

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 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; include room or suite number (employer, if for a single-employer plan)	<u>SUMMA HEALTH SYSTEM</u>		2b Employer Identification Number (EIN) <u>34-0714755</u> 2c Plan Sponsor's telephone number <u>234-312-5867</u> 2d Business code (see instructions) <u>622000</u>
<u>P.O. BOX 2090</u> <u>AKRON, OH 44309</u>	<u>P.O. BOX 2090</u> <u>AKRON, OH 44309</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	Filed with authorized/valid electronic signature.	10/15/2015	THOMAS ONEILL
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	4b EIN 34-0714755 4c PN 003
5 Total number of participants at the beginning of the plan year	5 9936
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 8222
a(2) Total number of active participants at the end of the plan year	6a(2) 7805
b Retired or separated participants receiving benefits	6b 59
c Other retired or separated participants entitled to future benefits.....	6c 1504
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 9368
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 11
f Total. Add lines 6d and 6e	6f 9379
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7784
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 118
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2L	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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
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) ☒ <u>10</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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
GREAT-WEST LIFE & ANNUITY 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
84-0467907	7692	85802-01	294	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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).
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(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	2228897
5 Current value of plan's interest under this contract in separate accounts at year end	5	5283109

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	2351640
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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)	74552	
(4) Transferred from separate account.....	7c(4)	270734	
(5) Other (specify below)	7c(5)	4702	
▶ LOAN REPAYMENTS			

(6) Total additions.....	7c(6)	349988
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2701628
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	200057	
(2) Administration charge made by carrier	7e(2)	954	
(3) Transferred to separate account.....	7e(3)	271720	
(4) Other (specify below)	7e(4)	0	
▶			

(5) Total deductions.....	7e(5)	472731
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2228897
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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 line 9c(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, line 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(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	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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** 33611**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. **6d**

Specify nature of costs ▶

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** 32318**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 1293
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1293**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 33611**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)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 33611

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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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
MASSACHUSETTS MUTUAL 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	16	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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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(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	

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(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	692132
5 Current value of plan's interest under this contract in separate accounts at year end	5	252789

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	717484
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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)	27501	
▶ REALIZED AND UNREALIZED GAINS			

(6) Total additions.....	7c(6)	27501
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d Total of balance and additions (add lines 7b and 7c(6))	7d	744985
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	52585	
(2) Administration charge made by carrier	7e(2)	268	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	52853
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	692132
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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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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
MASSACHUSETTS MUTUAL 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	21	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	1235767
5 Current value of plan's interest under this contract in separate accounts at year end	5	118955

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	1236372
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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)	48499	
▶ REALIZED AND UNREALIZED GAINS			

(6) Total additions

7c(6) 48499

d Total of balance and additions (add lines 7b and 7c(6))	7d	1284871
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49104
(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) 49104

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1235767
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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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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

VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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	8	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
294	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

DANIEL JACOBS
 CORPORATE PLAZA 1 STE 100
 6450 ROCKSIDE WODDS 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	
291	0		3

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

WILLIAM KROLL
 CORPORATE PLAZA 1 STE 100
 6450 ROCKSIDE WODDS 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	0		3

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

Schedule A (Form 5500) 2014
v. 140124

(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	191456
5 Current value of plan's interest under this contract in separate accounts at year end	5	71552

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	233959
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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)	7731	
(4) Transferred from separate account.....	7c(4)	195789	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions.....	7c(6)	203520
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d Total of balance and additions (add lines 7b and 7c(6))	7d	437479
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	165970	
(2) Administration charge made by carrier	7e(2)	100	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	79953	
▶ CONTRACT DISBURSEMENT			

(5) Total deductions.....	7e(5)	246023
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	191456
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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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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.
---------------	---

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	1	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	46121
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	48735
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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)	1447	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 1447

d Total of balance and additions (add lines 7b and 7c(6))	7d	50182
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4061	
(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)** 4061

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	46121
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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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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.
---------------	---

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	4	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	16
5 Current value of plan's interest under this contract in separate accounts at year end	5	79296

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	16
--	-----------	----

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	0	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines 7b and 7c(6))	7d	16
---	-----------	----

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	16
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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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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 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	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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** 93100**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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** 90250**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 3383
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 3383**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 93633**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 533(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)** 533**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 93100

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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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.
---------------	---

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
42-0127290	61271	439715/711499	0	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	57200

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5720	REFERRAL/SERVICE FEE	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	

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

Schedule A (Form 5500) 2014
v. 140124

(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. **6d**

Specify nature of costs ▶

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 BALANCE CONTRACT****b** Balance at the end of the previous year **7b** 22803200**c** Additions: (1) Contributions deposited during the year **7c(1)** 3775012
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 271031
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 4046043**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 26849243**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 4997442(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)** 4997442**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 21851801

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 line 9c(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, line 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM	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.
---------------	---

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
42-0127290	61271	600108/711499	0	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	1584

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	
0	1584	REFERRAL/SERVICE FEE	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	

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

Schedule A (Form 5500) 2014
v. 140124

(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 ▶ **GUARANTEED INTEREST BALANCE CONTRACT**

b Balance at the end of the previous year.....	7b	642050
---	-----------	--------

c Additions: (1) Contributions deposited during the year.....	7c(1)	217747	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	7507	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	225254
--------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	867304
---	-----------	--------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	292179	
(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)	292179
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	575125
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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 line 9c(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, line 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM</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 <u>FIDELITY INVESTMENTS INST OPS CO</u> <u>04-2647786</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u> <u>06-0974148</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <u>VOYA RETIREMENT INS. & ANNUITY CO.</u> <u>71-0294708</u>

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

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

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

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 INST 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?
37 64 65	RECORDKEEPER	59856	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

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		0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AXA EQUITABLE LIFE INSURANCE 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 ☐	1537	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)

(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 ☐

(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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABF SM CAP VAL INV-BOSTON FIN DATA 04-2526037	0.40%	
(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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOMINI SOCIAL EQ-BNY MELLON ASSET 101 SABIN STREET PAWTUCKET, RI 02860	0.40%	
(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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MSIF SM CO GRTH A-BOSTON FIN DATA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%	

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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL FIXED ACCT 42-0127290	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

a Name: SS&G, INC.	b EIN: 34-1945695
c Position: ACCOUNTANT	
d Address: 301 SPRINGSIDE DR. AKRON, OH 44333	e Telephone: 330-668-9696

Explanation: AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2013, THE PLAN'S FINANCIAL STATEMENTS WERE REPORTED ON BY SS&G, INC., WHOSE PRACTICE WAS COMBINED BY BDO USA, LLP EFFECTIVE JANUARY 1, 2015.

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>POOLED SEPERATE ACCOUNT 65</u>		
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>		
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>79296</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FUTURE FUNDS SERIES ACCT-GREAT WEST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>84-0467907-003</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>5283109</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPERATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY CO</u>		
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>71552</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPERATE ACCOUNT DC 11</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>		
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>
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)**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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SUMMA HEALTH SYSTEM 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 HEALTH SYSTEM</u>		D Employer Identification Number (EIN) <u>34-0714755</u>

Part I	Asset and Liability Statement	
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)	3462915
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	230894
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)	5620115
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	5934299
(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)	368760641
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	27512815
(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	411521679	430986450

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	411521679	430986450
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7441508	
(B) Participants	2a(1)(B)	22056301	
(C) Others (including rollovers)	2a(1)(C)	1666689	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		31164498
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)	242024	
(F) Other	2b(1)(F)	336136	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		578160
(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)	31450522	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		31450522
(3) Rents	2b(3)		
(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)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	510	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		510

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		478166
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		-3969207
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		59702649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40173636	
(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)		40173636
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)	64242	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		64242
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		40237878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19464771
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: BDO USA, LLP

