

Amendment due to audit results.



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

Premier Health Insuring Corporation

NAIC Group Code	04816	,	04816	NAIC Company Code	15530	Employer's ID Number	46-4766841
	(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 [ X ]						
	Other [ ]      Is HMO, Federally Qualified? Yes [ ] No [ X ]						
Incorporated/Organized	01/30/2014			Commenced Business	04/22/2014		
Statutory Home Office	110 N MAIN ST STE 1200			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	Joshua 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		James Robert Pancoast
Frank Clark von Maluski	Teresa Fox Marrinan	Joshua Andrew Martin #	

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

Michael Jeffrey Maiberger Chief Executive Officer	Joshua Andrew Martin President	Juan Manuel Fraiz Vice President of Finance
Subscribed and sworn to before me this 15 day of June, 2016		a. Is this an original filing? Yes [ ] No [ X ] b. If no: 1. State the amendment number 1 2. Date filed 06/15/2016 3. Number of pages attached 30

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	9,030,351		9,030,351	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	5,781,887		5,781,887	22,483,163
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 (\$ .....8,089,040 , Schedule E-Part 1), cash equivalents (\$ .....33,310 , Schedule E-Part 2) and short-term investments (\$ .....1,349,574 , Schedule DA).....	9,471,924		9,471,924	9,782,624
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) .....	24,284,162	.0	24,284,162	32,265,786
13. Title plants less \$ ..... charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued .....	31,579		31,579	2,943
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$ .....53,117 ) and contracts subject to redetermination (\$ ..... ) .....	53,117		53,117	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	223,000		223,000	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....			.0	.0
19. Guaranty funds receivable or on deposit .....			.0	412,696
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates .....			.0	98,002
24. Health care (\$ .....688,609 ) and other amounts receivable.....	771,764	83,155	688,609	.0
25. Aggregate write-ins for other-than-invested assets .....	38,379	.0	38,379	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	25,402,000	83,155	25,318,845	32,779,427
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	25,402,000	83,155	25,318,845	32,779,427
DETAILS OF WRITE-INS				
1101. ASO prepaid.....			.0	.0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Plan to Plan receivable.....	.796		.796	
2502. Agent commission receivable.....	37,582		37,582	
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	38,379	0	38,379	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	7,402,196		7,402,196	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	166,944		166,944	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 .....			0	0
9. General expenses due or accrued .....	804,621		804,621	272,254
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 .....	880,107		880,107	0
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	1,292,157	0	1,292,157	0
24. Total liabilities (Lines 1 to 23).....	10,546,025	0	10,546,025	272,254
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	0	0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	36,346,871	36,346,871
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	(21,574,052)	(3,839,698)
32. Less treasury stock, at cost:				
32.1 .....shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	14,772,820	32,507,173
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	25,318,845	32,779,427
DETAILS OF WRITE-INS				
2301. Physician Incentives liability.....	847,971		847,971	
2302. Medicare GAP/CGDP/LICS liability.....	395,811		395,811	
2303. Other liability.....	48,376		48,376	
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,292,157	0	1,292,157	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	87,997	.0
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	59,495,348	.0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		.0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		.0
5. Risk revenue .....	XXX		.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	59,495,348	.0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		18,174,205	.0
10. Other professional services .....		33,307,239	.0
11. Outside referrals .....			.0
12. Emergency room and out-of-area .....			.0
13. Prescription drugs .....		5,874,421	.0
14. Aggregate write-ins for other hospital and medical.....	.0	2,919,582	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0
16. Subtotal (Lines 9 to 15) .....	.0	60,275,447	.0
<b>Less:</b>			
17. Net reinsurance recoveries .....		405,613	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	59,869,834	.0
19. Non-health claims (net).....			.0
20. Claims adjustment expenses, including \$ .....1,254,417 cost containment expenses.....		1,421,361	.0
21. General administrative expenses.....		11,847,814	3,177,768
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	73,139,009	3,177,768
