



QUARTERLY STATEMENT

AS OF MARCH 31, 2016
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) | DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code) | 937-499-9588 (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 (City or Town, State, Country and Zip Code) | 937-499-9546 (Area Code) (Telephone Number) | | | | |
| Internet Web Site Address | N/A | | | | | | |
| 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 |
| Thomas Mark Duncan # | Chief Executive Officer | Joshua Andrew Martin | President |
| Juan Manuel Fraiz # | Treasurer | Geoffrey Paul Walker | Secretary |

OTHER OFFICERS

Renee Perkins George, Vice President of Operations Dianne Patrice Weiskittle, Assistant Secretary

DIRECTORS OR TRUSTEES

George Thomas Broderick Kathleen Ann Carlson Jerry Alan Clark Christopher John Danis
Thomas Mark Duncan Teresa Fox Marrinan Joshua Andrew Martin

State of Ohio
County of Montgomery

ss

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.

Thomas Mark Duncan
Chief Executive Officer

Joshua Andrew Martin
President

Juan Manuel Fraiz
Treasurer

a. Is this an original filing?

Yes [X] No []

b. If no:

1. State the amendment number
2. Date filed

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this
15 day of May, 2016

15 day of May, 2016

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 10,044,098 | | 10,044,098 | 8,129,655 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 4,344,906 | | 4,344,906 | 5,658,032 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 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 (\$ 13,400,308), cash equivalents (\$ 150,451) and short-term investments (\$ 249,956) | 13,800,715 | | 13,800,715 | 10,372,621 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 28,189,719 | 0 | 28,189,719 | 24,160,307 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | .9,736 | | .9,736 | .31,579 |
| 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 (\$) and contracts subject to redetermination (\$) | | | 0 | .53,117 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 223,000 |
| 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 | 0 |
| 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 | 0 |
| 24. Health care (\$ 862,285) and other amounts receivable | 862,285 | .90,025 | .772,260 | .688,609 |
| 25. Aggregate write-ins for other-than-invested assets | .1,795 | 0 | 1,795 | .38,379 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 29,063,535 | 90,025 | 28,973,509 | 25,194,990 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 29,063,535 | 90,025 | 28,973,509 | 25,194,990 |
| 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 | .1,795 | | 1,795 | .796 |
| 2502. Agent commission receivable | | | 0 | .37,582 |
| 2503. | | | 0 | 0 |
| 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) | 1,795 | 0 | 1,795 | .38,379 |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded). | 9,477,258 | | 9,477,258 | 8,347,196 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 189,545 | | 189,545 | 166,944 |
| 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 reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 503,909 | | 503,909 | 804,621 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized 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 | 3,921,431 | | 3,921,431 | 880,107 |
| 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) | 2,756,894 | 0 | 2,756,894 | 1,094,164 |
| 24. Total liabilities (Lines 1 to 23)..... | 16,849,037 | 0 | 16,849,037 | 11,293,032 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | | 0 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | .42,346,871 | 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 | (30,222,399) | (22,444,914) |
| 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 | .12,124,473 | 13,901,957 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 28,973,509 | 25,194,989 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Physician Incentives liability..... | | 447,416 | .447,416 | 649,978 |
| 2302. Medicare GAP/CGDP/LICS liability..... | | 1,256,852 | .1,256,852 | 395,811 |
| 2303. Other liability..... | | 31,860 | .31,860 | .48,376 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | 1,020,766 | .0 | .1,020,766 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | | 2,756,894 | 0 | 2,756,894 |
