

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>01/01/1997</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u> <u>P.O. BOX 2090</u> <u>AKRON, OH 44309</u>	2b Employer Identification Number (EIN) <u>34-0714755</u> 2c Sponsor's telephone number <u>330-996-8523</u> 2d Business code (see instructions) <u>622000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>NINO CIRALDO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUMMA AKRON CITY AND ST. THOMAS HOSPITALS P.O. BOX 2090 AKRON, OH 44309	3b Administrator's EIN 34-0714755 3c Administrator's telephone number 330-996-8523
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	10549
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	8134
b Retired or separated participants receiving benefits.....	6b	67
c Other retired or separated participants entitled to future benefits.....	6c	2585
d Subtotal. Add lines 6a , 6b , and 6c	6d	10786
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	11
f Total. Add lines 6d and 6e	6f	10797
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	9242
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	306

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2G 2L

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 9 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>84-0467907</u>	<u>7692</u>	<u>85802-01</u>	<u>349</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2570709
5 Current value of plan's interest under this contract in separate accounts at year end	5	4363039

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	2875280
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	91733	
(4) Transferred from separate account	7c(4)	543086	
(5) Other (specify below)	7c(5)	2615	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	637434
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d Total of balance and additions (add b and c(6))	7d	3512714
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	398293	
(2) Administration charge made by carrier	7e(2)	984	
(3) Transferred to separate account	7e(3)	542728	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	942005
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f Balance at the end of the current year (subtract e(5) from d)	7f	2570709
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-80331	2	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	29880
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	28731
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1149	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	1149
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d Total of balance and additions (add b and c(6))	7d	29880
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	
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f Balance at the end of the current year (subtract e(5) from d)	7f	29880
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-82114	21	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	706548
5 Current value of plan's interest under this contract in separate accounts at year end	5	176364

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	703092
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	27531	
▶ REALIZED AND UNREALIZED GAINS			

(6) Total additions	7c(6)	27531
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d Total of balance and additions (add b and c(6))	7d	730623
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23497	
(2) Administration charge made by carrier	7e(2)	274	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	304	

▶ **WITHDRAWALS**

(5) Total deductions	7e(5)	24075
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f Balance at the end of the current year (subtract e(5) from d)	7f	706548
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-80072	37	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1416766
5 Current value of plan's interest under this contract in separate accounts at year end	5	95486

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	1400270
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	55332	

▶ **REALIZED AND UNREALIZED GAINS**

(6) Total additions	7c(6)	55332
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d Total of balance and additions (add b and c(6))	7d	1455602
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34186
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	4650

▶ **WITHDRAWALS**

(5) Total deductions	7e(5)	38836
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f Balance at the end of the current year (subtract e(5) from d)	7f	1416766
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0043	11	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2091	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DANIEL JACOBS
 CORPORATE PLAZA I STE 100
 6450 ROCKSIDE WOODS BLVD. S
 INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2088			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROSS CROUCHER
 CORPORATE PLAZA I STE 100
 6450 ROCKSIDE WOODS BLVD. S
 INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	237661
5 Current value of plan's interest under this contract in separate accounts at year end	5	207050

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	318415
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	11947	
(4) Transferred from separate account	7c(4)	48026	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	59973
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d Total of balance and additions (add b and c(6))	7d	378388
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	110204	
(2) Administration charge made by carrier	7e(2)	120	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	30403	
▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENTS, TRANSFERRED ASSETS FROM ONE INC CONTRACT TO ANOTHER			

(5) Total deductions	7e(5)	140727
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f Balance at the end of the current year (subtract e(5) from d)	7f	237661
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>42-0127290</u>	<u>61271</u>	<u>439715</u>	<u>0</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	<u>47248</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FIDELITY INVESTMENTS TAX-EXEMPT SER 82 DEVONSHIRE ST.
STE MCIE
BOSTON, MA 02109-3605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>47248</u>	<u>REFERRAL/SERVICE FEE</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	17584512
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c Additions: (1) Contributions deposited during the year	7c(1)	5761534	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	636749	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	6398283
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d Total of balance and additions (add b and c(6))	7d	23982795
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2775712	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	2775712
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f Balance at the end of the current year (subtract e(5) from d)	7f	21207083
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-5570651</u>	<u>62944</u>	<u>013889</u>	<u>1</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	53371
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b Balance at the end of the previous year	7b	55412
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1652	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	1652
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d Total of balance and additions (add b and c(6))	7d	57064
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3693	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	3693
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f Balance at the end of the current year (subtract e(5) from d)	7f	53371
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	013889-001	5	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2586
5 Current value of plan's interest under this contract in separate accounts at year end	5	51699

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST OPTION**

b Balance at the end of the previous year	7b	2832
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	84	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions **7c(6)** 84

d Total of balance and additions (add b and c(6))	7d	2916
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	300	
(2) Administration charge made by carrier	7e(2)	30	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions **7e(5)** 330

f Balance at the end of the current year (subtract e(5) from d)	7f	2586
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	B00847	5	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	83

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GARDNER & WHITE P.O. BOX 40948
INDIANAPOLIS, IN 46240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	83		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	84825
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	82239
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	3082	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	3082
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d Total of balance and additions (add b and c(6))	7d	85321
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	496	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	496
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f Balance at the end of the current year (subtract e(5) from d)	7f	84825
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTL OPS CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ING LIFE INS AND ANNUITY CO

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARTFORD LIFE

06-0974148

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTL OPS CO.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	54950	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

ING LIFE INS AND ANNUITY CO.

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	5147	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 64 66	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AXA EQUITABLE LIFE INS CO.

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 58	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	1012	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTL OPS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ABF SM CAP VAL-STATE STREET BANK	.40%	
04-1867445		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTL OPS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
DOMINI SOCIAL EQ INV-BNY MELLON 101 SABIN STREET PAWTUCKET, RI 02860	.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTL OPS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MSIF SM CO GRTH-MRGN STNLY SERVICES	.35%	
13-3799749		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTL OPS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation PRINCIPAL FIXED ACCT (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. .25%		
(a) Enter service provider name as it appears on line 2 ING LIFE INS AND ANNUITY CO (b) Service Codes (see instructions) 64 (c) Enter amount of indirect compensation 1071		
(d) Enter name and EIN (address) of source of indirect compensation ING FIXED ACCOUNT 71-0294708 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RECORD-KEEPING FEES		
(a) Enter service provider name as it appears on line 2 ING LIFE INS AND ANNUITY CO (b) Service Codes (see instructions) 60 66 (c) Enter amount of indirect compensation 2148		
(d) Enter name and EIN (address) of source of indirect compensation ING GROWTH AND INCOME PORT I 06-0912550 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE		

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 65

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51699</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT DC 11

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE CO.

c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT WEST LIFE

b Name of sponsor of entity listed in (a): GREAT WEST LIFE

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4363039</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO.

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>207050</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan SUMMA HEALTH SYSTEM HOSPITALS TAX SHELTERED ANNUITY PROGRAM	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3007352	3623882
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4466873	4733047
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	5368690	4893636
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	236764410	247409662
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23048219	26306663
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	272655544	286966890

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	272655544	286966890
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10616203	
(B) Participants	2a(1)(B)	20691544	
(C) Others (including rollovers)	2a(1)(C)	3730368	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		35038115

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	233734	
(F) Other	2b(1)(F)	744769	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		978503

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7154827	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7154827

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1023	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1023
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-20477
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-14061880
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		29090111

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14719122	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14719122
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	59643	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		59643
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14778765

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14311346
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SS&G, INC.**

(2) EIN: **34-1945695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

**SUMMA HEALTH SYSTEM
TAX SHELTERED
ANNUITY PROGRAM**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2011 AND 2010***

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

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Certified Public Accountants and Advisers

INDEPENDENT AUDITORS' REPORT

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Akron, OH 44333
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www.SSandG.com

To the Plan Administrator
Summa Health System Tax Sheltered Annuity Program

We were engaged to audit the accompanying statements of net assets available for benefits of the Summa Health System Tax Sheltered Annuity Program (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note D, which was certified by Fidelity Management Trust Company, Great-West Life & Annuity Insurance Company, ING Life Insurance and Annuity Company and Hartford Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2011 that the information provided to the Plan Administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ASEA, Inc.

October 15, 2012

Providing the
services that
bring solutions

Member of the AICPA
Registered with the PCAOB
Founding member of LEA Global

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value (See notes C, D and I)	\$ 278,610,069	\$ 265,182,450
Receivables:		
Notes receivable from participants	4,733,047	4,466,873
Employer	<u>3,623,882</u>	<u>3,007,352</u>
Total receivables	<u>8,356,929</u>	<u>7,474,225</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 286,966,998</u>	<u>\$ 272,656,675</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>For the years ended December 31,</u>	
	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 24,363,862
Interest and dividends	<u>7,899,596</u>	<u>5,425,358</u>
Total investment income	<u>7,899,596</u>	<u>29,789,220</u>
Interest income on notes receivable from participants	233,734	252,398
Contributions:		
Employer	10,616,203	9,681,806
Employee	20,691,544	19,887,942
Rollovers	<u>3,730,368</u>	<u>11,674,694</u>
Total contributions	<u>35,038,115</u>	<u>41,244,442</u>
Total additions	43,171,445	71,286,060
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	14,082,357	-
Benefits paid directly to participants	14,719,122	13,462,730
Administrative expenses	<u>59,643</u>	<u>56,910</u>
Total deductions	<u>28,861,122</u>	<u>13,519,640</u>
Net increase	14,310,323	57,766,420
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>272,656,675</u>	<u>214,890,255</u>
End of year	<u>\$ 286,966,998</u>	<u>\$ 272,656,675</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE A – Description of the Plan

The following brief description of the Summa Health System Tax Sheltered Annuity Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a tax sheltered annuity plan under Code §403(b)(1) covering employees of Summa Health System (the System). The Plan excludes all employees of SummaCare, Inc., employees of Summa Barberton Hospital who are members of the collective bargaining unit. The Plan was originally established on January 1, 1989 and subsequently amended and restated effective January 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Effective January 1, 2010, the Plan implemented the SavingsPLUS benefit design for current, active employees of Summa Barberton Hospital and Summa Wadsworth-Rittman Hospital. Newly hired employees of Summa Health System beginning January 1, 2010, except Summa Akron City Hospital employees with collective bargaining benefits and physicians of Summa Physicians Inc., are eligible to participate in the elective deferral portion of the SavingsPLUS benefit design on their date of hire. In addition, on July 4, 2010, certain employees of the System became employees of Summa Western Reserve Hospital, and were no longer eligible to contribute to the Plan. All other covered employees continued to earn their Plan benefits pursuant to the SummaMatch benefit design program.

Effective July 1, 2011, the Plan transitioned certain eligible participants who were employees of the System on or before December 31, 2009 to the SavingsPLUS benefit design from the SummaMatch benefit design.

Contributions

Eligible employees may contribute from 1% to 50 % of compensation through payroll deductions on a pretax basis, not to exceed Internal Revenue Service limitations. Participants are eligible for the employer match beginning on the first of the month following one year of employment.

The System currently makes an employer matching contribution for active and contributing participants. For the SummaMatch benefit design, the match is equal to 50% of the first 6% of contributions made to the Plan each pay. For the SavingsPLUS benefit design, the match is equal to 100% of the first 1% of contributions made to the Plan each pay, and 50% of the next 5% of contributions made. The SavingsPLUS benefit design also includes a 1% automatic retirement contribution made after the close of the calendar year, which is provided to employees eligible to participate in this benefit design who meet the required service and hours requirements for the automatic contribution.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE A – Description of the Plan, continued

Contributions, continued

Certain employees are eligible to participate in the Performance Plus Plan (PPP), a formal incentive bonus program sponsored by the System, and are entitled to an additional discretionary contribution based on the standards of the PPP. The first 1% of the compensation benefit earned under the PPP is deposited to the participant account in this Plan. Any additional contribution above the 1% is payable directly to the participant.

The Plan also provides for the investment of qualified rollover contributions.

Effective, January 1, 2010, the Plan changed the timing of the employer match and began depositing the match each pay period. Previously, the match was paid annually, after the conclusion of the Plan year.

Participant accounts

Each participant account is credited with the participant's contributions and allocations of the System's contributions and Plan earnings. Allocations are based on the amount of deferral each payroll period. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their payroll deferral contributions and actual earnings thereon. Vesting in the System's employer contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after three years of eligible service in which the participant worked 1,000 hours or more each year.

Forfeited accounts

At December 31, 2011 and 2010 forfeited non-vested accounts totaled \$306,738 and \$218,915 respectively. Forfeitures of nonvested employer contributions made by the System will first be used to pay reasonable Plan expenses. Any remaining forfeitures will be applied to reduce future employer contributions. During 2012, \$330,000 of forfeitures were used to offset employer contributions.