(2) EIN: 13-5381590

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		1326
4b		X	

	Yes	No	Amount
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN



Summa Health System Tax Sheltered Annuity Program

Financial Statements
Years Ended December 31, 2014 and 2013

Summa Health System Tax Sheltered Annuity Program

Financial Statements
Years Ended December 31, 2014 and 2013

Summa Health System Tax Sheltered Annuity Program

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Independent Auditor's Report

To the Plan Administrator of the
Summa Health System Tax Sheltered Annuity Program
Akron, OH

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Summa Health System Tax Sheltered Annuity Program (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 information summarized in Note 4, which was certified by Fidelity Management Trust Company, Great-West & Annuity Insurance Company, Voya Retirement Insurance & Annuity Company (fka ING Life Insurance & Annuity Company) and MassMutual Retirement Services, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. 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 a certification from the custodians as of December 31, 2014, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

The supplemental Schedules of Assets (Held at End of Year) and Delinquent Participant Contributions for the year ended December 31, 2014, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Other Matter - 2013 Financial Statements

The 2013 financial statements of the Plan were audited by SS&G, Inc. (SS&G) whose directors and professional staff joined BDO USA, LLP effective January 1, 2015 and has subsequently ceased operations. 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 SS&G not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, Great-West & Annuity Insurance Company, ING Life Insurance & Annuity Company and MassMutual Retirement Services which acquired Hartford Life Insurance Company in 2013, the custodians of the Plan. SS&G's report, dated October 15, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodians, were 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.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2014

The form and content of the information included in the 2014 financial statements and supplemental schedules, 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 of America 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.

BDO USA, LLP

October 14, 2015

Financial Statements

Summa Health System Tax Sheltered Annuity Program

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2014	2013
Assets		
Investments, at fair value (See notes 3, 4 and 9)	\$ 425,180,004	\$ 402,207,944
Receivables:		
Notes receivable from participants	5,806,125	5,620,115
Employer	-	3,462,915
Transfer receivable from Summa/Barberton Retirement Savings Plan for Frozen Pension Plan Participants (See Note 1)	-	230,894
Total receivables	5,806,125	9,313,924
Net Assets Available for Benefits	\$ 430,986,129	\$ 411,521,868

See accompanying notes to financial statements.

Summa Health System Tax Sheltered Annuity Program

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2014	2013
Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 52,895,743
Interest and dividends	31,786,658	13,643,116
Total investment income	31,786,658	66,538,859
Interest income on notes receivable from participants	242,024	232,290
Contributions:		
Employer	7,441,508	11,042,782
Employee	22,056,301	20,983,280
Rollovers	1,666,689	2,441,356
Total contributions	31,164,498	34,467,418
Total additions	63,193,180	101,238,567
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	3,491,041	-
Benefits paid directly to participants	40,173,636	29,445,181
Administrative expenses	64,242	60,868
Total deductions	43,728,919	29,506,049
Net increase	19,464,261	71,732,518
Transfer from Summa Barberton Retirement Savings Plan for Frozen Pension Plan Participants (See Note 1)	-	230,894
Net Assets Available for Benefits		
Beginning of year	411,521,868	339,558,456
End of year	\$ 430,986,129	\$ 411,521,868

See accompanying notes to financial statements.

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

1. 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. 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.

Effective July 1, 2011, the Plan transitioned certain employee groups to the SavingsPLUS benefit design from the SummaMatch benefit design.

Effective October 1, 2013, Summa/Barberton Citizens Hospital union employees under the age of 60 are no longer able to contribute to the Summa/Barberton Citizens Hospital Bargaining Unit Retirement Savings Plan (Barberton Plan). These employees are now eligible to enroll in the Plan. Those employees age 60 and over will remain eligible to participate in the Barberton Plan.

In addition, effective September 30, 2013, Barberton Plan spun-off (transferred) certain participants into a newly created Summa/Barberton Retirement Savings Plan for Frozen Pension Plan Participants (the New Plan). The New Plan was terminated effective November 4, 2013 and the participant balances became assets of the Plan. The investments did not physically transfer to the Plan until 2014. Therefore a receivable of \$230,894 was presented from the New Plan at December 31, 2013 on the Statements of Net Assets Available for Benefits.

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 each pay period 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

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

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.

Certain employees are eligible to participate in the Performance Plus Plan (PPP), a formal incentive bonus program, 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. Refer to Note 12.

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

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, 2014 and 2013, forfeited non-vested accounts totaled \$138,764 and \$446,605 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 2014 and 2013, \$498,768 and \$5,375 of forfeitures were used to offset employer contributions, respectively.

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.

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.

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

Administrative expenses

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

2. Summary of significant accounting policies

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 9 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 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.

Reclassifications

Certain amounts reported in the 2013 financial statements have been reclassified to conform to the 2014 presentation.

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

Subsequent events

The Plan has evaluated subsequent events through October 14, 2015, the date the financial statements were available to be issued.

3. Guaranteed investment contracts

The Plan entered into benefit-responsive guaranteed investment contracts with Principal Fixed Account (Principal), Great-West Life & Annuity Insurance Company (Great-West) and VOYA Retirement Insurance and Annuity Company (VOYA). These custodians 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.

For those guaranteed investment contracts which 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 investment contracts at December 31, 2014 and 2013 was \$26,163,236 and \$27,513,004, 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 are probable of occurring.

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

<i>December 31,</i>	2014	2013
The Great-West Daily Interest Guarantee Fund		
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		
Based on actual earnings	3.50%	3.50%
Based on interest rate credited to participants	3.50%	3.50%

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

The Voya Fixed Account

Based on actual earnings	1.30%	1.45%
Based on interest rate credited to participants	1.30%	1.45%
<i>December 31,</i>	2014	2013

The Voya Fixed Plus Account

Based on actual earnings	3.00%	3.00%
Based on interest rate credited to participants	3.00%	3.00%

Principal Fixed Account

Based on actual earnings	1.20%	1.75%
Based on interest rate credited to participants	1.20%	1.75%

4. Investments (unaudited)

All investment information disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year), including investments held at December 31, 2014 and 2013 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, MassMutual Retirement Services which acquired Hartford Life Insurance Company and VOYA, the custodians at December 31, 2014 and 2013.

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:

<i>December 31,</i>	2014	2013
Principal Fixed Account	\$21,642,456	\$ 22,802,041
Fidelity Freedom K 2020	46,093,691	42,987,774
Fidelity Freedom K 2030	37,769,098	34,479,617
Fidelity Freedom K 2025	31,807,986	29,830,298
Fidelity Contrafund K	21,715,159	20,758,243

There were no non-participant directed investments at December 31, 2014 and 2013.

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

During 2014 and 2013, the Plan's investments (including investments bought, sold and held during the year) (depreciated) appreciated, as follows:

	2014	2013
Net (depreciation) appreciation in fair value of investments:		
Shares of registered investment companies	\$ (3,969,208)	\$ 51,581,116
Units of pooled separate accounts	477,657	1,314,685
Guaranteed investment contracts	510	(58)
	\$ (3,491,041)	\$ 52,895,743

5. 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.

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 not 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, 2014, 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 2011.

6. 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.

7. 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

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

participants' account balances and the amounts reported in the statement of net assets available for benefits.

8. Transactions with parties-in-interest

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

9. 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:

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, 2014 and 2013.

