



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE**

Premier Health Plan, Inc.

| | | | | | | |
|---------------------------------------|---|--|--|---|----------------------|------------|
| NAIC Group Code | 04816 (Current Period) | 04816 (Prior Period) | NAIC Company Code | 15484 | Employer's ID Number | 46-3024049 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | Ohio | | |
| Country of Domicile | United States | | | | | |
| Licensed as business type: | Life, Accident & Health <input checked="" type="checkbox"/> | Property/Casualty <input type="checkbox"/> | Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/> | | | |
| | Dental Service Corporation <input type="checkbox"/> | Vision Service Corporation <input type="checkbox"/> | Health Maintenance Organization <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | Is HMO, Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Incorporated/Organized | 09/05/2013 | | Commenced Business | 03/13/2014 | | |
| Statutory Home Office | 110 N MAIN ST STE 1200 (Street and Number) | | | Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) | | |
| Main Administrative Office | 110 N MAIN ST STE 1200 (Street and Number) | | | 937-499-9588 (Area Code) (Telephone Number) | | |
| | Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) | | | | | |
| Mail Address | 110 N MAIN ST STE 1200 (Street and Number or P.O. Box) | | | Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) | | |
| Primary Location of Books and Records | 110 N MAIN ST STE 1200 (Street and Number) | | | 937-499-9546 (Area Code) (Telephone Number) (Extension) | | |
| | Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) | | | | | |
| Internet Web Site Address | http://www.premierhealthplan.org/ | | | | | |
| Statutory Statement Contact | Juan Fraiz (Name) | | | 937-499-9546 (Area Code) (Telephone Number) (Extension) | | |
| | jmfraiz@premierhealth.com (E-Mail Address) | | | 937-341-8792 (Fax Number) | | |

OFFICERS

| | | | |
|-----------------------------|-------------------------|------------------------|-----------|
| Name | Title | Name | Title |
| Michael Jeffrey Maiberger # | Chief Executive Officer | Josh Andrew Martin # | President |
| Thomas Mark Duncan # | Treasurer | Geoffrey Paul Walker # | Secretary |

OTHER OFFICERS

Renee Perkins George # , Vice President of Operations Juan Manuel Fraiz # , Vice President of Finance

DIRECTORS OR TRUSTEES

| | | | |
|---------------------------|-----------------------------|--------------------|--------------------------|
| George Thomas Broderick # | Kathleen Ann Carlson # | Jerry Alan Clark # | Christopher John Danis # |
| Thomas Mark Duncan # | Michael Jeffrey Maiberger # | | James Robert Pancoast # |
| Frank Clark von Maluski # | | | |

State of Ohio.....
County of Montgomery.....