Notes receivable from participants

Loans are permitted to be made to active participants. The notes receivable supporting the loan are secured by the participant's vested interest in the Plan and must be for a minimum of \$1,000 up to the lesser of one half of the participant's account balance or \$50,000. The loan repayment period may not be less than one year and may not exceed five years unless the loan is used to purchase a participant's principal residence for which the period may not exceed ten years. Interest is charged at a reasonable rate determined by the Plan administrator.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE B – Summary of significant accounting policies

Payment of benefits

Upon death, disability, retirement or termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, installment payments, or an annuity option.

Administrative expenses

Certain administrative expenses of the Plan are paid by the System. All other administrative expenses are paid by the Plan.

Basis of presentation

The accompanying financial statements and supplemental schedule have been prepared on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note I for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date.

The Accounting Standards Codification (ASC) Topic, Plan Accounting – Defined Contribution Pension Plans requires that investment contracts held by a defined contribution plan be reported at fair market value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value approximates the fair value for the Plan's investment in guaranteed investment contracts.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payment of benefits

Benefits are recorded when paid.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE B – Summary of significant accounting policies, continued

Recent accounting pronouncements

On January 1, 2010, the Plan adopted Accounting Standards Update (ASU) 2010-06, which amends existing guidance in The ASC 820, *Fair Value Measurement*, except for the new disclosure providing disaggregated information related to the activity in Level 3 fair value measurements, which the Plan adopted effective January 1, 2011.

Subsequent events

The Plan has evaluated subsequent events through October 15, 2012, the date the financial statements were available to be issued.

NOTE C – Benefit-responsive guaranteed investment contracts

The Plan entered into certain guaranteed investment contracts with Great-West Life & Annuity Insurance Company (Great-West) and ING Life Insurance and Annuity Company (ING) that are benefit-responsive guaranteed investment contracts. Great-West and ING maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because these guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at fair value, which approximates contract value. Contract value, as reported to the Plan by the custodians, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the benefit-responsive guaranteed investment contracts at December 31, 2011 and 2010 was \$2,808,477 and \$3,194,827, respectively. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include certain amendments to the Plan document, such as a complete Plan termination. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE C – Benefit-responsive guaranteed investment contracts, continued

The Great-West Daily Interest Guarantee Fund

Average yields:	<u>2011</u>	<u>2010</u>
Based on actual earnings	4.00%	4.00%
Based on interest rate credited to participants	4.00%	4.00%

The Great-West Guaranteed Fixed Fund

Average yields:	<u>2011</u>	<u>2010</u>
Based on actual earnings	3.50%	3.50%
Based on interest rate credited to participants	3.60%	3.60%

The ING Fixed Account

Average yields:	<u>2011</u>	<u>2010</u>
Based on actual earnings	2.20%	2.20%
Based on interest rate credited to participants	2.20%	2.20%

The ING Fixed Plus Account

Average yields:	<u>2011</u>	<u>2010</u>
Based on actual earnings	3.00%	3.00%
Based on interest rate credited to participants	3.00%	3.00%

NOTE D – Investments /Notes receivable from participants (unaudited)

All investment information and participant notes receivable information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2011 and 2010 and net investment income for the year then ended, was obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company, Great-West, Hartford Life Insurance Company and ING, the custodians at December 31, 2011 and 2010.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE D – Investments /Notes receivable from participants (unaudited), continued

The fair value of individual investments that represents 5% or more of the Plan's net assets at either year end was as follows at December 31:

<u>Name</u>	<u>2011</u>	<u>2010</u>
Principal Fixed Account	\$ 21,204,318	\$ 17,581,946
Fidelity Contrafund K	<5 %	14,051,755
Fidelity Freedom 2020	29,361,459	27,518,065
Fidelity Freedom 2030	22,630,574	21,029,835
Fidelity Freedom 2025	18,092,592	15,525,251

There were no non-participant directed investments at December 31, 2011 and 2010.

During 2011 and 2010, the Plan's investments (including investments bought, sold and held during the year) (depreciated) appreciated as follows:

	<u>2011</u>	<u>2010</u>
Net change in fair value of investments:		
Shares of registered investment companies	\$ (14,061,881)	\$23,796,548
Units of pooled separate accounts	(19,453)	566,183
Guaranteed investment contracts	(1,023)	1,131
	<u>\$ (14,082,357)</u>	<u>\$ 24,363,862</u>

NOTE E – Federal Income Taxes

Final regulations under Section 403(b) were published by the Internal Revenue Service (IRS) on July 26, 2007. Under the regulations, a 403(b) plan sponsor by December 31, 2009 must have adopted a written plan intended to satisfy the requirements of Section 403(b) and the regulations effective as of January 1, 2009. The IRS is in the process of establishing pre-approved and individually designed plan programs under which a plan sponsor can obtain assurance that the written form of its plan satisfies Section 403(b). Transition relief will be provided to 403(b) plan sponsors who have made appropriate efforts to comply with the written plan requirement in the final regulations. The Plan sponsor adopted a written plan in 2009 which it believes satisfies the written plan requirement. The Plan sponsor also believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE E – Federal Income Taxes, continued

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE F – Plan termination

Although it has not expressed any intent to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G – Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H – Transactions with parties-in-interest

The Plan invests in guaranteed investment contracts sponsored by the Plan's custodians, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

NOTE I – Fair value measurements

The ASC *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosure* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosure establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE I – Fair value measurements, continued

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year-end.

Pooled separate accounts: The fair values of participation units in the pooled separate accounts are based upon the net asset values of such accounts which are provided by the custodians. The net asset value is based on the underlying assets owned by the account less liabilities and then divided by the number of shares outstanding. The accounts allow for daily redemptions and contributions.

Guaranteed investment contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE I – Fair value measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	<u>Fair Value Measurements at December 31, 2011 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Large Cap	\$ 55,646,964	\$ -	\$ -	\$ 55,646,964
Mid Cap	8,773,075	-	-	8,773,075
Small Cap	6,004,489	-	-	6,004,489
International	10,407,168	-	-	10,407,168
Bond	16,832,137	-	-	16,832,137
Blended	138,366,693	-	-	138,366,693
Specialty	10,567,317	-	-	10,567,317
Money Market	<u>811,818</u>	<u>-</u>	<u>-</u>	<u>811,818</u>
Total reg. investment companies	247,409,661	-	-	247,409,661
Pooled separate accounts:				
Large Cap	-	2,441,477	-	2,441,477
Mid Cap	-	659,297	-	659,297
Small Cap	-	162,681	-	162,681
International	-	361,400	-	361,400
Bond	-	428,886	-	428,886
Blended	-	196,761	-	196,761
Specialty	-	7,779	-	7,779
Money Market	<u>-</u>	<u>635,355</u>	<u>-</u>	<u>635,355</u>
Total pooled separate accounts	-	4,893,636	-	4,893,636
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>26,306,772</u>	<u>26,306,772</u>
Total assets at fair value	<u>\$247,409,661</u>	<u>\$ 4,893,636</u>	<u>\$ 26,306,772</u>	<u>\$ 278,610,069</u>

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE I – Fair value measurements, continued

	<u>Fair Value Measurements at December 31, 2010 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Large Cap	\$ 57,235,787	\$ -	\$ -	\$ 57,235,787
Mid Cap	9,238,665	-	-	9,238,665
Small Cap	6,281,676	-	-	6,281,676
International	11,873,712	-	-	11,873,712
Bond	14,851,915	-	-	14,851,915
Blended	127,396,678	-	-	127,396,678
Specialty	9,817,407	-	-	9,817,407
Money Market	<u>68,570</u>	<u>-</u>	<u>-</u>	<u>68,570</u>
Total reg. investment companies	236,764,410	-	-	236,764,410
Pooled separate accounts:				
Large Cap	-	2,711,342	-	2,711,342
Mid Cap	-	712,186	-	712,186
Small Cap	-	183,947	-	183,947
International	-	352,927	-	352,927
Bond	-	408,523	-	408,523
Blended	-	263,123	-	263,123
Specialty	-	7,455	-	7,455
Money Market	<u>-</u>	<u>729,187</u>	<u>-</u>	<u>729,187</u>
Total pooled separate accounts	-	5,368,690	-	5,368,690
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>23,049,350</u>	<u>23,049,350</u>
Total assets at fair value	<u>\$236,764,410</u>	<u>\$ 5,368,690</u>	<u>\$ 23,049,350</u>	<u>\$ 265,182,450</u>

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

NOTES TO FINANCIAL STATEMENTS

NOTE I – Fair value measurements, continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2011 and 2010:

Balance, January 1, 2010	\$ 21,039,507
Unrealized gains	1,131
Purchases, sales, issuances, settlements, net	<u>2,008,712</u>
Balance, December 31, 2010	23,049,350
Realized Gains	14,511
Unrealized gains	68,478
Purchases	7,111,980
Sales	<u>(3,937,547)</u>
Balance, December 31, 2011	<u>\$ 26,306,772</u>

NOTE J – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Form 5500:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$288,125,315	\$ 272,656,675
Less: Adjustment from fair value to contract value for guaranteed investment contracts	<u>(108)</u>	<u>(1,131)</u>
Net assets available for benefits per Form 5500	<u>\$288,125,207</u>	<u>\$ 272,655,544</u>

The following is a reconciliation of investment income per the financial statements at December 31, 2011 to Form 5500:

Interest and dividends per the financial statements	\$ 8,133,330
Net depreciation in fair value of investments per the financial statements	(14,082,357)
Change in adjustment from fair value to contract value for guaranteed investment contracts	<u>1,023</u>
Total investment income per Form 5500	<u>\$ (5,948,004)</u>

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

DECEMBER 31, 2011

EIN: 34-0714755 PLAN NUMBER: 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current value
	Equitable			
*	Guaranteed Interest Account	Fixed Annuity, various interest rates	**	\$ 55,957
*	EQ/Common Stock Index	Units of pooled separate accounts	**	27,755
*	EQ/Capital Guardian Research	Units of pooled separate accounts	**	1,382
*	EQ/Large Cap Value Plus	Units of pooled separate accounts	**	3,567
*	EQ/Mid Cap Index	Units of pooled separate accounts	**	3,802
*	EQ/Mid Cap Value Plus	Units of pooled separate accounts	**	3,054
*	EQ/ BlackRock International Value	Units of pooled separate accounts	**	538
*	EQ/Core Bond Index	Units of pooled separate accounts	**	4,020
*	EQ/AllianceBernstein International	Units of pooled separate accounts	**	3,681
*	Multimanager Multi-Sector Bond	Units of pooled separate accounts	**	1,887
*	AXA Moderate-Plus Allocation	Units of pooled separate accounts	**	2,013
		Total Equitable investment		107,656
	ING Life Insurance and Annuity Company			
*	ING Fixed Account	Fixed Annuity, various interest rates	**	139,033
*	ING Short Term GAA	Fixed Annuity, various interest rates	**	88,999
*	ING Fixed Plus Account	Fixed Annuity, various interest rates	**	9,737
*	ING Growth and Income Portfolio	Units of pooled separate accounts	**	130,115
*	ING Strategic Allocation Moderate Portfolio	Units of pooled separate accounts	**	45,590
*	ING Small Company Portfolio	Units of pooled separate accounts	**	19,814
*	ING UBS U.S. Large Cap Equity Portfolio	Units of pooled separate accounts	**	3
*	ING T Rowe Price Growth Equity Portfolio	Units of pooled separate accounts	**	2,701
*	ING Oppenheimer Global Portfolio	Units of pooled separate accounts	**	7,047
	Invesco V.I. Core Equity Fund	Units of pooled separate accounts	**	1,780
		Total ING investment		444,819
	The Hartford			
*	General Account	Fixed Annuity, various interest rates	**	2,153,193
*	Hartford Capital Appreciation HLS	Units of pooled separate accounts	**	17,742
*	Hartford Advisers HLS	Units of pooled separate accounts	**	6,576
*	Hartford Stock HLS	Units of pooled separate accounts	**	51,828
*	Hartford Index HLS	Units of pooled separate accounts	**	6,606
*	Fidelity VIP II Asset Manager	Units of pooled separate accounts	**	1,367
	UIF US Real Estate Portfolio	Units of pooled separate accounts	**	7,779
	Amcent VP Capital Appreciation	Units of pooled separate accounts	**	19,266
*	Fidelity VIP Overseas	Units of pooled separate accounts	**	13,634
*	Hartford International Opps HLS	Units of pooled separate accounts	**	27,513
*	Hartford Growth HLS	Units of pooled separate accounts	**	13,634
*	Hartford Total Return Bond HLS	Units of pooled separate accounts	**	20,052
*	Fidelity VIP II Contrafund	Units of pooled separate accounts	**	11,339
*	Hartford US Government Sec HLS	Units of pooled separate accounts	**	5,547
*	Hartford Dividend & Growth HLS	Units of pooled separate accounts	**	11,351
	Invesco VK V.I. Equity and INC	Units of pooled separate accounts	**	24,509
	Pimco VIT Real Return	Units of pooled separate accounts	**	21,676
	Franklin Income Securities	Units of pooled separate accounts	**	11,429
*	Participant loan	Interest rate between 8.25% and 8.50%	-0-	163
		Total Hartford investment		2,425,204
	American United Life Insurance Company/OneAmerica			
*	AUL Fixed Account	Fixed Annuity, various interest rates	**	84,825

* Represents a party in interest to the plan.