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

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

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 custodian. 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. Since the participants transact at contract value, fair value is determined annually for financial statements reporting purposes only. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Fair Value Measurements at December 31, 2014 Using			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large Cap	\$ 89,896,603	\$ -	\$ -	\$ 89,896,603
Mid Cap	15,862,491	-	-	15,862,491
Small Cap	11,362,904	-	-	11,362,904
International	14,099,285	-	-	14,099,285
Bond	19,413,126	-	-	19,413,126
Blended	221,460,471	-	-	221,460,471
Specialty	19,901,377	-	-	19,901,377
Money Market	1,214,994	-	-	1,214,994
Total reg. investment companies	393,211,251	-	-	393,211,251

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

Pooled separate accounts:

Large Cap	\$	-	\$ 3,287,613	\$	-	\$ 3,287,613
Mid Cap		-	989,996		-	989,996
Small Cap		-	173,111		-	173,111
International		-	382,677		-	382,677
Bond		-	391,454		-	391,454
Blended		-	135,768		-	135,768
Specialty		-	10,667		-	10,667
Money Market		-	434,231		-	434,231

Total pooled separate accounts	-	5,805,517	-	5,805,517
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Guaranteed investment contracts	-	4,520,780	21,642,456	26,163,236
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Total assets at fair value	\$ 393,211,251	\$ 10,326,297	\$ 21,642,456	\$ 425,180,004
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Fair Value Measurements at December 31, 2013 Using				
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large Cap	\$ 83,598,648	\$ -	\$ -	\$ 83,598,648
Mid Cap	15,034,178	-	-	15,034,178
Small Cap	10,301,235	-	-	10,301,235
International	15,598,682	-	-	15,598,682
Bond	18,793,021	-	-	18,793,021
Blended	206,422,419	-	-	206,422,419
Specialty	16,973,661	-	-	16,973,661
Money Market	2,038,797	-	-	2,038,797

Total reg. investment companies	368,760,641	-	-	368,760,641
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Pooled separate accounts:

Large Cap	-	3,163,977	-	3,163,977
Mid Cap	-	940,693	-	940,693
Small Cap	-	212,805	-	212,805
International	-	437,100	-	437,100
Bond	-	417,937	-	417,937
Blended	-	193,154	-	193,154
Specialty	-	8,346	-	8,346
Money Market	-	560,287	-	560,287

Total pooled separate accounts	-	5,934,299	-	5,934,299
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Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

Guaranteed investment contracts	\$	-	\$ 4,710,963	\$ 22,802,041	\$ 27,513,004
Total assets at fair value	\$368,760,641	\$ 10,645,262	\$ 22,802,041	\$ 402,207,944	

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, 2014 and 2013:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
Balance, December 31, 2012	\$ 22,481,530
Purchases	6,593,715
Sales	(6,273,204)
Balance, December 31, 2013	22,802,041
Purchases	4,516,083
Sales	(5,675,668)
Balance, December 31, 2014	\$ 21,642,456

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table sets forth a summary of valuation techniques and quantitative information utilized in determining the fair value of the Fund's Level 3 investments as of December 31, 2014.

Fund	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
			Underlying credit rating	0.45%-2.75%	
Principal Fixed Account 4-39715	\$ 21,642,456	Discontinuance Value	Duration	0-4 years	Not applicable
			Treasury rates	.216%-1.473%	

The following table sets forth a summary of valuation techniques and quantitative information utilized in determining the fair value of the Fund's Level 3 investments as of December 31, 2013.

Fund	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
			Underlying credit rating	0.45%-3.2%	
Principal Fixed Account 4-39715	\$ 22,802,041	Discontinuance Value	Duration	0-4 years	Not applicable
			Treasury rates	.114%-1.323%	

Fair Value of Investments in Entities that Use Net Asset Value

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

The following table summarizes significant investments measured at fair value based on net asset value per share as of December 31, 2014 and 2013, respectively:

<i>December 31,</i>	Pooled Separate Accounts Fair Value	
	2014	2013
Great-West Ariel MidCap Value Fund (a)	\$ 823,324	\$ 784,896
Great-West Money Market Fund (b)	403,713	530,352
Great-West Stock Index Fund (c)	2,250,939	2,130,634
Great-West US Government Securities Fund (d)	239,861	268,410
Fidelity VIP Growth Portfolio (e)	559,867	468,146

(a) Seeks long-term capital appreciation by investing in at least 80% of net assets in the securities of issuers classified in the medium/small, medium, or medium/large capitalization quintiles of the Russell 3000 Index.

(b) Seek as high a level of current income as is consistent with the preservation of capital and liquidity.

(c) Seeks investment results that track the total return of the S&P 500 Index and S&P MidCap 400 Index, weighted according to their pro rata share of the market.

(d) Seeks the highest level of return consistent with preservation of capital and substantial credit protection by investing at least 80% of its total assets in mortgage related securities that have been issued or guaranteed by the US government or its agencies or instrumentalities.

(e) Seeks capital appreciation by investing primarily in common stocks of companies that are believed to have above-average growth potential.

10. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

<i>December 31,</i>	2014	2013
Net assets available for benefits per the financial statements	\$ 430,986,129	\$ 411,521,868
Less: Adjustment from fair value to contract value for guaranteed investment contracts	321	(189)
Net assets available for benefits per Form 5500	\$ 430,986,450	\$ 411,521,679

Summa Health System Tax Sheltered Annuity Program

Notes to Financial Statements

The following is a reconciliation of investment income per the financial statements at December 31, 2014 to Form 5500:

<i>December 31,</i>	2014
Interest and dividends per the financial statements	\$ 31,786,658
Net depreciation in fair value of investments per the financial statements	(3,491,041)
Change in adjustment from fair value to contract value for guaranteed investment contracts	510
Total investment income per Form 5500	\$ 28,296,127

11. Prohibited transactions

During 2013, the Plan Sponsor failed to timely transmit participant contributions to the Plan. Such late contributions totaled \$1,326. During 2014, the Plan Sponsor corrected the late contributions in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

12. Subsequent Events

During 2015, the System permanently ceased the discretionary contribution to the PPP effective for the 2014 year and subsequent plan years.

Supplemental Schedules

Summa Health System Tax Sheltered Annuity Program

December 31, 2014

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
	<i>Equitable</i>			
*	Guaranteed Interest Account	Fixed Annuity, various interest rates	**	\$ 46,138
*	EQ/Common Stock Index	Units of pooled separate accounts	**	46,133
*	EQ/Capital Guardian Research	Units of pooled separate accounts	**	2,243
*	AXA Large Cap Value Managed Vol	Units of pooled separate accounts	**	5,872
*	EQ/Mid Cap Index	Units of pooled separate accounts	**	6,142
*	AXA Mid Cap Value Managed Vol	Units of pooled separate accounts	**	5,107
*	AXA International Value Managed Vol	Units of pooled separate accounts	**	666
*	EQ/Core Bond Index	Units of pooled separate accounts	**	3,991
*	EQ/International Equity Index	Units of pooled separate accounts	**	4,636
	Charter Multi-Sector Bond	Units of pooled separate accounts	**	1,929
*	AXA Moderate-Plus Allocation	Units of pooled separate accounts	**	2,578
		Total Equitable investment		125,435
	<i>Voya Retirement Insurance and Annuity Company</i>			
*	Voya Fixed Account	Fixed Annuity, various interest rates	**	92,574
*	Voya Short Term GAA	Fixed Annuity, various interest rates	**	87,942
*	Voya Fixed Plus Account	Fixed Annuity, various interest rates	**	10,620
*	Voya Growth and Income Portfolio	Units of pooled separate accounts	**	44,461
*	Voya Small Company Portfolio	Units of pooled separate accounts	**	8,970
*	VY T Rowe Price Growth Equity Portfolio	Units of pooled separate accounts	**	4,672
*	VY Oppenheimer Global Portfolio	Units of pooled separate accounts	**	10,724
	Invesco V.I. Core Equity Fund	Units of pooled separate accounts	**	2,724
		Total Voya investment		262,687
	<i>Mass Mutual</i>			
*	General Account	Fixed Annuity, various interest rates	**	1,961,510
*	Hartford Capital Appreciation HLS	Units of pooled separate accounts	**	25,788
*	Hartford Balanced HLS	Units of pooled separate accounts	**	5,426
*	Hartford Stock HLS	Units of pooled separate accounts	**	74,844
*	Fidelity VIP II Asset Manager	Units of pooled separate accounts	**	1,635
*	HIMCO VIT Index	Units of pooled separate accounts	**	6,970
	UIF US Real Estate Portfolio	Units of pooled separate accounts	**	10,667
	Amcent VP Capital Appreciation	Units of pooled separate accounts	**	36,462
*	Fidelity VIP Overseas	Units of pooled separate accounts	**	16,198
*	Hartford International Opps HLS	Units of pooled separate accounts	**	36,062
*	Hartford Total Return Bond HLS	Units of pooled separate accounts	**	21,473
*	Fidelity VIP II Contrafund	Units of pooled separate accounts	**	25,720
*	Hartford US Government Sec HLS	Units of pooled separate accounts	**	5,236
*	Hartford Dividend & Growth HLS	Units of pooled separate accounts	**	18,493
*	Hartford Growth Opportunities	Units of pooled separate accounts	**	22,002
	Invesco VK V.I. Equity and INC	Units of pooled separate accounts	**	30,526
	Pimco VIT Real Return	Units of pooled separate accounts	**	19,291
	Franklin Income Securities	Units of pooled separate accounts	**	14,769
*	Participant loan	Interest rate between 8.25% and 8.50%	-0-	183
		Total Hartford investment		2,333,255
	<i>American United Life Insurance Company/OneAmerica</i>			
*	AUL Fixed Account	Fixed Annuity, various interest rates	**	93,100