28

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

Michael Jeffrey Maibergen
Chief Executive Officer

Josh Andrew Martin
President

Juan Manuel Fraiz
Vice President of Finance

Subscribed and sworn to before me this
27 day of February, 2015

- a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

ASSETS

| | Current Year | | | Prior Year |
|--|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 0 | | 0 | 0 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | 0 | | 0 | 0 |
| 2.2 Common stocks | 0 | | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances)..... | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances)..... | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances)..... | | | 0 | 0 |
| 5. Cash (\$ 22,302,583 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 20,002 , Schedule DA)..... | 22,322,585 | | 22,322,585 | 0 |
| 6. Contract loans (including \$ premium notes)..... | | | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | | | 0 | 0 |
| 8. Other invested assets (Schedule BA)..... | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 666,666 | .666,666 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 22,989,251 | .666,666 | 22,322,585 | 0 |
| 13. Title plants less \$ charged off (for Title insurers only)..... | | | 0 | 0 |
| 14. Investment income due and accrued | 2,770 | | .2,770 | 0 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)..... | | | 0 | 0 |
| 15.3 Accrued retrospective premiums..... | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset..... | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 417,810 | | .417,810 | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable..... | | | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 0 | .0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 23,409,831 | .666,666 | 22,743,165 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 23,409,831 | .666,666 | 22,743,165 | 0 |
| DETAILS OF WRITE-INS | | | | |
| 1101. ASO prepaid..... | 666,666 | .666,666 | 0 | 0 |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | .0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 666,666 | .666,666 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | .0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | .0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|--|--------------|----------------|-------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | | | 0 | 0 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | | | 0 | 0 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act..... | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves | | | 0 | 0 |
| 7. Aggregate health claim reserves..... | | | 0 | 0 |
| 8. Premiums received in advance | 93,336 | | 93,336 | 0 |
| 9. General expenses due or accrued | 53,177 | | 53,177 | 0 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))..... | | | 0 | 0 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 113,489 | | 113,489 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies..... | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current)..... | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23)..... | 260,002 | 0 | 260,002 | 0 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 2,000,000 | 0 |
| 27. Preferred capital stock | XXX | XXX | 0 | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 29,023,234 | 0 |
| 29. Surplus notes | XXX | XXX | 0 | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (8,540,071) | 0 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | 0 | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | 0 | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 22,483,163 | 0 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 22,743,165 | 0 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|--|----------------|------------------|--------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX..... | 0..... | 0..... |
| 2. Net premium income (including \$0 non-health premium income)..... | XXX..... | 0..... | 0..... |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | 0..... | 0..... |
| 4. Fee-for-service (net of \$medical expenses)..... | XXX..... | 0..... | 0..... |
| 5. Risk revenue..... | XXX..... | 0..... | 0..... |
| 6. Aggregate write-ins for other health care related revenues..... | XXX..... | 0..... | 0..... |
| 7. Aggregate write-ins for other non-health revenues..... | XXX..... | 0..... | 0..... |
| 8. Total revenues (Lines 2 to 7)..... | XXX..... | 0..... | 0..... |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits..... | | | 0..... |
| 10. Other professional services..... | | | 0..... |
| 11. Outside referrals..... | | | 0..... |
| 12. Emergency room and out-of-area..... | | | 0..... |
| 13. Prescription drugs..... | | | 0..... |
| 14. Aggregate write-ins for other hospital and medical..... | 0..... | 0..... | 0..... |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | 0..... |
| 16. Subtotal (Lines 9 to 15)..... | 0..... | 0..... | 0..... |
| Less: | | | |
| 17. Net reinsurance recoveries..... | | | 0..... |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0..... | 0..... | 0..... |
| 19. Non-health claims (net)..... | | | 0..... |
| 20. Claims adjustment expenses, including \$0 cost containment expenses..... | | | 0..... |
| 21. General administrative expenses..... | 0..... | 7,871,673..... | 0..... |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | | 0..... |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0..... | 7,871,673..... | 0..... |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | (7,871,673)..... | 0..... |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | | | (1,732)..... |
| 26. Net realized capital gains (losses) less capital gains tax of \$0..... | | | 0..... |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | 0..... | (1,732)..... | 0..... |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)(amount charged off \$)]..... | | | 0..... |
| 29. Aggregate write-ins for other income or expenses..... | 0..... | 0..... | 0..... |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX..... | (7,873,405)..... | 0..... |
| 31. Federal and foreign income taxes incurred..... | XXX..... | 0..... | 0..... |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | (7,873,405)..... | 0..... |
| DETAILS OF WRITE-INS | | | |
| 0601..... | XXX..... | | |
| 0602..... | XXX..... | | |
| 0603..... | XXX..... | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX..... | 0..... | 0..... |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX..... | 0..... | 0..... |
| 0701..... | XXX..... | | |
| 0702..... | XXX..... | | |
| 0703..... | XXX..... | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX..... | 0..... | 0..... |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX..... | 0..... | 0..... |
| 1401..... | | | |
| 1402..... | | | |
| 1403..... | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0..... | 0..... | 0..... |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | 0..... | 0..... | 0..... |
| 2901..... | | | |
| 2902..... | | | |
| 2903..... | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0..... | 0..... | 0..... |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | 0..... | 0..... | 0..... |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CAPITAL & SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year | .0 | 0 |
| 34. Net income or (loss) from Line 32 | (7,873,405) | 0 |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 |
| 38. Change in net deferred income tax | 0 | 0 |
| 39. Change in nonadmitted assets | (666,666) | 0 |
| 40. Change in unauthorized and certified reinsurance | .0 | 0 |
| 41. Change in treasury stock | .0 | 0 |
| 42. Change in surplus notes | .0 | 0 |
| 43. Cumulative effect of changes in accounting principles | 0 | 0 |
| 44. Capital Changes: | | |
| 44.1 Paid in | 2,000,000 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 |
| 44.3 Transferred to surplus | 0 | 0 |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 29,023,234 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | .0 | 0 |
| 45.3 Transferred from capital | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | .0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 22,483,163 | 0 |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) | 22,483,163 | 0 |
| DETAILS OF WRITE-INS | | |
| 4701. | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | .0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 93,336 | 0 |
| 2. Net investment income | (4,502) | 0 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 88,834 | 0 |
| 5. Benefit and loss related payments | 0 | 0 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 8,236,306 | 0 |
| 8. Dividends paid to policyholders | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | 0 |
| 10. Total (Lines 5 through 9) | 8,236,306 | 0 |
| 11. Net cash from operations (Line 4 minus Line 10) | (8,147,472) | 0 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 0 | 0 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 0 | 0 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 |
| 14. Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 31,023,234 | 0 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | (553,177) | 0 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 30,470,056 | 0 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 22,322,585 | 0 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 0 | 0 |
| 19.2 End of year (Line 18 plus Line 19.1) | 22,322,585 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 Total | 2 Comprehensive (Hospital & Medical) | 3 Medicare Supplement | 4 Dental Only | 5 Vision Only | 6 Federal Employees Health Benefit Plan | 7 Title XVIII Medicare | 8 Title XIX Medicaid | 9 Other Health | 10 Other Non-Health |
|---|-------------|--|-----------------------------|---------------------|---------------------|---|---------------------------------|-------------------------------|----------------------|---------------------------|
| 1. Net premium income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Change in unearned premium reserves and reserve for rate credit | 0 | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | 0 | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 0 | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. Total revenues (Lines 1 to 6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | 0 | | | | | | | | | XXX |
| 9. Other professional services | 0 | | | | | | | | | XXX |
| 10. Outside referrals | 0 | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | 0 | | | | | | | | | XXX |
| 12. Prescription drugs | 0 | | | | | | | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts | 0 | | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 16. Net reinsurance recoveries | 0 | | | | | | | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 19. Claims adjustment expenses including \$ cost containment expenses | 0 | | | | | | | | | |
| 20. General administrative expenses | 7,871,673 | | | | | | | | | 7,871,673 |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 7,871,673 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,871,673 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | (7,871,673) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7,871,673) |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 |
| 1301. | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

The amounts reported on Line 20 in column 9 "Other Health" as they relate to start up expenses of the reporting entity and not directly to line of business in column 2-8.

Part 1 - Premiums

NONE

Part 2 - Claims Incurred During the Year

NONE

Part 2A - Claims Liability

NONE

Part 2B - Analysis of Claims

NONE

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

Pt 2C - Sn A - Paid Claims - GT

NONE

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Pt 2C - Sn B - Incurred Claims - GT

NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XV
NONE

Part 2C - Sn C - Claims Expense Ratio XI
NONE

Part 2C - Sn C - Claims Expense Ratio OT
NONE

Part 2C - Sn C - Claims Expense Ratio GT
NONE

Aggregate Reserve for A&H Contracts
NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|---------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$for occupancy of own building) | | | 46,330 | | 46,330 |
| 2. Salaries, wages and other benefits | | | 571,040 | | 571,040 |
| 3. Commissions (less \$ceded plus \$assumed) | | | | | 0 |
| 4. Legal fees and expenses | | | 420,011 | | 420,011 |
| 5. Certifications and accreditation fees | | | | | 0 |
| 6. Auditing, actuarial and other consulting services | | | 6,371,066 | | 6,371,066 |
| 7. Traveling expenses | | | 1,292 | | 1,292 |
| 8. Marketing and advertising | | | 109,849 | | 109,849 |
| 9. Postage, express and telephone | | | 304,170 | | 304,170 |
| 10. Printing and office supplies | | | | | 0 |
| 11. Occupancy, depreciation and amortization | | | | | 0 |
| 12. Equipment | | | | | 0 |
| 13. Cost or depreciation of EDP equipment and software | | | | | 0 |
| 14. Outsourced services including EDP, claims, and other services | | | | | 0 |
| 15. Boards, bureaus and association fees | | | | | 0 |
| 16. Insurance, except on real estate | | | | | 0 |
| 17. Collection and bank service charges | | | | | 0 |
| 18. Group service and administration fees | | | 47,916 | | 47,916 |
| 19. Reimbursements by uninsured plans | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | | | | | 0 |
| 22. Real estate taxes | | | | | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | | | 0 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | | | | | 0 |
| 23.4 Payroll taxes | | | | | 0 |
| 23.5 Other (excluding federal income and real estate taxes) | | | | | 0 |
| 24. Investment expenses not included elsewhere | | | | | 0 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 0 | 0 | 0 |
| 26. Total expenses incurred (Lines 1 to 25) | 0 | 0 | 7,871,673 | 0 | (a) 7,871,673 |
| 27. Less expenses unpaid December 31, current year | | | 53,177 | | 53,177 |
| 28. Add expenses unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 |
| 29. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 0 | 0 | 7,818,496 | 0 | 7,818,496 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 | 0 | 0 |

