



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

Premier Health Insuring Corporation

NAIC Group Code	04816	,	04816	NAIC Company Code	15530	Employer's ID Number	46-4766841
	(Current Period)		(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ] Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]						
Incorporated/Organized	01/30/2014			Commenced Business	04/22/2014		
Statutory Home Office	110 N MAIN ST STE 1200			,	DAYTON, OH, US 45402		
	(Street and Number)				(City or Town, State, Country and Zip Code)		
Main Administrative Office	110 N MAIN ST STE 1200						
	DAYTON, OH, US 45402				937-499-9588		
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)		
Mail Address	110 N MAIN ST STE 1200			,	DAYTON, OH, US 45402		
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	110 N MAIN ST STE 1200						
	DAYTON, OH, US 45402				937-499-9546		
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.premierhealthplan.org						
Statutory Statement Contact	Joshua Martin			,	937-499-9520		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	jamartin@premierhealth.com				937-341-8792		
	(E-Mail Address)				(Fax Number)		

OFFICERS

Name	Title	Name	Title
Thomas Mark Duncan	Chief Executive Officer	Joshua Andrew Martin	President/Interim VP Finance
Renee Perkins George	Vice President of Operations	Geoffrey Paul Walker	Secretary

OTHER OFFICERS

Dianne Patrice Weiskittle	Assistant Secretary
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DIRECTORS OR TRUSTEES

Kathleen Ann Carlson	Jerry Alan Clark	Christopher John Danis	Thomas Mark Duncan
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.

Thomas Mark Duncan Chief Executive Officer	Joshua Andrew Martin President/Interim VP Finance	Renee Perkins George Vice President of Operations
Subscribed and sworn to before me this 28 day of February, 2017		a. Is this an original filing? Yes [ X ] No [ ] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Premier Health Insuring Corporation

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Premier Health Insuring Corporation

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	859,046	1,304,501	0	1,864,744	859,046	1,292,540
2. Claim overpayment receivables .....					0	
3. Loans and advances to providers .....					0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	859,046	1,304,501	0	1,864,744	859,046	1,292,540

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 2016 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.....	831,776					831,776
GOOD SAMARITAN HOSPITAL.....	540,604					540,604
FIDELITY HEALTH CARE.....	331,771					331,771
DAYTON PHYSICIANS LLC.....	217,114					217,114
ATRIUM MEDICAL CENTER.....	163,853					163,853
UPPER VALLEY MEDICAL CENTER.....	131,628					131,628
KINDRED HOSPITALS EAST LLC.....	127,930					127,930
PREMIER HEALTH SPECIALISTS INC.....	81,615					81,615
ACCESS ADVANTAGE.....	58,282					58,282
MYHE INC.....	58,068					58,068
SAMARITAN FAMILY CARE INC.....	38,474					38,474
HEARTLAND OF EATON OH LLC.....	33,794					33,794
SPRINGFIELD REGIONAL MEDICAL C.....	32,570					32,570
KETTERING MEDICAL CENTER.....	30,031					30,031
JVMC NURSING CARE INC.....	24,674					24,674
DAYTON SENIOR CARE LLC.....	23,721					23,721
GRACEWORKS LUTHERAN SERVICES.....	21,682					21,682
COMPUNET CLINICAL LABORATORIES.....	20,729					20,729
OTTERBEIN MIDDLETOWN.....	20,503					20,503
RADIOLOGY PHYSICIANS INC.....	20,304					20,304
ANESTHESIOLOGY SERVICES NETWORK.....	19,983					19,983
SAMARITAN NORTH SURGERY CENTER.....	17,075					17,075
UPPER VALLEY PROFESSIONAL CORP.....	16,213					16,213
LAURELS OF HUBER HEIGHTS LLC.....	13,769					13,769
GRANDVIEW HOSPITAL AND SOUTHVI.....	13,642					13,642
DERMATOLOGISTS OF SOUTHWEST OH.....	12,979					12,979
RETINA PHYSICIANS.....	12,783					12,783
VANCREST OF NEW CARLISLE.....	11,625					11,625
BEAVERCREEK MEDICAL CENTER.....	11,623					11,623
WRIGHT STATE PHYSICIANS.....	11,391					11,391
DAYTON VITREO RETINAL ASSOCIAT.....	10,613					10,613
CONSOLIDATED ANESTHESIOLOGISTS.....	10,285					10,285
ESI.....	267,027	2,247	130	331	464	270,198
0199999 Individually listed claims unpaid.....	3,238,133	2,247	130	331	464	3,241,304
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	445,602	343	175			446,120
0499999 Subtotals.....	3,683,735	2,590	305	331	464	3,687,425
0599999 Unreported claims and other claim reserves.....						6,303,671
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						9,991,096
0899999 Accrued medical incentive pool and bonus amounts.....						0

