



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015  
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) , 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) , 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) , DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code) 937-499-9546 (Area Code) (Telephone Number)

Internet Web Site Address http://www.premierhealthplan.org/

Statutory Statement Contact Juan Manuel Fariz (Name) 937-499-9546 (Area Code) (Telephone Number) (Extension)  
937-341-8792 (FAX Number)  
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### OFFICERS

Name	Title	Name	Title
<u>Michael Jeffrey Maiberger</u>	<u>Chief Executive Officer</u>	<u>Joshua Andrew Martin</u>	<u>President</u>
<u>Thomas Mark Duncan</u>	<u>Treasurer</u>	<u>Geoffrey Paul Walker</u>	<u>Secretary</u>

### OTHER OFFICERS

<u>Renee Perkins George</u>	<u>Vice President of Operations</u>	<u>Juan Manuel Fraiz</u>	<u>Vice President of Finance</u>
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### DIRECTORS OR TRUSTEES

<u>George Thomas Broderick</u>	<u>Kathleen Ann Carlson</u>	<u>Jerry Alan Clark</u>	<u>Christopher John Danis</u>
<u>Thomas Mark Duncan</u>	<u>Michael Jeffrey Maiberger</u>		<u>James Robert Pancoast</u>
<u>Frank Clark von Maluski</u>	<u>Teresa Fox Marrinan</u>		

State of Ohio

ss

County of Montgomery

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 Maiberger  
Chief Executive Officer

Joshua Andrew Martin  
President

Juan Manuel fraiz  
Vice President of finance

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this  
13 day of November, 2015

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	20,203,942		20,203,942	22,483,163
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
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 (\$ .....6,784,893 ), cash equivalents (\$ .....5,002,713 ) and short-term investments (\$ ..... 0 ) .....	11,787,606		11,787,606	9,782,624
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	31,991,548	0	31,991,548	32,265,786
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,039		3,039	2,943
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 .....	12,698		12,698	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 .....	433,719		433,719	412,696
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	98,002
24. Health care (\$ .....541,681 ) and other amounts receivable .....	631,408	97,298	534,110	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) .....	33,072,412	97,298	32,975,114	32,779,427
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	33,072,412	97,298	32,975,114	32,779,427
<b>DETAILS OF WRITE-INS</b>				
1101. ....			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) .....	0	0	0	0
2501. ....	0		0	
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

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	8,777,532		8,777,532	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	175,551		175,551	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 reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	682,861		682,861	272,254
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized 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 .....	1,731,601		1,731,601	0
16. Derivatives .....		0	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) .....	1,514,859	0	1,514,859	0
24. Total liabilities (Lines 1 to 23).....	12,882,404	0	12,882,404	272,254
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	0	0
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	36,346,871	36,346,871
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	(16,254,161)	(3,839,698)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	20,092,710	32,507,173
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	32,975,114	32,779,427
<b>DETAILS OF WRITE-INS</b>				
2301. LICS/GAP/CGDP.....	754,541		754,541	
2302. Physician Incentives.....	600,945		600,945	
2303. Other.....	159,373		159,373	
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) .....	1,514,859	0	1,514,859	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

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	65,141	0	0
2. Net premium income (including \$ non-health premium income).....	XXX	44,262,161	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	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	44,262,161	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		13,833,567	0	0
10. Other professional services .....		24,989,669	0	0
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....			0	0
13. Prescription drugs .....		4,908,685	0	0
14. Aggregate write-ins for other hospital and medical .....	0	892,488	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		660,394	0	0
16. Subtotal (Lines 9 to 15) .....	0	45,284,802	0	0
<b>Less:</b>				
17. Net reinsurance recoveries .....		150,951	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	45,133,851	0	0
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 2,601,731 cost containment expenses.....		2,777,282	0	0
21. General administrative expenses.....		7,065,251	0	3,177,768
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	54,976,383	0	3,177,768
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(10,714,223)	0	(3,177,768)
25. Net investment income earned .....		9,612	0	4,737
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	(70)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	9,612	0	4,667
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	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	(10,704,611)	0	(3,173,102)
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(10,704,611)	0	(3,173,102)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. All other medical expenses.....		892,488	0	0
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	892,488	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	32,507,103	0	0
34. Net income or (loss) from Line 32 .....	(10,704,611)	0	(3,173,102)
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 \$ .....	(2,279,220)	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 .....	569,368	0	(666,666)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	36,346,871
45.2 Transferred to capital (Stock Dividend) .....	0	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 .....	70	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(12,414,393)	0	32,507,103
49. Capital and surplus end of reporting period (Line 33 plus 48)	20,092,710	0	32,507,103
<b>DETAILS OF WRITE-INS</b>			
4701. Investment Incoment Adjustment.....	70	0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	70	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	44,262,161	0	0
2. Net investment income .....	9,515	0	8,395
3. Miscellaneous income .....	(631,408)	0	0
4. Total (Lines 1 to 3) .....	43,640,268	0	8,395
5. Benefit and loss related payments .....	34,854,158	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	9,277,467	0	2,905,515
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	44,131,625	0	2,905,515
11. Net cash from operations (Line 4 minus Line 10) .....	(491,357)	0	(2,897,120)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	102,143
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(14,221)	0	0
12.7 Miscellaneous proceeds .....	680,887	0	8,540,071
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	666,666	0	8,642,214
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	31,023,234
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	521,440
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	31,544,674
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	666,666	0	(22,902,460)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	36,346,871
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	1,829,673	0	(764,668)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	1,829,673	0	35,582,203
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,004,982	0	9,782,624
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	9,782,624	0	0
19.2 End of period (Line 18 plus Line 19.1) .....	11,787,606	0	9,782,624

