subscribed and sworn to before me this 15th day of May , 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)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	32,804,755		32,804,755	32,807,753
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	16,240,229		16,240,229	21,360,212
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 (\$.....30,084,421), cash equivalents (\$.....0) and short-term investments (\$.....6,924,446)	37,008,867		37,008,867	12,084,822
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)	86,053,851		86,053,851	66,252,787
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	185,511		185,511	124,233
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,617,422	24,419	3,593,003	3,686,106
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				
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	411,223		411,223	824,349
18.2 Net deferred tax asset	168,445		168,445	168,445
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)	952,769	952,769		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	41,825		41,825	316,502
24. Health care (\$.....4,738,344) and other amounts receivable	7,167,699	2,429,355	4,738,344	3,921,493
25. Aggregate write-ins for other-than-invested assets	1,477,150	1,477,150		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	100,075,895	4,883,693	95,192,202	75,293,915
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	100,075,895	4,883,693	95,192,202	75,293,915
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid assets	1,477,150	1,477,150		
2502. Deposits				
2503. Pharmacy Rebates				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,477,150	1,477,150		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	20,310,389		20,310,389	22,085,407
2. Accrued medical incentive pool and bonus amounts	1,158,024		1,158,024	927,900
3. Unpaid claims adjustment expenses	587,853		587,853	587,853
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	9,187,279		9,187,279	9,049,000
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	21,718,310		21,718,310	394,978
9. General expenses due or accrued	2,843,681		2,843,681	3,909,921
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	187,430		187,430	181,745
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	2,590,338		2,590,338	1,777,045
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)	58,583,304		58,583,304	38,913,849
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	53,084,767	50,084,767
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(16,475,869)	(13,704,701)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 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	36,608,898	36,380,066
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	95,192,202	75,293,915
DETAILS OF WRITE-INS				
2301. Payroll liability				
2302. Other accrued liabilities				
2303. Medicaid Pharmacy Reserve				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	71,881	73,980	291,871
2. Net premium income (including \$.....0 non-health premium income)	X X X	62,881,968	60,723,383	245,811,386
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	19,357	19,170	77,365
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	62,901,325	60,742,553	245,888,751
Hospital and Medical:				
9. Hospital/medical benefits		47,406,013	50,438,362	203,310,732
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		5,064,624	4,519,210	23,935,032
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		390,456		927,900
16. Subtotal (Lines 9 to 15)		52,861,093	54,957,572	228,173,664
Less:				
17. Net reinsurance recoveries		3,257		(16,484)
18. Total hospital and medical (Lines 16 minus 17)		52,857,836	54,957,572	228,190,148
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....233,043 cost containment expenses		1,041,778	1,281,699	4,149,553
21. General administrative expenses		6,268,751	6,693,465	25,617,366
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)		60,168,365	62,932,736	257,957,067
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,732,960	(2,190,183)	(12,068,316)
25. Net investment income earned		148,897	103,902	427,623
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		148,897	103,902	427,623
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		1,514	145,836	234,990
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	2,883,371	(1,940,445)	(11,405,703)
31. Federal and foreign income taxes incurred	X X X	88,613		(547,543)
32. Net income (loss) (Lines 30 minus 31)	X X X	2,794,758	(1,940,445)	(10,858,160)
DETAILS OF WRITE-INS				
0601. Administrative Services Revenue	X X X	19,357	19,170	77,365
0602. Misc income received from prior year taxes	X X X			
0603. Gain/loss on disposal of asset	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	19,357	19,170	77,365
0701. Proceeds from the Sale of the Medicaid Product Line	X X X			
0702. Miscellaneous Income	X X X			
0703. Miscellaneous Revenue	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Medimpact Performance Guarantee				115,580
2902. Miscellaneous Income		1,514	145,836	39,410
2903. Gain on disposal of asset				80,000
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		1,514	145,836	234,990

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	36,380,066	55,496,729	55,496,729
34. Net income or (loss) from Line 32	2,794,758	(1,940,445)	(10,858,160)
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	(5,119,983)	170,605	(7,036,148)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			168,445
39. Change in nonadmitted assets	(445,943)	(355,478)	(1,440,682)
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	3,000,000		
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			49,882
48. Net change in capital and surplus (Lines 34 to 47)	228,832	(2,125,318)	(19,116,663)
49. Capital and surplus end of reporting period (Line 33 plus 48)	36,608,898	53,371,411	36,380,066
DETAILS OF WRITE-INS			
4701. Change in Minimum Pension Liability - Unrestricted Funds			
4702. Federal income tax adjustment			49,882
4703. Gain on sale of bonds			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			49,882