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(13,643,661)	(3,177,768)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		27,073	4,737
26. Net realized capital gains (losses) less capital gains tax of \$ .....			(70)
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	27,073	4,667
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0
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	(13,616,589)	(3,173,102)
31. Federal and foreign income taxes incurred .....	XXX		.0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(13,616,589)	(3,173,102)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. Physician incentives expense.....		1,449,522	
1402. Other Medical expenses.....		1,470,060	
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	2,919,582	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	32,507,103	0
34. Net income or (loss) from Line 32 .....	(13,616,589)	(3,173,102)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(4,701,276)	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	583,511	(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
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	36,346,871
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	70	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(17,734,284)	32,507,103
49. Capital and surplus end of reporting year (Line 33 plus 48)	14,772,820	32,507,103
DETAILS OF WRITE-INS		
4701. Realized gain from prior year.....	70	
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)	70	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....	59,442,231	0	
2. Net investment income .....	10,627	8,395	
3. Miscellaneous income .....	0	0	
4. Total (Lines 1 through 3) .....	59,452,858	8,395	
5. Benefit and loss related payments .....	53,545,557	0	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	
7. Commissions, expenses paid and aggregate write-ins for deductions .....	12,157,167	2,905,515	
8. Dividends paid to policyholders .....		0	
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0	
10. Total (Lines 5 through 9) .....	65,702,724	2,905,515	
11. Net cash from operations (Line 4 minus Line 10) .....	(6,249,866)	(2,897,120)	
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	6,726	102,143	
12.2 Stocks .....	12,000,000	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 .....	666,668	8,540,071	
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	12,673,394	8,642,214	
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	8,966,195	0	
13.2 Stocks .....	0	31,023,234	
13.3 Mortgage loans .....	0	0	
13.4 Real estate .....	0	0	
13.5 Other invested assets .....	0	0	
13.6 Miscellaneous applications .....	0	521,440	
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	8,966,195	31,544,674	
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) .....	3,707,198	(22,902,460)	
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 .....	0	36,346,871	
16.3 Borrowed funds .....	0	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	
16.5 Dividends to stockholders .....	0	0	
16.6 Other cash provided (applied) .....	2,231,968	(764,668)	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	2,231,968	35,582,203	
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) .....	(310,699)	9,782,624	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	9,782,624	0	
19.2 End of year (Line 18 plus Line 19.1) .....	9,471,924	9,782,624	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	59,495,348	.0	.0	.0	.0	.0	59,495,348	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit .....	.0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	.0									XXX
4. Risk revenue.....	.0									XXX
5. Aggregate write-ins for other health care related revenues.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6) .....	59,495,348	.0	.0	.0	.0	.0	59,495,348	.0	.0	.0
8. Hospital/medical benefits .....	18,174,205						18,174,205			XXX
9. Other professional services .....	33,307,239						33,307,239			XXX
10. Outside referrals .....	.0									XXX
11. Emergency room and out-of-area .....	.0									XXX
12. Prescription drugs .....	5,874,421						5,874,421			XXX
13. Aggregate write-ins for other hospital and medical.....	2,919,582	.0	.0	.0	.0	.0	2,919,582	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	.0						.0			XXX
15. Subtotal (Lines 8 to 14) .....	60,275,447	.0	.0	.0	.0	.0	60,275,447	.0	.0	XXX
16. Net reinsurance recoveries .....	405,613						405,613			XXX
17. Total hospital and medical (Lines 15 minus 16) .....	59,869,834	.0	.0	.0	.0	.0	59,869,834	.0	.0	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ .....1,254,417 cost containment expenses.....	1,421,361						1,421,361			
20. General administrative expenses .....	11,847,814						11,847,814			
21. Increase in reserves for accident and health contracts .....	.0									XXX
22. Increase in reserves for life contracts.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22) .....	73,139,009	.0	.0	.0	.0	.0	73,139,009	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(13,643,662)	0	0	0	0	0	(13,643,662)	0	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Other Medical expenses.....	2,919,582						2,919,582			XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	2,919,582	0	0	0	0	0	2,919,582	0	0	XXX