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First Quarter .....	7,123	.0	.0	.0	.0	.0	.0	7,123	.0	.0
3. Second Quarter .....	7,307	.0	.0	.0	.0	.0	.0	7,307	.0	.0
4. Third Quarter .....	7,481							7,481		
5. Current Year	0									
6. Current Year Member Months	65,141							65,141		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	10,762							10,762		
8. Non-Physician .....	3,468							3,468		
9. Total	14,230	0	0	0	0	0	0	14,230	0	0
10. Hospital Patient Days Incurred	4,585							4,585		
11. Number of Inpatient Admissions	1,002							1,002		
12. Health Premiums Written (a).....	44,819,594							44,819,594		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	44,819,594							44,819,594		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	36,507,270							36,507,270		
18. Amount Incurred for Provision of Health Care Services	45,284,802							45,284,802		

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

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
MIAMI VALLEY HOSPITAL.....	561,599					561,599
GOOD SAMARITAN HOSPITAL.....	316,797					316,797
FIDELITY HEALTH CARE.....	258,784					258,784
DAYTON PHYSICIANS LLC.....	105,406					105,406
ATRIUM MEDICAL CENTER.....	94,710					94,710
UPPER VALLEY MEDICAL CENTER.....	70,422					70,422
KINDRED HOSPITALS EAST LLC.....	52,829					52,829
MVHE INC.....	46,192					46,192
PREMIER HEALTH SPECIALISTS INC.....	41,922					41,922
KETTERING MEDICAL CENTER.....	40,047					40,047
SAMARITAN FAMILY CARE INC.....	27,534					27,534
UVMC NURSING CARE INC.....	27,480					27,480
LAURELS OF HUBER HEIGHTS LLC.....	26,271					26,271
DAYTON SENIOR CARE LLC.....	22,538					22,538
ACCESS ADVANTAGE.....	19,644					19,644
OTTERBEIN LEBANON.....	18,204					18,204
LINCOLN PARK ASSOCIATES II LIM.....	16,357					16,357
SAMARITAN NORTH SURGERY CENTER.....	16,107					16,107
BETHESDA HOSPITAL.....	15,415					15,415
GRACEWORKS LUTHERAN SERVICES.....	15,322					15,322
ST LEONARD.....		13,396				13,396
ANESTHESIOLOGY SERVICES NETWOR.....	13,131					13,131
ORTHOPAEDIC INSTITUTE OF DAYTO.....	11,472					11,472
CUMBERLAND MEDICAL CENTER.....			10,592			10,592
PREMIER INTEGRATED MEDICAL ASS.....	10,418					10,418
ESI.....	247,457					247,457
.....						0
.....						0
.....						0
.....						0
0199999 Individually listed claims unpaid.....	2,076,058	13,396	10,592	0	0	2,100,046
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals.....	2,076,058	13,396	10,592	0	0	2,100,046
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	6,677,486
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	8,777,532
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....		30,081,363		8,703,445	0	0
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....					0	0
8. Other health .....		6,274,956		74,087	0	0
9. Health subtotal (Lines 1 to 8).....	0	36,356,319	0	8,777,532	0	0
10. Health care receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	0	36,356,319	0	8,777,532	0	0

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies

#### A. Basis of Presentation

The statutory financial statements of Premier Health Insurance Corporation (the Company) are presented in accordance with 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 Partners (Parent), a not-for-profit corporation, which was established to operate and jointly manage four health systems, Premier Health Group LLC (PHG), the Company and other affiliated healthcare related companies. PHG is a healthcare provider network organization established as a provider credentialing, utilization management, network contracting 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 its subsidiary Premier Health Plan, Inc. (PHPLAN).