| 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 AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year Ended December 31 | |
|--|----------------------|------------------|------------------------------|-------------------|
| | 1 Uncovered | 2 Total | | 3 Total | 4 Total |
| 1. Member Months..... | XXX..... | 27,712..... | 0..... | 87,997..... |
| 2. Net premium income (including \$ non-health premium income)..... | XXX..... | 18,869,325..... | 0..... | 59,495,348..... |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | ..... | 0..... | 0..... |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX..... | ..... | 0..... | 0..... |
| 5. Risk revenue..... | XXX..... | ..... | 0..... | 0..... |
| 6. Aggregate write-ins for other health care related revenues..... | XXX..... | 0..... | 0..... | 0..... |
| 7. Aggregate write-ins for other non-health revenues..... | XXX..... | 0..... | 0..... | 0..... |
| 8. Total revenues (Lines 2 to 7)..... | XXX..... | 18,869,325..... | 0..... | 59,495,348..... |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | ..... | 6,593,030..... | 0..... | 18,182,181..... |
| 10. Other professional services..... | ..... | 8,514,216..... | 0..... | 34,218,855..... |
| 11. Outside referrals..... | ..... | ..... | 0..... | 0..... |
| 12. Emergency room and out-of-area..... | ..... | ..... | 0..... | 0..... |
| 13. Prescription drugs..... | ..... | 2,918,279..... | 0..... | 5,874,421..... |
| 14. Aggregate write-ins for other hospital and medical..... | 0..... | 1,462,914..... | 0..... | 2,746,998..... |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | ..... | ..... | 0..... | 0..... |
| 16. Subtotal (Lines 9 to 15)..... | 0..... | 19,488,440..... | 0..... | 61,022,454..... |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | ..... | .172,151..... | 0..... | .405,613..... |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0..... | 19,316,289..... | 0..... | 60,616,841..... |
| 19. Non-health claims (net)..... | ..... | ..... | 0..... | 0..... |
| 20. Claims adjustment expenses, including \$ 401,113 cost containment expenses..... | ..... | 423,714..... | 0..... | 1,421,361..... |
| 21. General administrative expenses..... | ..... | 5,614,746..... | 0..... | 11,847,814..... |
| 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..... | 25,354,749..... | 0..... | 73,886,016..... |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | (6,485,424)..... | 0..... | (14,390,668)..... |
| 25. Net investment income earned..... | ..... | 27,934..... | 0..... | 27,073..... |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | ..... | ..... | 0..... | 0..... |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | 0..... | 27,934..... | 0..... | 27,073..... |
| 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..... | 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..... | (6,457,490)..... | 0..... | (14,363,596)..... |
| 31. Federal and foreign income taxes incurred..... | XXX..... | ..... | 0..... | 0..... |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | (6,457,490)..... | 0..... | (14,363,596)..... |
| DETAILS OF WRITE-INS | | | | |
| 0601..... | XXX..... | ..... | ..... | ..... |
| 0602..... | XXX..... | ..... | ..... | ..... |
| 0603..... | XXX..... | ..... | ..... | ..... |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX..... | 0..... | 0..... | 0..... |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX..... | 0..... | 0..... | 0..... |
| 0701..... | XXX..... | ..... | ..... | ..... |
| 0702..... | XXX..... | ..... | ..... | ..... |
| 0703..... | XXX..... | ..... | ..... | ..... |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX..... | 0..... | 0..... | 0..... |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX..... | 0..... | 0..... | 0..... |
| 1401. Other Medical expenses..... | ..... | 1,462,914..... | ..... | 1,495,469..... |
| 1402. Physician incentives expense..... | ..... | ..... | ..... | 1,251,529..... |
| 1403..... | ..... | ..... | ..... | ..... |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0..... | 0..... | 0..... | 0..... |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | 0..... | 1,462,914..... | 0..... | 2,746,998..... |