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	84,436,682	81,604,931	253,367,920
2. Net investment income	90,617	127,870	447,182
3. Miscellaneous income	20,871	165,006	312,355
4. TOTAL (Lines 1 to 3)	84,548,170	81,897,807	254,127,457
5. Benefit and loss related payments	54,402,730	52,876,211	229,675,636
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	8,376,769	9,497,618	29,578,420
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....(324,511) tax on capital gains (losses)	(324,513)		
10. TOTAL (Lines 5 through 9)	62,454,986	62,373,829	259,254,056
11. Net cash from operations (Line 4 minus Line 10)	22,093,184	19,523,978	(5,126,599)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		2,000,000	8,000,000
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		2,000,000	8,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds			6,607,612
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)			6,607,612
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		2,000,000	1,392,388
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	3,000,000		
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(169,139)	19,326	(4,130,689)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	2,830,861	19,326	(4,130,689)
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)	24,924,045	21,543,304	(7,864,900)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,084,822	19,949,722	19,949,722
19.2 End of period (Line 18 plus Line 19.1)	37,008,867	41,493,026	12,084,822

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	23,959							23,959		
2. First Quarter	23,876							23,876		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	71,881							71,881		
Total Member Ambulatory Encounters for Period:										
7. Physician	20,852							20,852		
8. Non-Physician	29,596							29,596		
9. Total	50,448							50,448		
10. Hospital Patient Days Incurred	86,775							86,775		
11. Number of Inpatient Admissions	1,631							1,631		
12. Health Premiums Written (a)	62,923,678							62,923,678		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	62,923,678							62,923,678		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	54,405,987							54,405,987		
18. Amount Incurred for Provision of Health Care Services	52,861,093							52,861,093		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....62,923,678.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	15,110,389	2,185,000	1,237,000	209,000	1,569,000	20,310,389
0499999 Subtotals	15,110,389	2,185,000	1,237,000	209,000	1,569,000	20,310,389
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						20,310,389
0899999 Accrued Medical Incentive Pool And Bonus Amounts						1,158,024

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	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		
Line of Business						
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	17,766,940	36,475,458	1,780,000	18,530,389	19,546,940	22,085,407
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	17,766,940	36,475,458	1,780,000	18,530,389	19,546,940	22,085,407
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts		160,332	927,900	230,124	927,900	927,900
13. Totals (Lines 9 - 10 + 11 + 12)	17,766,940	36,635,790	2,707,900	18,760,513	20,474,840	23,013,307

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of March 31, 2018 and December 31, 2017 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material. Additionally, the Company's risk based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

	SSAP #	F/S Page	F/S Line	2018	2017
<u>Net Income</u>					
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	2,794,758	(10,858,160)
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>2,794,758</u>	<u>(10,858,160)</u>
<u>Surplus</u>					
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	36,608,898	36,380,066
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>36,608,898</u>	<u>36,380,066</u>

B. Use of Estimates

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

C. Accounting Policy

The Company uses the following accounting policies:

1) Cash and Short-Term Investments

Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.

2) Mandatory convertible securities and SVO-Identified investments – None.

3) Common stocks – See number seven, investments in subsidiaries, controlled and affiliated entities.

4) Preferred stocks – None.

5) Mortgage loans on real estate – None.

6) Loan backed securities – None.

7) SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company's investment in SIC is classified as common stock on the Assets page.

8) Investments in joint ventures, partnerships and limited liability companies – None.

9) Accounting policy for derivatives – The Company does not invest in derivative instruments.

10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.

11) The cost of health care services is recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to the Company's members by third-party providers, which have been incurred but not reported to the Company. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are

Notes to Financial Statement

continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

- 12) The Company's capitalization policy and predefined thresholds have not changed from the prior period.
- 13) Pharmaceutical rebates are reported as a reduction of prescription drug expense. Receivables related to pharmaceutical rebates are recorded in accordance with SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Pharmacy rebates receivable are estimated by multiplying the most recent rebate received by two (two quarters).