The Company is a “not for profit” organization for state tax purposes incorporated on January 30, 2014 under the provisions of chapter 1701 of the Ohio Revised Code. The Company is a taxable entity for federal income tax purposes. Its insurance license was granted by ODI on April 22, 2014. During 2014, the Company established its financial, technology and operational infrastructure and began marketing Medicare Advantage benefit plans to qualified individuals in Montgomery County, Ohio and its contiguous eight counties (Company’s “service area”).

The Company began covering health benefits under policies issued effective January 1, 2015 under contract with the Center for Medicare & Medicaid Services (“CMS”). As of the filing date of these footnotes, the Company served approximately 7481 Medicare Advantage members.

Section 9010 of the Affordable care Act also requires health insurance issuers to pay an annual fee based on net written premiums, beginning in 2014. The Company is not subject to the annual fee as it does not meet the definition of a covered entity. The Company was incorporated as a nonprofit in the state of Ohio and receives greater than 80 percent of gross revenues from Medicare Advantage Plans.

At September 30, 2015, 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
NET	NET INCOME			
01A01	Company state basis	Ohio	\$ (10,704,611)	\$ (3,173,102)
<b>01A04</b>	<b>NAIC SAP</b>		<b>\$ (10,704,611)</b>	<b>\$ (3,173,102)</b>
SUR	SURPLUS			
01A05	Company state basis	Ohio	\$ 20,121,804	\$ 32,507,173
<b>01A08</b>	<b>NAIC SAP</b>		<b>\$ 20,121,804</b>	<b>\$ 32,507,173</b>

#### 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

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 September 30, 2015:

- 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 a wholly owned insurance subsidiary, PHPLAN. PHPLAN provides health insurance benefit plans on a commercial basis to individuals, groups and to self-insured Administrative Service Only plans. The Company carries its investment in PHPLAN at statutory equity method with unrealized gains and losses reported in unassigned surplus
- 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 – Unpaid policy claims liabilities are 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

## NOTES TO FINANCIAL STATEMENTS

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 – The Company is subject to the provisions of the Public Health Service Act, which requires the payment of rebates to Medicare Advantage policyholders when the amounts paid for healthcare benefits and quality improvement initiatives are below certain percent of premiums paid by such respective policyholders.

Premiums – Premium earned from policyholders will be recorded, net of amounts assumed & ceded under reinsurance treaties, pro rata over the policy 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 cumulative claims in excess of \$150,000 of deductible incurred by members during the policy term (January 1 through December 31, 2015). "Out of Network" claims are reimbursed at ninety (90%) reinsurance of the amounts paid. 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. Claims covered for "in network" expenditures will be reimbursed at 35% of billed charges.

### **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. 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 September 30, 2015, the carrying amount of such deposits was \$433,719 and such amount was 1.3% of Total Admitted Assets.

## NOTES TO FINANCIAL STATEMENTS

Line #	Line Description	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/Decrease	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total	Percentage Admitted Restricted to Total
05H	Restricted Assets						
TXT5H1	Restricted Assets (Including Pledged)						
05H1A	Subject to contractual obligation for which liability is		0.00	0.00		0.00	0.00
05H1B	Collateral held under security lending agreements		0.00	0.00		0.00	0.00
05H1C	Subject to repurchase agreements		0.00	0.00		0.00	0.00
05H1D	Subject to reverse repurchase agreements		0.00	0.00		0.00	0.00
05H1E	Subject to dollar repurchase agreements		0.00	0.00		0.00	0.00
05H1F	Subject to dollar reverse repurchase agreements		0.00	0.00		0.00	0.00
05H1G	Placed under option contracts		0.00	0.00		0.00	0.00
05H1H	Letter stock or securities restricted as to sale - exclud		0.00	0.00		0.00	0.00
05H1I	FHLB capital stock		0.00	0.00		0.00	0.00
05H1J	On deposit with states	433,718.82	412,696.46	21,022.36	433,718.82	1.30	1.30
05H1K	On deposit with other regulatory bodies		0.00	0.00		0.00	0.00
05H1L	Pledged as collateral to FHLB (including assets backin		0.00	0.00		0.00	0.00
05H1M	Pledged as collateral not captured in other categorie		0.00	0.00		0.00	0.00
05H1N	Other restricted assets		0.00	0.00		0.00	0.00
<b>05H1O</b>	<b>Total Restricted Assets</b>	<b>433,718.82</b>	<b>412,696.46</b>	<b>21,022.36</b>	<b>433,718.82</b>	<b>1.30</b>	<b>1.30</b>

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 is taxable and anticipates filing federal income tax return for tax year 2014. During 2014, the Company was functioning as a start-up without any premium revenues and it incurred losses of \$3,173,102. Such losses will be carried forward to offset future year's taxable income, if any. At September 30, 2015, the Company's incurred cumulative losses of \$13,877,713 and the cumulative gross deferred tax assets related to losses are \$4,718,423, and they are fully reserved due to the uncertainty of their future realization resulting in net deferred tax assets of \$0.

