



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE**

Premier Health Plan, Inc.

NAIC Group Code 04816 , NAIC Company Code 15484 Employer's ID Number 46-3024049
(Current Period) (Prior Period)

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
 Other Is HMO, Federally Qualified? Yes No X

Incorporated/Organized 09/16/2013 Commenced Business 03/13/2014

Statutory Home Office 110 N MAIN ST STE 1200, Dayton, OH, US 45402
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office **110 N MAIN ST STE 1200**
(Street and Number)

Dayton, OH, US 45402 937-499-9588
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 110 N MAIN ST STE 1200, Dayton, OH, US 45402
(Street and Number or P.O. Box) (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, 937-499-9546
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.primierhealthplan.org

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
Kathleen Ann Carlson # , Chair person of the Board Dianne Patrice Weiskittle # , Assistant Secretary

DIRECTORS OR TRUSTEES

George Thomas Broderick Kathleen Ann Carlson Jerry Alan Clark Christopher John Danis
Thomas Mark Duncan Michael Jeffrey Maiberger Teresa Fox Marrinan James Robert Pancoast
Frank Clark von Maluski Joshua Andrew Martin #

State of Ohio.....
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

Josh Andrew Martin
President

Juan Manuel Fraiz
Vice President of Finance

Subscribed and sworn to before me this
1 day of March, 2016

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 2015 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).....	203,349		203,349	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 (\$ 10,197,576 , Schedule E-Part 1), cash equivalents (\$ 35,975 , Schedule E-Part 2) and short-term investments (\$ 201,302 , Schedule DA).....	10,434,852		10,434,852	22,322,585
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		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	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	10,638,201	0	10,638,201	22,322,585
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	2,271		2,271	2,770
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	20,867	0	20,867	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 (\$ 2,287,000) and contracts subject to redetermination (\$)	2,287,000	2,287,000	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	501,689		501,689	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	0	0
19. Guaranty funds receivable or on deposit			0	417,810
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	0
24. Health care (\$ 86,853) and other amounts receivable.....	.97,255	10,402	86,853	0
25. Aggregate write-ins for other-than-invested assets	356,171	0	356,171	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,903,454	2,297,402	11,606,052	22,743,165
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	13,903,454	2,297,402	11,606,052	22,743,165
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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. Deposit in Transit.....	204,971		204,971	
2502.			0	0
2503. Receivables from service provider fees.....	151,200		151,200	
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)	356,171	0	356,171	0

ANNUAL STATEMENT FOR THE YEAR 2015 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)	1,942,647		1,942,647	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	38,853		38,853	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	786,128		786,128	93,336
9. General expenses due or accrued	398,432		398,432	53,177
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	958,989		958,989	113,489
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)	1,822,971	0	1,822,971	0
24. Total liabilities (Lines 1 to 23)	5,948,021	0	5,948,021	260,002
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	17,023,234	29,023,234
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(13,365,202)	(8,540,071)
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	5,658,032	22,483,163
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,606,052	22,743,165
DETAILS OF WRITE-INS				
2301. Risk score	1,575,000		1,575,000	
2302. Subsidy Retro-activity due to CMS	33,726		33,726	
2303. Accrual for amounts owed to service provider	100,348		100,348	
2398. Summary of remaining write-ins for Line 23 from overflow page	113,898	0	113,898	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,822,971	0	1,822,971	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 2015 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.....	28,701.....	0.....
2. Net premium income (including \$0 non-health premium income).....	XXX.....	10,463,903.....	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.....	10,463,903.....	0.....
Hospital and Medical:			
9. Hospital/medical benefits.....		3,088,930.....	0.....
10. Other professional services.....		6,006,253.....	0.....
11. Outside referrals.....		0.....	0.....
12. Emergency room and out-of-area.....		0.....	0.....
13. Prescription drugs.....		1,480,369.....	0.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	149,900.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....		0.....	0.....
16. Subtotal (Lines 9 to 15).....	.0.....	10,725,451.....	0.....
Less:			
17. Net reinsurance recoveries.....		501,690.....	0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	10,223,762.....	0.....
19. Non-health claims (net).....		0.....	0.....
20. Claims adjustment expenses, including \$383,688 cost containment expenses.....		422,540.....	0.....
21. General administrative expenses.....		2,998,689.....	7,871,673.....
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.....	13,644,992.....	7,871,673.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,181,089).....	(7,871,673).....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		14,100.....	(1,732).....
26. Net realized capital gains (losses) less capital gains tax of \$0.....		0.....	0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.0.....	14,100.....	(1,732).....
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.....
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.....	(3,166,989).....	(7,873,405).....
31. Federal and foreign income taxes incurred.....	XXX.....	0.....	0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(3,166,989).....	(7,873,405).....
DETAILS OF WRITE-INS			
0601.....	XXX.....	0.....	
0602.....	XXX.....	0.....	
0603.....	XXX.....	0.....	
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.....	0.....	
0702.....	XXX.....	0.....	
0703.....	XXX.....	0.....	
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. Other Medical expenses.....		149,900.....	
1402.....		0.....	
1403.....		0.....	
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.....	149,900.....	0.....
2901.....		0.....	
2902.....		0.....	
2903.....		0.....	
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 .....	.22,483,163	0
34. Net income or (loss) from Line 32	(3,166,989)	(7,873,405)
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 \$	(27,406)	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	(1,630,736)	(666,666)
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	0	2,000,000
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	(12,000,000)	29,023,234
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)	(16,825,131)	22,483,163
49. Capital and surplus end of reporting year (Line 33 plus 48)	5,658,032	22,483,163
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