D. Going Concern – Not applicable.

2. Accounting Changes and Corrections of Errors

A. Accounting Changes – None.

B. Corrections of Errors

During the preparation of the 2017 financial statements, the Company discovered an error in the amount recorded as federal income tax recoverable. In 2016, federal income tax recoverable (Assets Page, Line 18.1) and federal income taxes incurred (Statement of Revenue and Expenses, Line 31) were understated by \$49,882. Line 18.1 on the Assets page and Line 31 on the Liabilities, Capital and Surplus page were adjusted in 2017 to correct this error.

3. Business Combinations and Goodwill

A. Statutory Purchase Method – None.

B. Statutory Merger – None.

C. Assumption Reinsurance – None.

D. Impairment Loss – None.

4. Discontinued Operations – None.

5. Investments

A. Mortgage Loans – None.

B. Debt Restructuring – None.

C. Reverse Mortgages – None.

D. Loan backed securities – None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowings – None.

G. Reverse Repurchase Agreements Transactions Accounted for a Secured Borrowings – None.

H. Repurchase Agreements Transactions Accounted for as a Sale – None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.

J. Real Estate – None.

K. Low Income Housing Tax Credits – None.

L. Restricted Assets

Notes to Financial Statement

	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0
b. Collateral held under security lending agreement:	\$0	\$0	\$0	\$0	\$0	\$0
c. Subject to repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
d. Subject to reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
e. Subject to dollar repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
g. Placed under option contracts	\$0	\$0	\$0	\$0	0.000	0.000
h. Letter stock or securities restricted as to sale	\$0	\$0	\$0	\$0	0.000	0.000
i. FHLB capital stock	\$0	\$0	\$0	\$0	0.000	0.000
j. On deposit with states	\$433,931	\$433,544	\$387	\$433,931	0.490	0.511
k. On deposit with other regulatory bodies	\$0	\$0	\$0	\$0	0.000	0.000
l. Pledged as collateral to FHLB	\$0	\$0	\$0	\$0	0.000	0.000
m. Pledged as collateral not captured in other categories:	\$0	\$0	\$0	\$0	0.000	0.000
n. Other restricted assets						
o. Total restricted assets	\$433,931	\$433,544	\$387	\$433,931	0.490	0.511

M. Working Capital Finance Investments – None.

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

O. Structured Notes – None.

P. 5* Securities – None.

Q. Q. Short Sales – None.

R. Prepayment Penalty and Acceleration Fees – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

B. Impaired investments in joint ventures, partnerships and limited liability companies – None.

7. Investment Income

A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.

B. Total amount excluded - None

8. Derivative Instruments – None.

9. Income Taxes

A. The components of deferred tax asset as of March 31, 2018 and December 31, 2017 are:

Notes to Financial Statement

	3/31/2018	12/31/2017	Change
1. Current Income Tax			
(a) Federal	\$88,613	(\$547,543)	\$636,156
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	\$88,613	(\$547,543)	\$636,156
(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	\$88,613	(\$547,543)	\$636,156
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$80,524	\$83,899	(\$3,375)
(2) Unearned Premium Reserve	\$912,169	\$16,589	\$895,580
(3) Policyholder Reserves	\$85,759	\$85,759	\$0
(4) Investments	\$53,324	\$53,324	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$116,112	\$119,814	(\$3,702)
(8) Compensation and Benefits Accrual	\$0	\$0	\$0
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$1,025,576	\$931,928	\$93,648
(11) Net Operating Loss Carry-Forward	\$1,935,321	\$3,225,652	(\$1,290,331)
(12) Tax Credits	\$0	\$0	\$0
(13) Other	\$664,309	\$690,007	(\$25,698)
Subtotal	\$4,873,094	\$5,206,972	(\$333,878)
(b) Statutory Valuation Allowance (Ordinary)	\$3,383,565	\$3,715,357	(\$331,792)
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$1,489,529	\$1,491,615	(\$2,086)
(e) Capital			
(1) Investments	\$0	\$0	\$0
(2) Net Capital Loss Carry-Forward	\$0	\$0	\$0
(3) Unrealized Gains/losses	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(f) Statutory Valuation Allowance Adjustment (Cap)	\$0	\$0	\$0
(g) Nonadmitted	\$0	\$0	\$0
(h) Admitted Capital Deferred Tax Assets	\$0	\$0	\$0
(i) Admitted Deferred Tax Assets	\$1,489,529	\$1,491,615	(\$2,086)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$1,068,473	\$1,068,473	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$252,611	\$254,697	(\$2,086)
Subtotal	\$1,321,084	\$1,323,170	(\$2,086)
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(c) Deferred Tax Liabilities	\$1,321,084	\$1,323,170	(\$2,086)
4. Net Deferred Tax Assets / Liabilities	\$168,445	\$168,445	\$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 as of March 31, 2018:

Description	Amount	Tax Effect	Effective Tax Rate
Income (loss) before taxes	2,444,396	513,323	21.0%
Meals & entertainment	3,476	730	0.0%
Change in valuation allowance	(1,579,961)	(331,792)	-13.6%
Change in nonadmitted assets	(445,943)	(93,648)	-3.8%
	<u>421,968</u>	<u>88,613</u>	<u>3.6%</u>
Federal income taxes incurred			88,613
Change in net deferred income taxes			-
Total statutory income taxes			<u>88,613</u>

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

Notes to Financial Statement

1. The company has a net operating loss carry-forward of \$9,215,815 as of March 31, 2018.
2. There are no income taxes available for recoupment in the event of future net losses.
3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of March 31, 2018 and December 31, 2017.

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

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

Affiliated and subsidiary organizations of SC include Summa Health System Community; HealthSpan Partners; Summa Health: Summa Health System, Inc. (SHS); Summa Insurance Company (SIC); Summa Health Network LLC (SHN); 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 Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); and Medina-Summit ASC, LLC.

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

B. & C. Transactions with Affiliated Organizations

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

The operating activities with affiliated entities as of March 31, 2018 and December 31, 2017 are as follows:

	<u>2018</u>	<u>2017</u>
Claims expense related to affiliated entities:		
SHS	\$ 15,289,861	56,340,369
SPI	2,107,931	8,366,234
ACO	263,831	972,798
Directors' and officers insurance paid to MAC	1,911	16,267
Management fees charged to SHN	19,357	77,365
Management fees charged to ACO	—	—
Management fees charged from SMSO	3,920,373	13,898,003
Management fees charged from Apex	402,332	1,681,779
Corporate expense allocation paid to SHS	452,012	1,410,891

Notes to Financial Statement

D. The balances outstanding with affiliated entities as of March 31, 2018 and December 31, 2017 are as follows:

	Due from		Due to	
	2018	2017	2018	2017
SIA	\$ 14	15	—	—
SIC	—	—	930,227	256,404
SHS	—	—	259,777	336,608
APEX	41,811	310,243	—	—
SMSO	—	—	1,400,334	1,184,033
SHN	—	6,244	—	—
	\$ 41,825	316,502	2,590,338	1,777,045

E. Guarantees or undertakings – None.

F. In 2018 and 2017, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$3,920,373 and \$13,898,003 in 2018 and 2017, respectively.

G. The Company's common membership is held by its parent, Summa Health System Corporation.

H. Investments in upstream intermediate entities or ultimate parent – None.

I. Investments in SCA Entities

As of March 31, 2018, the Company owned 100% of the common stock of SIC, whose carrying value exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net losses of SIC as of March 31, 2018 were:

Assets - \$44,798,778
 Liabilities - \$28,558,549
 Net Loss – \$4,518,055

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

SC has no debt as of March 31, 2018.

12. Retirement Plans

A. Defined Benefit Plan - None.

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

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

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

E. Defined Contribution Plan – None.

F. Multiemployer Plan – None.

Notes to Financial Statement

- G.** Consolidated / Holding Company Plan – None.
- H.** Postemployment Benefits and Compensated Absences – None.
- I.** Impact of Medicare Modernization Act on Postretirement Benefits – None.

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

- 1.) SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of March 31, 2018 and December 31, 2017 is SHSC.
- 2.) Dividends rate, liquidation value – Not applicable.
- 3.) Dividend Restrictions – Not applicable.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) Portion of reporting entity's profits that can be paid as ordinary dividends – Not applicable.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocals - None.
- 8.) Stock held by the Company for special purposes – None.
- 9.) Special surplus funds – None.
- 10.) The portion of unassigned funds represented or reduced by :
 - Nonadmitted Asset Values – \$4,883,693
 - Unrealized Gains (Losses) – (\$579,755)
- 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 – None
- 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

A. Lessee Leasing Arrangements.

- 1.) The company leases its facility under a noncancelable operating lease which expires during 2021. Rent expense was \$196,498 as of March 31, 2018 and was \$747,724 for year ending December 31, 2017.
- 2.) Future minimum payments under noncancelable operating leases are as follows:

Notes to Financial Statement

Year ended December 31:	
2018	1,376,434
2019	1,379,405
2020	1,365,375
2021	490,988
Total minimum future commitment	\$ 4,612,202

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

B. Lessor Leasing Arrangements - None

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

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

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

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

20. Fair Value Measurement

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

1) Fair value measurements at the reporting date.