## NOTES TO FINANCIAL STATEMENTS

### **Note 10 – Information Concerning Parent, Subsidiaries and Affiliates**

- A. See Note 1 for information about the Parent, PHG and PHPLAN. During 2014, Parent contributed gross capital and surplus totaling \$36,346,871, which includes the contributed value of amounts of gross capital and surplus of its PHPLAN subsidiary. 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 or iii.) an amount as reasonably determined by the Superintendent of Insurance, State of Ohio 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 section A above and F below
- C. Change in Terms of Intercompany Agreements  
None
- D. Amounts Due to or from Related Parties  
At quarter ending September 30, 2015, the Company owed to related parties \$1,461,547 of claims.
- 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 PHPLAN. Parent provides operational and administrative services, such as an 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 quarter ending September 30, 2015, Parent and PHG related expenses were \$0 and \$1,687,609, respectively.  
At September 30, 2015, amounts owed to Parent and its affiliates and PHG for such related expenses were \$ 1,731,601 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  
PHPLAN is a wholly owned subsidiary of the Company, See Note 1. At September 30, 2015, the Company's investment in PHPLAN is carried at \$20,203,942, which represents PHPLAN's statutory capital & surplus amount.
- 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 postretirement 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

## NOTES TO FINANCIAL STATEMENTS

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

One hundred percent of the Company's "member interest" is own by the Parent. The Company does not have any authorized or issued shares of common stock.

- B. Dividend Rate of Preferred Stock

None

- 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 an 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). 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 realized 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

None

- F. All Other Contingencies

None

### **Note 15 – Leases**

- A. Lessee Leasing Arrangements

None

## NOTES TO FINANCIAL STATEMENTS

- 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

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**

**NOTES TO FINANCIAL STATEMENTS**

Subsequent events have been considered through 11/13/2015 for statutory statements issued on that date: NONE

**Note 23 – Reinsurance**

- A. Ceded Reinsurance Report  
Non applicable
- B. Uncollectible Reinsurance  
None
- C. Commutation of Ceded Reinsurance  
None
- D. Certified Reinsurer Ratings Downgraded or Subject to Revocation  
None

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

- A. Method Used to Estimate  
None
- B. Method Used to Record  
None
- C. Amount and Percent of Net Retrospective Premiums  
The Company began issuing benefit coverage effective January 1, 2015. Due to the Company's limited operating history, it has not recorded any estimates for retrospective premiums adjustments related to HCCs premium adjustments. During June 2015, the Company recorded retrospective premiums for the period of January to June 2015 of \$798,144.
- D. Medical Loss Ratio Rebates  
The Company began issuing benefit coverage effective January 1, 2015. Based on trend of medical loss ratio incurred through September 30, 2015, the Company does not anticipate incurring a liability for medical loss ratio rebate in 2015.
- E. Risk Sharing Provisions of ACA  
Not applicable-

**Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses**

IBNR roll forward

	At September 30, 2015
Beginning balance	\$ -
Incurred	\$ 45,284,802
Paid	\$ (36,507,270)
Ending balance	\$ 8,777,532

Loss Adjustment Expenses are estimated in accordance with the Company's accounting policy, see Note 1C. At September 30, 2015, the Company's Loss Adjustment Expense liability was \$175,551.

**Note 26 – Intercompany Pooling Arrangements**

Not applicable

**Note 27 – Structured Settlements**

Not applicable to health entities

**Note 28 – Health Care Receivables**

Quarter	Estimated pharmacy rebates as reported	Invoiced	Collected within 90 days after invoices	Collected within 91 to 180 days after invoiced	Collected more than 180 days after invoiced
Q1 2015	\$ 276,390	\$ 276,390	\$ 179,092	\$ -	\$ -
Q2 2015	\$ 226,681	\$ -	\$ -	\$ -	\$ -
Q3 2015	\$ 217,702	\$ -	\$ -	\$ -	\$ -
Q4 2015	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 720,773</b>	<b>\$ 276,390</b>	<b>\$ 179,092</b>	<b>\$ -</b>	<b>\$ -</b>

## NOTES TO FINANCIAL STATEMENTS

**Note 29 – Participating Policies**

Not applicable

**Note 30 – Premium Deficiency Reserves**

None

**Note 31 – Anticipated Salvage and Subrogation**

Due to the Company's limited operating history, it has not recorded any estimates for anticipated salvage & subrogation. The Company will record such amounts in subsequent periods as it determines the existence of such transactions.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
 .....

