

Amendment due to audit results.



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

Premier Health Insuring Corporation

NAIC Group Code	04816 (Current Period)	04816 (Prior Period)	NAIC Company Code	15530	Employer's ID Number	46-4766841
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 (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)		937-499-9588 (Area Code) (Telephone Number)			
Mail Address	DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)		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)		937-499-9546 (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	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

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

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						
Group subscribers:						
0299997 Group subscriber subtotal .....	.0	0	.0	0	.0	0
0299998 Premiums due and unpaid not individually listed .....	.0	0	.0	0	.0	0
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)	0	0	0	0	0	0

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

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		520,777		771,764	0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	0	520,777	0	771,764	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 Insuring Corporation

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	464,733					464,733
FIDELITY HEALTH CARE	217,916					217,916
GOOD SAMARITAN HOSPITAL	204,989					204,989
DAYTON PHYSICIANS LLC	100,872					100,872
atrium medical center	97,805					97,805
upper valley medical center	68,129					68,129
MVHE INC	58,264	327				58,591
ACCESS ADVANTAGE	55,537					55,537
PREMIER HEALTH SPECIALISTS INC	47,409	133				47,542
DAYTON SENIOR CARE LLC	36,292					36,292
SAMARITAN FAMILY CARE INC	35,583					35,583
KINDRED HOSPITALS EAST LLC	34,173					34,173
GRACWORKS LUTHERAN SERVICES	24,302					24,302
ARTHUR JAMES CANCER HOSPITAL	23,528					23,528
LAURELS OF HUBER HEIGHTS LLC	17,648					17,648
COMPUNET CLINICAL LABORATORIES	15,801					15,801
OTTERBEIN CLEARCREEK	14,710					14,710
ANESTHESIOLOGY SERVICES NETWR	13,169					13,169
HEARTLAND OF SPRINGFIELD OH L	12,050					12,050
MIAMI VALLEY EMERGENCY SPECIAL	11,926					11,926
WRIGHT STATE PHYSICIANS	11,730					11,730
ESI	81,535	(933)	477	418	687	82,184
0199999 Individually listed claims unpaid	1,648,101	(473)	477	418	687	1,649,210
0299999 Aggregate accounts not individually listed-uncovered	399,592	239				399,831
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	2,047,693	(234)	477	418	687	2,049,041
0599999 Unreported claims and other claim reserves						5,353,155
0699999 Total amounts withheld						
0799999 Total claims unpaid						7,402,196
0899999 Accrued medical incentive pool and bonus amounts						0

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

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.....	880,107	880,107	
0199999 Individually listed payables.....		880,107	880,107	0
0299999 Payables not individually listed				
0399999 Total gross payables		880,107	880,107	0

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

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	13,723,053	26.3	XXX	XXX		13,723,053
6. Contractual fee payments	36,650,493	70.1	XXX	XXX	32,239,069	4,411,424
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	1,896,099	3.6	XXX	XXX	1,213,504	682,595
12. Total other payments	52,269,645	100.0	XXX	XXX	33,452,573	18,817,072
13. Total (Line 4 plus Line 12)	52,269,645	100 %	XXX	XXX	33,452,573	18,817,072

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

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 Insuring Corporation

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

2. _____

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2015								NAIC Company Code	15530
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	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:												
1. Prior Year		0										
2. First Quarter		7,124								7,124		
3. Second Quarter		7,309								7,309		
4. Third Quarter		7,483								7,483		
5. Current Year		7,722								7,722		
6. Current Year Member Months		87,997								87,997		
Total Member Ambulatory Encounters for Year:												
7. Physician		12,941								12,941		
8. Non-Physician		4,352								4,352		
9. Total		17,293	0	0	0	0	0	0	0	17,293	0	0
10. Hospital Patient Days Incurred		6,295								6,295		
11. Number of Inpatient Admissions		1,376								1,376		
12. Health Premiums Written (b)		60,247,624								60,247,624		
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		60,247,624								60,247,624		
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services		52,269,645								52,269,645		
18. Amount Incurred for Provision of Health Care Services		60,275,445								60,275,445		

(a) For health business: number of persons insured under PPO managed care products 0 _____ 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 \$ 60,247,624



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

2. _____

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2015								NAIC Company Code	15530
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	7,124	0	0	0	0	0	0	0	7,124	0	0	0
3. Second Quarter	7,309	0	0	0	0	0	0	0	7,309	0	0	0
4. Third Quarter	7,483	0	0	0	0	0	0	0	7,483	0	0	0
5. Current Year	7,722	0	0	0	0	0	0	0	7,722	0	0	0
6. Current Year Member Months	87,997	0	0	0	0	0	0	0	87,997	0	0	0
Total Member Ambulatory Encounters for Year:												
7. Physician	12,941	0	0	0	0	0	0	0	12,941	0	0	0
8. Non-Physician	4,352	0	0	0	0	0	0	0	4,352	0	0	0
9. Total	17,293	0	0	0	0	0	0	0	17,293	0	0	0
10. Hospital Patient Days Incurred	6,295	0	0	0	0	0	0	0	6,295	0	0	0
11. Number of Inpatient Admissions	1,376	0	0	0	0	0	0	0	1,376	0	0	0
12. Health Premiums Written (b)	60,247,624	0	0	0	0	0	0	0	60,247,624	0	0	0
13. Life Premiums Direct	0	0	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	0	0
15. Health Premiums Earned	60,247,624	0	0	0	0	0	0	0	60,247,624	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	52,269,645	0	0	0	0	0	0	0	52,269,645	0	0	0
18. Amount Incurred for Provision of Health Care Services	60,275,445	0	0	0	0	0	0	0	60,275,445	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 _____ 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 \$ 60,247,624

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

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 Insuring Corporation

SCHEDULE S - PART 2

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

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

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.....65-0644164.....01/01/2015....Munich Reinsurance American, Inc.....		DE.....	ASL/1/A.....	CMM.....	752,277								
3099999 - General Account - Certified - Non-Affiliates - U.S. Non-Affiliates					752,277		0	0	0	0	0	0	0
3299999 - General Account - Certified - Non-Affiliates - Total Certified Non-Affiliates					752,277		0	0	0	0	0	0	0
3399999 - General Account - Total General Account Certified					752,277		0	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified					752,277		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)					752,277		0	0	0	0	0	0	0
9999999 Totals					752,277		0	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

34

(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 Insuring Corporation

SCHEDULE S - PART 5

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

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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 Insuring Corporation

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.....	0	0	0	0	0
2. Title XVIII-Medicare.....	752	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.....	223	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 Insuring Corporation

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)	24,284,162		24,284,162
2. Accident and health premiums due and unpaid (Line 15).....	53,117		53,117
3. Amounts recoverable from reinsurers (Line 16.1).....	223,000		223,000
4. Net credit for ceded reinsurance.....	XXX	223,000	223,000
5. All other admitted assets (Balance).....	758,566		758,566
6. Total assets (Line 28)	25,318,845	223,000	25,541,845
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	7,402,196	0	7,402,196
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
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).....	3,143,829		3,143,829
15. Total liabilities (Line 24).....	10,546,025	0	10,546,025
16. Total capital and surplus (Line 33).....	14,772,820	XXX	14,772,820
17. Total liabilities, capital and surplus (Line 34)	25,318,845	0	25,318,845
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	223,000		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	223,000		
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	223,000		

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

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 Insuring Corporation

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 Insuring Corporation

SCHEDULE Y

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

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

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.....
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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.....
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Explanation:

- 11.
- 12.
- 13.
15. Life supplement non applicable
16. Life supplement non applicable
- 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