** Cost is no longer required to be disclosed for participant directed investments.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
	METLIFE FIXED ACCT	0.000	\$0.00	\$1.00	\$0.00
	PRINCIPAL FIXED ACCT		\$21,204,318.48		\$0.00
	FIDELITY	0.000		\$1.00	\$0.00
	PRINCIPAL FINANCIAL(403B)	21,207,083.090		\$1.00	\$21,207,083.09
	OTHER INT-BEAR. CASH	0.000		\$1.00	\$0.00
	ACCRUED INCOME	0.000		\$0.00	(\$3,045.29)
	OTHER RECEIVABLES	0.000		\$0.00	\$280.68
	MSIF SM CO GRTH P	10,363.032	\$116,566.59	\$11.80	\$122,283.78
	DOMINI SOCIAL EQ INV	2,795.264	\$78,602.65	\$29.76	\$83,187.06
	ABF SM CAP VAL INV	10,070.130	\$167,499.16	\$18.55	\$186,800.91
*	FID FIDELITY FUND	0.000	\$0.00	\$31.15	\$0.00
*	FID PURITAN	0.000	\$0.00	\$17.69	\$0.00
*	FID TREND	1,444.752	\$91,871.77	\$66.87	\$96,610.57
*	FID SEL COMPUTERS	3,572.886	\$143,148.17	\$53.89	\$192,542.83
*	FID SEL ELECTRONICS	3,917.101	\$156,112.00	\$44.21	\$173,175.04
*	FID SEL CONS STAPLES	4,302.544	\$254,550.20	\$71.46	\$307,459.79
*	FID VALUE STRAT	0.000	\$0.00	\$25.07	\$0.00
*	FID GNMA	122,567.795	\$1,376,861.52	\$11.84	\$1,451,202.69
*	FID MAGELLAN	0.000	\$0.00	\$62.98	\$0.00
*	FID CONTRAFUND	0.000	\$0.00	\$67.46	\$0.00
*	FID EQUITY INC	0.000	\$0.00	\$41.31	\$0.00
*	FID GROWTH COMPANY	0.000	\$0.00	\$80.89	\$0.00
*	FID INVST GR BD	234,049.877	\$1,695,262.82	\$7.72	\$1,806,865.05
*	FID GROWTH & INC	0.000	\$0.00	\$18.24	\$0.00
*	FID SEL SOFTWARE	1,601.812	\$112,995.21	\$77.59	\$124,284.59
*	FIDELITY DLY INC TR	0.000	\$0.00	\$1.00	\$0.00
*	FID INTERMED BOND	94,418.639	\$965,078.99	\$10.88	\$1,027,274.79

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
*	FID SEL AIR TRANSPRT	354.779	\$13,189.86	\$34.53	\$12,250.52
*	FID CAPITAL & INCOME	181,315.611	\$1,580,404.19	\$8.67	\$1,572,006.35
*	FID VALUE	0.000	\$0.00	\$63.47	\$0.00
*	FID MORTGAGE SEC	5,108.170	\$55,354.13	\$11.17	\$57,058.26
*	FID SEL GOLD	34,365.257	\$1,467,136.78	\$42.23	\$1,451,244.80
*	FID SEL BIOTECH	6,196.519	\$406,245.49	\$86.10	\$533,520.29
*	FID SEL ENERGY SVCS	10,236.502	\$701,501.07	\$65.03	\$665,679.73
*	FID SEL INSURANCE	509.362	\$23,477.65	\$44.36	\$22,595.30
*	FID SEL RETAILING	1,774.941	\$86,914.64	\$51.22	\$90,912.48
*	FIDELITY GOVT INCOME	121,553.259	\$1,285,221.74	\$10.77	\$1,309,128.60
*	FID INST MMKT	0.000	\$0.00	\$1.00	\$0.00
*	FID SEL ENERGY	14,135.173	\$681,074.78	\$49.34	\$697,429.44
*	FID SEL PRECIOUS MTL	0.000	\$0.00	\$1.00	\$0.00
*	FID SEL LEISURE	749.318	\$63,258.51	\$96.38	\$72,219.27
*	FID SEL HEALTHCARE	5,311.967	\$626,600.91	\$122.36	\$649,972.28
*	FID SEL TECHNOLOGY	4,989.411	\$376,678.72	\$86.47	\$431,434.37
*	FID SEL UTILITIES	2,371.755	\$112,086.24	\$53.53	\$126,960.05
*	FID SEL FINANCIAL	1,972.037	\$120,595.86	\$48.91	\$96,452.33
*	FID SEL DEFENSE	3,019.184	\$212,139.47	\$77.96	\$235,375.58
*	FID SEL BROKERAGE	1,592.560	\$76,080.22	\$39.96	\$63,638.70
*	FID SEL CHEMICALS	3,817.699	\$319,570.92	\$95.15	\$363,254.06
*	FID INDEPENDENCE	0.000	\$0.00	\$21.65	\$0.00
*	FID OTC PORTFOLIO	0.000	\$0.00	\$54.70	\$0.00
*	FID OVERSEAS	0.000	\$0.00	\$26.48	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
*	FID SEL TELECOMM	1,950.930	\$77,978.78	\$43.81	\$85,470.24
*	FID SEL CONSUMER FIN	2,526.464	\$37,544.89	\$11.04	\$27,892.16
*	FID LEVERGD CO STK	0.000	\$0.00	\$25.11	\$0.00
*	FID NEW MILLEN	35,005.707	\$986,157.85	\$28.93	\$1,012,715.10
*	FID EUROPE	16,472.176	\$502,947.61	\$25.47	\$419,546.32
*	FID PACIFIC BASIN	14,838.422	\$318,539.10	\$21.44	\$318,135.77
*	FID REAL ESTATE INVS	19,773.043	\$471,243.03	\$27.62	\$546,131.45
*	FID BALANCED	0.000	\$0.00	\$18.19	\$0.00
*	FID INTL DISCOVERY	0.000	\$0.00	\$27.61	\$0.00
*	FID CAPITAL APPREC	0.000	\$0.00	\$24.62	\$0.00
*	FID CONVERTIBLE SEC	15,888.102	\$380,619.96	\$22.83	\$362,725.37
*	FID CANADA	19,516.406	\$999,345.14	\$50.14	\$978,552.60
*	FID TELECOM & UTIL	8,243.436	\$123,479.09	\$17.34	\$142,941.18
*	FID BLUE CHIP GR	0.000	\$0.00	\$42.43	\$0.00
*	FID ASSET MGR 50%	215,967.658	\$3,246,383.06	\$15.02	\$3,243,834.22
*	FID DISCIPLND EQTY	0.000	\$0.00	\$21.51	\$0.00
*	FID LOW PRICED STK	0.000	\$0.00	\$35.73	\$0.00
*	SPARTAN 500 INDEX	0.000	\$0.00	\$75.02	\$0.00
*	FID WORLDWIDE	15,999.852	\$287,120.64	\$17.34	\$277,437.43
*	FID EQ DIV INCOME	0.000	\$0.00	\$17.40	\$0.00
*	FID STK SEL ALL CAP	0.000	\$0.00	\$24.27	\$0.00
*	FID ASSET MGR 70%	237,014.535	\$3,557,391.47	\$15.44	\$3,659,504.42
*	FID EMERGING MKTS	0.000	\$0.00	\$20.52	\$0.00
*	FID GROWTH STRAT	0.000	\$0.00	\$18.61	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID DIVERSIFD INTL	0.000	\$0.00	\$25.52	\$0.00
*	FID ASSET MGR 20%	59,986.939	\$735,176.09	\$12.73	\$763,633.73
*	FID DIVIDEND GR	0.000	\$0.00	\$25.87	\$0.00
*	FID NEW MARKETS INC	67,264.878	\$1,008,544.66	\$15.83	\$1,064,803.02
*	FID EXPORT & MULTI	0.000	\$0.00	\$20.68	\$0.00
*	FID FOCUSED STOCK	16,254.076	\$216,240.44	\$13.71	\$222,843.38
*	FID GLOBAL BALANCED	17,830.514	\$369,704.97	\$21.42	\$381,929.61
*	FID INTL CAP APPREC	4,932.376	\$62,989.57	\$11.12	\$54,848.02
*	FID STK SEL SM CAP	15,343.855	\$259,498.77	\$18.03	\$276,649.71
*	FID MID CAP STOCK	0.000	\$0.00	\$26.66	\$0.00
*	FID LARGE CAP STOCK	10,844.971	\$164,247.98	\$17.15	\$185,991.25
*	FID GROWTH DISC	0.000	\$0.00	\$13.66	\$0.00
*	FID SMALL CAP STOCK	46,877.399	\$756,350.44	\$16.54	\$775,352.18
*	FID EUROPE CAP APP	4,515.988	\$97,477.14	\$15.46	\$69,817.17
*	FID NORDIC	2,112.988	\$64,668.33	\$26.76	\$56,543.56
*	FID ASSET MGR 85%	41,640.894	\$473,321.06	\$12.39	\$515,930.68
*	FID LATIN AMERICA	13,355.603	\$639,803.58	\$48.90	\$653,088.99
*	FID JAPAN	5,772.412	\$65,687.79	\$9.20	\$53,106.19
*	FID EMERGING ASIA	13,108.502	\$373,766.76	\$25.18	\$330,072.08
*	FID CHINA REGION	21,306.339	\$540,300.96	\$25.29	\$538,837.31
*	FID SEL IT SERVICES	1,879.892	\$35,630.82	\$21.27	\$39,985.30
*	FID SEL MED EQ & SYS	26,412.583	\$638,574.86	\$25.20	\$665,597.09
*	FID FOUR IN ONE IDX	21,764.972	\$517,880.89	\$25.97	\$565,236.32
*	FID JAPAN SMALL CO	3,084.277	\$26,864.37	\$8.55	\$26,370.57