Amount in Line 36 represents unrealized losses on securities transferred to parent company at Fair Market Value.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		8,848,828	93,336
2. Net investment income		21,502	(4,502)
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		8,870,330	88,834
5. Benefit and loss related payments		8,880,059	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		2,619,313	8,236,306
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)		11,499,372	8,236,306
11. Net cash from operations (Line 4 minus Line 10)		(2,629,042)	(8,147,472)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		8,601,806	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		666,666	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		9,268,472	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds		8,838,711	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		752	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		8,839,464	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)		429,009	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		(12,000,000)	31,023,234
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)		2,312,301	(553,177)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(9,687,699)	30,470,056
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)		(11,887,733)	22,322,585
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		22,322,585	0
19.2 End of year (Line 18 plus Line 19.1)		10,434,852	22,322,585

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	11,337,038		873,135	10,463,903
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	11,337,038	0	873,135	10,463,903
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	11,337,038	0	873,135	10,463,903

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	8,782,805	8,782,805								
1.2 Reinsurance assumed	0	0								
1.3 Reinsurance ceded	0	0								
1.4 Net	8,782,805	8,782,805	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,942,647	1,942,647	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	1,942,647	1,942,647	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	501,690	501,690								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	10,725,452	10,725,452	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	501,690	501,690	0	0	0	0	0	0	0	0
12.4 Net	10,223,762	10,223,762	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	664,849	664,849								
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0	.0								
1.4. Net	664,849	664,849	0	0	0	0	0	0	0	.0
2. Incurred but Unreported:										
2.1. Direct	1,277,798	1,277,798								
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	1,277,798	1,277,798	0	0	0	0	0	0	0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	.0	0	0	0	0	0	0	0	.0
4. TOTALS:										
4.1. Direct	1,942,647	1,942,647	0	0	0	0	0	0	0	.0
4.2. Reinsurance assumed	0	.0	0	0	0	0	0	0	0	.0
4.3. Reinsurance ceded	0	.0	0	0	0	0	0	0	0	.0
4.4. Net	1,942,647	1,942,647	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		8,281,115	0	1,942,647	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					0	0
9. Health subtotal (Lines 1 to 8).....	0	8,281,115	0	1,942,647	0	0
10. Healthcare 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	8,281,115	0	1,942,647	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011	0	0	0	0	0
3. 2012	XXX	0	0	0	0
4. 2013	XXX	XXX	0	0	0
5. 2014	XXX	XXX	XXX	0	0
6. 2015	XXX	XXX	XXX	XXX	8,281

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011	0	0	0	0	0
3. 2012	XXX	0	0	0	0
4. 2013	XXX	XXX	0	0	0
5. 2014	XXX	XXX	XXX	0	0
6. 2015	XXX	XXX	XXX	XXX	1,943