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....	60,247,624		752,277	59,495,348
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	60,247,624	.0	752,277	59,495,348
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	60,247,624	0	752,277	59,495,348

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	52,873,251						52,873,251			
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	405,613						405,613			
1.4 Net .....	52,467,638	0	0	0	0	0	52,467,638	0	0	0
2. Paid medical incentive pools and bonuses .....	0						0			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	7,402,196	0	0	0	0	0	7,402,196	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 .....	7,402,196	0	0	0	0	0	7,402,196	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	
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0						0			
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year .....	0									
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 .....	60,275,447	0	0	0	0	0	60,275,447	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	405,613	0	0	0	0	0	405,613	0	0	0
12.4 Net .....	59,869,834	0	0	0	0	0	59,869,834	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.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	2,049,041						2,049,041			
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	2,049,041	0	0	0	0	0	2,049,041	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	5,353,155						5,353,155			
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	5,353,155	0	0	0	0	0	5,353,155	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 .....	7,402,196	0	0	0	0	0	7,402,196	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 .....	7,402,196	0	0	0	0	0	7,402,196	0	0	0

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) .....					.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 .....		52,467,638		7,402,196	.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....		.0		.0	.0	.0
9. Health subtotal (Lines 1 to 8).....	.0	52,467,638	.0	7,402,196	.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	52,467,638	0	7,402,196	0	0

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

Section A - Paid Health Claims - Medicare

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	
2. 2011.....	.0	.0	.0	.0	
3. 2012.....	XXX	.0	.0	.0	
4. 2013.....	XXX	XXX	.0		
5. 2014.....	XXX	XXX	XXX	.0	
6. 2015.....	XXX	XXX	XXX	XXX	51,620

Section B - Incurred Health Claims - Medicare

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	
2. 2011.....	.0	.0	.0	.0	
3. 2012.....	XXX	.0	.0	.0	
4. 2013.....	XXX	XXX	.0		
5. 2014.....	XXX	XXX	XXX	.0	
6. 2015.....	XXX	XXX	XXX	XXX	60,617

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

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
2. 2012.....	.0	.0		.0	.0	.0			.0	.0
3. 2013.....	.0	.0		.0	.0	.0			.0	.0
4. 2014.....	.0	.0		.0	.0	.0			.0	.0
5. 2015.....	59,495	51,620	1,421	2.8	53,041	89.2	7,402	167	60,610	101.9

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 Insuring Corporation

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	51,620

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	60,617

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.....	59,495	51,620	1,421	2.8	53,041	89.2	7,402	167	60,610	101.9



Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

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

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

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

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

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

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	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								
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								
10. Reserve for future contingent benefits .....	.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. ....	.0						.0		
0502. ....	.0						.0		
0503. ....	.0						.0		
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.

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 .....			484,059		484,059
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			1,693,369		1,693,369
4. Legal fees and expenses .....			6,924		6,924
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	1,254,417		5,540,181		6,794,598
7. Traveling expenses .....					0
8. Marketing and advertising .....			1,750,793		1,750,793
9. Postage, express and telephone .....					0
10. Printing and office supplies .....			225		225
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....					0
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			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 .....			250		250
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....			23,599		23,599
24. Investment expenses not included elsewhere .....				935	935
25. Aggregate write-ins for expenses .....	0	166,944	2,249,794	0	2,416,738
26. Total expenses incurred (Lines 1 to 25) .....	1,254,417	166,944	11,847,814	935	(a) .....13,270,109
27. Less expenses unpaid December 31, current year .....		166,944	804,621		971,565
28. Add expenses unpaid December 31, prior year .....	0	0	272,254	0	272,254
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....		166,944			166,944
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,254,417	166,944	11,315,447	935	12,737,742
DETAILS OF WRITE-INS					
2501. management fees.....			2,240,068		2,240,068
2502. Unpaid claim adjustment expenses.....		166,944			166,944
2503. General expenses.....			9,725		9,725
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	166,944	2,249,794	0	2,416,738