* 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

December 31, 2014

EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
	PRINCIPAL FIXED ACCT		\$ 21,642,456	\$ 21,642,456
	DOMINI SOCIAL EQ INV		177,655	233,228
	MSIF SM CO GRTH A		250,633	272,067
	ABF SM CAP VAL INV		309,370	367,671
*	FID TREND		256,653	283,580
*	FID SEL COMPUTERS		328,926	500,460
*	FID SEL ELECTRONICS		143,265	205,021
*	FID SEL CONS STAPLES		465,482	603,919
*	FID GNMA		1,271,892	1,307,333
*	FID INVST GR BD		1,709,397	1,827,498
*	FID SEL SOFTWARE		431,889	527,042
*	FID INTERMED BOND		1,148,494	1,191,871
*	FID SEL AIR TRANSPRT		152,217	187,174
*	FID CAPITAL & INCOME		2,191,336	2,275,311
*	FID MORTGAGE SEC		50,696	52,651
*	FID SEL GOLD		1,226,650	666,715
*	FID SEL BIOTECH		2,196,131	3,532,890
*	FID SEL ENERGY SVCS		351,022	285,811
*	FID SEL INSURANCE		35,480	47,454
*	FID SEL RETAILING		262,538	359,093
*	FIDELITY GOVT INCOME		1,130,837	1,126,274
*	FID SEL ENERGY		822,752	729,655
*	FID SEL LEISURE		150,275	178,499
*	FID SEL HEALTHCARE		1,602,596	2,057,962
*	FID SEL TECHNOLOGY		606,314	764,906
*	FID SEL UTILITIES		297,176	399,410
*	FID SEL FINANCIAL		116,106	170,346
*	FID SEL DEFENSE		228,164	302,949
*	FID SEL BROKERAGE		97,282	138,109
*	FID SEL CHEMICALS		791,423	975,837
*	FID SEL TELECOMM		106,424	145,408
*	FID SEL CONSUMER FIN		38,451	37,910
*	FID NEW MILLEN		1,637,047	2,001,252
*	FID EUROPE		597,885	647,832
*	FID PACIFIC BASIN		368,157	411,371
*	FID REAL ESTATE INVS		466,235	663,823
*	FID CONVERTIBLE SEC		617,643	736,992
*	FID CANADA		884,966	890,546
*	FID TELECOM & UTIL		109,818	147,325
*	FID ASSET MGR 50%		2,911,509	3,165,622
*	FID WORLDWIDE		425,191	468,706
*	FID ASSET MGR 70%		3,322,511	4,022,077
*	FID ASSET MGR 20%		981,443	1,022,438
*	FID NEW MARKETS INC		1,012,881	977,496
*	FID FOCUSED STOCK		389,682	438,738
*	FID GLOBAL BALANCED		646,416	655,834
*	FID INTL CAP APPREC		117,387	121,140
*	FID STK SEL SM CAP		268,185	341,107

Summa Health System Tax Sheltered Annuity Program

December 31, 2014

EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	FID LARGE CAP STOCK		\$ 275,633	\$ 356,357
*	FID SMALL CAP STOCK		1,106,440	1,181,594
*	FID NORDIC		113,421	133,362
*	FID ASSET MGR 85%		508,400	605,987
*	FID LATIN AMERICA		545,508	311,287
*	FID JAPAN		110,390	109,773
*	FID EMERGING ASIA		279,160	302,963
*	FID CHINA REGION		634,161	711,121
*	FID SEL IT SERVICES		179,300	222,027
*	FID SEL MED EQ & SYS		653,108	867,369
*	FID FOUR IN ONE IDX		805,925	1,100,105
*	FID JAPAN SMALL CO		19,542	24,232
*	FID MEGA CAP STOCK		166,709	221,589
*	FID STRATEGIC INCOME		2,773,767	2,715,622
*	FID SM CAP DISCOVERY		1,462,996	1,731,489
*	FID TREASURY ONLY MM		1,214,994	1,214,994
*	FID INTM GOVT INCOME		297,950	296,528
*	FID HIGH INCOME		897,808	880,894
*	FID FIFTY		170,467	239,734
*	FID SEL AUTOMOTIVE		136,024	135,851
*	FID SEL MULTIMEDIA		144,042	167,981
*	FID SEL MEDICAL DEL		327,827	455,861
*	FID SEL BANKING		189,204	215,316
*	FID SEL MATERIALS		204,413	264,116
*	FID SEL INDUST EQUIP		20,766	21,916
*	FID SEL CONSTR/HOUSE		156,771	175,073
*	FID SEL TRANSPORT		264,542	417,392
*	FID SEL NATURAL GAS		631,059	589,383
*	FID SEL NATURAL RES		489,533	439,942
*	FID SEL INDUSTRIALS		130,539	165,015
*	FID SEL ENV ALT ENGY		94,434	105,590
*	FID SEL CONS DISCR		10,291	14,415
*	FID SEL COMM EQUIP		110,919	168,354
*	FID SEL PHARMACEUTCL		778,917	985,269
*	FID LTD TERM GOVT		432,921	429,731
*	FID STKSEL LGCAP VAL		441,879	648,888
*	FID MID CAP VALUE		599,460	839,966
*	FID INFLAT PROT BOND		370,496	363,897
*	FID INTL SMALL CAP		390,579	388,446
*	FID TOTAL BOND		1,488,313	1,481,375
*	FID REAL ESTATE INC		314,917	338,189
*	FID SEL WIRELESS		308,731	387,438
*	FID BLUE CHIP VALUE		718,615	986,052
*	FID NASDAQ COMP INDX		226,842	273,123
*	FID STRAT DIV & INC		358,478	425,462
*	FID FOCUSED HIGH INC		193,973	182,435
*	FID INTL REAL ESTATE		272,644	295,642
*	FID SMALL CAP GROWTH		462,983	520,400