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	0	0	0.0	0	0	0.0			0	0.0
2. 2012	0	0	0.0	0	0	0.0			0	0.0
3. 2013	0	0	0.0	0	0	0.0			0	0.0
4. 2014	0	0	0.0	0	0	0.0			0	0.0
5. 2015	11,337	8,281	422	5.1	8,703	76.8	1,943	39	10,685	94.2

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011.....	0	0	0	0	0
3. 2012.....	XXX	0	0	0	0
4. 2013.....	XXX	XXX	0	0	0
5. 2014.....	XXX	XXX	XXX	0	0
6. 2015.....	XXX	XXX	XXX	XXX	8,281

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011.....	0	0	0	0	0
3. 2012.....	XXX	0	0	0	0
4. 2013.....	XXX	XXX	0	0	0
5. 2014.....	XXX	XXX	XXX	0	0
6. 2015.....	XXX	XXX	XXX	XXX	1,943

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2012.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2013.....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2014.....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2015.....	11,337	8,281	422	5.1	8,703	76.8	1,943	39	10,685	94.2

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	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
1. Unearned premium reserves	.0	.0							
2. Additional policy reserves (a)	.0	.0							
3. Reserve for future contingent benefits	.0	.0							
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	.0	.0							
5. Aggregate write-ins for other policy reserves	.0	.0	0	0	.0	.0	0	0	.0
6. Totals (gross)	.0	.0	0	0	.0	.0	0	0	.0
7. Reinsurance ceded	.0	.0							
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	.0	.0							
10. Reserve for future contingent benefits	.0	.0							
11. Aggregate write-ins for other claim reserves	.0	.0	0	0	.0	.0	0	0	.0
12. Totals (gross)	.0	.0	0	0	.0	.0	0	0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	0	.0	.0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	0	.0	.0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 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)			46,329		46,329
2. Salaries, wages and other benefits			754,140		754,140
3. Commissions (less \$ceded plus \$assumed)			260,218		260,218
4. Legal fees and expenses			23,512		23,512
5. Certifications and accreditation fees			38,360		38,360
6. Auditing, actuarial and other consulting services	383,688		815,471		1,199,159
7. Traveling expenses			14,371		14,371
8. Marketing and advertising			213,239		213,239
9. Postage, express and telephone					0
10. Printing and office supplies			8,169		8,169
11. Occupancy, depreciation and amortization					0
12. Equipment			2,922		2,922
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			52,291		52,291
17. Collection and bank service charges					0
18. Group service and administration fees					0
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			109,088		109,088
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			387,725		387,725
24. Investment expenses not included elsewhere				944	944
25. Aggregate write-ins for expenses	0	38,853	272,856	0	311,709
26. Total expenses incurred (Lines 1 to 25)	383,688	38,853	2,998,689	944	(a) .....3,422,174
27. Less expenses unpaid December 31, current year		38,853	398,432		437,285
28. Add expenses unpaid December 31, prior year	0	0	53,177	0	53,177
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)	383,688	0	2,653,435	944	3,038,067
DETAILS OF WRITE-INS					
2501. management fees and other expenses			272,856		272,856
2502. Unpaid claim adjustment expenses		38,853			38,853
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	38,853	272,856	0	311,709

(a) Includes management fees of \$272,856 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 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) 7,827	15,044
1.1 Bonds exempt from U.S. tax	(a) .....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....
1.3 Bonds of affiliates	(a) .....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....
2.2 Common stocks (unaffiliated)	(b) .....	.....
2.21 Common stocks of affiliates	(b) .....	.....
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) .....	.....
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments .....	.....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	7,827	15,044
11. Investment expenses	(g) 944	.....
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)	944	.....
17. Net investment income (Line 10 minus Line 16)	14,100	.....
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 \$ 6,902 accrual of discount less \$ 18,792 amortization of premium and less \$ 18,792 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 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 \$ 0 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.

