



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

Premier Health Insuring Corporation

NAIC Group Code	04816 (Current Period)	04816 (Prior Period)	NAIC Company Code	15530	Employer's ID Number	46-4766841
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 [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ X ]		
	Other [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated/Organized	01/30/2014		Commenced Business	04/22/2014		
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)			110 N MAIN ST STE 1200 (Street and Number)		
	DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)			937-499-9588 (Area Code) (Telephone Number)		
Mail Address	110 N MAIN ST STE 1200 (Street and Number or P.O. Box)			110 N MAIN ST STE 1200 (Street and Number)		
Primary Location of Books and Records	110 N MAIN ST STE 1200 (Street and Number)			110 N MAIN ST STE 1200 (Street and Number)		
	DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)			937-499-9546 (Area Code) (Telephone Number) (Extension)		
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 Joshua Andrew Martin #, President  
Thomas Mark Duncan #, Treasurer Geoffrey Paul Walker #, Secretary

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## OTHER OFFICERS

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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 # Teresa Fox Marrinan #

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

Joshua 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 \_\_\_\_\_

Exhibit 2 - A&H Premiums Due and Unpaid

**NONE**

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**

Exhibit 4 - Claims Unpaid

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Miami Valley Hospital.....	98,002					98,002	
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0199999 Individually listed receivables .....	98,002	0	0	0	0	98,002	0
0299999 Receivables not individually listed	0						
0399999 Total gross amounts receivable	98,002	0	0	0	0	98,002	0

Exhibit 6 - Amounts Due To Parent, Subs

**NONE**

Exhibit 7 - Part 1

**NONE**

Exhibit 7 - Part 2

**NONE**

Exhibit 8

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2014								NAIC Company Code	15530
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:		Total										
1. Prior Year .....		0										
2. First Quarter .....		0										
3. Second Quarter .....		0										
4. Third Quarter .....		0										
5. Current Year .....		0										
6. Current Year Member Months .....		0										
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total .....		0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0										
11. Number of Inpatient Admissions .....		0										
12. Health Premiums Written (b) .....		0										
13. Life Premiums Direct .....		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		0										
16. Property/Casualty Premiums Earned .....		0										
17. Amount Paid for Provision of Health Care Services .....		0										
18. Amount Incurred for Provision of Health Care Services .....		0										

(a) For health business: number of persons insured under PPO managed care products 0 \_\_\_\_\_ and number of persons insured under indemnity only products 0 \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

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(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2014								NAIC Company Code	15530
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year .....	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months .....	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:												
7. Physician .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Total .....	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions .....	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 \_\_\_\_\_ and number of persons insured under indemnity only products 0 \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 6

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	32,265,786		32,265,786
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	513,641		513,641
6. Total assets (Line 28)	32,779,427	0	32,779,427
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	272,254		272,254
15. Total liabilities (Line 24).....	272,254	0	272,254
16. Total capital and surplus (Line 33).....	32,507,173	XXX	32,507,173
17. Total liabilities, capital and surplus (Line 34)	32,779,427	0	32,779,427
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation**