(a) Includes management fees of \$to affiliates and \$to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|-------------------------------|----------------------------|
| 1. U.S. Government bonds | (a) | |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) | 0 |
| 1.3 Bonds of affiliates | (a) | 0 |
| 2.1 Preferred stocks (unaffiliated) | (b) | 0 |
| 2.11 Preferred stocks of affiliates | (b) | 0 |
| 2.2 Common stocks (unaffiliated) | (b) | 0 |
| 2.21 Common stocks of affiliates | (b) | 0 |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) | |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | 0 | 0 |
| 10. Total gross investment income | 0 | (1,732) |
| 11. Investment expenses | (g) | |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | (g) | |
| 13. Interest expense | (h) | |
| 14. Depreciation on real estate and other invested assets | (i) | |
| 15. Aggregate write-ins for deductions from investment income | | 0 |
| 16. Total deductions (Lines 11 through 15) | | 0 |
| 17. Net investment income (Line 10 minus Line 16) | | (1,732) |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | 0 | 0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | 0 | 0 |

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

Investment income of \$2,500.38 was received during the year and is related to Garanty on deposit (Line 19) of the Balance sheet.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) On Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|--|---|---------------------------------------|---|---|---|
| 1. U.S. Government bonds | | | .0 | | |
| 1.1 Bonds exempt from U.S. tax | | | .0 | | |
| 1.2 Other bonds (unaffiliated) | | | .0 | | |
| 1.3 Bonds of affiliates | .0 | 0 | .0 | 0 | 0 |
| 2.1 Preferred stocks (unaffiliated) | .0 | 0 | .0 | 0 | 0 |
| 2.11 Preferred stocks of affiliates | .0 | 0 | .0 | 0 | 0 |
| 2.2 Common stocks (unaffiliated) | .0 | 0 | .0 | 0 | 0 |
| 2.21 Common stocks of affiliates | .0 | 0 | .0 | 0 | 0 |
| 3. Mortgage loans | .0 | 0 | .0 | 0 | 0 |
| 4. Real estate | .0 | 0 | .0 | 0 | 0 |
| 5. Contract loans | | | .0 | | |
| 6. Cash, cash equivalents and short-term investments | | | .0 | 0 | 0 |
| 7. Derivative instruments | | | .0 | | |
| 8. Other invested assets | .0 | 0 | .0 | 0 | 0 |
| 9. Aggregate write-ins for capital gains (losses) | .0 | 0 | .0 | 0 | 0 |
| 10. Total capital gains (losses) | .0 | 0 | .0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | .0 | 0 | .0 | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | .0 | 0 | .0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| 1. Bonds (Schedule D)..... | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | 0 | 0 | 0 |
| 3.2 Other than first liens | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | 0 | 0 | 0 |
| 4.2 Properties held for the production of income..... | 0 | 0 | 0 |
| 4.3 Properties held for sale | 0 | 0 | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | 0 | 0 | 0 |
| 6. Contract loans | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 666,666 | 0 | (666,666) |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 666,666 | 0 | (666,666) |
| 13. Title plants (for Title insurers only)..... | 0 | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums..... | 0 | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset..... | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software..... | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets..... | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable..... | 0 | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 666,666 | 0 | (666,666) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27)..... | 666,666 | 0 | (666,666) |
| DETAILS OF WRITE-INS | | | |
| 1101. ASO prepaid..... | 666,666 | 0 | (666,666) |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | 666,666 | 0 | (666,666) |
| 2501. | | | |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|---|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations..... | 0 | | | | | |
| 2. Provider Service Organizations..... | 0 | | | | | |
| 3. Preferred Provider Organizations..... | 0 | | | | | |
| 4. Point of Service..... | 0 | | | | | |
| 5. Indemnity Only..... | 0 | | | | | |
| 6. Aggregate write-ins for other lines of business..... | 0 | ,0 | ,0 | ,0 | ,0 | ,0 |
| 7. Total | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601..... | | | | | | |
| 0602..... | | | | | | |
| 0603..... | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | ,0 | ,0 | ,0 | ,0 | ,0 | ,0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies

A. Basis of Presentation

The financial statements of Premier Health Plan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the Ohio Department of Insurance (ODI). ODI recognizes statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The Accounting Practices and Procedures Manual (NAIC SAP) was adopted as a component of prescribed or permitted practices by the state of Ohio.

The Company is wholly-owned subsidiary of Premier Health Insurance Corporation (PHIC). PHIC is a wholly owned subsidiary of Premier Health Partners (Parent), a not-for-profit corporation, which was established to operate and jointly manage various hospital systems, Premier Health Group LLC (PHG), PHIC, and other affiliated healthcare related companies. PHG is a healthcare provider network organization established as a provider credentialing, network contracting, utilization management and risk bearing entity with affiliated and other unaffiliated health plan organizations. PHG provides network contracting, physician incentive programs and other health plan operations services to the Company and PHIC).

The Company is a “for profit” organization incorporated on September 5, 2013 under the provisions of chapter 3907 of the Ohio Revised Code. Its insurance license was granted by ODI on March 13, 2014. During the remainder 2014, the Company established its financial, technology and operational infrastructure and began marketing commercial health benefit plans to qualified individuals and employer groups in Montgomery County, Ohio and its contiguous eight counties (Company’s “service area”). The Company began covering health benefits under individual and employer group commercial policies issued effective January 1, 2015.

Accordingly, many of the items below will be listed as “None” or “Not Applicable” for the year ending December 31, 2014, although many will become applicable in future periods after December 31, 2014.