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	0	0	(26,654)	.....
1.1 Bonds exempt from U.S. tax	0	0	0	.....	.....
1.2 Other bonds (unaffiliated)	0	0	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	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	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	(26,654)	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 2015 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	0	666,666	666,666
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	666,666	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 and contracts subject to redetermination	2,287,000	0	(2,287,000)
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.....	10,402	0	(10,402)
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).....	2,297,402	666,666	(1,630,736)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	2,297,402	666,666	(1,630,736)
DETAILS OF WRITE-INS			
1101. AS0 prepaid.....	0	666,666	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).....	0	666,666	666,666
2501.	0	0	0
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 2015 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	2,472	2,488	2,685	2,726	28,701
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	2,472	2,488	2,685	2,726	28,701
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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Organization and Accounting Practices

Premier Health Plan, Inc. (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 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 providing health benefits under individual and employer group commercial policies issued effective January 1, 2015. As of the filing date of these footnotes, the Company provides health care benefits to approximately 5,631 members under On & Off Exchange and Large Group commercial benefit plans.

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 four health 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 statutory financial statements of 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.

Effective January 1, 2014, 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 their net premiums written from the preceding calendar year compared to such health insurance premiums for any U.S. health risk written during the same preceding calendar year. Under the terms of Section 9010, the first \$15 million of net premiums written are exempt. Accordingly, for the year ending December 31, 2015, the Company did not incur annual fees expense under this section of ACA.

At December 31, 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:

	<u>State of Domicile</u>	<u>2015</u>	<u>2014</u>
<u>NET INCOME</u>			
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	..... OH	\$.....(3,166,989)	\$.....(7,873,405)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(4) NAIC SAP (1-2-3=4)	..... OH	\$.....(3,166,989)	\$.....(7,873,405)
<u>SURPLUS</u>			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	..... OH	\$.....5,658,032	\$.....22,483,163
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(8) NAIC SAP (5-6-7=8)	..... OH	\$.....5,658,032	\$.....22,483,163

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.

Investment grade bonds, including those held by Ohio Department of Insurance as Guaranty funds, are stated at amortized value using the interest method. U.S. government agency loan-backed and structured securities are valued at amortized cost.

At December 31, 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 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. The Company incorporated 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 are 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 – The Company is 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 – Premium earned from policyholders is 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".

The company estimates pharmaceutical rebates utilizing past experience and accumulated statistical data. These estimates are continuously reviewed and any adjustments are reflected in current operations.

D. Going concern

After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

2. Accounting Changes and Corrections of Errors

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

Not applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B. Debt Restructuring

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

The Company has no loan-backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Real Estate

Not applicable

G. Low Income Housing Tax Credit

Not applicable

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, 2015, the carrying amount of such deposits was \$440,626 and such amount was 2.6% of Total Admitted Assets.

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted From Prior Year	3 Increase/(Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0.0	0.0
i. FHLB capital stock	0	0	0	0	0.0	0.0
l. On deposit with states	440,626	417,810	22,816	22,816	2.6	0.0
k. On deposit with other regulatory bodies	0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0.0	0.0
b. Total Restricted Assets	\$ 440,626	\$ 417,810	\$ 22,816	0	%	%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

None

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for those greater than 10% of admitted assets

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. Writedowns for impairment of joint ventures, partnerships and LLCs

Not applicable

7. Investment Income

A. Accrued investment income

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

B. Amounts non-admitted

None

8. Derivative Instruments

None

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

12/31/2015		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

(a) Gross Deferred Tax Assets	\$ 4,486,561	\$ 11,199	\$ 4,497,760
(b) Statutory Valuation Allowance Adjustments	\$ 4,486,561	\$ 11,199	\$ 4,497,760
(c) Adjusted Gross Deferred Tax Assets	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

(1a - 1b)			
(d)	Deferred Tax Assets Nonadmitted	\$	0 \$ \$.....0
(e)	Subtotal Net Admitted Deferred Tax Asset	\$	0 \$ 0 \$.....0
(1c -1d)		\$	0 \$ 0 \$.....0
(f)	Deferred Tax Liabilities	\$	0 \$ 0 \$.....0
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$	0 \$ 0 \$.....0
(1e - 1f)		\$	0 \$ 0 \$.....0