| 2901..... | ..... | ..... | ..... | ..... |
| 2902..... | ..... | ..... | ..... | ..... |
| 2903..... | ..... | ..... | ..... | ..... |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0..... | 0..... | 0..... | 0..... |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | 0..... | 0..... | 0..... | 0..... |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 13,901,958 | 0 | 32,507,103 |
| 34. Net income or (loss) from Line 32 | (6,457,490) | 0 | (14,363,596) |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | (1,313,125) | 0 | (4,825,131) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | 0 | 0 | 0 |
| 39. Change in nonadmitted assets | (6,870) | 0 | 583,511 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 0 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| 44.3 Transferred to surplus | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 6,000,000 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | .70 |
| 48. Net change in capital and surplus (Lines 34 to 47) | (1,777,485) | 0 | (18,605,146) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 12,124,473 | 0 | 13,901,958 |
| DETAILS OF WRITE-INS | | | |
| 4701. Realized gain from prior year | 0 | 0 | .70 |
| 4702. 0 | 0 | 0 | 0 |
| 4703. 0 | 0 | 0 | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | .70 |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 18,922,442 | 0 | 59,442,231 |
| 2. Net investment income..... | 55,737 | 0 | 2,588 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 18,978,178 | 0 | 59,444,818 |
| 5. Benefit and loss related payments | 18,053,748 | 0 | 53,347,564 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 6,316,570 | 0 | 12,157,167 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 0 | 0 | 0 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 0 | 0 | 0 |
| 10. Total (Lines 5 through 9) | 24,370,319 | 0 | 65,504,731 |
| 11. Net cash from operations (Line 4 minus Line 10) | (5,392,140) | 0 | (6,059,913) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 200,823 | 0 | 6,726 |
| 12.2 Stocks | 0 | 0 | 12,000,000 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 666,668 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 200,823 | 0 | 12,673,394 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 2,121,226 | 0 | 8,057,446 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 2,121,226 | 0 | 8,057,446 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (1,920,403) | 0 | 4,615,947 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 6,000,000 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | 4,740,635 | 0 | 2,033,964 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 10,740,635 | 0 | 2,033,964 |
| 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) | 3,428,092 | 0 | 589,999 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 10,372,623 | 0 | 9,782,624 |
| 19.2 End of period (Line 18 plus Line 19.1) | 13,800,715 | 0 | 10,372,623 |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|---------------------------------------|-------|---|---|----|---|------------|----|----|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 7,722 | 0 | .0 | 0 | 0 | .0 | 0 | 7,722 | .0 | .0 |
| 2. First Quarter | 9,256 | 0 | .0 | 0 | 0 | .0 | 0 | 9,256 | 0 | .0 |
| 3. Second Quarter | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 | .0 | .0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 9,256 | | | | | | | 9,256 | | |
| 6. Current Year Member Months | 27,712 | | | | | | | 27,712 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 9,402 | | | | | | | 9,402 | | |
| 8. Non-Physician | 2,031 | | | | | | | 2,031 | | |
| 9. Total | 11,433 | 0 | 0 | 0 | 0 | 0 | 0 | 11,433 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 2,090 | | | | | | | 2,090 | | |
| 11. Number of Inpatient Admissions | 506 | | | | | | | 506 | | |
| 12. Health Premiums Written (a) | 19,139,899 | | | | | | | 19,139,899 | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 19,139,899 | | | | | | | 19,139,899 | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 18,186,227 | | | | | | | 18,186,227 | | |
| 18. Amount Incurred for Provision of Health Care Services | 19,488,440 | | | | | | | 19,488,440 | | |