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID MEGA CAP STOCK	5,340.190	\$50,312.71	\$10.10	\$53,935.92
*	FID STRATEGIC INCOME	177,508.375	\$1,894,054.58	\$10.81	\$1,918,865.53
*	FID FREEDOM INCOME	0.000	\$0.00	\$11.24	\$0.00
*	FID FREEDOM 2000	0.000	\$0.00	\$11.88	\$0.00
*	FID FREEDOM 2010	0.000	\$0.00	\$13.10	\$0.00
*	FID FREEDOM 2020	0.000	\$0.00	\$13.12	\$0.00
*	FID FREEDOM 2030	0.000	\$0.00	\$12.84	\$0.00
*	FID TARGET TIME 2003	0.000	\$0.00	\$9.37	\$0.00
*	FID SM CAP DISCOVERY	28,862.886	\$531,478.70	\$20.03	\$578,123.61
*	SPTN TOT MKT IDX INV	50,844.440	\$1,708,926.97	\$36.12	\$1,836,501.17
*	SPTN EXT MKT IDX INV	7,903.320	\$275,973.18	\$35.46	\$280,251.73
*	SPTN INTL INDEX INV	23,365.041	\$825,002.81	\$29.75	\$695,109.97
*	FID US TREA MM	811,818.060	\$811,818.06	\$1.00	\$811,818.06
*	FID SPTN INVT-GRD BD	0.000	\$0.00	\$10.22	\$0.00
*	FIDELITY INTL BOND	0.000	\$0.00	\$7.96	\$0.00
*	FID INTM GOVT INCOME	47,636.866	\$509,755.26	\$10.97	\$522,576.42
*	FID SPTN GOVT INCOME	0.000	\$0.00	\$10.79	\$0.00
*	FID HIGH INCOME	89,449.077	\$765,773.09	\$8.64	\$772,840.03
*	SPARTAN GINNIE MAE	0.000	\$0.00	\$10.00	\$0.00
*	FID FIFTY	7,063.619	\$130,377.96	\$17.44	\$123,189.52
*	FID SEL AUTOMOTIVE	2,637.301	\$99,828.68	\$31.16	\$82,178.30
*	FID SEL MULTIMEDIA	175.322	\$7,777.82	\$43.05	\$7,547.61
*	FID SEL MEDICAL DEL	4,033.381	\$190,271.19	\$54.76	\$220,867.94
*	FID SEL PAPER&FOREST	0.000	\$0.00	\$19.06	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
*	FID SEL BANKING	7,517.621	\$130,144.69	\$15.97	\$120,056.41
*	FID SEL MATERIALS	3,476.829	\$178,480.87	\$61.41	\$213,512.07
*	FID SEL INDUST EQUIP	237.865	\$7,112.79	\$30.98	\$7,369.06
*	FID SEL CONSTR/HOUSE	888.710	\$29,369.14	\$35.82	\$31,833.59
*	FID SEL TRANSPORT	2,700.912	\$126,491.34	\$49.39	\$133,398.04
*	FID SEL NATURAL GAS	13,675.388	\$469,737.16	\$30.42	\$416,005.30
*	FID SEL NATURAL RES	13,782.603	\$457,910.44	\$31.29	\$431,257.65
*	FID SEL INDUSTRIALS	2,965.987	\$43,355.19	\$21.81	\$64,688.18
*	FID SEL ENV ALT ENGY	3,010.694	\$48,739.34	\$15.07	\$45,371.16
*	FID SEL CONS DISCR	2,975.973	\$69,249.71	\$23.06	\$68,625.94
*	FID SEL COMM EQUIP	5,366.456	\$111,025.11	\$22.06	\$118,384.02
*	FID SEL PHARMACEUTCL	18,452.589	\$206,318.30	\$13.58	\$250,586.16
*	FID RETIRE MMKT	0.000	\$0.00	\$1.00	\$0.00
*	SPTN 500 INDEX INV	0.000	\$0.00	\$44.49	\$0.00
*	SPTN US BOND IDX INV	180,794.954	\$2,015,647.86	\$11.78	\$2,129,764.56
*	FID INST SH INT GOVT	51,241.787	\$517,744.96	\$10.11	\$518,054.47
*	FID STKSEL LGCAP VAL	41,801.726	\$439,710.02	\$10.29	\$430,139.76
*	FID FREEDOM 2040	0.000	\$0.00	\$7.36	\$0.00
*	FID MID CAP VALUE	22,207.378	\$294,853.65	\$15.16	\$336,663.85
*	FID LARGE CAP GROWTH	16,188.763	\$144,267.08	\$9.67	\$156,545.34
*	FID MID CAP GROWTH	16,466.001	\$191,688.51	\$11.40	\$187,712.41
*	FID INFLAT PROT BOND	56,469.585	\$659,055.88	\$12.78	\$721,681.30
*	FID INTL SMALL CAP	13,425.425	\$277,224.82	\$17.52	\$235,213.45
*	FID TOTAL BOND	76,923.998	\$824,300.79	\$10.92	\$840,010.06

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID VALUE DISCOV	0.000	\$0.00	\$14.15	\$0.00
*	FID REAL ESTATE INC	24,717.880	\$247,674.77	\$10.25	\$253,358.27
*	FID SEL NET & INFSTR	0.000	\$0.00	\$1.87	\$0.00
*	FID SEL WIRELESS	29,737.712	\$185,913.63	\$7.25	\$215,598.41
*	FID BLUE CHIP VALUE	41,492.916	\$467,780.28	\$9.78	\$405,800.72
*	FID NASDAQ COMP INDX	1,862.253	\$61,584.94	\$34.59	\$64,415.33
*	FID FREEDOM 2005	0.000	\$0.00	\$10.52	\$0.00
*	FID FREEDOM 2015	0.000	\$0.00	\$10.93	\$0.00
*	FID FREEDOM 2025	0.000	\$0.00	\$10.81	\$0.00
*	FID FREEDOM 2035	0.000	\$0.00	\$10.55	\$0.00
*	FID STRAT DIV & INC	14,651.376	\$154,935.34	\$11.02	\$161,458.16
*	FID FOCUSED HIGH INC	12,894.015	\$115,911.55	\$8.95	\$115,401.43
*	FID INTL REAL ESTATE	27,523.849	\$249,021.61	\$6.95	\$191,290.75
*	FID SMALL CAP GROWTH	24,586.494	\$324,829.89	\$14.91	\$366,584.63
*	FID SMALL CAP VALUE	26,847.340	\$350,403.80	\$13.98	\$375,325.81
*	FID INTL SM CAP OPP	6,454.488	\$65,687.15	\$9.25	\$59,704.01
*	FID STRAT REAL RET	3,679.627	\$34,530.01	\$9.21	\$33,889.36
*	SPTN TOT MKT IDX ADV	0.000	\$0.00	\$36.12	\$0.00
*	SPTN EXT MKT IDX ADV	0.000	\$0.00	\$35.46	\$0.00
*	SPTN INTL INDEX ADV	0.000	\$0.00	\$29.75	\$0.00
*	SPTN 500 INDEX ADV	0.000	\$0.00	\$44.49	\$0.00
*	SPTN ST TR IDX INV	24,651.260	\$260,377.78	\$10.65	\$262,535.92
*	SPTN INT TR IDX INV	36,540.323	\$398,489.10	\$11.58	\$423,136.94
*	SPTN LT TR IDX INV	17,057.674	\$190,009.18	\$12.97	\$221,238.03

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	SPTN ST TR IDX ADV	0.000	\$0.00	\$10.65	\$0.00
*	SPTN INT TR IDX ADV	0.000	\$0.00	\$11.58	\$0.00
*	SPTN LT TR IDX ADV	0.000	\$0.00	\$12.97	\$0.00
*	FID INTL VALUE	6,021.817	\$49,631.99	\$6.54	\$39,382.68
*	FID FREEDOM 2045	0.000	\$0.00	\$8.69	\$0.00
*	FID FREEDOM 2050	0.000	\$0.00	\$8.54	\$0.00
*	FID LC CORE ENH INDX	6,943.289	\$55,915.05	\$8.93	\$62,003.57
*	FID LC VAL ENH INDX	17,477.111	\$135,172.86	\$7.22	\$126,184.74
*	FID LC GRO ENH INDX	382.670	\$2,977.35	\$9.93	\$3,799.91
*	FID ASSET MGR 30%	3,935.146	\$37,796.87	\$9.52	\$37,462.59
*	FID ASSET MGR 40%	31,423.244	\$292,297.84	\$9.33	\$293,178.87
*	FID ASSET MGR 60%	7,665.531	\$65,858.06	\$9.16	\$70,216.26
*	FID GLOBAL STRAT	2,080.052	\$17,723.30	\$8.61	\$17,909.25
*	FID TOTAL INTL EQ	5,678.863	\$41,991.87	\$6.33	\$35,947.20
*	FID INTL GROWTH	10,266.699	\$79,569.04	\$7.81	\$80,182.92
*	FID INTL ENH INDEX	95.037	\$620.38	\$6.25	\$593.98
*	FID SM CAP ENH INDX	4,763.254	\$40,016.31	\$8.88	\$42,297.70
*	FID MID CAP ENH INDX	296.003	\$2,756.26	\$8.88	\$2,628.51
*	FID EMEA	6,692.808	\$52,292.05	\$7.83	\$52,404.69
*	FID 130/30 LG CAP	43.337	\$318.08	\$6.96	\$301.63
*	FID GROWTH STRAT K	45,286.990	\$812,205.72	\$18.73	\$848,225.32
*	FID BALANCED K	170,201.758	\$2,986,299.45	\$18.18	\$3,094,267.96
*	FID BLUE CHIP GR K	215,459.318	\$9,265,197.20	\$42.46	\$9,148,402.64
*	FID CAP APPREC K	12,447.790	\$293,658.91	\$24.64	\$306,713.55

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID CONTRAFUND K	209,446.025	\$13,840,993.22	\$67.41	\$14,118,756.55
*	FID DISCIPLND EQ K	333,016.505	\$7,309,214.91	\$21.50	\$7,159,854.86
*	FID DIVERSIFD INTL K	86,311.385	\$2,184,965.18	\$25.48	\$2,199,214.09
*	FID DIVIDEND GR K	41,868.220	\$1,004,365.59	\$25.86	\$1,082,712.17
*	FID EMERGING MKTS K	29,448.610	\$599,021.67	\$20.48	\$603,107.53
*	FID EQUITY INCOME K	67,094.249	\$2,537,244.42	\$41.29	\$2,770,321.54
*	FID EQ DIV INCOME K	32,054.259	\$499,373.50	\$17.39	\$557,423.56
*	FID EXPORT & MULTI K	15,534.443	\$306,965.25	\$20.66	\$320,941.59
*	FID FUND K	12,006.002	\$359,331.71	\$31.14	\$373,866.90
*	FID GROWTH CO K	70,735.228	\$5,692,309.66	\$80.81	\$5,716,113.77
*	FID GROWTH DISC K	18,148.274	\$234,104.18	\$13.65	\$247,723.94
*	FID INDEPENDENCE K	13,559.835	\$285,824.55	\$21.66	\$293,706.03
*	FID INTL DISCOVERY K	37,643.751	\$1,034,650.48	\$27.53	\$1,036,332.47
*	FID LEVERGD CO STK K	41,463.590	\$950,176.65	\$25.12	\$1,041,565.38
*	FID LOW PRICED STK K	61,558.954	\$2,050,822.66	\$35.70	\$2,197,654.66
*	FID MAGELLAN K	90,624.320	\$6,160,664.30	\$62.91	\$5,701,175.97
*	FID MID CAP STOCK K	68,941.348	\$1,731,691.72	\$26.64	\$1,836,597.51
*	FID OTC K	59,308.869	\$3,188,831.50	\$55.04	\$3,264,360.15
*	FID OVERSEAS K	53,044.352	\$1,411,057.71	\$26.41	\$1,400,901.34
*	FID PURITAN K	299,029.404	\$5,104,460.04	\$17.68	\$5,286,839.86
*	FID STK SEL ALL CP K	1,377.855	\$31,583.94	\$24.26	\$33,426.76
*	FID VALUE K	13,889.721	\$810,501.52	\$63.50	\$881,997.28
*	FID VALUE DISCOV K	16,191.342	\$207,742.58	\$14.14	\$228,945.58
*	FID VALUE STRAT K	4,831.799	\$111,563.26	\$25.02	\$120,891.61

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID GLB COMDTY STK	4,896.736	\$77,913.90	\$13.94	\$68,260.50
*	FID FREEDOM K INCOME	54,045.984	\$609,412.35	\$11.30	\$610,719.62
*	FID FREEDOM K 2000	60,310.449	\$691,722.89	\$11.43	\$689,348.43
*	FID FREEDOM K 2005	41,241.966	\$492,614.23	\$11.98	\$494,078.75
*	FID FREEDOM K 2010	824,081.128	\$9,919,575.36	\$12.10	\$9,971,381.65
*	FID FREEDOM K 2015	910,608.726	\$10,980,663.98	\$12.13	\$11,045,683.85
*	FID FREEDOM K 2020	2,362,144.703	\$29,087,044.91	\$12.43	\$29,361,458.66
*	FID FREEDOM K 2025	1,454,388.451	\$17,842,675.42	\$12.44	\$18,092,592.33
*	FID FREEDOM K 2030	1,804,670.991	\$22,290,577.60	\$12.54	\$22,630,574.23
*	FID FREEDOM K 2035	726,101.361	\$8,912,642.86	\$12.53	\$9,098,050.05
*	FID FREEDOM K 2040	835,098.140	\$10,282,175.36	\$12.57	\$10,497,183.62
*	FID FREEDOM K 2045	378,022.744	\$4,677,684.80	\$12.66	\$4,785,767.94
*	FID FREEDOM K 2050	249,800.259	\$3,086,360.30	\$12.65	\$3,159,973.28
*	FID CORPORATE BOND	9,062.507	\$96,474.95	\$10.78	\$97,693.83
*	FID GLB HIGH INCOME	154.305	\$1,449.21	\$9.25	\$1,427.32
*	SPTN US BOND IDX ADV	0.000	\$0.00	\$11.78	\$0.00
*	SPTN 500 INDEX INST	71,240.254	\$3,303,922.04	\$44.50	\$3,170,191.30
*	FID FREEDOM K 2055	805.924	\$7,172.32	\$8.81	\$7,100.19
*	SPTN EM MKTS IDX ADV	2,940.677	\$27,496.28	\$8.90	\$26,172.03
*	SPTN SM CAP IDX ADV	1,567.555	\$16,242.11	\$10.66	\$16,710.14
*	FID TOTAL EMERG MKTS	0.000	\$0.00	\$9.59	\$0.00
*	FID EMERG MKTS DISC	0.000	\$0.00	\$9.43	\$0.00
*	OUTSTANDING LOAN BALANCE		Interest rates from 4.25% to 8.75%		\$4,715,909.05