12/31/2014		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a)	Gross Deferred Tax Assets	\$ 2,676,958	\$ 0 \$ 2,676,958
(b)	Statutory Valuation Allowance Adjustments	\$ 2,676,958	\$ 0 \$ 2,676,958
(c)	Adjusted Gross Deferred Tax Assets	\$ 0	\$ 0 \$ 0
(1a - 1b)		\$ 0	\$ 0 \$ 0
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 0 \$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset	\$ 0	\$ 0 \$ 0
(1c -1d)		\$ 0	\$ 0 \$ 0
(f)	Deferred Tax Liabilities	\$ 0	\$ 0 \$ 0
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ 0	\$ 0 \$ 0
(1e - 1f)		\$ 0	\$ 0 \$ 0

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a)	Gross Deferred Tax Assets	\$ 1,809,603	\$ 11,199 \$ 1,820,802
(b)	Statutory Valuation Allowance Adjustments	\$ 1,809,603	\$ 11,199 \$ 1,820,802
(c)	Adjusted Gross Deferred Tax Assets	\$ 0	\$ 0 \$ 0
(1a - 1b)		\$ 0	\$ 0 \$ 0
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 0 \$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset	\$ 0	\$ 0 \$ 0
(1c -1d)		\$ 0	\$ 0 \$ 0
(f)	Deferred Tax Liabilities	\$ 0	\$ 0 \$ 0
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ 0	\$ 0 \$ 0
(1e - 1f)		\$ 0	\$ 0 \$ 0

2.

12/31/2015		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation: (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	<u>XXX</u>	<u>XXX</u>
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0
Total	(2(a) + 2(b) + 2(c))	\$ 0	\$ 0

12/31/2014		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation: (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	<u>XXX</u>	<u>XXX</u>
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0
Total	(2(a) + 2(b) + 2(c))	\$ 0	\$ 0

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation: (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	<u>XXX</u>	<u>XXX</u>
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0
Total	(2(a) + 2(b) + 2(c))	\$ 0	\$ 0

3.

(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	.....	..... 0.000
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$	\$ 0.000

4.

12/31/2015		
(1)	(2)	
Ordinary	Capital	

Impact of Tax Planning Strategies

(a)	Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	.....	..... 0
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	.....	..... 0
2.	Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....	..... 0
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....	..... 0
4.	Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....	..... 0

12/31/2014		
(3)	(4)	
Ordinary	Capital	

(a)	1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....	..... 0
2.	Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....	..... 0.0
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....	..... 0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies 0.0 0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c) 0 0
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies 0.0 0.0
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) 0 0
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies 0.0 0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes No

B. Regarding deferred tax liabilities that are not recognized:

Not applicable

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2015	12/31/2014	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 0	\$ 0	\$ 0
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 0	\$ 0	\$ 0
(d) Federal income tax on net capital gains	\$ 0	\$ 0	\$ 0
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ 0	\$ 0	\$ 0

2. Deferred Tax Assets:

(a) Ordinary

(1) Discounting of unpaid losses	\$ 5,589	\$ 0	\$ 5,589
(2) Unearned premium reserve	\$ 53,457	\$ 0	\$ 53,457
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 942	\$ 0	\$ 942
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 781,117	\$ 0	\$ 781,117
(11) Net operating loss carry-forward	\$ 3,645,456	\$ 2,676,958	\$ 968,498
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 4,486,561	\$ 2,676,958	\$ 1,809,603

(b) Statutory valuation allowance adjustment

(c) Nonadmitted

(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)

\$ 4,486,561 \$ 2,676,958 \$ 1,809,603

\$ 0 \$ 0 \$ 0

(e) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	\$ 11,199	\$ 0	\$ 11,199
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 11,199	\$ 0	\$ 11,199

(f) Statutory valuation allowance adjustment

\$ 11,199 \$ 0 \$ 11,199

(g) Nonadmitted

\$ 0 \$ 0 \$ 0

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)

\$ 0 \$ 0 \$ 0

(i) Admitted deferred tax assets (2d + 2h)

\$ 0 \$ 0 \$ 0

3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 0	\$ 0	\$ 0
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0

(b) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0

(c) Deferred tax liabilities (3a99 + 3b99)

\$ 0 \$ 0 \$ 0

4. Net deferred tax assets/liabilities (2i - 3c)

\$ 0 \$ 0 \$ 0

D. Reconciliation of federal Income Tax rate to Actual Effective Rate

The Company's effective rate of 0% is due to its net operating losses and that the net deferred tax assets are fully reserved with a valuation allowance.