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Premier Health Insuring Corporation

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2016 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
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016				NAIC Company Code	15530	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7,722							7,722		
2 First Quarter .....	9,252							9,252		
3 Second Quarter .....	9,308							9,308		
4. Third Quarter .....	9,373							9,373		
5. Current Year	9,455							9,455		
6 Current Year Member Months	111,969							111,969		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	47,577							47,577		
8. Non-Physician .....	8,746							8,746		
9. Total	56,323	0	0	0	0	0	0	56,323	0	0
10. Hospital Patient Days Incurred	8,894							8,894		
11. Number of Inpatient Admissions	1,868							1,868		
12. Health Premiums Written (b).....	77,981,111							77,981,111		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	77,981,111							77,981,111		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	76,207,032							76,207,032		
18. Amount Incurred for Provision of Health Care Services	79,607,983							79,607,983		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016				NAIC Company Code		15530
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7,722	0	0	0	0	0	0	7,722	0	0
2. First Quarter .....	9,252	0	0	0	0	0	0	9,252	0	0
3. Second Quarter .....	9,308	0	0	0	0	0	0	9,308	0	0
4. Third Quarter .....	9,373	0	0	0	0	0	0	9,373	0	0
5. Current Year	9,455	0	0	0	0	0	0	9,455	0	0
6. Current Year Member Months	111,969	0	0	0	0	0	0	111,969	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	47,577	0	0	0	0	0	0	47,577	0	0
8. Non-Physician .....	8,746	0	0	0	0	0	0	8,746	0	0
9. Total	56,323	0	0	0	0	0	0	56,323	0	0
10. Hospital Patient Days Incurred	8,894	0	0	0	0	0	0	8,894	0	0
11. Number of Inpatient Admissions	1,868	0	0	0	0	0	0	1,868	0	0
12. Health Premiums Written (b).....	77,981,111	0	0	0	0	0	0	77,981,111	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	77,981,111	0	0	0	0	0	0	77,981,111	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	76,207,032	0	0	0	0	0	0	76,207,032	0	0
18. Amount Incurred for Provision of Health Care Services	79,607,983	0	0	0	0	0	0	79,607,983	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 \$ 0

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2016 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

[illegible]

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## 35

3535



SCHEDULE S – PART 6

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

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	966	752	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	478	223	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	24,514,711		24,514,711
2. Accident and health premiums due and unpaid (Line 15).....	1,104,687		1,104,687
3. Amounts recoverable from reinsurers (Line 16.1).....	478,116		478,116
4. Net credit for ceded reinsurance.....	XXX	478,116	478,116
5. All other admitted assets (Balance).....	3,906,631		3,906,631
6. Total assets (Line 28)	30,004,144	478,116	30,482,260
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	9,991,096	0	9,991,096
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).....	4,814,942		4,814,942
15. Total liabilities (Line 24).....	14,806,038	0	14,806,038
16. Total capital and surplus (Line 33).....	15,198,106	XXX	15,198,106
17. Total liabilities, capital and surplus (Line 34)	30,004,144	0	30,004,144
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	478,116		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	478,116		
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	478,116		

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

Allocated By States and Territories

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

NONE

**SCHEDULE Y**

**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

[illegible]

Asterisk	Explanation
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# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Premier Health Insuring Corporation

## SCHEDULE Y

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

[illegible]

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

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

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

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....YES.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

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

.....SEE EXPLANATION.....

Explanation:

11.
12.
13.
15.
16.
17.
18.
19.
20.
21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

26.

Bar code:

11.



12.



13.



17.



21.



22.



23.



**OVERFLOW PAGE FOR WRITE-INS**

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