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....(6,366)	.....28,007
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....0	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11	Preferred stocks of affiliates .....	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....	.....
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	(6,366)	28,007
11.	Investment expenses .....		(g).....935
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) .....		.....935
17.	Net investment income (Line 10 minus Line 16) .....		27,073
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
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		0

(a) Includes \$ .....accrual of discount less \$ .....12,191 amortization of premium and less \$ .....4,399 paid for accrued interest on purchases.  
(b) Includes \$ .....accrual of discount less \$ .....amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....paid for accrued interest on purchases.  
(d) Includes \$ .....for company's occupancy of its own buildings; and excludes \$ .....interest on encumbrances.  
(e) Includes \$ .....accrual of discount less \$ .....amortization of premium and less \$ .....paid for accrued interest on purchases.  
(f) Includes \$ .....accrual of discount less \$ .....amortization of premium.  
(g) Includes \$ .....investment expenses and \$ .....investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ .....interest on surplus notes and \$ .....interest on capital notes.  
(i) Includes \$ .....depreciation on real estate and \$ .....depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0	.....0	
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....			.....0		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....(4,701,276)	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	0	0	0	(4,701,276)	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

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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 .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	83,155	0	(83,155)
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).....	83,155	666,666	583,511
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	83,155	666,666	583,511
DETAILS OF WRITE-INS			
1101. ASO prepaid.....		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
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



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	7,124	7,309	7,483	7,722	87,997
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	7,124	7,309	7,483	7,722	87,997
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 Insuring Corporation

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

The Company began covering health benefits under policies issued effective January 1, 2015 under contract with the Center for Medicare and Medicaid Services (“CMS”). As of the filing date of these footnotes, the Company served approximately 9229 Medicare Advantage members.

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

Effective January 1, 2014, Section 9010 of the Affordable care Act also requires health insurance issuers to pay an annual fee based on net written premiums. The Company is not subject to the annual fee as it does not meet the definition of a covered entity. The Company was incorporated as a nonprofit in the state of Ohio and receives greater than 80 percent of gross revenues from Medicare Advantage Plans.

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.

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:

	State of Domicile	2015	2014
NET INCOME			
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	OH	\$(13,616,589)	\$(3,173,102)
(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	\$(13,616,589)	\$(3,173,102)
SURPLUS			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	OH	14,772,820	32,507,173
(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	14,772,820	32,507,173

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 loan-backed securities totaling \$2,364,916 are stated at original cost less amortization and repayment received on a retrospective basis.
- v. The Company has a wholly owned insurance subsidiary, PHPLAN. PHPLAN provides health insurance benefit plans on a commercial basis to individuals, groups and to self-insured Administrative Service Only plans. The Company carries its investment in PHPLAN at statutory equity method with unrealized gains and losses reported in unassigned surplus.
- vi. The Company has no investments in joint ventures or limited partnerships.
- vii. The Company holds no derivatives.
- viii. The Company has no investments in furniture & equipment.
- ix. The Company has no premium deficiency reserve. 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

None

3. Business Combinations and Goodwill

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

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

1) The Company has loan-backed securities totaling \$2,364,916 are stated at original cost less amortization and repayment received on a retrospective basis.

2) and 3) None

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 \$439,197 and such amount was 1.7% of Total Admitted Assets.

	1	2	3	4	5	6
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	\$ 0	\$	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0.0	0.0
c. Subject to repurchase agreements		0	0		0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0.0	0.0
g. Placed under option contracts		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
i. FHLB capital stock		0	0		0.0	0.0
j. On deposit with states	439,197	412,696	26,501	439,197	1.7	1.7
k. On deposit with other regulatory bodies		0	0		0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0.0	0.0
m. Pledged as collateral not captured in other categories		0	0		0.0	0.0
n. Other restricted assets		0	0		0.0	0.0
o. Total Restricted Assets	\$ 439,197	\$ 412,696	\$ 26,501	\$ 439,197	%	%

(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:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

1.