At December 31, 2014, the reconciliation of the reported net income and total surplus determined under NAIC Statutory Accounting Principles and total surplus determined in accordance with practices permitted by Ohio insurance law is as follows:

| Line # | Line Description | State of Domicile | Current Year | Prior Year |
|--------|--|-------------------|----------------|------------|
| 1 | Summary of Significant Accounting Policies | | | |
| 01A | Accounting Practices | | | |
| NET | NET INCOME | | | |
| 01A01 | Company state basis (Page 4, Line 32, Columns 2 & 3) | Ohio | (7,873,405.14) | 0.00 |
| 01A04 | NAIC SAP (1-2-3=4) | | (7,873,405.14) | 0.00 |
| SUR | SURPLUS | | | |
| 01A05 | Company state basis (Page 3, Line 33, Columns 3 & 4) | | 22,483,162.73 | 0.00 |
| 01A08 | NAIC SAP (5-6-7=8) | | 22,483,162.73 | 0.00 |
| | | | | |

B. Use of Estimates

The preparation of statutory financial statements requires management to make estimates and assumptions that affect the reported amount of admitted assets and liabilities as well as the reported amounts of revenues and expenses for the reporting period of the Annual Statement. Accordingly, actual results reported in the accompanying statutory financial statements may differ materially from those estimates.

C. Accounting Policies

NOTES TO FINANCIAL STATEMENTS

Short term investments and cash equivalents are stated at amortized cost. The Company considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash & cash equivalents. The Company considers all highly liquid debt instruments with a maturity of one year or less but greater than three months to be short term investments.

The Company's investments in bonds, including those held by ODI reported under "Guaranty funds receivable or on deposit", are stated at amortized cost.

At December 31, 2014:

- i. The Company has no unaffiliated common stocks.
- ii. The Company has no preferred stocks.
- iii. The Company has no first-lien mortgage loans on real estate.
- iv. The Company has no loan-backed securities.
- v. The Company has no wholly owned subsidiaries.
- vi. The Company has no investments in joint ventures or limited partnerships.
- vii. The Company holds no derivatives.
- viii. The Company has no investments in furniture & equipment.
- ix. The Company has no premium deficiency reserve. However, the Company would anticipate investment income as a factor in the premium deficiency calculation.
- x. Premiums for health policies are earned over their respective policy terms. Unearned premium reserves are established for that portion of the premium received beyond the current accounting period.

Unpaid Claims and Claims Loss Adjustment Liability – Effective January 1, 2015, unpaid policy claims liabilities will be based on reported claims and on estimates for unreported claims. Such liabilities will be based on assumptions and actuarial estimates. While management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided based on computations described in this paragraph. The methods for making such estimates and for establishing the resulting liability will be continually reviewed and any adjustments are reflected in the period determined. The Company will compute its claims loss adjustments expense liability based on a historical estimated cost as percent of the amount of unpaid claims.

Non-admitted Assets - Assets included in the statutory balance sheet are at admitted asset value in accordance with NAIC Accounting Practices and Procedures Manual. Such assets not defined as admitted assets are considered "non-admitted assets" such as principally deferred tax assets in excess of certain amounts, receivable or agents' balances over 90-days past due, computer software, other equipment, investments in unaudited subsidiaries, intangibles assets and investments in excess of 10% of admitted assets are excluded through a charge against capital and surplus.

Federal Medical Loss Ratio Rebate – Effective January 1, 2015, the Company will be subject to the provisions of the Public Health Service Act, which requires the payment of rebates to commercial individual, small and large group policyholders when the amounts paid for healthcare benefits and quality improvement initiatives are below certain percent of premiums paid by such respective policyholders.

Premiums – Effective January 1, 2015, premium earned from policyholders will be recorded [net of amounts assumed & ceded under reinsurance treaties, if any], pro rata over the policy

NOTES TO FINANCIAL STATEMENTS

period for which coverage is provided. Premiums collected prior to the coverage period are reported as "premiums received in advance".

D. Reinsurance

On December 30, 2014, the Company entered into a reinsurance policy (effective January 1, 2015) with an unaffiliated third party reinsurance company. This reinsurance policy provides coverage for "out of network" claims in excess of \$200,000 of deductible with ninety (90%) reinsurance of the amounts incurred in excess of the deductible of amount per member during the policy term (January 1 through December 31, 2015). For purpose of this reinsurance policy, out of network claims are defined as those claims arising from a healthcare provider that is not part of the subsidiaries and affiliates of the Parent.

Note 2 – Accounting Changes and Correction of Errors

None

Note 3 – Business Combinations and Goodwill

None

Note 4 – Discontinued Operations

None

Note 5 – Investments

A. Mortgage Loans

None

B. Debt Restructuring for Creditors

None

C. Reserve Mortgages

None

D. D. Loan-Backed Securities

None

E. Repurchase Agreements and/or Security Lending Transactions

None

F. Real Estate

None

G. Investments in low-income housing tax credits

None

H. Restricted Assets

1. Restricted Assets (Including Pledged)

The Company is required to maintain certain deposits with ODI in connection with state insurance requirement laws. At December 31, 2014, the carrying amount of such deposits was \$417,810 and such amount was 1.83 % of Total Admitted Assets.

NOTES TO FINANCIAL STATEMENTS

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories
None

3. Description of Other Restricted Assets
None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

None

B. Impaired Investments in Joint Ventures, Partnerships and LLCs

None

Note 7 – Investment Income

A. Bases for excluding investment income

Due and accrued investment income is recorded as an asset, with the exceptions of any accrued investment income that is determined to be uncollectible, regardless of its age, that is written off in the period that such determination is made.

B. Amounts Excluded

None

Note 8 – Derivative Instruments

Items A-H – None

Note 9 – Income Taxes

The Company and its subsidiary are taxable entities and anticipate filing federal income tax returns for tax year 2014. As the Company has been in start-up mode and without any premium revenues, it incurred losses of \$7,871,673. Such losses will be carried forward to offset future year's taxable income, if any. At December 31, 2014, the Company's gross

NOTES TO FINANCIAL STATEMENTS

deferred tax assets related to such losses are \$2,676,369 and they are fully reserved due to the uncertainty of their future realization resulting in net deferred tax assets of \$0.

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates

A. See Note 1 for information about the Parent, PHG and the Company. During 2014, Parent contributed gross capital and surplus totaling \$ 31,023,234. As a condition of the Company receiving licensure approval from ODI and in accordance with section 3901.32 of the Ohio Revised Code, Parent has agreed to guarantee to maintain the amount of the Company's capital and surplus at the greater of i.) Minimum capital requirements as defined in section 1751.28 of the Ohio Revised Code, ii.) The amount of the Company's Action Level RBC as defined in section 1753.31 of the Ohio Revised Code and such additional surplus as determined by the Superintendent of Insurance, State of Ohio is reasonable in relation to the level of the Company's enrollees and its outstanding liabilities.

