



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

Premier Health Plan, Inc.

NAIC Group Code	04816	(Current Period)	04816	(Prior Period)	NAIC Company Code	15484	Employer's ID Number	46-3024049
Organized under the Laws of	Ohio				State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [ X ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ ]			
	Other [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]					
Incorporated/Organized	09/16/2013		Commenced Business		03/13/2014			
Statutory Home Office	110 N MAIN ST STE 1200				Dayton, OH, US 45402			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	110 N MAIN ST STE 1200							
	Dayton, OH, US 45402				937-499-9588			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	110 N MAIN ST STE 1200				Dayton, OH, US 45402			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	110 N MAIN ST STE 1200							
	Dayton, OH, US 45402				937-499-9546			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.prmierhealthplan.org							
Statutory Statement Contact	Juan Fraiz				937-499-9546			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	jmfraiz@premierhealth.com				937-341-8792			
	(E-Mail Address)				(Fax Number)			

OFFICERS

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

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

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

State 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	Josh Andrew Martin President	Juan Manuel Fraiz Vice President of Finance
Subscribed and sworn to before me this		a. Is this an original filing? Yes [ X ] No [ ]
1 day of March, 2016		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

[illegible]

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

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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)**

[illegible]

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

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## 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		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.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

[illegible]



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 .....	NONE					
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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2015				NAIC Company Code		15484
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	2,472	1,912	560							
3. Second Quarter .....	2,488	1,949	539							
4. Third Quarter .....	2,685	1,959	726							
5. Current Year	2,726	1,986	740							
6. Current Year Member Months	28,701	21,709	6,992							
Total Member Ambulatory Encounters for Year:										
7. Physician .....	4,592	3,644	948							
8. Non-Physician .....	835	614	221							
9. Total	5,427	4,258	1,169	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	303	244	59							
11. Number of Inpatient Admissions	95	72	23							
12. Health Premiums Written (b).....	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	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	0	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

[illegible]

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

## SCHEDULE S - PART 2

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

[illegible]

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SCHEDULE S – PART 6

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

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	501,689		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	501,689		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	501,689		

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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 .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.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	0

NONE

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[illegible]

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.

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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.
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:

11.

  
1 5 4 8 4 2 0 1 5 3 6 0 5 9 0 0 0

12.

  
1 5 4 8 4 2 0 1 5 2 0 5 0 0 0 0 0

13.

  
1 5 4 8 4 2 0 1 5 2 0 7 0 0 0 0 0

17.

  
1 5 4 8 4 2 0 1 5 3 6 5 0 0 0 0 0

21.

  
1 5 4 8 4 2 0 1 5 3 0 6 0 0 0 0 0

22.

  
1 5 4 8 4 2 0 1 5 2 1 1 5 9 0 0 0

23.

  
1 5 4 8 4 2 0 1 5 2 1 3 0 0 0 0 0

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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