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

12/31/2015		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
\$ ..... 5,735,115	\$ ..... 4,882	\$ ..... 5,739,997
\$ ..... 5,735,115	\$ ..... 4,882	\$ ..... 5,739,997
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

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

12/31/2014		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
\$ ..... 1,078,855	\$ ..... 0	\$ ..... 1,078,855
\$ ..... 1,078,855	\$ ..... 0	\$ ..... 1,078,855
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

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

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
\$ ..... 4,656,260	\$ ..... 4,882	\$ ..... 4,661,142
\$ ..... 4,656,260	\$ ..... 4,882	\$ ..... 4,661,142
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

2.

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (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)

1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.

2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (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.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  
Total (2(a) + 2(b) + 2(c))

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

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

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (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)

1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.

2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (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.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  
Total (2(a) + 2(b) + 2(c))

\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (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)

1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.

2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (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.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  
Total (2(a) + 2(b) + 2(c))

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

\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

3.

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

2015	2014
------	------

4.

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.

1. Adjusted Gross DTAs Amount From Note 9A1(c)

2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies

3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)

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

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

12/31/2014
------------

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

	(3)	(4)
	Ordinary	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

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) 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
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	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	\$ 21,350	\$ 0	\$ 21,350
(2) Unearned premium reserve	\$ 0	\$ 0	\$ 0
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 1,001	\$ 0	\$ 1,001
(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	\$ 28,273	\$ 0	\$ 28,273
(11) Net operating loss carry-forward	\$ 5,684,491	\$ 1,078,855	\$ 4,605,636
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 5,735,115	\$ 1,078,855	\$ 4,656,260
(b) Statutory valuation allowance adjustment	\$ 5,735,115	\$ 1,078,855	\$ 4,656,260
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 0	\$ 0	\$ 0
(e) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	\$ 4,882	\$ 0	\$ 4,882
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 4,882	\$ 0	\$ 4,882
(f) Statutory valuation allowance adjustment	\$ 4,882	\$ 0	\$ 4,882
(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
Summary of Net Operating Losses			
Originating	NOL	Expiring	
Year	Amount	Year	
2015	\$ 14,481,220	2030	
TOTAL	\$ 14,481,220		

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

	Not applicable
G.	Current income taxes incurred consist of the following major components:  Not applicable
<b>10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties</b>	
A.	See Note 1 for information about the Parent, PHG and PHPLAN. During 2014, Parent contributed gross capital and surplus totaling \$36,346,871, which includes the contributed value of amounts of gross capital and surplus of its PHPLAN subsidiary. As a condition of the Company receiving licensure approval from ODI and in accordance with section 3901.32 of the Ohio Revised Code, Parent has agreed to guarantee to maintain the amount of the Company's capital and surplus at the greater of ( i.) minimum capital requirements as defined in section 1751.28 of the Ohio Revised Code, (ii.) the amount of the Company's Action Level RBC as defined in section 1753.31 of the Ohio Revised Code or (iii.) an amount as reasonably determined by the Superintendent of Insurance, State of Ohio in relation to the level of the Company's enrollees and its outstanding liabilities.
B.	Detail of Transactions Greater than ½% of Admitted Assets  On November 17, 2015, Ohio Department of Insurance approved an extraordinary dividend distribution from PHPlan for \$12,000,000. The dividend was paid on November 30, 2015 and treated as Return of Capital invested in the Plan.  See section 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 \$1,195,288 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, Parent and PHG for the purpose of providing services to the Company and PHPLAN. Parent provides operational and administrative services, such an employee leasing, HR administrative, legal accounting, information technology & telecommunications, and building services. PHG provides healthcare network provider contracting & network management, care coordination, quality assurance, and clinical care management and physician incentive plan management services.  At the year ending December 31, 2015, Parent and PHG related expenses were \$0 and \$2,240,068.34, respectively.  At the year ending December 31, 2015, amounts owed to Parent and its affiliates and PHG for such related expenses were \$ 880,107 and \$0, respectively.
G.	Nature of Relationships that Could Affect Operations  Not applicable
H.	Amount Deducted for Investment in Upstream Company  None
I.	Detail of Investments in Affiliates Greater than 10% of Admitted Assets  PHPLAN is a wholly owned subsidiary of the Company. See Note 1. At the year ending December 31, 2015, the Company's investment in PHPLAN is carried at \$5,781,887, which represents PHPLAN's statutory capital & surplus amount.
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
<b>11. Debt</b>	
	Not applicable
<b>12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.</b>	
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.
<b>13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations</b>	
1)	Outstanding Shares  One hundred percent of the Company's "member interest" is own by the Parent. The Company does not have any authorized or issued shares of common stock.
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.
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
<b>14. Liabilities, Contingencies and Assessments</b>	
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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