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	\$37,008,867	\$0	\$0	\$37,008,867
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	\$37,008,867	\$0	\$0	\$37,008,867
b. Liabilities at fair value				
Derivative liabilities	\$0	\$0	\$0	\$0
Total liabilities at fair value	\$0	\$0	\$0	\$0

Notes to Financial Statement

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.

Financial Instrument	March 31, 2018					
	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
U.S. Treasury securities: \$	32,225,000	\$ 32,804,755	\$ 32,225,000	\$ -	\$ -	\$ -
U.S. government agency securities	-	-	-	-	-	-
Short-term investments	6,924,446	6,924,446	6,924,446	-	-	-

Financial Instrument	December 31, 2017					
	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
U.S. Treasury securities: \$	32,557,164	\$ 32,807,753	\$ 32,557,164	\$ -	\$ -	\$ -
U.S. government agency securities	-	-	-	-	-	-
Short-term investments	5,777,890	5,777,890	5,777,890	-	-	-

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 and Unusual Items** – 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** – None.

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)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

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

B. Uncollectible Reinsurance – None.

C. Commutation of Ceded Reinsurance – None.

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

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

25. Changes in Incurred Claims and Claims Adjustment Expenses

Activity in claims unpaid is summarized as follows:

Notes to Financial Statement

	<u>2018</u>	<u>2017</u>
Balance at January 1	22,085,407	24,515,279
Incurred related to:		
Current year	55,005,847	233,036,451
Prior Year	<u>(2,538,467)</u>	<u>(4,846,303)</u>
Total	52,467,380	228,190,148
Paid related to:		
Current year	36,475,458	210,995,044
Prior Year	<u>17,766,940</u>	<u>19,624,976</u>
Total	54,242,398	230,620,020
Balance at end of period	<u>20,310,389</u>	<u>22,085,407</u>

- A. Reserves as of December 31, 2017 were \$22,085,407. As of March 31, 2018, \$17,766,940 has been paid for incurred claims attributable to insured events of prior years. There is \$1,780,000 in reserves remaining for prior years as of March 31, 2018. Therefore, there has been \$2,538,467 in favorable development since December 31, 2017 to March 31, 2018. This favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses from the previous year.

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

27. **Structured Settlements** – None.

28. **Healthcare Receivables**

- A. The company receives pharmacy rebates on a quarterly basis. As of March 31, 2018, a receivable was recorded equal to two quarters of rebates. For quarter ending March 31, 2018, pharmacy rebates receivable were estimated by multiplying the most recent rebate received by two (two quarters). Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

<u>Quarter</u>	<u>Estimated Pharmacy Rebates as Reported on Financial Statements</u>	<u>Pharmacy Rebates as Billed or Otherwise Confirmed</u>	<u>Actual Rebates Received Within 90 Days of Billing</u>	<u>Actual Rebates Received Within 91 to 180 Days of Billing</u>	<u>Actual Rebates Received More Than 180 Days After Billing</u>
3/31/2018	\$3,870,950	\$0	\$0	\$0	\$0
12/31/2017	\$3,363,798	\$1,327,040	\$0	\$0	\$1,327,040
9/30/2017	\$3,040,289	\$2,758,557	\$0	\$0	\$2,758,557
6/30/2017	\$2,562,792	\$2,916,657	\$0	\$0	\$2,916,657
3/31/2017	\$2,693,537	\$2,706,605	\$0	\$0	\$2,706,605
12/31/2016	\$2,836,268	\$2,511,423	\$0	\$0	\$2,511,423
9/30/2016	\$2,710,344	\$2,617,524	\$0	\$0	\$2,617,524
6/30/2016	\$2,306,363	\$2,638,871	\$0	\$0	\$2,638,871
3/31/2016	\$2,441,355	\$2,529,190	\$0	\$0	\$2,529,190
12/31/2015	\$2,738,381	\$2,465,554	\$0	\$0	\$2,465,554
9/30/2015	\$2,487,283	\$2,459,600	\$0	\$0	\$2,459,600
6/30/2015	\$1,671,800	\$2,469,724	\$0	\$0	\$2,469,724

- B. **Method used by the Company to estimate its risk sharing receivables** – The Company has no risk sharing receivables.