B. Detail of Transactions Greater than ½% of Admitted Assets

See A above and F below.

C. Change in Terms of Intercompany Agreements

None

D. Amounts Due to or from Related Parties

See F below

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Agreements

The Company entered into a Cost Allocation Services Agreement, effective October 1, 2013, Parent and PHG for the purpose of providing services to the Company and PHIC. Parent provides operational and administrative services, such as employee leasing, HR administrative, legal & accounting, information technology & telecommunications, and building services. PHG provides healthcare network provider contracting & network management, care coordination, quality assurance, and clinical care management and physician incentive plan management services.

During the year ending December 31, 2014, Parent and PHG related expenses were \$571,040 and \$0, respectively.

At December 31, 2014, amounts owed to Parent and PHG for such related expenses were \$113,489 and \$0, respectively.

G. Nature of Relationships that Could Affect Operations

Not applicable

H. Amount Deducted for Investment in Upstream Company

None

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

NOTES TO FINANCIAL STATEMENTS

None

- J. Writedowns for Impairment of Investments in Affiliates

None

- K. Investments in Foreign Insurance Subsidiary

None

- L. Investment in downstream non-insurance holding company

None

Note 11 – Debt

Items A & B – None

Note 12 – Retirement Plans, Deferred Compensation, Post Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

As discussed in Note 10. F., personnel resources and their benefits, including retirements plans, compensated absences and post-retirement benefit plans (if applicable), are provided by the Parent and/or its affiliates. The Parent does not individually allocate the amounts of the items A-F, as listed below, related to the personnel assigned to the operations of the Company.

- A. Defined Benefit Plans

Not applicable

- B. Defined Contribution Plans

Not applicable

- C. Multiemployer Plans

Not applicable

- D. Consolidated/Holding Company Plans

Not applicable

- E. Postemployment Benefits and Compensated Absences

Not applicable

- F. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

Note 13 – Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganization

- A. Outstanding Shares

The Company has 2,000 shares of \$1,000 par value common stock authorized and outstanding. All such shares are owned by PHIC.

- B. Dividend Rate of Preferred Stock

None

NOTES TO FINANCIAL STATEMENTS

C. D. and E. Dividends Restrictions, Dividends Paid

Holders of stock in the Company are entitled to receive dividends out of any assets legally available, payable, if declared by the Company's Board of Directors. The Company is subject to dividends restrictions and obtaining permission from ODI for the payment of any dividends.

F. Mutual Surplus Advances

Not applicable

G. Company Stock Held for Special Purposes

Not applicable

H. Changes in Special Surplus Funds

Not applicable

I. Changes in Unassigned Funds

Not applicable

J. Surplus Notes

Not applicable

K. and L. Quasi Reorganizations

Not applicable

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

Effective September 13, 2013, the Parent entered into a multi-year agreement contract with a third party firm to provide various type of health plan support operations (billings and revenue management, claims, call center, pharmacy benefits administration and other operational services) to support company's operations. The initial term of the agreement is through December 31, 2021. The services fees are based on volume of membership or a percentage of premium revenues derived by the Company. Effective January 1, 2015, the minimum payments due is approximately \$4,000,000 per year. Certain fee components that are based on membership volumes have annual escalations of three percent (3%) per year.

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

D. Claims related Extra Contractual Obligations and Bad Faith Losses from lawsuits

None

E. Joint and Several Liabilities

NOTES TO FINANCIAL STATEMENTS

None

F. All Other Contingencies

None

Note 15 – Leases

A. Lessee Leasing Arrangements

None

B. Lessor Operating Agreements

None

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Items 1 - 4 None

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

None

B. Transfers and Servicing of Financial Assets

None

C. Wash Sales

None

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

Note 19 – Direct Premium Written/Produced by Managing Agents/Third Party Administration

Not applicable

Note 20 – Fair Value Measurements

A. Assets Measured at Fair Value on a Recurring Basis

None

NOTES TO FINANCIAL STATEMENTS

Assets Measured at Fair Value on a Recurring Basis Using Significant Unobservable Inputs.

None

B. Assets Measured at Fair Value on a Nonrecurring Basis

None

Note 21 – Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures and Unusual Items

None

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable & Non-transferable Tax Credits

None

F. Subprime Mortgages – Related Risk Exposure

None

G. Retained Assets

Not Applicable

Note 22 – Events Subsequent

Subsequent events have been considered through 2/27/2015 for statutory statements issued on this date.

The Company began insurance operations on January 1, 2015. As of the filing date of this Annual Statement, the Company had approximately the following covered lives:

Individual (On & Off Exchange) – 1,800

Large Group Commercial – 300

Effective January 1, 2015, The Company became subject to an annual fee under section 9010 of the Federal Affordable Care Act (“ACA”). This annual fee will be allocated to individual health insurers based on the amount of the entity’s net premium during the preceding calendar year to the amounts of such health insurance premiums for any U.S. health risk that is written in the preceding calendar year.

Note 23 – Reinsurance

NOTES TO FINANCIAL STATEMENTS

A. Ceded Reinsurance Report

Not applicable

B. Uncollectible Reinsurance

Not applicable

C. Commutation of Ceded Reinsurance

Not applicable

D. Certified Reinsurer Ratings Downgraded or Subject to Revocation

Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate

Not applicable

B. Method Used to Record

Not applicable

C. Amount and Percent of Net Retrospective Premiums

Not applicable

D. Medical Loss Ratio Rebates

Not applicable

E. Risk Sharing Provisions of ACA

Not applicable - The Company began issuing benefit coverage effective January 1, 2015.

Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses

Not Applicable – The Company began issuing benefit coverage effective January 1, 2015.