Not applicable

3. Summary of detail in 14A2

Not applicable

B. Guaranty fund and other Assessments

Not applicable

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

Not applicable

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

Not 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	9,026,473	9,030,351	–	9,026,473	–	-
Cash equivalents and short-term investments	9,472,091	9,471,925	8,122,350	1,349,741	–	-
Total financial instruments - assets	18,498,564	18,502,276	8,122,350	10,376,214	-	-
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

26.5

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

	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)?	.....No.....	
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	\$ .....0	\$ .....0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	..... 14,772,820	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	..... 14,772,820	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ .....3,601,624	
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 \$150,000 of deductible incurred by members during the policy term (January 1 through December 31, 2015). "Out of Network" claims are reimbursed at ninety (90%) reinsurance of the amounts paid. For purpose of this reinsurance policy, out of network claims are defined as those claims arising from a healthcare provider that is not part of the subsidiaries and affiliates of the Parent. Claims covered for "in network" expenditures will be reimbursed at 35% of billed charges.

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? \$\_\_\_\_\_.

(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 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 \$59,495,348, 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)

Not applicable

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	\$ 52,268,091	\$ 166,944
Paid during the year	\$ (44,865,895)	
Balance at the end of the year	\$ 7,402,196	\$ 166,944

26. Intercompany Pooling Arrangements

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
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Premier Health Insuring Corporation

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	\$ 277,532	\$ 277,532	\$ 277,532	\$	\$
06/30/2015	\$ 326,400	\$ 326,400	\$ 243,245	\$	\$
09/30/2015	\$ 353,441	\$ 372,043	\$	\$	\$
12/31/2015	\$ 335,167	\$	\$	\$	\$

B. Risk Sharing Receivables  
Not applicable

29. Participating Policies  
Not applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$ ..... 0
2. Date of the most recent evaluation of this liability

..... 12/31/2015
3. Was anticipated investment income utilized in the calculation?

Yes [ ] No [X]

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.

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 [ X ] 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 [ X ] No [ ] N/A [ ]
- 1.3

State Regulating?

Ohio Department of Insurance.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

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? .....
- 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 [ X ]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

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

4.12 renewals?

Yes [ ] No [ X ]
- 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 [ X ]

4.22 renewals?

Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- 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.

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 [ X ]
- 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 [ X ]
- 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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 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?

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).

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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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
- All bonds 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.
- \$.....0
- 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 \$.....