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

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

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..... | 651,578 | | | | | 651,578 |
| GOOD SAMARITAN HOSPITAL..... | 483,940 | | | | | 483,940 |
| FIDELITY HEALTH CARE..... | 362,920 | | | | | 362,920 |
| DAYTON PHYSICIANS LLC..... | 140,875 | | | | | 140,875 |
| UPPER VALLEY MEDICAL CENTER..... | 138,230 | 2,619 | | | | 140,849 |
| ATRIUM MEDICAL CENTER..... | 133,734 | | | | | 133,734 |
| NEW LIFECARE OF DAYTON LLC..... | 96,441 | | | | | 96,441 |
| ACCESS ADVANTAGE..... | 65,163 | 7,540 | | | | 72,703 |
| PREMIER HEALTH SPECIALISTS INC..... | 49,126 | | | | | 49,126 |
| MVHE INC..... | 44,180 | | | | | 44,180 |
| SAMARITAN FAMILY CARE INC..... | 33,670 | | | | | 33,670 |
| SAMARITAN NORTH SURGERY CENTER..... | 27,901 | | | | | 27,901 |
| DAYTON SENIOR CARE LLC..... | 24,418 | | | | | 24,418 |
| MIDDLETOWN SURGERY CENTER LLC..... | 23,468 | | | | | 23,468 |
| UVMC NURSING CARE INC..... | 13,734 | 9,285 | | | | 23,019 |
| LINCOLN PARK ASSOCIATES II LIM..... | 14,706 | 8,110 | | | | 22,816 |
| GRANDVIEW MEDICAL CENTER..... | 21,573 | | | | | 21,573 |
| KETTERING MEDICAL CENTER..... | 20,878 | | | | | 20,878 |
| COMPUNET CLINICAL LABORATORIES..... | 15,993 | | | | | 15,993 |
| HEARTLAND OF EATON OH LLC..... | 4,357 | 9,954 | | | | 14,311 |
| ANESTHESIOLOGY SERVICES NETWOR..... | 13,461 | | | | | 13,461 |
| WRIGHT STATE PHYSICIANS..... | 12,624 | | | | | 12,624 |
| RADIOLOGY PHYSICIANS INC..... | 12,510 | | | | | 12,510 |
| GRACE BRETHREN VILLAGE INC..... | 11,901 | | | | | 11,901 |
| RETINA PHYSICIANS..... | 11,266 | | | | | 11,266 |
| MIAMI VALLEY EMERGENCY SPECIAL..... | 10,848 | | | | | 10,848 |
| HEARTLAND OF PIQUA OH LLC..... | 10,783 | | | | | 10,783 |
| BETHESDA HOSPITAL..... | 10,560 | | | | | 10,560 |
| ESI..... | 113,581 | 179 | 1,922 | | 32 | 115,715 |
| 0199999 Individually listed claims unpaid..... | 2,574,420 | 37,686 | 1,922 | 0 | 32 | 2,614,061 |
| 0299999 Aggregate accounts not individually listed-uncovered..... | 0 | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered..... | 433,377 | 10,245 | 997 | | | 444,619 |
| 0499999 Subtotals..... | 3,007,797 | 47,931 | 2,919 | 0 | 32 | 3,058,679 |
| 0599999 Unreported claims and other claim reserves..... | XXX | XXX | XXX | XXX | | 6,418,579 |
| 0699999 Total amounts withheld..... | XXX | XXX | XXX | XXX | | |
| 0799999 Total claims unpaid..... | XXX | XXX | XXX | XXX | | 9,477,258 |
| 0899999 Accrued medical incentive pool and bonus amounts..... | XXX | XXX | XXX | XXX | | |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 Estimated Claim Reserve and Claim Liability Dec. 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 Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 0 | 0 | 0 | 0 | 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 | 4,966,368 | 13,219,859 | 1,973,000 | 7,504,258 | 6,939,368 | 8,347,196 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8)..... | 4,966,368 | 13,219,859 | 1,973,000 | 7,504,258 | 6,939,368 | 8,347,196 |
| 10. Health care 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)..... | 4,966,368 | 13,219,859 | 1,973,000 | 7,504,258 | 6,939,368 | 8,347,196 |

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

STATEMENT AS OF MARCH 31, 2016 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. Accounting 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 its 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 9300 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 March 31, 2016, 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 | 2016 | 2015 |
|---|----------------------|--------------------|---------------------|
| NET INCOME | | | |
| (1) Company state basis (Page 4, Line 32, Columns 2 & 4) | OH | \$.....(6,457,490) | \$.....(14,363,596) |
| (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 | \$.....(6,457,490) | \$.....(14,363,596) |
| SURPLUS | | | |
| (5) Company state basis (Page 3, Line 33, Columns 3 & 4) | OH | \$..... 12,124,473 | \$..... 13,901,957 |
| (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 | \$..... 12,124,473 | \$..... 13,901,957 |

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 March 31, 2016:

- 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 \$ 2,895,274 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 has not 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.

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

2. Accounting Changes and Corrections of Errors

During this quarter's financial statement preparation, the Company made correction on page 3 "Liabilities, Capital and Surplus" the "gross paid in and contributed surplus" line 28 and "Unassigned funds" line 31 by \$4,825,131 for change in unrealized losses for the investment in the subsidiary. In 2015, the change in unrealized losses was reported on line 28 instead of 31. With this correction, the updated amount for lines 28 and 31 are respectively \$36,346,671 and \$22,444,914 as of December 31, 2015.

3. Business Combinations and Goodwill

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 \$ 2,895,274 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 March 31, 2016, the carrying amount of such deposits was \$438,316 and such amount was 1.5% of Total Admitted Assets.