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable to health entities

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 30 – Premium Deficiency Reserves

None

Note 31 – Anticipated Salvage and Subrogation

None

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4 By what department or departments? OHIO.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No []
4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No []
4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Yes [] No []

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |
| | |
| | |
| | |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
| | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Company received exemption for 2014 annual audit.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Company received exemption for 2014 statement of actuarial opinion.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company _____
- 12.12 Number of parcels involved _____
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|---|--|-------------|
| | | | |
| | | | |
| | | | |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No [X]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....0
20.12 To stockholders not officers \$.....0
20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....0
20.22 To stockholders not officers \$.....0
20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....
22.22 Amount paid as expenses \$.....
22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto
Bonds totaling \$417,809.68 (reported as "Guaranty funds receivables or on deposit") were held by safekeeping agent.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [X] NA []
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | |
|--|---------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| 24.103 Total payable for securities lending reported on the liability page | \$..... |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

| | |
|---|----------------|
| 25.21 Subject to repurchase agreements | \$..... |
| 25.22 Subject to reverse repurchase agreements | \$..... |
| 25.23 Subject to dollar repurchase agreements | \$..... |
| 25.24 Subject to reverse dollar repurchase agreements | \$..... |
| 25.25 Placed under option agreements | \$..... |
| 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock | \$..... |
| 25.27 FHLB Capital Stock | \$..... |
| 25.28 On deposit with states | \$.....417,810 |
| 25.29 On deposit with other regulatory bodies | \$..... |
| 25.30 Pledged as collateral – excluding collateral pledged to an FHLB | \$..... |
| 25.31 Pledged as collateral to FHLB – including assets backing funding agreements | \$..... |
| 25.32 Other | \$..... |

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |
| | | |
| | | |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No []

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

Yes [] No [] N/A []

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year.

\$.....

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

Yes [] No []

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---|---|
| PNC Institutional Asset Management..... | 116 Allegheny Center Mall Pittsburgh, PA 15212..... |

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No []

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

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

- 28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository Number(s) | 2 Name | 3 Address |
|--|-----------|--------------|
| | | |
| | | |
| | | |
| | | |

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

- 29.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| | | |
| | | |
| | | |
| 29.2999 TOTAL | | 0 |

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|--|--|---|------------------------|
| | | | |
| | | | |
| | | | |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|----------------------------|------------------------------------|-----------------|---|
| 30.1 Bonds..... | 0 | 440,582 | 440,582 |
| 30.2 Preferred Stocks..... | 0 | | 0 |
| 30.3 Totals | 0 | 440,582 | 440,582 |

- 30.4 Describe the sources or methods utilized in determining the fair values:

Fair values come from investment statement from PNC Institutional Asset management.....

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

- 32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

- 32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |

- 34.1 Amount of payments for legal expenses, if any? \$420,011
34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|---------------------|------------------|
| Squire Sanders..... | \$.....350,721 |
| | \$.....0 |

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$..... |
| | \$..... |
| | \$..... |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

| | | |
|------|--|---|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 1.2 | If yes, indicate premium earned on U. S. business only. | \$ 0 |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ |
| 1.31 | Reason for excluding | |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above | \$ |
| 1.5 | Indicate total incurred claims on all Medicare Supplement insurance. | \$ 0 |
| 1.6 | Individual policies: | |
| | Most current three years: | |
| | 1.61 Total premium earned | \$ 0 |
| | 1.62 Total incurred claims | \$ 0 |
| | 1.63 Number of covered lives | 0 |
| | All years prior to most current three years: | |
| | 1.64 Total premium earned | \$ 0 |
| | 1.65 Total incurred claims | \$ 0 |
| | 1.66 Number of covered lives | 0 |
| 1.7 | Group policies: | |
| | Most current three years: | |
| | 1.71 Total premium earned | \$ 0 |
| | 1.72 Total incurred claims | \$ 0 |
| | 1.73 Number of covered lives | 0 |
| | All years prior to most current three years: | |
| | 1.74 Total premium earned | \$ 0 |
| | 1.75 Total incurred claims | \$ 0 |
| | 1.76 Number of covered lives | 0 |

2. Health Test:

| | | 1 Current Year | 2 Prior Year |
|-----|-------------------------|-------------------|-----------------|
| 2.1 | Premium Numerator | \$ 0 | \$ 0 |
| 2.2 | Premium Denominator | \$ 0 | \$ 0 |
| 2.3 | Premium Ratio (2.1/2.2) | 0.000 | 0.000 |
| 2.4 | Reserve Numerator | \$ 0 | \$ 0 |
| 2.5 | Reserve Denominator | \$ 0 | \$ 0 |
| 2.6 | Reserve Ratio (2.4/2.5) | 0.000 | 0.000 |

| | | |
|-----|---|---|
| 3.1 | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 3.2 | If yes, give particulars: | |
| 4.1 | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] |
| 4.2 | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 5.1 | Does the reporting entity have stop-loss reinsurance? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 5.2 | If no, explain: Policy was effective 1/1/2015 | |
| 5.3 | Maximum retained risk (see instructions) | |
| | 5.31 Comprehensive Medical | \$ |
| | 5.32 Medical Only | \$ |
| | 5.33 Medicare Supplement | \$ |
| | 5.34 Dental and Vision | \$ |
| | 5.35 Other Limited Benefit Plan | \$ |
| | 5.36 Other | \$ |
| 6. | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Hold harmless provisions, continue rendering services provisions, reinsurance | |
| 7.1 | Does the reporting entity set up its claim liability for provider services on a service date basis? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] |
| 7.2 | If no, give details | |
| 8. | Provide the following information regarding participating providers: | |
| | 8.1 Number of providers at start of reporting year | 0 |
| | 8.2 Number of providers at end of reporting year | 0 |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 9.2 | If yes, direct premium earned: | |
| | 9.21 Business with rate guarantees between 15-36 months | 0 |
| | 9.22 Business with rate guarantees over 36 months | 0 |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

| | |
|---|---------|
| 10.21 Maximum amount payable bonuses | \$..... |
| 10.22 Amount actually paid for year bonuses | \$..... |
| 10.23 Maximum amount payable withholds | \$..... |
| 10.24 Amount actually paid for year withholds | \$..... |

11.1 Is the reporting entity organized as:

| | |
|---|------------------|
| 11.12 A Medical Group/Staff Model, | Yes [] No [X] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [X] No [] |
| 11.14 A Mixed Model (combination of above) ? | Yes [] No [X] |

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

11.3 If yes, show the name of the state requiring such net worth.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

| 1 Name of Service Area | |
|---------------------------|--|
| Butler..... | |
| Clarke..... | |
| Darke..... | |
| Greene..... | |
| Miami..... | |
| Montgomery..... | |
| Preble..... | |
| Shelby..... | |
| Warren..... | |

13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------------|----------------------------------|---------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |
| | | | | | | |

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

| | |
|--|------------|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | \$ 0 |
| 15.2 Total incurred claims | \$ 0 |
| 15.3 Number of covered lives | 0 |

| |
|---|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without Secondary Guarantee) |
| Universal Life (with or without Secondary Guarantee) |
| Variable Universal Life (with or without Secondary Guarantee) |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