Summa Health System Tax Sheltered Annuity Program

December 31, 2014

EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	FID SMALL CAP VALUE		\$ 626,350	\$ 742,564
*	FID INTL SM CAP OPP		193,115	206,441
*	FID STRAT REAL RET		65,926	62,536
*	SPTN TOT MKT IDX ADV		2,320,328	3,274,507
*	SPTN EXT MKT IDX ADV		531,105	665,255
*	SPTN INTL INDEX ADV		1,045,339	1,134,338
*	SPTN ST TR IDX ADV		375,412	370,397
*	SPTN INT TR IDX ADV		545,074	528,260
*	SPTN LT TR IDX ADV		178,607	189,926
*	FID INTL VALUE		61,281	59,001
*	FID LC CORE ENH INDX		303,149	348,213
*	FID LC VAL ENH INDX		273,760	306,062
*	FID LC GRO ENH INDX		150,306	156,305
*	FID ASSET MGR 30%		185,057	188,252
*	FID ASSET MGR 40%		394,770	438,083
*	FID ASSET MGR 60%		591,720	609,455
*	FID GLOBAL STRAT		59,418	55,976
*	FID TOTAL INTL EQ		48,186	49,540
*	FID INTL GROWTH		153,201	167,026
*	FID INTL ENH INDEX		26,916	27,180
*	FID SM CAP ENH INDX		64,583	73,469
*	FID MID CAP ENH INDX		170,409	188,424
*	FID EMEA		78,419	74,251
*	FID GROWTH STRAT K		763,518	1,296,091
*	FID BALANCED K		4,095,587	4,807,539
*	FID BLUE CHIP GR K		10,899,178	15,513,186
*	FID CAP APPREC K		610,652	722,244
*	FID CONTRAFUND K		16,464,432	21,715,159
*	FID DISCIPLND EQ K		7,637,164	10,609,706
*	FID DIVERSIFD INTL K		2,215,194	2,718,649
*	FID DIVIDEND GR K		1,473,124	1,764,707
*	FID EMERGING MKTS K		904,657	997,290
*	FID EQUITY INCOME K		2,920,245	4,041,489
*	FID EQ DIV INCOME K		520,664	783,188
*	FID EXPORT & MULTI K		350,870	359,670
*	FID FUND K		396,107	499,817
*	FID GROWTH CO K		6,905,134	9,765,806
*	FID GROWTH DISC K		284,555	424,207
*	FID INDEPENDENCE K		416,791	649,021
*	FID INTL DISCOVERY K		1,346,534	1,640,363
*	FID LEVERGD CO STK K		1,142,426	1,827,138
*	FID LOW PRICED STK K		2,913,307	3,781,127
*	FID MAGELLAN K		6,646,107	8,268,692
*	FID MID CAP STOCK K		2,029,909	2,661,286
*	FID OTC K		4,582,022	5,881,621
*	FID OVERSEAS K		1,498,953	1,968,777
*	FID PURITAN K		6,687,377	7,798,770
*	FID STK SEL ALL CP K		373,266	416,312

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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	
*	FID VALUE K		\$	1,037,452	\$	1,624,100
*	FID VALUE DISCOV K			413,361		606,127
*	FID VALUE STRAT K			171,201		268,405
*	FID GLB COMDTY STK			101,594		84,116
*	FID FREEDOM K INCOME			1,589,776		1,604,970
*	FID FREEDOM K 2005			399,573		416,676
*	FID FREEDOM K 2010			5,847,835		6,189,544
*	FID FREEDOM K 2015			13,835,777		14,623,760
*	FID FREEDOM K 2020			42,168,079		46,093,691
*	FID FREEDOM K 2025			28,437,556		31,807,986
*	FID FREEDOM K 2030			33,264,549		37,769,098
*	FID FREEDOM K 2035			15,654,846		17,910,547
*	FID FREEDOM K 2040			15,612,082		17,964,338
*	FID FREEDOM K 2045			10,251,951		11,633,140
*	FID FREEDOM K 2050			8,309,048		9,315,444
*	FID CORPORATE BOND			429,894		439,226
*	FID CONSV INC BD			101,717		101,616
*	FID GLB HIGH INCOME			150,454		140,038
*	SPTN US BOND IDX ADV			2,575,229		2,571,333
*	SPTN 500 INDEX INST			3,440,348		4,845,190
*	FID FREEDOM K 2055			1,461,146		1,536,217
*	SPTN EM MKTS IDX ADV			91,570		91,032
*	SPTN GLB XUS IDX ADV			20,179		20,239
*	SPTN MID CAP IDX ADV			152,718		173,639
*	SPTN REAL ES IDX ADV			44,619		53,047
*	SPTN SM CAP IDX ADV			222,651		250,921
*	FID TOTAL EMERG MKTS			31,156		30,629
*	FID EMERG MKTS DISC			13,568		13,606
*	SA CORE MULTI MGR			37		35
*	SA GROWTH MULTI MGR			45,386		43,051
*	SA VALUE MULTI MGR			2,576		2,552
*	SA SMID MULTI MGR			2,836		2,482
*	SA INTL MULTI MGR			291		279
*	SA EMERGING MKTS FOF			63		59
*	FID GLOBAL EQ INCOME			20,174		19,088
*	FID STK SEL MID CAP			337,821		442,289
*	SPTN INFL PR IDX ADV			5,193		4,944
*	FID GLOBAL BOND			78,724		75,053
*	FID INTL BOND			17,376		16,071
*	SA INCOME OPPTY FOF			21,212		20,175
*	SA CORE INCOME MULTI			3,269		3,274
	OUTSTANDING LOAN BALANCE	Interest rates from 4.25% to 8.75%	-0-			5,787,712
						<u>420,641,409</u>

Summa Health System Tax Sheltered Annuity Program

December 31, 2014

EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	12035MT	Great-West Lifetime 2035 Fund II T		\$ 3,691	\$ 4,937
*	1PS4R	Great-West Mod Aggr Profile I Fund I		18,363	31,481
*	1PS3R	Great-West Moderate Profile I Fund I		3,284	52,368
*	1PS1R	Great-West Conserv Profile I Fund I		17,428	23,922
	1AI	Artisan International Fund		8,031	8,817
*	1IEF	Great-West MFS Intl Value Fund I		16,324	274,476
	1JW	Janus Global Research T		15,675	19,017
	1OGA	Oppenheimer Global Fund		9,489	12,080
*	1MR2	Great-West S&P SmallCap 600 Index Fund I		6,878	75,675
*	1LSA	Great-West Loomis Sayles SmCapVal Fund I		2,799	10,021
*	1SCG	Great-West Small Cap Growth Fund I		661	68,365
	1RTK	Royce Total Return K		2,914	4,226
	1RSE	RS Small Cap Growth A		5,575	5,854
	1AAM	Alger Mid Cap Growth Portfolio I-2		17,327	27,020
*	1GF1	Great-West Ariel Mid Cap Value Fund I		23,260	823,324
*	1TMC	Great-West T Rowe Price MidCap Gr Fund I		30,784	83,328
	1IDY	Invesco Mid Cap Growth A		8,145	7,655
	1VAV	Invesco American Value R		918	958
	1FCA	Federated Equity Income A		11,107	21,602
*	1FVG	Fidelity VIP Growth Portfolio		141,561	559,867
*	1FCF	Fidelity VIP II ContraFund		32,054	57,378
*	1SIF	Great-West Stock Index Fund I		295,979	2,250,939
*	1TEI	Great-West T. Rowe Price Eq Inc Fund I		19,930	31,977
	1ABC	Invesco American Franchise A		5,575	5,613
	1VSR	Invesco Comstock R		805	1,371
	1JTW	Janus Twenty Fund T		37,546	46,575
	1OCA	Oppenheimer Capital Appreciation, A		42,134	45,437
	1AAB	Alger Balanced I-2		2,813	4,079
*	1BI	Great-West Bond Index Fund I		30,662	34,756
*	1CBF	Great-West Loomis Sayles Bond Fund I		10,917	14,175
*	1USG	Great-West US Govt Mortgage Secur Fund I		29,347	239,861
	1PTR	PIMCO Total Return Admin		30,050	32,248
	1BPF	Banded Portfolio Fund	3.5	31,141	96,696
*	1GCF 36	Great-West Guaranteed Certificate Fund	42094 3.000	16,448	17,848
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2015 3.000	40,625	44,188
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2015 3.000	24,082	25,739
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2015 3.000	27,492	29,168
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-03-2016 3.000	36,850	38,809
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2016 3.000	177,499	185,809
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2016 3.000	32,262	33,479
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2016 3.000	20,600	21,219
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-03-2017 3.000	19,167	19,600
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2017 3.000	54,688	55,760
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2017 3.000	46,932	47,284
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2017 3.000	33,217	33,219
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2015 3.000	5,590	6,433
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2015 3.000	5,972	6,822
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2015 3.000	8,184	9,280
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2015 3.000	6,326	7,120
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2016 3.000	4,292	4,796
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2016 3.000	50,331	55,824
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2016 3.000	13,501	14,864
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2016 3.000	4,691	5,125
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2017 3.000	4,473	4,851