E. Operating loss and tax credit carryforwards and protective tax deposits

1.

Summary of Net Operating Losses		
Originating	NOL	Expiring
Year	Amount	Year
2014	\$ 8,574,741	2029
2015	\$ 3,375,035	2030
TOTAL	\$ 11,949,776	

2. None

3. None

F. Current income taxes incurred consist of the following major components:

Not applicable

G. Current income taxes incurred consist of the following major components:

Not applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

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 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. On November 17, 2015, Ohio Department of Insurance approved an extraordinary dividend distribution to the parent "Premier Health Insuring Corporation" for \$12,000,000. The dividend was paid on November 30, 2015.

B. Detail of Transactions Greater than 1/2% 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

At year ending December 31, 2015, the Company owed to related parties \$436,888 of claims and general expenses and was due \$0.

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, with the Parent and PHG for the purpose of providing services to the Company and PHIC. The 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 30, 2015, the Parent and PHG related expenses were \$0 and \$272,856, respectively.

At December 31, 2015, amounts owed to the Parent and its affiliates and PHG for such related expenses were \$958,989 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

None

J. Write-downs for Impairment of Investments in Affiliates

None

K. Investments in Foreign Insurance Subsidiary

None

L. Investment in downstream non-insurance holding company

None

11. Debt

Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plan

Not applicable.

As discussed in Note 10. F., personnel resources and their benefits, including retirement's plans and compensated absences, 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.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1) 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.

2) Dividend Rate of Preferred Stock

None

3) 4), 5), and 6) 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. On November 17, 2015, Ohio Department of Insurance approved an extraordinary dividend distribution to the parent "Premier Health Insuring Corporation" for \$12,000,000. The dividend was paid on November 30, 2015.

7) Mutual Surplus Advances

Not applicable

8) Company Stock Held for Special Purposes

Not applicable

9) Changes in Special Surplus Funds

Not applicable

10) Changes in Unassigned Funds

Not applicable

11) Surplus Notes

Not applicable

12) and 13) Quasi Reorganizations

Not applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

1. 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.

2. Detail of other contingent commitments

Not applicable

3. Summary of detail in 14A2

Not applicable

B. Guaranty fund and other Assessments

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

- C. Gain Contingencies
Not applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
Not applicable
- E. Joint and several liabilities
Not applicable
- F. Other contingencies
Not applicable

15. Leases

- A. Lessee Operating Lease

None

- B. Lessor Leases

None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Not applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

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

Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Non applicable

20. Fair Value Measurements

A.

None

- (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

None

- B. Other fair value disclosures

Not applicable

- C. Fair Value for all financial instruments by Level 1, 2 and 3

The table below reflects the fair value and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries).

Type of financial instrument	Fair value	Admitted value	Level 1	Level 2	level 3	Not Practicable (carrying value)
Financial Instrument - assets						
Bonds	203,605	203,349	203,605	-	-	-
Cash equivalents and short-term investments	239,157	237,276	239,157	-	-	-
Total financial instruments - assets	442,762	440,626	442,762	-	-	-
Financial instruments - liabilities	-	-	-	-	-	-
Total Financial instruments - liabilities	-	-	-	-	-	-

- D. Not Practicable to Estimate Fair Value

Not applicable

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

22. Events Subsequent

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	\$ Yes	\$ 0
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 0
C. ACA fee assessment paid	\$ 0	\$ 0
D. Premium written subject to ACA 9010 assessment	\$ 10,438,988	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 5,658,032
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 5,658,032
G.	Authorized Control Level (Five-Year Historical Line 15)	\$ 808,109
H.	Would reporting the ACA assessment as of Dec. 31, 2015 have triggered an RBC action level (YES/NO)?	NO A. ACA fees assessment payable \$.....0 B. Assessment expected to impact RBC %.....0

23. 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 \$200,000 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.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$ _____.

