



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

Premier Health Plan, Inc.

NAIC Group Code	04816 (Current Period)	04816 (Prior Period)	NAIC Company Code	15484	Employer's ID Number	46-3024049
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [<input checked="" type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input type="checkbox"/>]			
	Other [<input type="checkbox"/>]	Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
Incorporated/Organized	09/16/2013		Commenced Business	03/13/2014		
Statutory Home Office	110 N MAIN ST STE 1200 (Street and Number)			Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)		
Main Administrative Office	110 N MAIN ST STE 1200 (Street and Number)			Dayton, OH, US 45402 (Area Code) (Telephone Number)		
Mail Address	110 N MAIN ST STE 1200 (Street and Number or P.O. Box)			Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	110 N MAIN ST STE 1200 (Street and Number)			Dayton, OH, US 45402 (Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.prmierhealthplan.org					
Statutory Statement Contact	Juan Fraiz (Name)			937-499-9546 (Area Code) (Telephone Number) (Extension)		
	jmfraiz@premierhealth.com (E-Mail Address)			937-341-8792 (Fax Number)		

OFFICERS

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

OTHER OFFICERS

Renee Perkins George , Vice President of Operations Juan Manuel Fraiz , Vice President of Finance
Kathleen Ann Carlson # , Chair person of the Board Dianne Patrice Weiskittle # , Assistant Secretary

DIRECTORS OR TRUSTEES

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

State of Ohio.....
County of Montgomery.....

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

Michael Jeffrey Maiberger
Chief Executive Officer

**Josh Andrew Martin
President**

Juan Manuel Fraiz
Vice President of Finance

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

a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	14,037	6,830				20,867
Group subscribers:						
0299997 Group subscriber subtotal	0	.0	0	.0	0	.0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	.0	0	.0	0	.0
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,037	6,830	0	0	0	20,867

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	0	35,517	0	97,255	0	0
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	0	35,517	0	97,255	0	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
MIAMI VALLEY HOSPITAL	271,575					271,575
UPPER VALLEY MEDICAL CENTER	60,863					60,863
GOOD SAMARITAN HOSPITAL	37,728					37,728
ATRIUM MEDICAL CENTER	35,313					35,313
PREMIER HEALTH SPECIALISTS INC.	16,679					16,679
SAMARITAN NORTH SURGERY CENTER	14,731					14,731
LEE MEMORIAL HEALTH SYSTEM	10,250					10,250
ESI	86,651					86,651
0199999 Individually listed claims unpaid.....	533,790	.0	.0	.0	0	533,790
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	119,131	1,146	10,782			131,059
0499999 Subtotals	652,921	1,146	10,782	0	0	664,849
0599999 Unreported claims and other claim reserves						1,277,798
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,942,647
0899999 Accrued medical incentive pool and bonus amounts						0

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Miami Valley Hospital.....	General expenses.....	958,989	958,989	
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
0199999 Individually listed payables.....	958,989	958,989	0
0299999 Payables not individually listed
0399999 Total gross payables	958,989	958,989	0

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

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		.0		
2. Intermediaries	0	0.0		.0		
3. All other providers	0	0.0		.0		
4. Total capitation payments	0	0.0	.0	0.0	0	0
Other Payments:						
5. Fee-for-service	1,060,048	12.8	XXX	XXX		1,060,048
6. Contractual fee payments	7,171,076	86.6	XXX	XXX	5,514,853	1,656,223
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	49,991	0.6	XXX	XXX	33,494	16,497
12. Total other payments	8,281,115	100.0	XXX	XXX	5,548,347	2,732,768
13. Total (Line 4 plus Line 12)	8,281,115	100 %	XXX	XXX	5,548,347	2,732,768

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

NONE



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

2. _____

(LOCATION)

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

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

2. _____

(LOCATION)

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

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

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
10227 00000	.65-0644165	01/01/2015	Munich Reinsurance American, Inc..... ACA transitional Reinsurance Program	DE	0 501,690	
1999999	- Accident and Health - Non-Affiliates - U.S. Non-Affiliates				501,690	0
2199999	- Accident and Health - Non-Affiliates - Total Non-Affiliates				501,690	0
2299999	- Accident and Health - Total Accident and Health				501,690	0
2399999	- Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				501,690	0
9999999	Totals—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999)				501,690	0

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Certified - Non-Affiliates - U.S. Non-Affiliates													
10227.....65-0644165.....01/01/2015....Munich Reinsurance American, Inc.....		DE.....	ASL/1/A.....	CMM.....	873,135.....								
3099999 - General Account - Certified - Non-Affiliates - U.S. Non-Affiliates					873,135		0	0	0	0	0	0	0
3299999 - General Account - Certified - Non-Affiliates - Total Certified Non-Affiliates					873,135		0	0	0	0	0	0	0
3399999 - General Account - Total General Account Certified					873,135		0	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified					873,135		0	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)					873,135		0	0	0	0	0	0	0
9999999 Totals					873,135		0	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (See Definitions)																										
1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating(1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	Collateral				23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 24)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 23 / Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
																		16	17	18	19	20	21	22		
99999999	Total (Sum of 2399999 and 3499999)								0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

SCHEDULE S – PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	873	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	502	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,638,201		10,638,201
2. Accident and health premiums due and unpaid (Line 15).....	20,867		20,867
3. Amounts recoverable from reinsurers (Line 16.1).....	501,689		501,689
4. Net credit for ceded reinsurance.....	XXX	501,689	501,689
5. All other admitted assets (Balance).....	445,294		445,294
6. Total assets (Line 28)	11,606,052	501,689	12,107,742
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,942,647	0	1,942,647
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	786,128		786,128
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	3,219,245		3,219,245
15. Total liabilities (Line 24).....	5,948,021	0	5,948,021
16. Total capital and surplus (Line 33).....	5,658,032	XXX	5,658,032
17. Total liabilities, capital and surplus (Line 34)	11,606,052	0	11,606,052
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	501,689		501,689
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	501,689		501,689
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	501,689		501,689

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

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

Allocated By States and Territories

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

NONE

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

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

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

- 11.
- 12.
- 13.
14. Life Supplement non applicable to company
15. Life Supplement non applicable to company
16. Life Supplement non applicable to company
- 17.
18. Non applicable
19. Non applicable
20. Non applicable
- 21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

26. Non applicable

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Unearned CSR on Exchange Plans.....	113,898		113,898	
2397. Summary of remaining write-ins for Line 23 from Page 03	113,898	0	113,898	0

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