| Restricted Asset Category | 1 Total Gross Restricted from Current Year | 2 Total Gross Restricted From Prior Year | 3 Increase/(Decrease) (1 minus 2) | 4 Total Current Year Admitted Restricted | 5 Percentage Gross Restricted to Total Assets | 6 Percentage Admitted Restricted to Total Admitted Assets |
|--|---|---|--------------------------------------|---|--|--|
| a. Subject to contractual obligation for which liability is not shown | \$ 0 | \$ 0 | \$ 0 | \$ 0 | 0.0 % | 0.0 % |
| b. Collateral held under security lending agreements | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| c. Subject to repurchase agreements | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| d. Subject to reverse repurchase agreements | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| e. Subject to dollar repurchase agreements | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| f. Subject to dollar reverse repurchase agreements | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| g. Placed under option contracts | 0 | 0 | 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 | 0.0 |
| i. FHLB capital stock | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| l. On deposit with states | 438,316 | 439,197 | (881) | 438,316 | 1.5 | 1.5 |
| k. On deposit with other regulatory bodies | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| m. Pledged as collateral not captured in other categories | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| n. Other restricted assets | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| b. Total Restricted Assets | \$ 438,316 | \$ 439,197 | \$ (881) | \$ 438,316 | 1.5 % | 1.5 % |

(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

Not applicable

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. See Note 1 for information about the Parent, PHG and PHPLAN. To date, Parent contributed gross capital and surplus totaling \$42,346,871 inclusive of \$6 million equity infusion made by the Parent in the first quarter of 2016, 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 1% of Admitted Assets

See section A above and F below

C. Change in Terms of Intercompany Agreements

None

D. Amounts Due to or from Related Parties

At quarter ending March 31, 2016, the Company owed to related parties \$1,974,385 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 as 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 quarter ending March 31, 2016, Parent and PHG related expenses were \$0 and \$908,502, respectively.

At the quarter ending March 31, 2016, amounts owed to Parent and its affiliates and PHG for such related expenses were \$ 3,921,431 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 quarter ending March 31, 2016, the Company's investment in PHPLAN is carried at \$4,344,906, 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

11. Debt

Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

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.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

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

14. Liabilities, Contingencies and Assessments

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

STATEMENT AS OF MARCH 31, 2016 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 | 10,109,896 | 10,044,098 | | 10,109,896 | - | - |
| Cash equivalents and short-term investments | 13,800,746 | 13,800,715 | 13,550,759 | 249,988 | - | - |
| Total financial instruments - assets | 23,910,642 | 23,844,813 | 13,550,759 | 10,359,883 | - | - |
| 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

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

22. Events Subsequent

| | 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) | \$ | |
| F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above) | \$ | |
| G. Authorized Control Level (Five-Year Historical Line 15) | \$ | |
| H. Would reporting the ACA assessment as of Dec. 31, 2016 have triggered an RBC action level (YES/NO)? | ..... |  |

23. Reinsurance

The Company renewed its reinsurance policy (effective January 1, 2016) with an unaffiliated third party reinsurance company. This reinsurance policy provides coverage for 90% of the cumulative claims in excess of \$150,000 of deductible incurred by members during the policy term (January 1 through December 31, 2016) for unlimited amounts.

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 March 31, 2016 that are subject to retrospective rating features was \$19,139,899, 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 expense |
|--------------------------------------|---------------|--------------------------|
| Balance at the beginning of the year | \$ 8,347,196 | \$ 166,944 |
| Incurred during the year | 19,488,440 | 22,601 |
| Paid during the year | (18,358,378) | - |
| Balance at the end of the year | 9,477,258 | 189,545 |

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 |
|------------|--|---|---|--|--|
| 03/31/2015 | \$ 280,376 | \$ 290,936 | \$ 179,092 | \$ 98,440 | \$ 2,844 |
| 06/30/2015 | \$ 331,605 | \$ 344,781 | \$ 243,245 | \$ 88,360 | \$ |
| 09/30/2015 | \$ 353,441 | \$ 372,043 | \$ 263,416 | \$ | \$ |
| 12/31/2015 | \$ 353,303 | \$ 371,898 | \$ | \$ | \$ |

STATEMENT AS OF MARCH 31, 2016 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 |
|------------|--|---|---|--|--|
| 03/31/2016 | \$ 418,956 | \$ | \$ | \$ | \$ |

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 March 31, 2016.

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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 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 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of 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 |
|---------------------|------------------------|------------------------|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

6.2 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.

6.3 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).

6.4 By what department or departments?

.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]

7.1 Has this 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]

7.2 If yes, give full information:

.....