FIVE - YEAR HISTORICAL DATA

| | 1 2014 | 2 2013 | 3 2012 | 4 2011 | 5 2010 |
|--|-------------|-----------|-----------|-----------|-----------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 22,743,165 | 0 | 0 | 0 | 0 |
| 2. Total liabilities (Page 3, Line 24) | 260,002 | 0 | 0 | 0 | 0 |
| 3. Statutory surplus | 2,500,000 | 0 | 0 | 0 | 0 |
| 4. Total capital and surplus (Page 3, Line 33) | 22,483,163 | 0 | 0 | 0 | 0 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 0 | 0 | 0 | 0 | 0 |
| 6. Total medical and hospital expenses (Line 18) | 0 | 0 | 0 | 0 | 0 |
| 7. Claims adjustment expenses (Line 20) | 0 | 0 | 0 | 0 | 0 |
| 8. Total administrative expenses (Line 21) | 7,871,673 | 0 | 0 | 0 | 0 |
| 9. Net underwriting gain (loss) (Line 24) | (7,871,673) | 0 | 0 | 0 | 0 |
| 10. Net investment gain (loss) (Line 27) | (1,732) | 0 | 0 | 0 | 0 |
| 11. Total other income (Lines 28 plus 29) | 0 | 0 | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | (7,873,405) | 0 | 0 | 0 | 0 |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (8,147,472) | 0 | 0 | 0 | 0 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 22,483,163 | 0 | 0 | 0 | 0 |
| 15. Authorized control level risk-based capital | 35,573 | 0 | 0 | 0 | 0 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 0 | 0 | 0 | 0 | 0 |
| 17. Total members months (Column 6, Line 7) | 0 | 0 | 0 | 0 | 0 |
| Operating Percentage (Page 4) | | | | | |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 20. Cost containment expenses | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 21. Other claims adjustment expenses | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 22. Total underwriting deductions (Line 23) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 23. Total underwriting gain (loss) (Line 24) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Unpaid Claims Analysis | | | | | |
| (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Col. 5) | 0 | 0 | 0 | 0 | 0 |
| 25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] | 0 | 0 | 0 | 0 | 0 |
| Investments In Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | 0 | 0 | 0 | 0 | 0 |
| 31. All other affiliated | 0 | 0 | 0 | 0 | 0 |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above | 0 | 0 | 0 | 0 | 0 |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

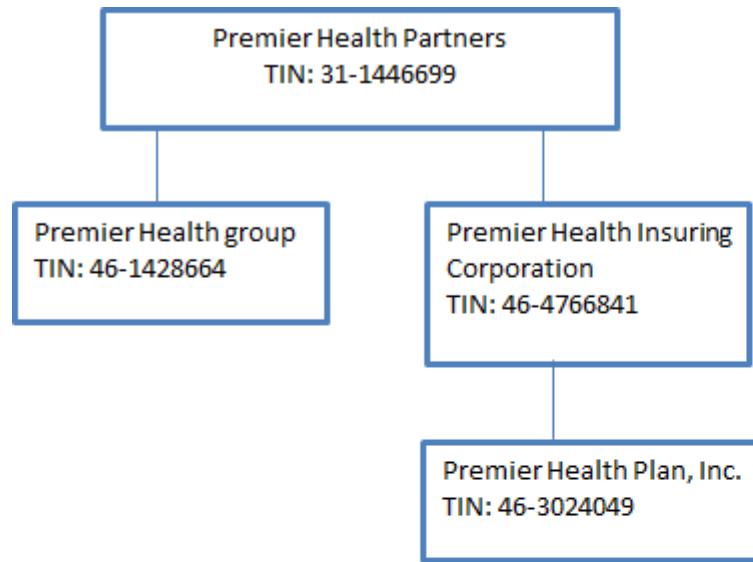
| State, Etc. | 1 Active Status | Direct Business Only | | | | | | | |
|--|--------------------|---------------------------------|---------------------------|-------------------------|--|---|----------------------------------|--------------------------------|-----------------------------|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Plan Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit-Type Contracts |
| 1. Alabama | AL | | | | | | | 0 | 0 |
| 2. Alaska | AK | | | | | | | 0 | 0 |
| 3. Arizona | AZ | | | | | | | 0 | 0 |
| 4. Arkansas | AR | | | | | | | 0 | 0 |
| 5. California | CA | | | | | | | 0 | 0 |
| 6. Colorado | CO | | | | | | | 0 | 0 |
| 7. Connecticut | CT | | | | | | | 0 | 0 |
| 8. Delaware | DE | | | | | | | 0 | 0 |
| 9. District of Columbia | DC | | | | | | | 0 | 0 |
| 10. Florida | FL | | | | | | | 0 | 0 |
| 11. Georgia | GA | | | | | | | 0 | 0 |
| 12. Hawaii | HI | | | | | | | 0 | 0 |
| 13. Idaho | ID | | | | | | | 0 | 0 |
| 14. Illinois | IL | | | | | | | 0 | 0 |
| 15. Indiana | IN | | | | | | | 0 | 0 |
| 16. Iowa | IA | | | | | | | 0 | 0 |
| 17. Kansas | KS | | | | | | | 0 | 0 |
| 18. Kentucky | KY | | | | | | | 0 | 0 |
| 19. Louisiana | LA | | | | | | | 0 | 0 |
| 20. Maine | ME | | | | | | | 0 | 0 |
| 21. Maryland | MD | | | | | | | 0 | 0 |
| 22. Massachusetts | MA | | | | | | | 0 | 0 |
| 23. Michigan | MI | | | | | | | 0 | 0 |
| 24. Minnesota | MN | | | | | | | 0 | 0 |
| 25. Mississippi | MS | | | | | | | 0 | 0 |
| 26. Missouri | MO | | | | | | | 0 | 0 |
| 27. Montana | MT | | | | | | | 0 | 0 |
| 28. Nebraska | NE | | | | | | | 0 | 0 |
| 29. Nevada | NV | | | | | | | 0 | 0 |
| 30. New Hampshire | NH | | | | | | | 0 | 0 |
| 31. New Jersey | NJ | | | | | | | 0 | 0 |
| 32. New Mexico | NM | | | | | | | 0 | 0 |
| 33. New York | NY | | | | | | | 0 | 0 |
| 34. North Carolina | NC | | | | | | | 0 | 0 |
| 35. North Dakota | ND | | | | | | | 0 | 0 |
| 36. Ohio | OH | L | | | | | | 0 | 0 |
| 37. Oklahoma | OK | | | | | | | 0 | 0 |
| 38. Oregon | OR | | | | | | | 0 | 0 |
| 39. Pennsylvania | PA | | | | | | | 0 | 0 |
| 40. Rhode Island | RI | | | | | | | 0 | 0 |
| 41. South Carolina | SC | | | | | | | 0 | 0 |
| 42. South Dakota | SD | | | | | | | 0 | 0 |
| 43. Tennessee | TN | | | | | | | 0 | 0 |
| 44. Texas | TX | | | | | | | 0 | 0 |
| 45. Utah | UT | | | | | | | 0 | 0 |
| 46. Vermont | VT | | | | | | | 0 | 0 |
| 47. Virginia | VA | | | | | | | 0 | 0 |
| 48. Washington | WA | | | | | | | 0 | 0 |
| 49. West Virginia | WV | | | | | | | 0 | 0 |
| 50. Wisconsin | WI | | | | | | | 0 | 0 |
| 51. Wyoming | WY | | | | | | | 0 | 0 |
| 52. American Samoa | AS | | | | | | | 0 | 0 |
| 53. Guam | GU | | | | | | | 0 | 0 |
| 54. Puerto Rico | PR | | | | | | | 0 | 0 |
| 55. U.S. Virgin Islands | VI | | | | | | | 0 | 0 |
| 56. Northern Mariana Islands | MP | | | | | | | 0 | 0 |
| 57. Canada | CAN | | | | | | | 0 | 0 |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | | XXX | | | | | | 0 | |
| 61. Total (Direct Business) | (a) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 58001. | | XXX | | | | | | | |
| 58002. | | XXX | | | | | | | |
| 58003. | | XXX | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Explanation of basis of allocation by states, premiums by state, etc. Non applicable