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party		(d) Cost	(e) Current Value
*	IPS4R			19,482.59	24,481.18
*	IPS3R			4,340.57	40,335.46
*	IPS1R			41,879.13	52,833.29
	IAI			13,894.99	12,085.02
	IJW			15,674.63	12,046.51
	IADR			0.00	788.46
	IEEF			16,951.05	233,448.78
	IOGA			46,601.25	39,540.82
	IPIO			14,833.16	11,075.13
	IAVF			7,040.80	6,792.86
	IMR2			6,418.96	46,232.70
	ILSA			6,193.61	9,771.37
	ISCG			660.71	72,455.83
	ISSG			846.66	987.88
	IRTK			3,274.74	3,380.63
	IRSE			5,574.91	3,245.30
	IAAM			24,640.93	23,334.16
	IDY			8,145.29	4,742.08
	IGF1			13,756.74	532,790.01
	ITMC			43,965.30	63,716.55
	IVAV			9,439.29	8,592.68
	IEQI			2,453.61	2,589.13
	IDVR			6,735.90	6,133.66
	IFCA			15,282.81	19,358.75
	IFVG			104,169.59	344,354.66
	IFCF			33,076.69	35,825.73
	IABC			5,574.91	3,401.60
	IVSR			1,842.76	1,882.50
	IJTW			37,686.81	27,449.90
	ISIF			304,008.51	1,650,888.45
	ITEI			40,465.18	65,695.93
	IOCA			8,343.55	8,868.82
	IPEI			16,181.63	15,553.27
	IAAB			2,812.94	3,160.35
	IBI			23,607.58	28,592.75
	ICBF			2,771.76	3,777.54
	IUSG			15,088.49	289,691.88
	IPTR			38,986.71	42,290.71
	IBPF		3.500	34,463.68	92,358.26
*	IGCF 36	03-JAN-2012	3.300	302.07	334.50
*	IGCF 36	03-JAN-2012	3.200	59,561.05	65,598.62
*	IGCF 36	31-MAR-2012	3.000	16,982.98	18,447.58
*	IGCF 36	31-MAR-2012	3.200	57,355.66	62,741.75
*	IGCF 36	30-JUN-2012	3.000	47,747.54	51,842.88
*	IGCF 36	30-SEP-2012	3.000	36,066.19	38,549.85
*	IGCF 36	31-DEC-2012	3.000	27,843.70	29,540.80
*	IGCF 36	31-MAR-2013	3.000	34,127.55	35,944.33
*	IGCF 36	30-JUN-2013	3.000	180,230.65	188,686.29
*	IGCF 36	30-SEP-2013	3.000	29,311.76	30,418.35
*	IGCF 36	31-DEC-2013	3.000	22,299.94	22,971.89
*	IGCF 36	31-MAR-2014	3.000	37,129.96	37,967.15

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party		(d) Cost	(e) Current Value
*	IGCF 36	30-JUN-2014	3.000	28,572.58	29,002.71
*	IGCF 36	30-SEP-2014	3.000	44,097.97	44,435.85
*	IGCF 36	31-DEC-2014	3.000	192.63	193.33
*	IGCF 60	03-JAN-2012	4.100	4,574.02	5,657.26
*	IGCF 60	31-MAR-2012	3.950	4,046.43	4,863.56
*	IGCF 60	30-JUN-2012	4.550	5,616.83	6,868.94
*	IGCF 60	30-SEP-2012	3.900	54,613.50	64,254.69
*	IGCF 60	31-DEC-2012	3.350	4,852.49	5,536.16
*	IGCF 60	31-MAR-2013	3.000	3,260.17	3,642.46
*	IGCF 60	30-JUN-2013	3.800	3,024.20	3,446.24
*	IGCF 60	30-SEP-2013	3.750	3,583.38	4,039.01
*	IGCF 60	31-DEC-2013	3.650	3,652.43	4,067.15
*	IGCF 60	31-MAR-2014	3.400	5,638.74	6,182.48
*	IGCF 60	30-JUN-2014	3.650	5,906.82	6,461.60
*	IGCF 60	30-SEP-2014	3.000	5,851.68	6,254.48
*	IGCF 60	31-DEC-2014	3.000	5,974.79	6,338.65
*	IGCF 60	31-MAR-2015	3.000	6,285.05	6,619.40
*	IGCF 60	30-JUN-2015	3.000	6,683.88	6,987.74
*	IGCF 60	30-SEP-2015	3.000	9,082.42	9,424.85
*	IGCF 60	31-DEC-2015	3.000	6,973.56	7,182.76
*	IGCF 60	31-MAR-2016	3.000	4,985.87	5,098.15
*	IGCF 60	30-JUN-2016	3.000	51,073.37	51,840.09
*	IGCF 60	30-SEP-2016	3.000	14,391.64	14,499.27
*	IGCF 84	03-JAN-2012	3.000	5,506.07	6,771.76
*	IGCF 84	31-MAR-2012	3.000	8,502.90	10,381.53
*	IGCF 84	30-JUN-2012	3.000	9,312.50	11,286.56
*	IGCF 84	30-SEP-2012	3.000	55,121.62	66,328.30
*	IGCF 84	31-DEC-2012	3.000	21,252.47	25,405.63
*	IGCF 84	31-MAR-2013	3.000	30,761.68	36,466.23
*	IGCF 84	30-JUN-2013	3.000	560.11	661.52
*	IGCF 84	30-JUN-2013	4.600	23,577.26	30,199.37
*	IGCF 84	30-SEP-2013	4.600	640.11	815.59
*	IGCF 84	30-SEP-2013	4.250	27,043.85	33,643.83
*	IGCF 84	31-DEC-2013	4.250	22,160.44	27,947.93
*	IGCF 84	31-MAR-2014	4.000	31,499.74	37,947.28
*	IGCF 84	31-MAR-2014	4.250	1,107.73	1,357.29
*	IGCF 84	30-JUN-2014	4.650	18,915.43	23,206.83
*	IGCF 84	30-JUN-2014	4.000	744.39	893.33
*	IGCF 84	30-SEP-2014	4.650	1,041.91	1,269.16
*	IGCF 84	30-SEP-2014	4.050	20,323.88	24,063.42
*	IGCF 84	31-DEC-2014	3.500	18,749.93	21,515.99
*	IGCF 84	31-DEC-2014	4.050	957.61	1,125.90
*	IGCF 84	31-MAR-2015	3.150	15,631.82	17,560.54
*	IGCF 84	31-MAR-2015	3.500	200.51	228.88
*	IGCF 84	30-JUN-2015	3.950	19,415.37	22,237.10
*	IGCF 84	30-JUN-2015	3.150	200.51	224.29
*	IGCF 84	30-SEP-2015	3.950	15,332.16	17,391.18
*	IGCF 84	31-DEC-2015	3.950	137.84	155.53
*	IGCF 84	31-DEC-2015	3.850	18,877.77	21,143.17
*	IGCF 84	31-MAR-2016	3.450	11,885.36	13,048.86
*	IGCF 84	31-MAR-2016	3.850	200.51	223.78

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(b) Identity of Issue, Borrower, Lessor or Similar Party	EIN 34-0714755	PLAN NUMBER 003	(d) Cost	(e) Current Value
(a)						
*	1GCF 84	30-JUN-2016	3.450		200.51	219.48
*	1GCF 84	30-JUN-2016	4.050		15,083.47	16,660.09
*	1GCF 84	30-SEP-2016	4.050		282.86	310.38
*	1GCF 84	30-SEP-2016	3.000		19,188.98	20,511.68
*	1GCF 84	31-DEC-2016	3.000		16,924.44	17,957.29
*	1GCF 84	31-MAR-2017	3.000		15,810.79	16,655.37
*	1GCF 84	30-JUN-2017	3.000		24,647.10	25,872.46
*	1GCF 84	30-SEP-2017	3.000		12,376.56	12,846.68
*	1GCF 84	31-DEC-2017	3.000		11,519.35	11,867.57
*	1GCF 84	31-MAR-2018	3.000		2,091.04	2,146.87
*	1GCF 84	30-JUN-2018	3.000		3,981.19	4,042.47
*	1GCF 84	30-SEP-2018	3.000		4,829.76	4,867.68
*	1GCF 84	31-DEC-2018	3.000		463.17	464.64
*	1GTDFIX		3.500		580,640.51	794,913.23
*	1DIGF		4.000		41,729.81	100,897.61
	1SYSWD		4.000		48,252.36	108,675.44
	1MMF				526,451.78	610,846.26
					3,533,197.08	6,933,747.39
PARTICIPANT LOANS		VARIOUS	5.250-10.250		14,782.77	16,975.02

LEGEND

INVESTMENT OPTION:

1PS4R	Maxim Moderately Aggressive Profile Port	1PS3R	Maxim Moderate Profile Portfolio
1PS1R	Maxim Conservative Profile Portfolio	1AI	Artisan International Fund
1JW	Janus Worldwide Fund T	1ADR	Maxim Invesco ADR Portfolio
1IEF	Maxim MFS International Value Portfolio	1OGA	Oppenheimer Global Fund
1PIO	Putnam International Capital Opp R	1AVF	Maxim Ariel Small-Cap Value Portfolio
1MR2	Maxim Index 600 Portfolio	1LSA	Maxim Loomis Sayles Small-Cap Value
1SCG	Maxim Small Cap Growth Portfolio	1SSG	RidgeWorth Small Cap Growth Stock - I
1RTK	Royce Total Return K	1RSE	RS Small Cap Growth A
1AAM	Alger Mid Cap Growth Portfolio I-2	1IDY	INVESCO Dynamics Fund
1GF1	Maxim Ariel MidCap Value Portfolio	1TMC	Maxim T. Rowe Price MidCap Growth Port.
1VAV	INVESCO Van Kampen American Value R	1EQI	American Century Equity Income Fund
1DVR	Davis New York Venture Fund - R	1FCA	Federated Capital Appreciation, A
1FVG	Fidelity VIP Growth Portfolio	1FCF	Fidelity VIP II ContraFund
1ABC	Invesco Van Kampen American Franchise A	1VSR	INVESCO Van Kampen Comstock Fund - R
1JTW	Janus Twenty Fund T	1SIF	Maxim Stock Index Portfolio
1TEI	Maxim T. Rowe Price Equity/Income Port.	1OCA	Oppenheimer Capital Appreciation, A
1PEI	Pioneer VCT Equity-Income Portfolio II	1AAB	Alger Balanced I-2
1BI	Maxim Bond Index Portfolio	1CBF	Maxim Loomis Sayles Bond Portfolio
1USG	Maxim US Government Mort Secs Portfolio	1PTR	PIMCO Total Return Admin
1BPF	Banded Portfolio Fund	1GCF 36	Great-West Guaranteed Certificate Fund
1GCF 60	Great-West Guaranteed Certificate Fund	1GCF 84	Great-West Guaranteed Certificate Fund
1GTDFIX	Great-West Guaranteed Fixed Fund	1DIGF	Great-West Daily Interest Guarantee Fund
1SYSWD	Systematic Withdrawal	1MMF	Maxim Money Market Portfolio