Summa Health System Tax Sheltered Annuity Program

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EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2017	3.000	\$ 6,273	\$ 6,754
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2017	3.000	43,852	48,132
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2017	3.000	4,879	5,176
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2018	3.000	3,295	3,470
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2018	3.000	3,223	3,369
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2018	3.000	4,195	4,353
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2018	3.000	4,240	4,368
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2019	3.000	5,941	6,075
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2019	3.000	6,169	6,262
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2019	3.000	5,869	5,913
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2019	3.000	6,107	6,107
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2015	3.150	10,869	13,401
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2015	3.500	201	254
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2015	3.150	201	246
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2015	3.950	13,512	17,383
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2015	3.950	10,322	13,151
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2015	3.850	12,649	15,867
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2015	3.950	138	175
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2016	3.450	8,132	9,884
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2016	3.850	201	251
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2016	3.450	201	243
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2016	4.050	9,986	12,424
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2016	4.050	283	350
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2016	3.000	12,324	14,394
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2016	3.000	11,624	13,477
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2017	3.000	11,653	13,415
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2017	3.000	22,893	26,268
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2017	3.000	10,711	12,150
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2017	3.000	9,912	11,159
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2018	3.000	2,091	2,346
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2018	3.000	3,292	3,653
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2018	3.000	4,232	4,661
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2018	3.000	4,544	4,966
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2019	3.000	7,920	8,592
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2019	3.000	8,668	9,336
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2019	3.000	54,992	58,772
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2019	3.000	15,647	16,607
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2020	3.000	25,415	26,764
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2020	3.000	21,045	22,001
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2020	3.000	22,695	23,553
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2020	3.000	17,867	18,406
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2021	3.000	23,247	23,774
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2021	3.000	16,439	16,689
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2021	3.000	17,447	17,579
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2021	3.000	16,107	16,110
*	1GTDFIX	Great-West Guaranteed Fixed Fund		3.500	474,018	717,100
*	1DIGF	Great-West Daily Interest Guarantee Fund		4.000	31,789	93,309
*	1SYSWD	Systematic Withdrawal		4.000	32,930	106,276
*	1MMF	Great-West Money Market Fund I			348,631	403,713
*		PARTICIPANT LOANS	VARIOUS	5.250-6.000	-0-	18,230
						<u>7,530,243</u>
						<u>\$ 430,986,129</u>

Summa Health System Tax Sheltered Annuity Program

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EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
✓ Check here if late participant loan repay- ments are included	\$ -	\$ 1,326	\$ -	\$ -

Summa Health System Tax Sheltered Annuity Program

December 31, 2014

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
	<i>Equitable</i>			
*	Guaranteed Interest Account	Fixed Annuity, various interest rates	**	\$ 46,138
*	EQ/Common Stock Index	Units of pooled separate accounts	**	46,133
*	EQ/Capital Guardian Research	Units of pooled separate accounts	**	2,243
*	AXA Large Cap Value Managed Vol	Units of pooled separate accounts	**	5,872
*	EQ/Mid Cap Index	Units of pooled separate accounts	**	6,142
*	AXA Mid Cap Value Managed Vol	Units of pooled separate accounts	**	5,107
*	AXA International Value Managed Vol	Units of pooled separate accounts	**	666
*	EQ/Core Bond Index	Units of pooled separate accounts	**	3,991
*	EQ/International Equity Index	Units of pooled separate accounts	**	4,636
*	Charter Multi-Sector Bond	Units of pooled separate accounts	**	1,929
*	AXA Moderate-Plus Allocation	Units of pooled separate accounts	**	2,578
		Total Equitable investment		125,435
	<i>Voya Retirement Insurance and Annuity Company</i>			
*	Voya Fixed Account	Fixed Annuity, various interest rates	**	92,574
*	Voya Short Term GAA	Fixed Annuity, various interest rates	**	87,942
*	Voya Fixed Plus Account	Fixed Annuity, various interest rates	**	10,620
*	Voya Growth and Income Portfolio	Units of pooled separate accounts	**	44,461
*	Voya Small Company Portfolio	Units of pooled separate accounts	**	8,970
*	VY T Rowe Price Growth Equity Portfolio	Units of pooled separate accounts	**	4,672
*	VY Oppenheimer Global Portfolio	Units of pooled separate accounts	**	10,724
	Invesco V.I. Core Equity Fund	Units of pooled separate accounts	**	2,724
		Total Voya investment		262,687
	<i>Mass Mutual</i>			
*	General Account	Fixed Annuity, various interest rates	**	1,961,510
*	Hartford Capital Appreciation HLS	Units of pooled separate accounts	**	25,788
*	Hartford Balanced HLS	Units of pooled separate accounts	**	5,426
*	Hartford Stock HLS	Units of pooled separate accounts	**	74,844
*	Fidelity VIP II Asset Manager	Units of pooled separate accounts	**	1,635
*	HIMCO VIT Index	Units of pooled separate accounts	**	6,970
	UIF US Real Estate Portfolio	Units of pooled separate accounts	**	10,667
	Amcent VP Capital Appreciation	Units of pooled separate accounts	**	36,462
*	Fidelity VIP Overseas	Units of pooled separate accounts	**	16,198
*	Hartford International Opps HLS	Units of pooled separate accounts	**	36,062
*	Hartford Total Return Bond HLS	Units of pooled separate accounts	**	21,473
*	Fidelity VIP II Contrafund	Units of pooled separate accounts	**	25,720
*	Hartford US Government Sec HLS	Units of pooled separate accounts	**	5,236
*	Hartford Dividend & Growth HLS	Units of pooled separate accounts	**	18,493
*	Hartford Growth Opportunities	Units of pooled separate accounts	**	22,002
	Invesco VK V.I. Equity and INC	Units of pooled separate accounts	**	30,526
	Pimco VIT Real Return	Units of pooled separate accounts	**	19,291
	Franklin Income Securities	Units of pooled separate accounts	**	14,769
*	Participant loan	Interest rate between 8.25% and 8.50%	-0-	183
		Total Hartford investment		2,333,255
	<i>American United Life Insurance Company/OneAmerica</i>			
*	AUL Fixed Account	Fixed Annuity, various interest rates	**	93,100

* 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

December 31, 2014

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
	PRINCIPAL FIXED ACCT		\$ 21,642,456	\$ 21,642,456
	DOMINI SOCIAL EQ INV		177,655	233,228
	MSIF SM CO GRTH A		250,633	272,067
	ABF SM CAP VAL INV		309,370	367,671
*	FID TREND		256,653	283,580
*	FID SEL COMPUTERS		328,926	500,460
*	FID SEL ELECTRONICS		143,265	205,021
*	FID SEL CONS STAPLES		465,482	603,919
*	FID GNMA		1,271,892	1,307,333
*	FID INVST GR BD		1,709,397	1,827,498
*	FID SEL SOFTWARE		431,889	527,042
*	FID INTERMED BOND		1,148,494	1,191,871
*	FID SEL AIR TRANSPRT		152,217	187,174
*	FID CAPITAL & INCOME		2,191,336	2,275,311
*	FID MORTGAGE SEC		50,696	52,651
*	FID SEL GOLD		1,226,650	666,715
*	FID SEL BIOTECH		2,196,131	3,532,890
*	FID SEL ENERGY SVCS		351,022	285,811
*	FID SEL INSURANCE		35,480	47,454
*	FID SEL RETAILING		262,538	359,093
*	FIDELITY GOVT INCOME		1,130,837	1,126,274
*	FID SEL ENERGY		822,752	729,655
*	FID SEL LEISURE		150,275	178,499
*	FID SEL HEALTHCARE		1,602,596	2,057,962
*	FID SEL TECHNOLOGY		606,314	764,906
*	FID SEL UTILITIES		297,176	399,410
*	FID SEL FINANCIAL		116,106	170,346
*	FID SEL DEFENSE		228,164	302,949
*	FID SEL BROKERAGE		97,282	138,109
*	FID SEL CHEMICALS		791,423	975,837
*	FID SEL TELECOMM		106,424	145,408
*	FID SEL CONSUMER FIN		38,451	37,910
*	FID NEW MILLEN		1,637,047	2,001,252
*	FID EUROPE		597,885	647,832
*	FID PACIFIC BASIN		368,157	411,371
*	FID REAL ESTATE INVS		466,235	663,823
*	FID CONVERTIBLE SEC		617,643	736,992
*	FID CANADA		884,966	890,546
*	FID TELECOM & UTIL		109,818	147,325
*	FID ASSET MGR 50%		2,911,509	3,165,622
*	FID WORLDWIDE		425,191	468,706
*	FID ASSET MGR 70%		3,322,511	4,022,077
*	FID ASSET MGR 20%		981,443	1,022,438
*	FID NEW MARKETS INC		1,012,881	977,496
*	FID FOCUSED STOCK		389,682	438,738
*	FID GLOBAL BALANCED		646,416	655,834
*	FID INTL CAP APPREC		117,387	121,140
*	FID STK SEL SM CAP		268,185	341,107