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

| | |
|--|------|
| Analysis of Operations by Lines of Business | 7 |
| Assets | 2 |
| Cash Flow | 6 |
| Exhibit 1 – Enrollment By Product Type for Health Business Only | 17 |
| Exhibit 2 – Accident and Health Premiums Due and Unpaid | 18 |
| Exhibit 3 – Health Care Receivables | 19 |
| Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued | 20 |
| Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 |
| Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates | 22 |
| Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates | 23 |
| Exhibit 7 – Part 1 – Summary of Transactions With Providers | 24 |
| Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries | 24 |
| Exhibit 8 – Furniture, Equipment and Supplies Owned | 25 |
| Exhibit of Capital Gains (Losses) | 15 |
| Exhibit of Net Investment Income | 15 |
| Exhibit of Nonadmitted Assets | 16 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 |
| Five-Year Historical Data | 29 |
| General Interrogatories | 27 |
| Jurat Page | 1 |
| Liabilities, Capital and Surplus | 3 |
| Notes To Financial Statements | 26 |
| Overflow Page For Write-Ins | 44 |
| Schedule A – Part 1 | E01 |
| Schedule A – Part 2 | E02 |
| Schedule A – Part 3 | E03 |
| Schedule A – Verification Between Years | SI02 |
| Schedule B – Part 1 | E04 |
| Schedule B – Part 2 | E05 |
| Schedule B – Part 3 | E06 |
| Schedule B – Verification Between Years | SI02 |
| Schedule BA – Part 1 | E07 |
| Schedule BA – Part 2 | E08 |
| Schedule BA – Part 3 | E09 |
| Schedule BA – Verification Between Years | SI03 |
| Schedule D – Part 1 | E10 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|------|
| Schedule D – Part 1A – Section 1 | SI05 |
| Schedule D – Part 1A – Section 2 | SI08 |
| Schedule D – Part 2 – Section 1 | E11 |
| Schedule D – Part 2 – Section 2 | E12 |
| Schedule D – Part 3 | E13 |
| Schedule D – Part 4 | E14 |
| Schedule D – Part 5 | E15 |
| Schedule D – Part 6 – Section 1 | E16 |
| Schedule D – Part 6 – Section 2 | E16 |
| Schedule D – Summary By Country | SI04 |
| Schedule D – Verification Between Years | SI03 |
| Schedule DA – Part 1 | E17 |
| Schedule DA – Verification Between Years | SI10 |
| Schedule DB – Part A – Section 1 | E18 |
| Schedule DB – Part A – Section 2 | E19 |
| Schedule DB – Part A – Verification Between Years | SI11 |
| Schedule DB – Part B – Section 1 | E20 |
| Schedule DB – Part B – Section 2 | E21 |
| Schedule DB – Part B – Verification Between Years | SI11 |
| Schedule DB – Part C – Section 1 | SI12 |
| Schedule DB – Part C – Section 2 | SI13 |
| Schedule DB – Part D – Section 1 | E22 |
| Schedule DB – Part D – Section 2 | E23 |
| Schedule DB – Verification | SI14 |
| Schedule DL – Part 1 | E24 |
| Schedule DL – Part 2 | E25 |
| Schedule E – Part 1 – Cash | E26 |
| Schedule E – Part 2 – Cash Equivalents | E27 |
| Schedule E – Part 3 – Special Deposits | E28 |
| Schedule E – Verification Between Years | SI15 |
| Schedule S – Part 1 – Section 2 | 31 |
| Schedule S – Part 2 | 32 |
| Schedule S – Part 3 – Section 2 | 33 |
| Schedule S – Part 4 | 34 |
| Schedule S – Part 5 | 35 |
| Schedule S – Part 6 | 36 |
| Schedule S – Part 7 | 37 |
| Schedule T – Part 2 – Interstate Compact | 39 |
| Schedule T – Premiums and Other Considerations | 38 |
| Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Schedule Y – Part 1A – Detail of Insurance Holding Company System | 41 |
| Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates | 42 |
| Statement of Revenue and Expenses | 4 |
| Summary Investment Schedule | SI01 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|---|----|
| Supplemental Exhibits and Schedules Interrogatories | 43 |
| Underwriting and Investment Exhibit – Part 1 | 8 |
| Underwriting and Investment Exhibit – Part 2 | 9 |
| Underwriting and Investment Exhibit – Part 2A | 10 |
| Underwriting and Investment Exhibit – Part 2B | 11 |
| Underwriting and Investment Exhibit – Part 2C | 12 |
| Underwriting and Investment Exhibit – Part 2D | 13 |
| Underwriting and Investment Exhibit – Part 3 | 14 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Plan, Inc.