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

DECEMBER 31, 2011

EIN: 34-0714755 PLAN NUMBER: 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current value
	Equitable			
*	Guaranteed Interest Account	Fixed Annuity, various interest rates	**	\$ 55,957
*	EQ/Common Stock Index	Units of pooled separate accounts	**	27,755
*	EQ/Capital Guardian Research	Units of pooled separate accounts	**	1,382
*	EQ/Large Cap Value Plus	Units of pooled separate accounts	**	3,567
*	EQ/Mid Cap Index	Units of pooled separate accounts	**	3,802
*	EQ/Mid Cap Value Plus	Units of pooled separate accounts	**	3,054
*	EQ/ BlackRock International Value	Units of pooled separate accounts	**	538
*	EQ/Core Bond Index	Units of pooled separate accounts	**	4,020
*	EQ/AllianceBernstein International	Units of pooled separate accounts	**	3,681
*	Multimanager Multi-Sector Bond	Units of pooled separate accounts	**	1,887
*	AXA Moderate-Plus Allocation	Units of pooled separate accounts	**	2,013
		Total Equitable investment		107,656
	ING Life Insurance and Annuity Company			
*	ING Fixed Account	Fixed Annuity, various interest rates	**	139,033
*	ING Short Term GAA	Fixed Annuity, various interest rates	**	88,999
*	ING Fixed Plus Account	Fixed Annuity, various interest rates	**	9,737
*	ING Growth and Income Portfolio	Units of pooled separate accounts	**	130,115
*	ING Strategic Allocation Moderate Portfolio	Units of pooled separate accounts	**	45,590
*	ING Small Company Portfolio	Units of pooled separate accounts	**	19,814
*	ING UBS U.S. Large Cap Equity Portfolio	Units of pooled separate accounts	**	3
*	ING T Rowe Price Growth Equity Portfolio	Units of pooled separate accounts	**	2,701
*	ING Oppenheimer Global Portfolio	Units of pooled separate accounts	**	7,047
	Invesco V.I. Core Equity Fund	Units of pooled separate accounts	**	1,780
		Total ING investment		444,819
	The Hartford			
*	General Account	Fixed Annuity, various interest rates	**	2,153,193
*	Hartford Capital Appreciation HLS	Units of pooled separate accounts	**	17,742
*	Hartford Advisers HLS	Units of pooled separate accounts	**	6,576
*	Hartford Stock HLS	Units of pooled separate accounts	**	51,828
*	Hartford Index HLS	Units of pooled separate accounts	**	6,606
*	Fidelity VIP II Asset Manager	Units of pooled separate accounts	**	1,367
	UIF US Real Estate Portfolio	Units of pooled separate accounts	**	7,779
	Amcent VP Capital Appreciation	Units of pooled separate accounts	**	19,266
*	Fidelity VIP Overseas	Units of pooled separate accounts	**	13,634
*	Hartford International Opps HLS	Units of pooled separate accounts	**	27,513
*	Hartford Growth HLS	Units of pooled separate accounts	**	13,634
*	Hartford Total Return Bond HLS	Units of pooled separate accounts	**	20,052
*	Fidelity VIP II Contrafund	Units of pooled separate accounts	**	11,339
*	Hartford US Government Sec HLS	Units of pooled separate accounts	**	5,547
*	Hartford Dividend & Growth HLS	Units of pooled separate accounts	**	11,351
	Invesco VK V.I. Equity and INC	Units of pooled separate accounts	**	24,509
	Pimco VIT Real Return	Units of pooled separate accounts	**	21,676
	Franklin Income Securities	Units of pooled separate accounts	**	11,429
*	Participant loan	Interest rate between 8.25% and 8.50%	-0-	163
		Total Hartford investment		2,425,204
	American United Life Insurance Company/OneAmerica			
*	AUL Fixed Account	Fixed Annuity, various interest rates	**	84,825

* Represents a party in interest to the plan.

** Cost is no longer required to be disclosed for participant directed investments.

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
	METLIFE FIXED ACCT	0.000	\$0.00	\$1.00	\$0.00
	PRINCIPAL FIXED ACCT		\$21,204,318.48		\$0.00
	FIDELITY	0.000		\$1.00	\$0.00
	PRINCIPAL FINANCIAL(403B)	21,207,083.090		\$1.00	\$21,207,083.09
	OTHER INT-BEAR. CASH	0.000		\$1.00	\$0.00
	ACCRUED INCOME	0.000		\$0.00	(\$3,045.29)
	OTHER RECEIVABLES	0.000		\$0.00	\$280.68
	MSIF SM CO GRTH P	10,363.032	\$116,566.59	\$11.80	\$122,283.78
	DOMINI SOCIAL EQ INV	2,795.264	\$78,602.65	\$29.76	\$83,187.06
	ABF SM CAP VAL INV	10,070.130	\$167,499.16	\$18.55	\$186,800.91
*	FID FIDELITY FUND	0.000	\$0.00	\$31.15	\$0.00
*	FID PURITAN	0.000	\$0.00	\$17.69	\$0.00
*	FID TREND	1,444.752	\$91,871.77	\$66.87	\$96,610.57
*	FID SEL COMPUTERS	3,572.886	\$143,148.17	\$53.89	\$192,542.83
*	FID SEL ELECTRONICS	3,917.101	\$156,112.00	\$44.21	\$173,175.04
*	FID SEL CONS STAPLES	4,302.544	\$254,550.20	\$71.46	\$307,459.79
*	FID VALUE STRAT	0.000	\$0.00	\$25.07	\$0.00
*	FID GNMA	122,567.795	\$1,376,861.52	\$11.84	\$1,451,202.69
*	FID MAGELLAN	0.000	\$0.00	\$62.98	\$0.00
*	FID CONTRAFUND	0.000	\$0.00	\$67.46	\$0.00
*	FID EQUITY INC	0.000	\$0.00	\$41.31	\$0.00
*	FID GROWTH COMPANY	0.000	\$0.00	\$80.89	\$0.00
*	FID INVST GR BD	234,049.877	\$1,695,262.82	\$7.72	\$1,806,865.05
*	FID GROWTH & INC	0.000	\$0.00	\$18.24	\$0.00
*	FID SEL SOFTWARE	1,601.812	\$112,995.21	\$77.59	\$124,284.59
*	FIDELITY DLY INC TR	0.000	\$0.00	\$1.00	\$0.00
*	FID INTERMED BOND	94,418.639	\$965,078.99	\$10.88	\$1,027,274.79

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
*	FID SEL AIR TRANSPRT	354.779	\$13,189.86	\$34.53	\$12,250.52
*	FID CAPITAL & INCOME	181,315.611	\$1,580,404.19	\$8.67	\$1,572,006.35
*	FID VALUE	0.000	\$0.00	\$63.47	\$0.00
*	FID MORTGAGE SEC	5,108.170	\$55,354.13	\$11.17	\$57,058.26
*	FID SEL GOLD	34,365.257	\$1,467,136.78	\$42.23	\$1,451,244.80
*	FID SEL BIOTECH	6,196.519	\$406,245.49	\$86.10	\$533,520.29
*	FID SEL ENERGY SVCS	10,236.502	\$701,501.07	\$65.03	\$665,679.73
*	FID SEL INSURANCE	509.362	\$23,477.65	\$44.36	\$22,595.30
*	FID SEL RETAILING	1,774.941	\$86,914.64	\$51.22	\$90,912.48
*	FIDELITY GOVT INCOME	121,553.259	\$1,285,221.74	\$10.77	\$1,309,128.60
*	FID INST MMKT	0.000	\$0.00	\$1.00	\$0.00
*	FID SEL ENERGY	14,135.173	\$681,074.78	\$49.34	\$697,429.44
*	FID SEL PRECIOUS MTL	0.000	\$0.00	\$1.00	\$0.00
*	FID SEL LEISURE	749.318	\$63,258.51	\$96.38	\$72,219.27
*	FID SEL HEALTHCARE	5,311.967	\$626,600.91	\$122.36	\$649,972.28
*	FID SEL TECHNOLOGY	4,989.411	\$376,678.72	\$86.47	\$431,434.37
*	FID SEL UTILITIES	2,371.755	\$112,086.24	\$53.53	\$126,960.05
*	FID SEL FINANCIAL	1,972.037	\$120,595.86	\$48.91	\$96,452.33
*	FID SEL DEFENSE	3,019.184	\$212,139.47	\$77.96	\$235,375.58
*	FID SEL BROKERAGE	1,592.560	\$76,080.22	\$39.96	\$63,638.70
*	FID SEL CHEMICALS	3,817.699	\$319,570.92	\$95.15	\$363,254.06
*	FID INDEPENDENCE	0.000	\$0.00	\$21.65	\$0.00
*	FID OTC PORTFOLIO	0.000	\$0.00	\$54.70	\$0.00
*	FID OVERSEAS	0.000	\$0.00	\$26.48	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost			(e) Current Value
*	FID SEL TELECOMM		1,950.930	\$77,978.78	\$43.81	\$85,470.24
*	FID SEL CONSUMER FIN		2,526.464	\$37,544.89	\$11.04	\$27,892.16
*	FID LEVERGD CO STK		0.000	\$0.00	\$25.11	\$0.00
*	FID NEW MILLEN		35,005.707	\$986,157.85	\$28.93	\$1,012,715.10
*	FID EUROPE		16,472.176	\$502,947.61	\$25.47	\$419,546.32
*	FID PACIFIC BASIN		14,838.422	\$318,539.10	\$21.44	\$318,135.77
*	FID REAL ESTATE INVS		19,773.043	\$471,243.03	\$27.62	\$546,131.45
*	FID BALANCED		0.000	\$0.00	\$18.19	\$0.00
*	FID INTL DISCOVERY		0.000	\$0.00	\$27.61	\$0.00
*	FID CAPITAL APPREC		0.000	\$0.00	\$24.62	\$0.00
*	FID CONVERTIBLE SEC		15,888.102	\$380,619.96	\$22.83	\$362,725.37
*	FID CANADA		19,516.406	\$999,345.14	\$50.14	\$978,552.60
*	FID TELECOM & UTIL		8,243.436	\$123,479.09	\$17.34	\$142,941.18
*	FID BLUE CHIP GR		0.000	\$0.00	\$42.43	\$0.00
*	FID ASSET MGR 50%		215,967.658	\$3,246,383.06	\$15.02	\$3,243,834.22
*	FID DISCIPLND EQTY		0.000	\$0.00	\$21.51	\$0.00
*	FID LOW PRICED STK		0.000	\$0.00	\$35.73	\$0.00
*	SPARTAN 500 INDEX		0.000	\$0.00	\$75.02	\$0.00
*	FID WORLDWIDE		15,999.852	\$287,120.64	\$17.34	\$277,437.43
*	FID EQ DIV INCOME		0.000	\$0.00	\$17.40	\$0.00
*	FID STK SEL ALL CAP		0.000	\$0.00	\$24.27	\$0.00
*	FID ASSET MGR 70%		237,014.535	\$3,557,391.47	\$15.44	\$3,659,504.42
*	FID EMERGING MKTS		0.000	\$0.00	\$20.52	\$0.00
*	FID GROWTH STRAT		0.000	\$0.00	\$18.61	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID DIVERSIFD INTL	0.000	\$0.00	\$25.52	\$0.00
*	FID ASSET MGR 20%	59,986.939	\$735,176.09	\$12.73	\$763,633.73
*	FID DIVIDEND GR	0.000	\$0.00	\$25.87	\$0.00
*	FID NEW MARKETS INC	67,264.878	\$1,008,544.66	\$15.83	\$1,064,803.02
*	FID EXPORT & MULTI	0.000	\$0.00	\$20.68	\$0.00
*	FID FOCUSED STOCK	16,254.076	\$216,240.44	\$13.71	\$222,843.38
*	FID GLOBAL BALANCED	17,830.514	\$369,704.97	\$21.42	\$381,929.61
*	FID INTL CAP APPREC	4,932.376	\$62,989.57	\$11.12	\$54,848.02
*	FID STK SEL SM CAP	15,343.855	\$259,498.77	\$18.03	\$276,649.71
*	FID MID CAP STOCK	0.000	\$0.00	\$26.66	\$0.00
*	FID LARGE CAP STOCK	10,844.971	\$164,247.98	\$17.15	\$185,991.25
*	FID GROWTH DISC	0.000	\$0.00	\$13.66	\$0.00
*	FID SMALL CAP STOCK	46,877.399	\$756,350.44	\$16.54	\$775,352.18
*	FID EUROPE CAP APP	4,515.988	\$97,477.14	\$15.46	\$69,817.17
*	FID NORDIC	2,112.988	\$64,668.33	\$26.76	\$56,543.56
*	FID ASSET MGR 85%	41,640.894	\$473,321.06	\$12.39	\$515,930.68
*	FID LATIN AMERICA	13,355.603	\$639,803.58	\$48.90	\$653,088.99
*	FID JAPAN	5,772.412	\$65,687.79	\$9.20	\$53,106.19
*	FID EMERGING ASIA	13,108.502	\$373,766.76	\$25.18	\$330,072.08
*	FID CHINA REGION	21,306.339	\$540,300.96	\$25.29	\$538,837.31
*	FID SEL IT SERVICES	1,879.892	\$35,630.82	\$21.27	\$39,985.30
*	FID SEL MED EQ & SYS	26,412.583	\$638,574.86	\$25.20	\$665,597.09
*	FID FOUR IN ONE IDX	21,764.972	\$517,880.89	\$25.97	\$565,236.32
*	FID JAPAN SMALL CO	3,084.277	\$26,864.37	\$8.55	\$26,370.57