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	FID LARGE CAP STOCK		\$ 275,633	\$ 356,357
*	FID SMALL CAP STOCK		1,106,440	1,181,594
*	FID NORDIC		113,421	133,362
*	FID ASSET MGR 85%		508,400	605,987
*	FID LATIN AMERICA		545,508	311,287
*	FID JAPAN		110,390	109,773
*	FID EMERGING ASIA		279,160	302,963
*	FID CHINA REGION		634,161	711,121
*	FID SEL IT SERVICES		179,300	222,027
*	FID SEL MED EQ & SYS		653,108	867,369
*	FID FOUR IN ONE IDX		805,925	1,100,105
*	FID JAPAN SMALL CO		19,542	24,232
*	FID MEGA CAP STOCK		166,709	221,589
*	FID STRATEGIC INCOME		2,773,767	2,715,622
*	FID SM CAP DISCOVERY		1,462,996	1,731,489
*	FID TREASURY ONLY MM		1,214,994	1,214,994
*	FID INTM GOVT INCOME		297,950	296,528
*	FID HIGH INCOME		897,808	880,894
*	FID FIFTY		170,467	239,734
*	FID SEL AUTOMOTIVE		136,024	135,851
*	FID SEL MULTIMEDIA		144,042	167,981
*	FID SEL MEDICAL DEL		327,827	455,861
*	FID SEL BANKING		189,204	215,316
*	FID SEL MATERIALS		204,413	264,116
*	FID SEL INDUST EQUIP		20,766	21,916
*	FID SEL CONSTR/HOUSE		156,771	175,073
*	FID SEL TRANSPORT		264,542	417,392
*	FID SEL NATURAL GAS		631,059	589,383
*	FID SEL NATURAL RES		489,533	439,942
*	FID SEL INDUSTRIALS		130,539	165,015
*	FID SEL ENV ALT ENGY		94,434	105,590
*	FID SEL CONS DISCR		10,291	14,415
*	FID SEL COMM EQUIP		110,919	168,354
*	FID SEL PHARMACEUTCL		778,917	985,269
*	FID LTD TERM GOVT		432,921	429,731
*	FID STKSEL LGCAP VAL		441,879	648,888
*	FID MID CAP VALUE		599,460	839,966
*	FID INFLAT PROT BOND		370,496	363,897
*	FID INTL SMALL CAP		390,579	388,446
*	FID TOTAL BOND		1,488,313	1,481,375
*	FID REAL ESTATE INC		314,917	338,189
*	FID SEL WIRELESS		308,731	387,438
*	FID BLUE CHIP VALUE		718,615	986,052
*	FID NASDAQ COMP INDX		226,842	273,123
*	FID STRAT DIV & INC		358,478	425,462
*	FID FOCUSED HIGH INC		193,973	182,435
*	FID INTL REAL ESTATE		272,644	295,642
*	FID SMALL CAP GROWTH		462,983	520,400

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EIN: 34-0714755 Plan Number: 003

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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	
*	FID SMALL CAP VALUE		\$	626,350	\$	742,564
*	FID INTL SM CAP OPP			193,115		206,441
*	FID STRAT REAL RET			65,926		62,536
*	SPTN TOT MKT IDX ADV			2,320,328		3,274,507
*	SPTN EXT MKT IDX ADV			531,105		665,255
*	SPTN INTL INDEX ADV			1,045,339		1,134,338
*	SPTN ST TR IDX ADV			375,412		370,397
*	SPTN INT TR IDX ADV			545,074		528,260
*	SPTN LT TR IDX ADV			178,607		189,926
*	FID INTL VALUE			61,281		59,001
*	FID LC CORE ENH INDX			303,149		348,213
*	FID LC VAL ENH INDX			273,760		306,062
*	FID LC GRO ENH INDX			150,306		156,305
*	FID ASSET MGR 30%			185,057		188,252
*	FID ASSET MGR 40%			394,770		438,083
*	FID ASSET MGR 60%			591,720		609,455
*	FID GLOBAL STRAT			59,418		55,976
*	FID TOTAL INTL EQ			48,186		49,540
*	FID INTL GROWTH			153,201		167,026
*	FID INTL ENH INDEX			26,916		27,180
*	FID SM CAP ENH INDX			64,583		73,469
*	FID MID CAP ENH INDX			170,409		188,424
*	FID EMEA			78,419		74,251
*	FID GROWTH STRAT K			763,518		1,296,091
*	FID BALANCED K			4,095,587		4,807,539
*	FID BLUE CHIP GR K			10,899,178		15,513,186
*	FID CAP APPREC K			610,652		722,244
*	FID CONTRAFUND K			16,464,432		21,715,159
*	FID DISCIPLND EQ K			7,637,164		10,609,706
*	FID DIVERSIFD INTL K			2,215,194		2,718,649
*	FID DIVIDEND GR K			1,473,124		1,764,707
*	FID EMERGING MKTS K			904,657		997,290
*	FID EQUITY INCOME K			2,920,245		4,041,489
*	FID EQ DIV INCOME K			520,664		783,188
*	FID EXPORT & MULTI K			350,870		359,670
*	FID FUND K			396,107		499,817
*	FID GROWTH CO K			6,905,134		9,765,806
*	FID GROWTH DISC K			284,555		424,207
*	FID INDEPENDENCE K			416,791		649,021
*	FID INTL DISCOVERY K			1,346,534		1,640,363
*	FID LEVERGD CO STK K			1,142,426		1,827,138
*	FID LOW PRICED STK K			2,913,307		3,781,127
*	FID MAGELLAN K			6,646,107		8,268,692
*	FID MID CAP STOCK K			2,029,909		2,661,286
*	FID OTC K			4,582,022		5,881,621
*	FID OVERSEAS K			1,498,953		1,968,777
*	FID PURITAN K			6,687,377		7,798,770
*	FID STK SEL ALL CP K			373,266		416,312