29. **Participating Policies** – None.

30. **Premium Deficiency Reserves**

Notes to Financial Statement

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts. There were no premium deficiency reserves recorded as of March 31, 2018 and December 31, 2017, respectively.

- 1. Liability carried for premium deficiency reserves:** \$0
- 2. Date of the most recent evaluation of this liability:** December 31, 2017
- 3. Was anticipated investment income utilized in the calculation:** Yes

31. Anticipated Salvage Value and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] 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:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 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 Name of Entity	2 NAIC Company Code	3 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? Yes[] No[] N/A[X]
If yes, attach an explanation.

- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No No No No

- 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? Yes[X] No[]
 - (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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

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

GENERAL INTERROGATORIES (Continued)

	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	21,360,212	16,240,229
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)	21,360,212	16,240,229
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Huntington Bank	106 South Main Street, Akron, OH 44308

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

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

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

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 Bank	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes No

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 84.430% |
| 1.2 A&H cost containment percent | 0.371% |
| 1.3 A&H expense percent excluding cost containment expenses | 11.255% |
| 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 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
93440	06-1041332	01/01/2018	HM LIFE INS CO	PA	SSL/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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		62,923,678					62,923,678	
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		62,923,678					62,923,678	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X		62,923,678					62,923,678	
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								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 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

1

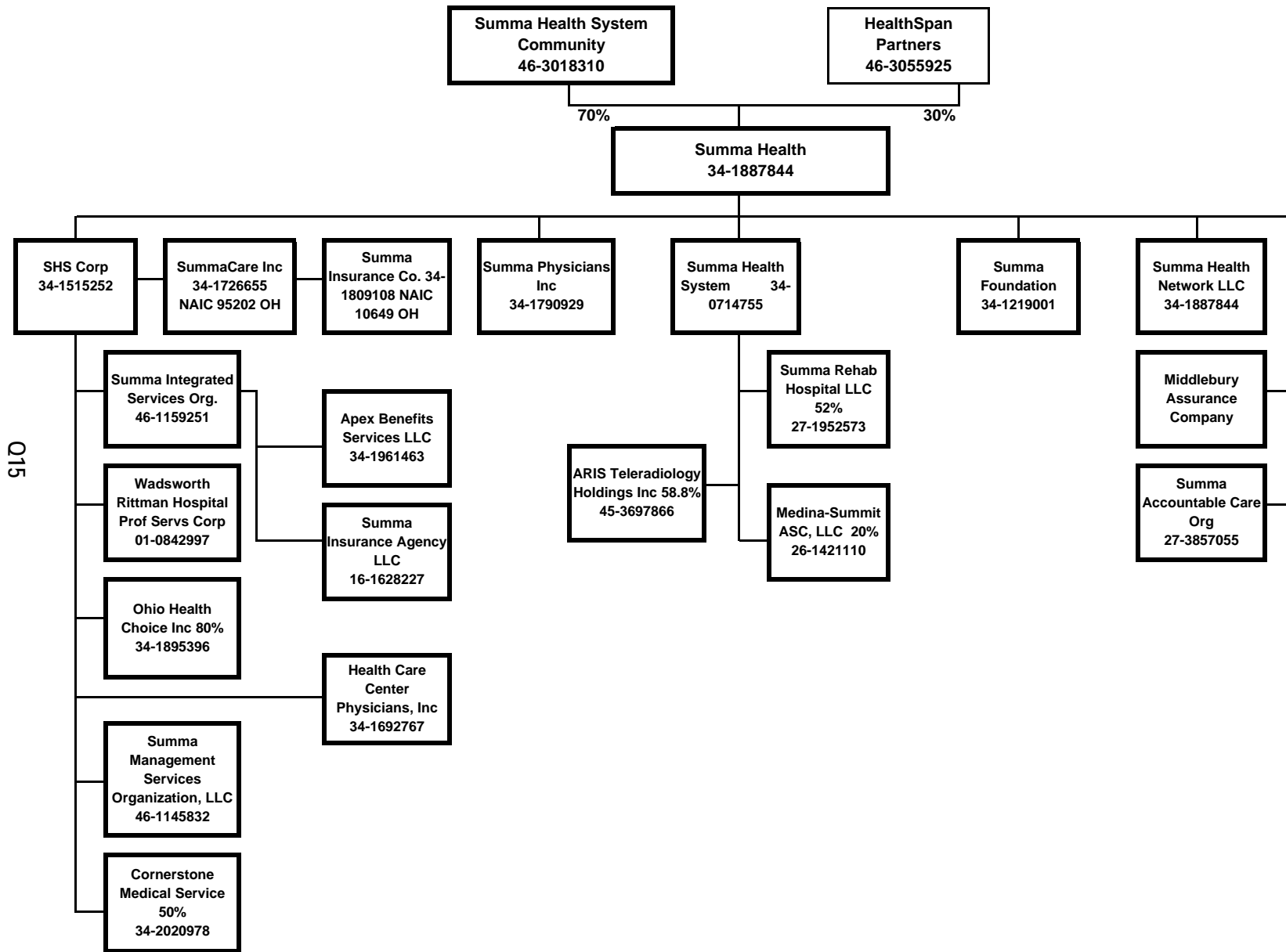
- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		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	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
3259	SUMMA INSURANCE COMPANY	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-RITTMAN 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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	0000001
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP					N	0000002
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					N	0000003
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS	N	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

