

Amendement due to audit result.



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

Premier Health Plan, Inc.

NAIC Group Code	04816	(Current Period)	04816	(Prior Period)	NAIC Company Code	15484	Employer's ID Number	46-3024049
Organized under the Laws of	Ohio				State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [X]		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							
	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							
	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.prmierhealthplan.org							
Statutory Statement Contact	Juan Fraiz				937-499-9546			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	jmfraiz@premierhealth.com				937-341-8792			
	(E-Mail Address)				(Fax Number)			

OFFICERS

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

OTHER OFFICERS

Renee Perkins George	Vice President of Operations	Juan Manuel Fraiz	Vice President of Finance
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 ofOhio.....
County ofMontgomery.....

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		a. Is this an original filing? Yes [] No [X]
2 day of June, 2016		b. If no:
		1. State the amendment number 1
		2. Date filed 06/02/2016
		3. Number of pages attached 27



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Premier Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2015				NAIC Company Code		15484
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	2,472	1,912	560							
3. Second Quarter	2,488	1,949	539							
4. Third Quarter	2,685	1,959	726							
5. Current Year	2,726	1,986	740							
6. Current Year Member Months	28,701	21,709	6,992							
Total Member Ambulatory Encounters for Year:										
7. Physician	4,592	3,644	948							
8. Non-Physician	835	614	221							
9. Total	5,427	4,258	1,169	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	303	244	59							
11. Number of Inpatient Admissions	95	72	23							
12. Health Premiums Written (b).....	9,050,038	5,768,440	3,281,598							
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,337,038	8,055,440	3,281,598							
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,281,115	5,739,388	2,541,728							
18. Amount Incurred for Provision of Health Care Services	10,725,452	7,572,699	3,152,753							

(a) For health business: number of persons insured under PPO managed care products 585 and number of persons insured under indemnity only products 0

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



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		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	2,472	1,912	560	0	0	0	0	0	0	0
3. Second Quarter	2,488	1,949	539	0	0	0	0	0	0	0
4. Third Quarter	2,685	1,959	726	0	0	0	0	0	0	0
5. Current Year	2,726	1,986	740	0	0	0	0	0	0	0
6. Current Year Member Months	28,701	21,709	6,992	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,592	3,644	948	0	0	0	0	0	0	0
8. Non-Physician	835	614	221	0	0	0	0	0	0	0
9. Total	5,427	4,258	1,169	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	303	244	59	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	95	72	23	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	9,050,038	5,768,440	3,281,598	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	11,337,038	8,055,440	3,281,598	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	8,281,115	5,739,388	2,541,728	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,725,452	7,572,699	3,152,753	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 585 and number of persons insured under indemnity only products 0

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

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	873	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	626	.0	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.XXX
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.XXX
19. Letters of credit (L).....	.0	.0	.0	.0	.XXX
20. Trust agreements (T).....	.0	.0	.0	.0	.XXX
21. Other (O).....	.0	.0	.0	.0	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,638,201		10,638,201
2. Accident and health premiums due and unpaid (Line 15).....	20,867		20,867
3. Amounts recoverable from reinsurers (Line 16.1).....	625,544		625,544
4. Net credit for ceded reinsurance.....	XXX	625,544	625,544
5. All other admitted assets (Balance).....	445,295		445,295
6. Total assets (Line 28)	11,729,907	625,544	12,355,451
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,942,647	0	1,942,647
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	786,128		786,128
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	3,219,245		3,219,245
15. Total liabilities (Line 24).....	5,948,021	0	5,948,021
16. Total capital and surplus (Line 33).....	5,781,887	XXX	5,781,887
17. Total liabilities, capital and surplus (Line 34)	11,729,908	0	11,729,908
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	625,544		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	625,544		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	625,544		