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID MEGA CAP STOCK	5,340.190	\$50,312.71	\$10.10	\$53,935.92
*	FID STRATEGIC INCOME	177,508.375	\$1,894,054.58	\$10.81	\$1,918,865.53
*	FID FREEDOM INCOME	0.000	\$0.00	\$11.24	\$0.00
*	FID FREEDOM 2000	0.000	\$0.00	\$11.88	\$0.00
*	FID FREEDOM 2010	0.000	\$0.00	\$13.10	\$0.00
*	FID FREEDOM 2020	0.000	\$0.00	\$13.12	\$0.00
*	FID FREEDOM 2030	0.000	\$0.00	\$12.84	\$0.00
*	FID TARGET TIME 2003	0.000	\$0.00	\$9.37	\$0.00
*	FID SM CAP DISCOVERY	28,862.886	\$531,478.70	\$20.03	\$578,123.61
*	SPTN TOT MKT IDX INV	50,844.440	\$1,708,926.97	\$36.12	\$1,836,501.17
*	SPTN EXT MKT IDX INV	7,903.320	\$275,973.18	\$35.46	\$280,251.73
*	SPTN INTL INDEX INV	23,365.041	\$825,002.81	\$29.75	\$695,109.97
*	FID US TREA MM	811,818.060	\$811,818.06	\$1.00	\$811,818.06
*	FID SPTN INVT-GRD BD	0.000	\$0.00	\$10.22	\$0.00
*	FIDELITY INTL BOND	0.000	\$0.00	\$7.96	\$0.00
*	FID INTM GOVT INCOME	47,636.866	\$509,755.26	\$10.97	\$522,576.42
*	FID SPTN GOVT INCOME	0.000	\$0.00	\$10.79	\$0.00
*	FID HIGH INCOME	89,449.077	\$765,773.09	\$8.64	\$772,840.03
*	SPARTAN GINNIE MAE	0.000	\$0.00	\$10.00	\$0.00
*	FID FIFTY	7,063.619	\$130,377.96	\$17.44	\$123,189.52
*	FID SEL AUTOMOTIVE	2,637.301	\$99,828.68	\$31.16	\$82,178.30
*	FID SEL MULTIMEDIA	175.322	\$7,777.82	\$43.05	\$7,547.61
*	FID SEL MEDICAL DEL	4,033.381	\$190,271.19	\$54.76	\$220,867.94
*	FID SEL PAPER&FOREST	0.000	\$0.00	\$19.06	\$0.00

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost		(e) Current Value
*	FID SEL BANKING	7,517.621	\$130,144.69	\$15.97	\$120,056.41
*	FID SEL MATERIALS	3,476.829	\$178,480.87	\$61.41	\$213,512.07
*	FID SEL INDUST EQUIP	237.865	\$7,112.79	\$30.98	\$7,369.06
*	FID SEL CONSTR/HOUSE	888.710	\$29,369.14	\$35.82	\$31,833.59
*	FID SEL TRANSPORT	2,700.912	\$126,491.34	\$49.39	\$133,398.04
*	FID SEL NATURAL GAS	13,675.388	\$469,737.16	\$30.42	\$416,005.30
*	FID SEL NATURAL RES	13,782.603	\$457,910.44	\$31.29	\$431,257.65
*	FID SEL INDUSTRIALS	2,965.987	\$43,355.19	\$21.81	\$64,688.18
*	FID SEL ENV ALT ENGY	3,010.694	\$48,739.34	\$15.07	\$45,371.16
*	FID SEL CONS DISCR	2,975.973	\$69,249.71	\$23.06	\$68,625.94
*	FID SEL COMM EQUIP	5,366.456	\$111,025.11	\$22.06	\$118,384.02
*	FID SEL PHARMACEUTCL	18,452.589	\$206,318.30	\$13.58	\$250,586.16
*	FID RETIRE MMKT	0.000	\$0.00	\$1.00	\$0.00
*	SPTN 500 INDEX INV	0.000	\$0.00	\$44.49	\$0.00
*	SPTN US BOND IDX INV	180,794.954	\$2,015,647.86	\$11.78	\$2,129,764.56
*	FID INST SH INT GOVT	51,241.787	\$517,744.96	\$10.11	\$518,054.47
*	FID STKSEL LGCAP VAL	41,801.726	\$439,710.02	\$10.29	\$430,139.76
*	FID FREEDOM 2040	0.000	\$0.00	\$7.36	\$0.00
*	FID MID CAP VALUE	22,207.378	\$294,853.65	\$15.16	\$336,663.85
*	FID LARGE CAP GROWTH	16,188.763	\$144,267.08	\$9.67	\$156,545.34
*	FID MID CAP GROWTH	16,466.001	\$191,688.51	\$11.40	\$187,712.41
*	FID INFLAT PROT BOND	56,469.585	\$659,055.88	\$12.78	\$721,681.30
*	FID INTL SMALL CAP	13,425.425	\$277,224.82	\$17.52	\$235,213.45
*	FID TOTAL BOND	76,923.998	\$824,300.79	\$10.92	\$840,010.06

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID VALUE DISCOV	0.000	\$0.00	\$14.15	\$0.00
*	FID REAL ESTATE INC	24,717.880	\$247,674.77	\$10.25	\$253,358.27
*	FID SEL NET & INFSTR	0.000	\$0.00	\$1.87	\$0.00
*	FID SEL WIRELESS	29,737.712	\$185,913.63	\$7.25	\$215,598.41
*	FID BLUE CHIP VALUE	41,492.916	\$467,780.28	\$9.78	\$405,800.72
*	FID NASDAQ COMP INDX	1,862.253	\$61,584.94	\$34.59	\$64,415.33
*	FID FREEDOM 2005	0.000	\$0.00	\$10.52	\$0.00
*	FID FREEDOM 2015	0.000	\$0.00	\$10.93	\$0.00
*	FID FREEDOM 2025	0.000	\$0.00	\$10.81	\$0.00
*	FID FREEDOM 2035	0.000	\$0.00	\$10.55	\$0.00
*	FID STRAT DIV & INC	14,651.376	\$154,935.34	\$11.02	\$161,458.16
*	FID FOCUSED HIGH INC	12,894.015	\$115,911.55	\$8.95	\$115,401.43
*	FID INTL REAL ESTATE	27,523.849	\$249,021.61	\$6.95	\$191,290.75
*	FID SMALL CAP GROWTH	24,586.494	\$324,829.89	\$14.91	\$366,584.63
*	FID SMALL CAP VALUE	26,847.340	\$350,403.80	\$13.98	\$375,325.81
*	FID INTL SM CAP OPP	6,454.488	\$65,687.15	\$9.25	\$59,704.01
*	FID STRAT REAL RET	3,679.627	\$34,530.01	\$9.21	\$33,889.36
*	SPTN TOT MKT IDX ADV	0.000	\$0.00	\$36.12	\$0.00
*	SPTN EXT MKT IDX ADV	0.000	\$0.00	\$35.46	\$0.00
*	SPTN INTL INDEX ADV	0.000	\$0.00	\$29.75	\$0.00
*	SPTN 500 INDEX ADV	0.000	\$0.00	\$44.49	\$0.00
*	SPTN ST TR IDX INV	24,651.260	\$260,377.78	\$10.65	\$262,535.92
*	SPTN INT TR IDX INV	36,540.323	\$398,489.10	\$11.58	\$423,136.94
*	SPTN LT TR IDX INV	17,057.674	\$190,009.18	\$12.97	\$221,238.03

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	SPTN ST TR IDX ADV	0.000	\$0.00	\$10.65	\$0.00
*	SPTN INT TR IDX ADV	0.000	\$0.00	\$11.58	\$0.00
*	SPTN LT TR IDX ADV	0.000	\$0.00	\$12.97	\$0.00
*	FID INTL VALUE	6,021.817	\$49,631.99	\$6.54	\$39,382.68
*	FID FREEDOM 2045	0.000	\$0.00	\$8.69	\$0.00
*	FID FREEDOM 2050	0.000	\$0.00	\$8.54	\$0.00
*	FID LC CORE ENH INDX	6,943.289	\$55,915.05	\$8.93	\$62,003.57
*	FID LC VAL ENH INDX	17,477.111	\$135,172.86	\$7.22	\$126,184.74
*	FID LC GRO ENH INDX	382.670	\$2,977.35	\$9.93	\$3,799.91
*	FID ASSET MGR 30%	3,935.146	\$37,796.87	\$9.52	\$37,462.59
*	FID ASSET MGR 40%	31,423.244	\$292,297.84	\$9.33	\$293,178.87
*	FID ASSET MGR 60%	7,665.531	\$65,858.06	\$9.16	\$70,216.26
*	FID GLOBAL STRAT	2,080.052	\$17,723.30	\$8.61	\$17,909.25
*	FID TOTAL INTL EQ	5,678.863	\$41,991.87	\$6.33	\$35,947.20
*	FID INTL GROWTH	10,266.699	\$79,569.04	\$7.81	\$80,182.92
*	FID INTL ENH INDEX	95.037	\$620.38	\$6.25	\$593.98
*	FID SM CAP ENH INDX	4,763.254	\$40,016.31	\$8.88	\$42,297.70
*	FID MID CAP ENH INDX	296.003	\$2,756.26	\$8.88	\$2,628.51
*	FID EMEA	6,692.808	\$52,292.05	\$7.83	\$52,404.69
*	FID 130/30 LG CAP	43.337	\$318.08	\$6.96	\$301.63
*	FID GROWTH STRAT K	45,286.990	\$812,205.72	\$18.73	\$848,225.32
*	FID BALANCED K	170,201.758	\$2,986,299.45	\$18.18	\$3,094,267.96
*	FID BLUE CHIP GR K	215,459.318	\$9,265,197.20	\$42.46	\$9,148,402.64
*	FID CAP APPREC K	12,447.790	\$293,658.91	\$24.64	\$306,713.55

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID CONTRAFUND K	209,446.025	\$13,840,993.22	\$67.41	\$14,118,756.55
*	FID DISCIPLND EQ K	333,016.505	\$7,309,214.91	\$21.50	\$7,159,854.86
*	FID DIVERSIFD INTL K	86,311.385	\$2,184,965.18	\$25.48	\$2,199,214.09
*	FID DIVIDEND GR K	41,868.220	\$1,004,365.59	\$25.86	\$1,082,712.17
*	FID EMERGING MKTS K	29,448.610	\$599,021.67	\$20.48	\$603,107.53
*	FID EQUITY INCOME K	67,094.249	\$2,537,244.42	\$41.29	\$2,770,321.54
*	FID EQ DIV INCOME K	32,054.259	\$499,373.50	\$17.39	\$557,423.56
*	FID EXPORT & MULTI K	15,534.443	\$306,965.25	\$20.66	\$320,941.59
*	FID FUND K	12,006.002	\$359,331.71	\$31.14	\$373,866.90
*	FID GROWTH CO K	70,735.228	\$5,692,309.66	\$80.81	\$5,716,113.77
*	FID GROWTH DISC K	18,148.274	\$234,104.18	\$13.65	\$247,723.94
*	FID INDEPENDENCE K	13,559.835	\$285,824.55	\$21.66	\$293,706.03
*	FID INTL DISCOVERY K	37,643.751	\$1,034,650.48	\$27.53	\$1,036,332.47
*	FID LEVERGD CO STK K	41,463.590	\$950,176.65	\$25.12	\$1,041,565.38
*	FID LOW PRICED STK K	61,558.954	\$2,050,822.66	\$35.70	\$2,197,654.66
*	FID MAGELLAN K	90,624.320	\$6,160,664.30	\$62.91	\$5,701,175.97
*	FID MID CAP STOCK K	68,941.348	\$1,731,691.72	\$26.64	\$1,836,597.51
*	FID OTC K	59,308.869	\$3,188,831.50	\$55.04	\$3,264,360.15
*	FID OVERSEAS K	53,044.352	\$1,411,057.71	\$26.41	\$1,400,901.34
*	FID PURITAN K	299,029.404	\$5,104,460.04	\$17.68	\$5,286,839.86
*	FID STK SEL ALL CP K	1,377.855	\$31,583.94	\$24.26	\$33,426.76
*	FID VALUE K	13,889.721	\$810,501.52	\$63.50	\$881,997.28
*	FID VALUE DISCOV K	16,191.342	\$207,742.58	\$14.14	\$228,945.58
*	FID VALUE STRAT K	4,831.799	\$111,563.26	\$25.02	\$120,891.61

