



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
		Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
		Other <input type="checkbox"/>	Is HMO, Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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)	
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) (Extension)	
Internet Web Site Address		www.premierhealthplan.org				
Statutory Statement Contact		Joshua Martin (Name)		937-499-9520 (Area Code) (Telephone Number) (Extension)		
		jamartin@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/Interim VP Finance
Renee Perkins George	Vice President of Operations	Geoffrey Paul Walker	Secretary

OTHER OFFICERS

Dianne Patrice Weiskittle, Assistant Secretary,

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.....

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 [] 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

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

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	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
MVHE 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
UVMC NURSING CARE INC	24,674					24,674
DAYTON SENIOR CARE LLC	23,721					23,721
GRACWORKS 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 NETWOR	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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Premier Health Partners.....	2,228,218					2,228,218	
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0199999 Individually listed receivables	2,228,218	0	0	0	0	2,228,218	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	2,228,218	0	0	0	0	2,228,218	0

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		.0		
2. Intermediaries	0	0.0		.0		
3. All other providers	0	0.0		.0		
4. Total capitation payments	0	0.0	.0	0.0	0	0
Other Payments:						
5. Fee-for-service	3,712,190	4.9	XXX	XXX		3,712,190
6. Contractual fee payments	65,662,654	86.2	XXX	XXX	39,397,593	26,265,062
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	6,832,187	9.0	XXX	XXX	683,219	6,148,969
12. Total other payments	76,207,032	100.0	XXX	XXX	40,080,811	36,126,222
13. Total (Line 4 plus Line 12)	76,207,032	100 %	XXX	XXX	40,080,811	36,126,222

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE



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

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

SCHEDULE S - PART 1 - SECTION 2

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

ANNUAL STATEMENT FOR THE YEAR 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

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

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates													
10227.....65-0644164.....	01/01/2016.....	Munich Reinsurance American, Inc.....		DE.....	ASL/I/A.....	CMM.....	965,560						
319999 - General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates							965,560	0	0	0	0	0	0
329999 - General Account - Certified - Non-Affiliates - Total Certified Non-Affiliates							965,560	0	0	0	0	0	0
339999 - General Account - Total General Account Certified							965,560	0	0	0	0	0	0
349999 - General Account - Total General Account Authorized, Unauthorized and Certified							965,560	0	0	0	0	0	0
709999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							965,560	0	0	0	0	0	0
9999999 Totals							965,560	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

34

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

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

SCHEDULE S - PART 5

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

୪

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

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

SCHEDULE S – PART 6

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

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

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	24,514,711		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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	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		

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

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

Allocated By States and Territories

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

NONE

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

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

41

Asterisk	Explanation
----------	-------------

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

10. Will 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. 
1 5 5 3 0 2 0 1 6 3 6 0 5 9 0 0 0 0

12. 
1 5 5 3 0 2 0 1 6 2 0 5 0 0 0 0 0

13. 
1 5 5 3 0 2 0 1 6 2 0 7 0 0 0 0 0

17. 
1 5 5 3 0 2 0 1 6 3 6 5 0 0 0 0 0

21. 
1 5 5 3 0 2 0 1 6 3 0 6 0 0 0 0 0

22. 
1 5 5 3 0 2 0 1 6 2 1 1 5 9 0 0 0 0

23. 
1 5 5 3 0 2 0 1 6 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

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