9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No

11.2 If yes, give full and complete information relating thereto:  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....22,483,163	\$ .....20,203,942
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....22,483,163	\$ .....20,203,942
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....22,483,163	\$ .....20,203,942

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No

If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.3 Total payable for securities lending reported on the liability page \$ .....

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

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

1 Name of Custodian(s)	2 Custodian Address

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

17.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent.....	107.8 %
1.2 A&H cost containment percent .....	5.9 %
1.3 A&H expense percent excluding cost containment expenses.....	16.0 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

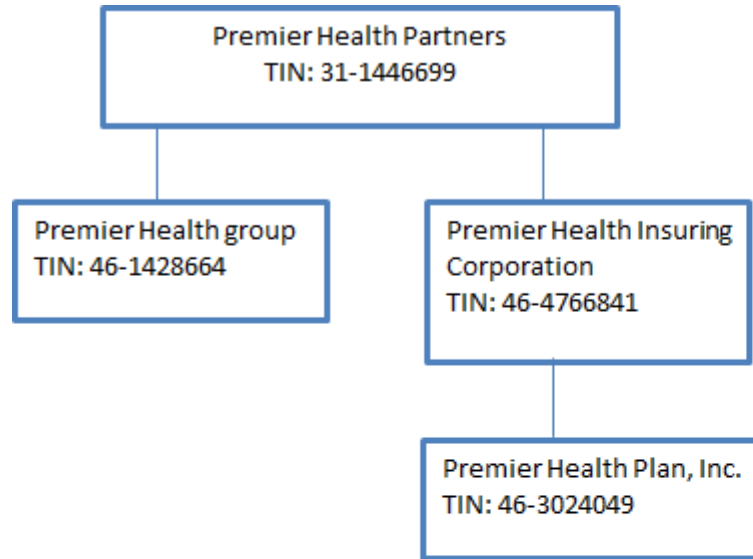
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
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. Dist. 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	IN								0	
16. Iowa	IA								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	L	44,819,594						44,819,594	
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. U.S. Virgin Islands	VI								0	
56. Northern Mariana Islands	MP								0	
57. Canada	CAN								0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	44,819,594	0	0	0	0	0	44,819,594	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1	0	44,819,594	0	0	0	0	0	44,819,594	0
<b>DETAILS OF WRITE-INS</b>										
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	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	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.

(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**





## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

**Explanation:**

1.

**Bar Code:**

1.



**OVERFLOW PAGE FOR WRITE-INS**

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## SCHEDULE A – VERIFICATION

### Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

NONE

## SCHEDULE B – VERIFICATION

### Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....	0	0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

NONE

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

NONE

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	22,380,950	0
2. Cost of bonds and stocks acquired .....		31,023,234
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....	(2,279,220)	(8,540,071)
5. Total gain (loss) on disposals .....	70	(70)
6. Deduct consideration for bonds and stocks disposed of .....	(102,143)	102,143
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	20,203,942	22,380,950
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	20,203,942	22,380,950

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Premier Health Insuring Corporation

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	.0				.0	.0	.0	.0
2. NAIC 2 (a).....	.0				.0	.0	.0	.0
3. NAIC 3 (a).....	.0				.0	.0	.0	.0
4. NAIC 4 (a).....	.0				.0	.0	.0	.0
5. NAIC 5 (a).....	.0				.0	.0	.0	.0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	0	0	0	0	0	0	0	0
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.0				.0	.0	.0	.0
9. NAIC 2 .....	.0				.0	.0	.0	.0
10. NAIC 3 .....	.0				.0	.0	.0	.0
11. NAIC 4 .....	.0				.0	.0	.0	.0
12. NAIC 5 .....	.0				.0	.0	.0	.0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	0	0	0	0	0	0	0	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	0	XXX	0	0	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	14,221	0
2. Cost of short-term investments acquired .....	0	14,221
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....	(14,221)	0
6. Deduct consideration received on disposals .....		0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	14,221
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	14,221

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents acquired .....	5,000,000	0
3. Accrual of discount .....	2,713	0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....		0
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	5,002,713	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	5,002,713	0

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