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM

SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2011

EIN 34-0714755 PLAN NUMBER 003

(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	(d) Cost	(e) Current Value	
*	FID GLB COMDTY STK	4,896.736	\$77,913.90	\$13.94	\$68,260.50
*	FID FREEDOM K INCOME	54,045.984	\$609,412.35	\$11.30	\$610,719.62
*	FID FREEDOM K 2000	60,310.449	\$691,722.89	\$11.43	\$689,348.43
*	FID FREEDOM K 2005	41,241.966	\$492,614.23	\$11.98	\$494,078.75
*	FID FREEDOM K 2010	824,081.128	\$9,919,575.36	\$12.10	\$9,971,381.65
*	FID FREEDOM K 2015	910,608.726	\$10,980,663.98	\$12.13	\$11,045,683.85
*	FID FREEDOM K 2020	2,362,144.703	\$29,087,044.91	\$12.43	\$29,361,458.66
*	FID FREEDOM K 2025	1,454,388.451	\$17,842,675.42	\$12.44	\$18,092,592.33
*	FID FREEDOM K 2030	1,804,670.991	\$22,290,577.60	\$12.54	\$22,630,574.23
*	FID FREEDOM K 2035	726,101.361	\$8,912,642.86	\$12.53	\$9,098,050.05
*	FID FREEDOM K 2040	835,098.140	\$10,282,175.36	\$12.57	\$10,497,183.62
*	FID FREEDOM K 2045	378,022.744	\$4,677,684.80	\$12.66	\$4,785,767.94
*	FID FREEDOM K 2050	249,800.259	\$3,086,360.30	\$12.65	\$3,159,973.28
*	FID CORPORATE BOND	9,062.507	\$96,474.95	\$10.78	\$97,693.83
*	FID GLB HIGH INCOME	154.305	\$1,449.21	\$9.25	\$1,427.32
*	SPTN US BOND IDX ADV	0.000	\$0.00	\$11.78	\$0.00
*	SPTN 500 INDEX INST	71,240.254	\$3,303,922.04	\$44.50	\$3,170,191.30
*	FID FREEDOM K 2055	805.924	\$7,172.32	\$8.81	\$7,100.19
*	SPTN EM MKTS IDX ADV	2,940.677	\$27,496.28	\$8.90	\$26,172.03
*	SPTN SM CAP IDX ADV	1,567.555	\$16,242.11	\$10.66	\$16,710.14
*	FID TOTAL EMERG MKTS	0.000	\$0.00	\$9.59	\$0.00
*	FID EMERG MKTS DISC	0.000	\$0.00	\$9.43	\$0.00
*	OUTSTANDING LOAN BALANCE		Interest rates from 4.25% to 8.75%		\$4,715,909.05

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
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(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party	EIN 34-0714755 PLAN NUMBER 003	(d) Cost	(e) Current Value
*	IPS4R			19,482.59	24,481.18
*	IPS3R			4,340.57	40,335.46
*	IPS1R			41,879.13	52,833.29
	IAI			13,894.99	12,085.02
	IJW			15,674.63	12,046.51
	IADR			0.00	788.46
	IEEF			16,951.05	233,448.78
	IOGA			46,601.25	39,540.82
	IPIO			14,833.16	11,075.13
	IAVF			7,040.80	6,792.86
	IMR2			6,418.96	46,232.70
	ILSA			6,193.61	9,771.37
	ISCG			660.71	72,455.83
	ISSG			846.66	987.88
	IRTK			3,274.74	3,380.63
	IRSE			5,574.91	3,245.30
	IAAM			24,640.93	23,334.16
	IDY			8,145.29	4,742.08
	IGF1			13,756.74	532,790.01
	ITMC			43,965.30	63,716.55
	IVAV			9,439.29	8,592.68
	IEQI			2,453.61	2,589.13
	IDVR			6,735.90	6,133.66
	IFCA			15,282.81	19,358.75
	IFVG			104,169.59	344,354.66
	IFCF			33,076.69	35,825.73
	IABC			5,574.91	3,401.60
	IVSR			1,842.76	1,882.50
	IJTW			37,686.81	27,449.90
	ISIF			304,008.51	1,650,888.45
	ITEI			40,465.18	65,695.93
	IOCA			8,343.55	8,868.82
	IPEI			16,181.63	15,553.27
	IAAB			2,812.94	3,160.35
	IBI			23,607.58	28,592.75
	ICBF			2,771.76	3,777.54
	IUSG			15,088.49	289,691.88
	IPTR			38,986.71	42,290.71
	IBPF		3.500	34,463.68	92,358.26
*	IGCF 36	03-JAN-2012	3.300	302.07	334.50
*	IGCF 36	03-JAN-2012	3.200	59,561.05	65,598.62
*	IGCF 36	31-MAR-2012	3.000	16,982.98	18,447.58
*	IGCF 36	31-MAR-2012	3.200	57,355.66	62,741.75
*	IGCF 36	30-JUN-2012	3.000	47,747.54	51,842.88
*	IGCF 36	30-SEP-2012	3.000	36,066.19	38,549.85
*	IGCF 36	31-DEC-2012	3.000	27,843.70	29,540.80
*	IGCF 36	31-MAR-2013	3.000	34,127.55	35,944.33
*	IGCF 36	30-JUN-2013	3.000	180,230.65	188,686.29
*	IGCF 36	30-SEP-2013	3.000	29,311.76	30,418.35
*	IGCF 36	31-DEC-2013	3.000	22,299.94	22,971.89
*	IGCF 36	31-MAR-2014	3.000	37,129.96	37,967.15

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
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(a)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(b) Identity of Issue, Borrower, Lessor or Similar Party		(d) Cost	(e) Current Value
*	IGCF 36	30-JUN-2014	3.000	28,572.58	29,002.71
*	IGCF 36	30-SEP-2014	3.000	44,097.97	44,435.85
*	IGCF 36	31-DEC-2014	3.000	192.63	193.33
*	IGCF 60	03-JAN-2012	4.100	4,574.02	5,657.26
*	IGCF 60	31-MAR-2012	3.950	4,046.43	4,863.56
*	IGCF 60	30-JUN-2012	4.550	5,616.83	6,868.94
*	IGCF 60	30-SEP-2012	3.900	54,613.50	64,254.69
*	IGCF 60	31-DEC-2012	3.350	4,852.49	5,536.16
*	IGCF 60	31-MAR-2013	3.000	3,260.17	3,642.46
*	IGCF 60	30-JUN-2013	3.800	3,024.20	3,446.24
*	IGCF 60	30-SEP-2013	3.750	3,583.38	4,039.01
*	IGCF 60	31-DEC-2013	3.650	3,652.43	4,067.15
*	IGCF 60	31-MAR-2014	3.400	5,638.74	6,182.48
*	IGCF 60	30-JUN-2014	3.650	5,906.82	6,461.60
*	IGCF 60	30-SEP-2014	3.000	5,851.68	6,254.48
*	IGCF 60	31-DEC-2014	3.000	5,974.79	6,338.65
*	IGCF 60	31-MAR-2015	3.000	6,285.05	6,619.40
*	IGCF 60	30-JUN-2015	3.000	6,683.88	6,987.74
*	IGCF 60	30-SEP-2015	3.000	9,082.42	9,424.85
*	IGCF 60	31-DEC-2015	3.000	6,973.56	7,182.76
*	IGCF 60	31-MAR-2016	3.000	4,985.87	5,098.15
*	IGCF 60	30-JUN-2016	3.000	51,073.37	51,840.09
*	IGCF 60	30-SEP-2016	3.000	14,391.64	14,499.27
*	IGCF 84	03-JAN-2012	3.000	5,506.07	6,771.76
*	IGCF 84	31-MAR-2012	3.000	8,502.90	10,381.53
*	IGCF 84	30-JUN-2012	3.000	9,312.50	11,286.56
*	IGCF 84	30-SEP-2012	3.000	55,121.62	66,328.30
*	IGCF 84	31-DEC-2012	3.000	21,252.47	25,405.63
*	IGCF 84	31-MAR-2013	3.000	30,761.68	36,466.23
*	IGCF 84	30-JUN-2013	3.000	560.11	661.52
*	IGCF 84	30-JUN-2013	4.600	23,577.26	30,199.37
*	IGCF 84	30-SEP-2013	4.600	640.11	815.59
*	IGCF 84	30-SEP-2013	4.250	27,043.85	33,643.83
*	IGCF 84	31-DEC-2013	4.250	22,160.44	27,947.93
*	IGCF 84	31-MAR-2014	4.000	31,499.74	37,947.28
*	IGCF 84	31-MAR-2014	4.250	1,107.73	1,357.29
*	IGCF 84	30-JUN-2014	4.650	18,915.43	23,206.83
*	IGCF 84	30-JUN-2014	4.000	744.39	893.33
*	IGCF 84	30-SEP-2014	4.650	1,041.91	1,269.16
*	IGCF 84	30-SEP-2014	4.050	20,323.88	24,063.42
*	IGCF 84	31-DEC-2014	3.500	18,749.93	21,515.99
*	IGCF 84	31-DEC-2014	4.050	957.61	1,125.90
*	IGCF 84	31-MAR-2015	3.150	15,631.82	17,560.54
*	IGCF 84	31-MAR-2015	3.500	200.51	228.88
*	IGCF 84	30-JUN-2015	3.950	19,415.37	22,237.10
*	IGCF 84	30-JUN-2015	3.150	200.51	224.29
*	IGCF 84	30-SEP-2015	3.950	15,332.16	17,391.18
*	IGCF 84	31-DEC-2015	3.950	137.84	155.53
*	IGCF 84	31-DEC-2015	3.850	18,877.77	21,143.17
*	IGCF 84	31-MAR-2016	3.450	11,885.36	13,048.86
*	IGCF 84	31-MAR-2016	3.850	200.51	223.78

SUMMA HEALTH SYSTEM TAX SHELTERED ANNUITY PROGRAM
SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
DECEMBER 31, 2011
EIN 34-0714755 PLAN NUMBER 003

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*	IGCF 84	30-JUN-2016	3.450	200.51	219.48
*	IGCF 84	30-JUN-2016	4.050	15,083.47	16,660.09
*	IGCF 84	30-SEP-2016	4.050	282.86	310.38
*	IGCF 84	30-SEP-2016	3.000	19,188.98	20,511.68
*	IGCF 84	31-DEC-2016	3.000	16,924.44	17,957.29
*	IGCF 84	31-MAR-2017	3.000	15,810.79	16,655.37
*	IGCF 84	30-JUN-2017	3.000	24,647.10	25,872.46
*	IGCF 84	30-SEP-2017	3.000	12,376.56	12,846.68
*	IGCF 84	31-DEC-2017	3.000	11,519.35	11,867.57
*	IGCF 84	31-MAR-2018	3.000	2,091.04	2,146.87
*	IGCF 84	30-JUN-2018	3.000	3,981.19	4,042.47
*	IGCF 84	30-SEP-2018	3.000	4,829.76	4,867.68
*	IGCF 84	31-DEC-2018	3.000	463.17	464.64
*	IGTDFIX		3.500	580,640.51	794,913.23
*	IDIGF		4.000	41,729.81	100,897.61
	ISYSWD		4.000	48,252.36	108,675.44
	IMMF			526,451.78	610,846.26
				3,533,197.08	6,933,747.39
	PARTICIPANT LOANS	VARIOUS	5.250-10.250	14,782.77	16,975.02

LEGEND

INVESTMENT OPTION:

1PS4R	Maxim Moderately Aggressive Profile Port	1PS3R	Maxim Moderate Profile Portfolio
1PS1R	Maxim Conservative Profile Portfolio	1AI	Artisan International Fund
1JW	Janus Worldwide Fund T	1ADR	Maxim Invesco ADR Portfolio
1IEF	Maxim MFS International Value Portfolio	1OGA	Oppenheimer Global Fund
1PIO	Putnam International Capital Opp R	1AVF	Maxim Ariel Small-Cap Value Portfolio
1MR2	Maxim Index 600 Portfolio	1LSA	Maxim Loomis Sayles Small-Cap Value
1SCG	Maxim Small Cap Growth Portfolio	1SSG	RidgeWorth Small Cap Growth Stock - I
1RTK	Royce Total Return K	1RSE	RS Small Cap Growth A
1AAM	Alger Mid Cap Growth Portfolio I-2	1IDY	INVESCO Dynamics Fund
1GF1	Maxim Ariel MidCap Value Portfolio	1TMC	Maxim T. Rowe Price MidCap Growth Port.
1VAV	INVESCO Van Kampen American Value R	1EQI	American Century Equity Income Fund
1DVR	Davis New York Venture Fund - R	1FCA	Federated Capital Appreciation, A
1FVG	Fidelity VIP Growth Portfolio	1FCF	Fidelity VIP II ContraFund
1ABC	Invesco Van Kampen American Franchise A	1VSR	INVESCO Van Kampen Comstock Fund - R
1JTW	Janus Twenty Fund T	1SIF	Maxim Stock Index Portfolio
1TEI	Maxim T. Rowe Price Equity/Income Port.	1OCA	Oppenheimer Capital Appreciation, A
1PEI	Pioneer VCT Equity-Income Portfolio II	1AAB	Alger Balanced I-2
1BI	Maxim Bond Index Portfolio	1CBF	Maxim Loomis Sayles Bond Portfolio
1USG	Maxim US Government Mort Secs Portfolio	1PTR	PIMCO Total Return Admin
1BPF	Banded Portfolio Fund	1GCF 36	Great-West Guaranteed Certificate Fund
1GCF 60	Great-West Guaranteed Certificate Fund	1GCF 84	Great-West Guaranteed Certificate Fund
1GTDFIX	Great-West Guaranteed Fixed Fund	1DIGF	Great-West Daily Interest Guarantee Fund
1SYSWD	Systematic Withdrawal	1MMF	Maxim Money Market Portfolio

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year