**SCHEDULE T – PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....					0
2. Alaska .....	AK .....					0
3. Arizona .....	AZ .....					0
4. Arkansas .....	AR .....					0
5. California .....	CA .....					0
6. Colorado .....	CO .....					0
7. Connecticut .....	CT .....					0
8. Delaware .....	DE .....					0
9. District of Columbia .....	DC .....					0
10. Florida .....	FL .....					0
11. Georgia .....	GA .....					0
12. Hawaii .....	HI .....					0
13. Idaho .....	ID .....					0
14. Illinois .....	IL .....					0
15. Indiana .....	JN .....					0
16. Iowa .....	JA .....					0
17. Kansas .....	KS .....					0
18. Kentucky .....	KY .....					0
19. Louisiana .....	LA .....					0
20. Maine .....	ME .....					0
21. Maryland .....	MD .....					0
22. Massachusetts .....	MA .....					0
23. Michigan .....	MI .....					0
24. Minnesota .....	MN .....					0
25. Mississippi .....	MS .....					0
26. Missouri .....	MO .....					0
27. Montana .....	MT .....					0
28. Nebraska .....	NE .....					0
29. Nevada .....	NV .....					0
30. New Hampshire .....	NH .....					0
31. New Jersey .....	NJ .....					0
32. New Mexico .....	NM .....					0
33. New York .....	NY .....					0
34. North Carolina .....	NC .....					0
35. North Dakota .....	ND .....					0
36. Ohio .....	OH .....					0
37. Oklahoma .....	OK .....					0
38. Oregon .....	OR .....					0
39. Pennsylvania .....	PA .....					0
40. Rhode Island .....	RI .....					0
41. South Carolina .....	SC .....					0
42. South Dakota .....	SD .....					0
43. Tennessee .....	TN .....					0
44. Texas .....	TX .....					0
45. Utah .....	UT .....					0
46. Vermont .....	VT .....					0
47. Virginia .....	VA .....					0
48. Washington .....	WA .....					0
49. West Virginia .....	WV .....					0
50. Wisconsin .....	WI .....					0
51. Wyoming .....	WY .....					0
52. American Samoa .....	AS .....					0
53. Guam .....	GU .....					0
54. Puerto Rico .....	PR .....					0
55. US Virgin Islands .....	VI .....					0
56. Northern Mariana Islands .....	MP .....					0
57. Canada .....	CAN .....					0
58. Aggregate Other Alien .....	OT .....					0
59. Totals .....		0	0	0	0	0

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk **Explanation**  
Premier Health Group, LLC is affiliate of Premier Health Insuring Corporation and provide certain services to Premier Health Insuring Corporation and Premier Health Plan. See Note 10.F of Notes to financial statements.....

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation**

## SCHEDULE Y

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

# ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

### MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

### JUNE FILING

8. Will an audited financial report be filed by June 1?	.....WAIVED.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....SEE EXPLANATION.....

### AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....
--	---------------------------

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

### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....YES.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....YES.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

### APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....

### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....
--	---------------

#### **Explanation:**

9. Audit requirements waived by Ohio Department of Insurance

10. Audit requirements waived by Ohio Department of Insurance

12.

13.

15. Actuarial opinion waived by the Ohio Department of Insurance

16. Life Supplement non applicable to company

18. Non applicable

19. Non applicable

20. Non applicable

21.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24.

25.

**Bar code:**

8.   
1 5 5 3 0 2 0 1 4 2 2 0 0 0 0 0 0

12.   
1 5 5 3 0 2 0 1 4 2 0 5 0 0 0 0 0

13.   
1 5 5 3 0 2 0 1 4 2 0 7 0 0 0 0 0

21.   
1 5 5 3 0 2 0 1 4 3 0 6 0 0 0 0 0

22.   
1 5 5 3 0 2 0 1 4 2 1 1 5 9 0 0 0 0

23.   
1 5 5 3 0 2 0 1 4 2 1 3 0 0 0 0 0

24.   
1 5 5 3 0 2 0 1 4 2 1 6 5 9 0 0 0 0

25.   
1 5 5 3 0 2 0 1 4 2 1 7 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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**SUPPLEMENT FOR THE YEAR 2014 OF THE Premier Health Insuring Corporation  
MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**  
(To Be Filed By March 1)

NAIC Group Code

**04816**

NAIC Company Code

15530

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied		XXX		XXX	0
12.2 Reimbursements Received but Not Applied-change		XXX		XXX	0
12.3 Reimbursements Receivable-change		XXX		XXX	XXX
12.4 Health Care Receivables-change		XXX		XXX	XXX
13. Aggregate Policy Reserves-change					
14. Expenses Paid		XXX		XXX	0
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	0	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	0

**NONE**

## ALPHABETICAL INDEX

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