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$ _____ 0 _____.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Reinsurer Ratings Downgraded or Subject to Revocation

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Company's participation in the Exchange program include a risk sharing program. Based on the revision of risk score and risk assessment, the company estimates accrued retrospective premium adjustment for its commercial products through a prescribed formula approach.

The Company also has health insurance business that is subject to a medical loss ratio rebate pursuant to the Public Health Service Act.

B. Method Used to Record

The Company records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premium written by the company at December 31, 2015 that are subject to retrospective rating features was \$10,463,903, that represented 100% of the total net premium written for the total Company.

D. Medical Loss Ratio Rebates

The Company has no paid or payable medical loss ratio rebates.

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?

The Company has recorded \$2,287,000 for the risk corridor receivable and is treated as non-admitted asset due to uncertainty of recoverability.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	AMOUNT	
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 1,809	
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 1,575,000	
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 263,444
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 501,690	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ Liabilities
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ 105,237	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ Operations (Revenue & Expense)
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 105,237	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 501,690	
9. ACA Reinsurance contributions – not reported as ceded premium	\$ c. Temporary ACA Risk Corridors Program	\$ Assets
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 2,287,000	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 2,287,000	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date		
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)	
		1	2	3	4	5	6	7	8	9	10	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program												
1.	Premiums adjustments receivable					0	0			A	0	0	0
2.	Premium adjustments (payable)					0	0			B	0	0	0
3.	Subtotal ACA Permanent Risk Adjustment Program	0	0	0	0	0	0	0	0		0	0	0
b.	Transitional ACA Reinsurance Program												
1.	Amounts recoverable for claims paid					0	0			C	0	0	0
2.	Amounts recoverable for claims unpaid (contra liability)					0	0			D	0	0	0
3.	Amounts receivable relating to uninsured plans					0	0			E	0	0	0
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium					0	0			F	0	0	0
5.	Ceded reinsurance premiums payable					0	0			G	0	0	0
6.	Liability for amounts held under uninsured plans					0	0			H	0	0	0
7.	Subtotal ACA Transitional Reinsurance Program	0	0	0	0	0	0	0	0		0	0	0
c.	Temporary ACA Risk Corridors Program												
1.	Accrued retrospective premium					0	0			I	0	0	0
2.	Reserve for rate credits or policy experience rating refunds					0	0			J	0	0	0
3.	Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0	0
d.	Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0		0	0	0

Explanations of Adjustments

A	.....
B	.....
C	.....
D	.....
E	.....
F	.....
G	.....
H	.....
I	.....
J	.....

25. Change in Incurred Claims and Claim Adjustment Expenses

	Claims unpaid	Claim Adjustment expenses
Balance at the beginning of the year		
Incurred during the year	\$ 9,630,158	\$ 166,944
Paid during the year	\$ (7,687,511)	
Balance at the end of the year	\$ 1,942,647	\$ 166,944

26. Intercompany Pooling Arrangements Not applicable

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/2015	\$ 21,469	\$ 21,469	\$ 19,928	\$	\$
06/30/2015	\$ 24,450	\$ 24,450	\$ 15,589	\$	\$
09/30/2015	\$ 43,501	\$ 45,791	\$	\$	\$
12/31/2015	\$ 43,378	\$	\$	\$	\$

B. Risk Sharing Receivables

Not applicable

29. Participating Policies Not applicable

Not applicable

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 0
- Date of the most recent evaluation of this liability 12/31/2015
- Was anticipated investment income utilized in the calculation? Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

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 has recorded salvage and subrogation based on actual claims identified through December 31, 2015.

ANNUAL STATEMENT FOR THE YEAR 2015 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?

OHIO.....

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 Department of Insurance.....

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 2015 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?
Ernst & Young LLP 1900 Scripps Center, 312 Walnut Street, Cincinnati, Ohio 45202.....

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 18A 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?
Patrick Curran, 800 glebe rd. Arlington VA 22203.....

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 2015 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 [X] No []

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 \$440,625.57 (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 [] NA [X]

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 2015 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	\$..... 440,626
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 2015 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
2616.....	PNC Institutional Asset Management.....	116 Allegheny Center Mall Pittsburgh, PA 15212.....