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
| | | | | | |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation**GENERAL INTERROGATORIES**

9.1 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? Yes [X] No []

- (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.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$5,658,032 | \$4,344,906 |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)..... | \$5,658,032 | \$4,344,906 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$5,658,032 | \$4,344,906 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 16.3 Total payable for securities lending reported on the liability page \$.....0

17. 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 [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---|---|
| PNC Institutional Asset Management..... | 116 Allegheny Center Mall Pittsburgh, PA 15212..... |

17.2 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) |
|--------------|------------------|------------------------------|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

17.5 Identify all investment advisors, broker/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 | 2 Name(s) | 3 Address |
|--------------------------------------|---|---|
| 2016..... | PNC Institutional Asset Management..... | 116 Allegheny Center Mall Pittsburgh, PA 15212..... |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:

| | |
|--|---|
| 1.1 A&H loss percent..... | 104.5 % |
| 1.2 A&H cost containment percent | 2.1 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | 30.0 % |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ _____ |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ _____ |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

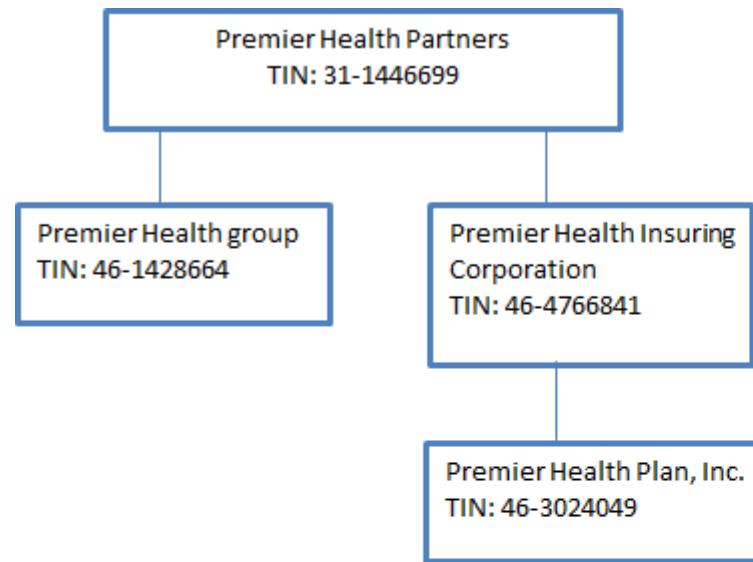
Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status | Direct Business Only | | | | | | |
|---|--|---------------------------------|---------------------------|-------------------------|---|---|----------------------------------|--------------------------------|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 |
| 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. Dist. 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 | L | 19,139,899 | | | | 19,139,899 | |
| 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. U.S. Virgin Islands | VI | | | | | | | 0 |
| 56. Northern Mariana Islands | MP | | | | | | | 0 |
| 57. Canada | CAN | | | | | | | 0 |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | | XXX | 0 | 19,139,899 | 0 | 0 | 0 | 19,139,899 |
| 60. Reporting entity contributions for Employee Benefit Plans | | XXX | | | | | | 0 |
| 61. Total (Direct Business) | (a) | 1 | 0 | 19,139,899 | 0 | 0 | 0 | 19,139,899 |
| 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 |
| 58999 | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 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.

(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



STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

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

1

| 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..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB

| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
|---|--------------|----------------|------------|------------|
| 2304. Accrual for amounts owed to service provider... | 1,020,766 | | 1,020,766 | |
| 2397. Summary of remaining write-ins for Line 23 from Page 03 | 1,020,766 | 0 | 1,020,766 | 0 |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE A – VERIFICATION

| Real Estate | | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | 0 | 0 |
| 2. Cost of acquired: | | | |
| 2.1 Actual cost at time of acquisition | | 0 | 0 |
| 2.2 Additional investment made after acquisition | | 0 | 0 |
| 3. Current year change in encumbrances | | 0 | 0 |
| 4. Total gain (loss) on disposals..... | | 0 | 0 |
| 5. Deduct amounts received on disposals | | 0 | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 | 0 |
| 7. Deduct current year's other-than-temporary impairment recognized | | 0 | 0 |
| 8. Deduct current year's depreciation | | 0 | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)..... | | 0 | 0 |
| 10. Deduct total nonadmitted amounts | | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10)..... | | 0 | 0 |