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

\$.....439,197

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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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.....	10,379,926	10,376,214	(3,712)
30.2 Preferred Stocks.....	0		0
30.3 Totals	10,379,926	10,376,214	(3,712)

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

Fair values come from investment statememt from PNC Institutional Assaet 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:

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? \$ .....6,924
- 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.....	\$.....6,924

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

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

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

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

\$ .....0

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		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....59,495,348	\$	.....0
2.2	Premium Denominator	\$ .....59,495,348	\$	.....0
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....0.000
2.4	Reserve Numerator	\$ .....8,347,196	\$	.....0
2.5	Reserve Denominator	\$ .....7,402,196	\$	.....0
2.6	Reserve Ratio (2.4/2.5)	.....1.128		.....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 [ X ]

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 [ X ] 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 [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ .....150,000

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 [ X ] 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

.....2,918

8.2 Number of providers at end of reporting year

.....4,168

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....0

9.22 Business with rate guarantees over 36 months

.....0



GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ X ] No [ ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]

Yes [ X ] No [ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

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

\$.....1,500,000
- 11.4 If yes, show the amount required.

Yes [ X ] No [ ]
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

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

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

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

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

Yes [ ] No [ X N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	25,318,845	32,779,427	0	0	0
2. Total liabilities (Page 3, Line 24) .....	10,546,025	272,254	0	0	0
3. Statutory minimum capital and surplus requirement .....	1,500,000	1,500,000	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	14,772,820	32,507,173	0	0	0
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	59,495,348	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	59,869,834	0	0	0	0
7. Claims adjustment expenses (Line 20) .....	1,421,361	0	0	0	0
8. Total administrative expenses (Line 21) .....	11,847,814	3,177,768	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(13,643,661)	(3,177,768)	0	0	0
10. Net investment gain (loss) (Line 27) .....	27,073	4,667	0	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(13,616,589)	(3,173,102)	0	0	0
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	(6,249,866)	(2,897,120)	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	14,772,820	32,507,173	0	0	0
15. Authorized control level risk-based capital .....	3,601,624	54,605	0	0	0
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	7,722	0	0	0	0
17. Total members months (Column 6, Line 7) .....	87,997	0	0	0	0
<b>Operating Percentage</b> (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) .....	100.6	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	2.1	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.3	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	122.9	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	(22.9)	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(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
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
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) .....	5,781,887	22,483,163	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
31. All other affiliated .....		0	0	0	0
32. Total of above Lines 26 to 31.....	5,781,887	22,483,163	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

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

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

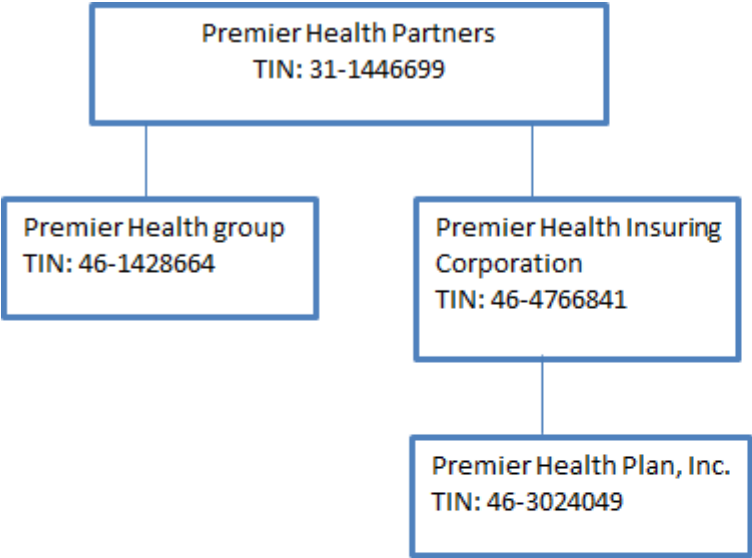
			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type 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		60,247,624					60,247,624	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	0
59.	Subtotal.....		XXX	0	60,247,624	0	0	0	0	60,247,624	0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							0	
61.	Total (Direct Business)	(a)	1	0	60,247,624	0	0	0	0	60,247,624	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	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. All premiums written within the State of Ohio.

(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**



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