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.....	404,651.....	406,787.....	2,136.....
30.2 Preferred Stocks.....	0.....	.....	0.....
30.3 Totals	404,651	406,787	2,136

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 Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2015 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? \$ 0

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? \$ 23,512

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
Jones Day.....	\$..... 23,512

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
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Plan, Inc.

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	\$ 10,463,903	\$ 0
2.2	Premium Denominator	\$ 10,463,903	\$ 0
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 0.000
2.4	Reserve Numerator	\$ 1,942,647	\$ 0
2.5	Reserve Denominator	\$ 1,942,647	\$ 0
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 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 [] No []

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 [] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No []

5.2 If no, explain:

5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$ 200,000
		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 [] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1	Number of providers at start of reporting year	..... 3,086
8.2	Number of providers at end of reporting year	..... 4,306

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No []

9.2 If yes, direct premium earned:

9.21	Business with rate guarantees between 15-36 months	.....
9.22	Business with rate guarantees over 36 months	.....

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 Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

OH.....

11.4 If yes, show the amount required.

\$.....2,500,000

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

Yes [X] No []

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) \$.....

15.2 Total incurred claims \$.....

15.3 Number of covered lives.....

*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 2015 OF THE Premier Health Plan, Inc.

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	11,606,052	22,743,165	0	0	0
2. Total liabilities (Page 3, Line 24)	5,948,021	260,002	0	0	0
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	0	0	0
4. Total capital and surplus (Page 3, Line 33)	5,658,032	22,483,163	0	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	10,463,903	0	0	0	0
6. Total medical and hospital expenses (Line 18)	10,223,762	0	0	0	0
7. Claims adjustment expenses (Line 20)	422,540	0	0	0	0
8. Total administrative expenses (Line 21)	2,998,689	7,871,673	0	0	0
9. Net underwriting gain (loss) (Line 24)	(3,181,089)	(7,871,673)	0	0	0
10. Net investment gain (loss) (Line 27)	14,100	(1,732)	0	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(3,166,989)	(7,873,405)	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,629,042)	(8,147,472)	0	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	5,658,032	22,483,163	0	0	0
15. Authorized control level risk-based capital	808,090	35,573	0	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,726	0	0	0	0
17. Total members months (Column 6, Line 7)	28,701	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)	97.7	0.0	0.0	0.0	0.0
20. Cost containment expenses	3.7	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.4	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	130.4	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(30.4)	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 2015 OF THE Premier Health Plan, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

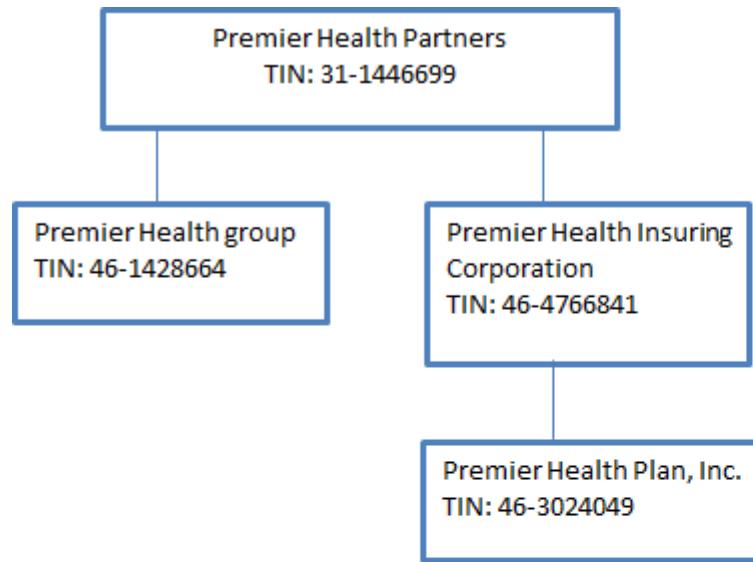
State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type 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	11,337,038					11,337,038	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	11,337,038	0	0	0	0	11,337,038	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0
61. Total (Direct Business)	(a)	1	11,337,038	0	0	0	0	11,337,038	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 2015 OF THE Premier Health Plan, Inc.