Q16.1

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95202201836500001

2018

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		
0704. Proceeds from the Sale of the Medicaid Product Line	X X X			
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2904. Rental Revenue				
2905. City Income Taxes				
2906. Minority Interest Income (Expense)				
2907. City Taxes				
2908. Network Access Fees - Providers				
2909. Minority Interest Expense				
2910. Write off of tax receivable				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

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

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 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)		

NONE**SCHEDULE B - VERIFICATION****Mortgage Loans**

	1 Year To Date	2 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)		

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 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)		

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	54,167,965	63,573,849
2. Cost of bonds and stocks acquired		6,607,612
3. Accrual of discount	5,867	40,732
4. Unrealized valuation increase (decrease)	(5,119,983)	(7,036,148)
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		9,000,000
7. Deduct amortization of premium	8,865	18,080
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	49,044,984	54,167,965
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	49,044,984	54,167,965

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	38,585,643			1,143,558	39,729,201			38,585,643
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	38,585,643			1,143,558	39,729,201			38,585,643
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	38,585,643			1,143,558	39,729,201			38,585,643

(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 \$.....6,924,446; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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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	6,924,446	X X X	6,924,446	18,930	

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	5,777,890	3,760,918
2. Cost of short-term investments acquired	1,146,556	2,016,972
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)	6,924,446	5,777,890
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,924,446	5,777,890

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
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
First Merit - General Operating	Akron, Ohio					1,973,189	4,814,959	26,526,843	X X X
First Merit - Middlebury	Akron, Ohio								X X X
FirstMerit - Cleveland Clinic	Akron, Ohio								X X X
First Merit - 401k Plan	Akron, Ohio								X X X
SummaCare - Petty Cash	Akron, Ohio					300	300	300	X X X
FirstMerit - CFGH	Akron, Ohio								X X X
FirstMerit - Bridgestone	Akron, Ohio								X X X
FirstMerit - APS	Akron, Ohio					(8,433)	(6,169)	2,810	X X X
FirstMerit - Goodyear	Akron, Ohio					(48,187)	(48,170)	(48,420)	X X X
FirstMerit - SHS	Akron, Ohio					(733,058)	(1,940)	(1,940)	X X X
FirstMerit - WRH	Akron, Ohio								X X X
FirstMerit - BCH	Akron, Ohio								X X X
FirstMerit - Medical Reimbursement	Akron, Ohio								X X X
FirstMerit - Money Market	Akron, Ohio		0.150	1,690		5,103,794	3,604,369	3,604,828	X X X
FirstMerit - SWRH	Akron, OH								X X X
0199998 Deposits in0 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	1,690		6,287,604	8,363,349	30,084,421	X X X
0299998 Deposits in0 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	1,690		6,287,604	8,363,349	30,084,421	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	1,690		6,287,604	8,363,349	30,084,421	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">N O N E</div>								
8899999 Total - Cash Equivalents								

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