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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	
*	FID VALUE K		\$	1,037,452	\$	1,624,100
*	FID VALUE DISCOV K			413,361		606,127
*	FID VALUE STRAT K			171,201		268,405
*	FID GLB COMDTY STK			101,594		84,116
*	FID FREEDOM K INCOME			1,589,776		1,604,970
*	FID FREEDOM K 2005			399,573		416,676
*	FID FREEDOM K 2010			5,847,835		6,189,544
*	FID FREEDOM K 2015			13,835,777		14,623,760
*	FID FREEDOM K 2020			42,168,079		46,093,691
*	FID FREEDOM K 2025			28,437,556		31,807,986
*	FID FREEDOM K 2030			33,264,549		37,769,098
*	FID FREEDOM K 2035			15,654,846		17,910,547
*	FID FREEDOM K 2040			15,612,082		17,964,338
*	FID FREEDOM K 2045			10,251,951		11,633,140
*	FID FREEDOM K 2050			8,309,048		9,315,444
*	FID CORPORATE BOND			429,894		439,226
*	FID CONSV INC BD			101,717		101,616
*	FID GLB HIGH INCOME			150,454		140,038
*	SPTN US BOND IDX ADV			2,575,229		2,571,333
*	SPTN 500 INDEX INST			3,440,348		4,845,190
*	FID FREEDOM K 2055			1,461,146		1,536,217
*	SPTN EM MKTS IDX ADV			91,570		91,032
*	SPTN GLB XUS IDX ADV			20,179		20,239
*	SPTN MID CAP IDX ADV			152,718		173,639
*	SPTN REAL ES IDX ADV			44,619		53,047
*	SPTN SM CAP IDX ADV			222,651		250,921
*	FID TOTAL EMERG MKTS			31,156		30,629
*	FID EMERG MKTS DISC			13,568		13,606
*	SA CORE MULTI MGR			37		35
*	SA GROWTH MULTI MGR			45,386		43,051
*	SA VALUE MULTI MGR			2,576		2,552
*	SA SMID MULTI MGR			2,836		2,482
*	SA INTL MULTI MGR			291		279
*	SA EMERGING MKTS FOF			63		59
*	FID GLOBAL EQ INCOME			20,174		19,088
*	FID STK SEL MID CAP			337,821		442,289
*	SPTN INFL PR IDX ADV			5,193		4,944
*	FID GLOBAL BOND			78,724		75,053
*	FID INTL BOND			17,376		16,071
*	SA INCOME OPPTY FOF			21,212		20,175
*	SA CORE INCOME MULTI			3,269		3,274
	OUTSTANDING LOAN BALANCE	Interest rates from 4.25% to 8.75%		-0-		5,787,712
						<u>420,641,409</u>

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), Continued

(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
*	12035MT	Great-West Lifetime 2035 Fund II T		\$ 3,691	\$ 4,937
*	1PS4R	Great-West Mod Aggr Profile I Fund I		18,363	31,481
*	1PS3R	Great-West Moderate Profile I Fund I		3,284	52,368
*	1PS1R	Great-West Conserv Profile I Fund I		17,428	23,922
	1AI	Artisan International Fund		8,031	8,817
*	1IEF	Great-West MFS Intl Value Fund I		16,324	274,476
	1JW	Janus Global Research T		15,675	19,017
	1OGA	Oppenheimer Global Fund		9,489	12,080
*	1MR2	Great-West S&P SmallCap 600 Index Fund I		6,878	75,675
*	1LSA	Great-West Loomis Sayles SmCapVal Fund I		2,799	10,021
*	1SCG	Great-West Small Cap Growth Fund I		661	68,365
	1RTK	Royce Total Return K		2,914	4,226
	1RSE	RS Small Cap Growth A		5,575	5,854
	1AAM	Alger Mid Cap Growth Portfolio I-2		17,327	27,020
*	1GF1	Great-West Ariel Mid Cap Value Fund I		23,260	823,324
*	1TMC	Great-West T Rowe Price MidCap Gr Fund I		30,784	83,328
	1IDY	Invesco Mid Cap Growth A		8,145	7,655
	1VAV	Invesco American Value R		918	958
	1FCA	Federated Equity Income A		11,107	21,602
*	1FVG	Fidelity VIP Growth Portfolio		141,561	559,867
*	1FCF	Fidelity VIP II ContraFund		32,054	57,378
*	1SIF	Great-West Stock Index Fund I		295,979	2,250,939
*	1TEI	Great-West T. Rowe Price Eq Inc Fund I		19,930	31,977
	1ABC	Invesco American Franchise A		5,575	5,613
	1VSR	Invesco Comstock R		805	1,371
	1JTW	Janus Twenty Fund T		37,546	46,575
	1OCA	Oppenheimer Capital Appreciation, A		42,134	45,437
	1AAB	Alger Balanced I-2		2,813	4,079
*	1BI	Great-West Bond Index Fund I		30,662	34,756
*	1CBF	Great-West Loomis Sayles Bond Fund I		10,917	14,175
*	1USG	Great-West US Govt Mortgage Secur Fund I		29,347	239,861
	1PTR	PIMCO Total Return Admin		30,050	32,248
	1BPF	Banded Portfolio Fund	3.5	31,141	96,696
*	1GCF 36	Great-West Guaranteed Certificate Fund	42094 3.000	16,448	17,848
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2015 3.000	40,625	44,188
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2015 3.000	24,082	25,739
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2015 3.000	27,492	29,168
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-03-2016 3.000	36,850	38,809
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2016 3.000	177,499	185,809
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2016 3.000	32,262	33,479
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2016 3.000	20,600	21,219
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-03-2017 3.000	19,167	19,600
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-06-2017 3.000	54,688	55,760
*	1GCF 36	Great-West Guaranteed Certificate Fund	30-09-2017 3.000	46,932	47,284
*	1GCF 36	Great-West Guaranteed Certificate Fund	31-12-2017 3.000	33,217	33,219
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2015 3.000	5,590	6,433
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2015 3.000	5,972	6,822
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2015 3.000	8,184	9,280
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2015 3.000	6,326	7,120
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2016 3.000	4,292	4,796
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2016 3.000	50,331	55,824
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2016 3.000	13,501	14,864
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2016 3.000	4,691	5,125
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2017 3.000	4,473	4,851

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*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2017	3.000	\$ 6,273	\$ 6,754
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2017	3.000	43,852	48,132
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2017	3.000	4,879	5,176
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2018	3.000	3,295	3,470
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2018	3.000	3,223	3,369
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2018	3.000	4,195	4,353
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2018	3.000	4,240	4,368
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-03-2019	3.000	5,941	6,075
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-06-2019	3.000	6,169	6,262
*	1GCF 60	Great-West Guaranteed Certificate Fund	30-09-2019	3.000	5,869	5,913
*	1GCF 60	Great-West Guaranteed Certificate Fund	31-12-2019	3.000	6,107	6,107
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2015	3.150	10,869	13,401
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2015	3.500	201	254
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2015	3.150	201	246
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2015	3.950	13,512	17,383
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2015	3.950	10,322	13,151
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2015	3.850	12,649	15,867
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2015	3.950	138	175
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2016	3.450	8,132	9,884
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2016	3.850	201	251
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2016	3.450	201	243
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2016	4.050	9,986	12,424
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2016	4.050	283	350
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2016	3.000	12,324	14,394
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2016	3.000	11,624	13,477
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2017	3.000	11,653	13,415
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2017	3.000	22,893	26,268
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2017	3.000	10,711	12,150
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2017	3.000	9,912	11,159
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2018	3.000	2,091	2,346
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2018	3.000	3,292	3,653
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2018	3.000	4,232	4,661
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2018	3.000	4,544	4,966
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2019	3.000	7,920	8,592
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2019	3.000	8,668	9,336
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2019	3.000	54,992	58,772
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2019	3.000	15,647	16,607
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2020	3.000	25,415	26,764
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2020	3.000	21,045	22,001
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2020	3.000	22,695	23,553
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2020	3.000	17,867	18,406
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-03-2021	3.000	23,247	23,774
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-06-2021	3.000	16,439	16,689
*	1GCF 84	Great-West Guaranteed Certificate Fund	30-09-2021	3.000	17,447	17,579
*	1GCF 84	Great-West Guaranteed Certificate Fund	31-12-2021	3.000	16,107	16,110
*	1GTDFIX	Great-West Guaranteed Fixed Fund		3.500	474,018	717,100
*	1DIGF	Great-West Daily Interest Guarantee Fund		4.000	31,789	93,309
*	1SYSWD	Systematic Withdrawal		4.000	32,930	106,276
*	1MMF	Great-West Money Market Fund I			348,631	403,713
*		PARTICIPANT LOANS	VARIOUS	5.250-6.000	-0-	18,230
						7,530,243
						\$ 430,986,129