SCHEDULE B – VERIFICATION

| Mortgage Loans | | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year..... | | 0 | 0 |
| 2. Cost of acquired: | | | |
| 2.1 Actual cost at time of acquisition | | 0 | 0 |
| 2.2 Additional investment made after acquisition | | 0 | 0 |
| 3. Capitalized deferred interest and other | | 0 | 0 |
| 4. Accrual of discount | | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 | 0 |
| 6. Total gain (loss) on disposals..... | | 0 | 0 |
| 7. Deduct amounts received on disposals | | 0 | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | 0 | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | 0 | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | 0 | 0 |
| 12. Total valuation allowance | | 0 | 0 |
| 13. Subtotal (Line 11 plus Line 12) | | 0 | 0 |
| 14. Deduct total nonadmitted amounts | | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14)..... | | 0 | 0 |

SCHEDULE BA – VERIFICATION

| Other Long-Term Invested Assets | | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | | 0 | 0 |
| 2. Cost of acquired: | | | |
| 2.1 Actual cost at time of acquisition | | 0 | 0 |
| 2.2 Additional investment made after acquisition | | 0 | 0 |
| 3. Capitalized deferred interest and other | | 0 | 0 |
| 4. Accrual of discount | | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 | 0 |
| 6. Total gain (loss) on disposals..... | | 0 | 0 |
| 7. Deduct amounts received on disposals | | 0 | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | | 0 | 0 |
| 12. Deduct total nonadmitted amounts | | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | | 0 | 0 |

SCHEDULE D – VERIFICATION

| Bonds and Stocks | | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | | 13,787,686 | 22,590,076 |
| 2. Cost of bonds and stocks acquired | | 2,121,226 | 8,039,738 |
| 3. Accrual of discount | | 3,793 | 0 |
| 4. Unrealized valuation increase (decrease) | | (1,313,125) | (4,825,131) |
| 5. Total gain (loss) on disposals..... | | 0 | (2) |
| 6. Deduct consideration for bonds and stocks disposed of | | 200,823 | 12,006,281 |
| 7. Deduct amortization of premium | | 9,753 | 4,151 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)..... | | 14,389,004 | 13,794,249 |
| 11. Deduct total nonadmitted amounts | | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | | 14,389,004 | 13,794,249 |

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 10,379,926 | 1,220,517 | 1,300,823 | (5,578) | 10,294,041 | 0 | 0 | 10,379,926 |
| 2. NAIC 2 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds..... | 10,379,926 | 1,220,517 | 1,300,823 | (5,578) | 10,294,041 | 0 | 0 | 10,379,926 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2..... | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3..... | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4..... | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5..... | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6..... | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock..... | 10,379,926 | 1,220,517 | 1,300,823 | (5,578) | 10,294,041 | 0 | 0 | 10,379,926 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|---------|--------------------------------------|----------------|------------------|---|---|
| 9199999 | 249,956 | XXX | 249,698 | 0 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 2,250,271 | 14,221 |
| 2. Cost of short-term investments acquired | | 2,250,271 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease)..... | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 2,000,315 | 14,221 |
| 7. Deduct amortization of premium..... | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 249,956 | 2,250,271 |
| 11. Deduct total nonadmitted amounts..... | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 249,956 | 2,250,271 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE E - VERIFICATION

(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 33,310 | 0 |
| 2. Cost of cash equivalents acquired | 142,659 | 33,310 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals..... | 0 | 0 |
| 6. Deduct consideration received on disposals | 25,518 | 0 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 150,451 | 33,310 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 150,451 | 33,310 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E04

STATEMENT AS OF MARCH 31, 2016 OF THE Premier Health Insuring Corporation

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

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SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|------------|-----------------------------|--|--|---|-------------------|-------------------|------------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| PNC bank.....Pittsburgh..... | | | | | 4,058,531 | 722,189 | 5,054,690 | XXX |
| PNC bank.....Pittsburgh..... | | 0.250 | 3,112 | | 5,006,302 | 5,007,362 | 5,008,422 | XXX |
| BNY bank.....New York..... | | | | | 1,007,156 | 2,961,269 | 3,337,196 | XXX |
| 0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 3,112 | 0 | 10,071,989 | 8,690,821 | 13,400,308 | XXX |
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| 0399999 Total Cash on Deposit | XXX | XXX | 3,112 | 0 | 10,071,989 | 8,690,821 | 13,400,308 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999 Total | XXX | XXX | 3,112 | 0 | 10,071,989 | 8,690,821 | 13,400,308 | XXX |

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SCHEDULE E - PART 2 - CASH EQUIVALENTS