



QUARTERLY STATEMENT

AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Premier Health Plan, Inc.

NAIC Group Code 04816 (Current Period), 04816 (Prior Period) NAIC Company Code 15484 Employer's ID Number 46-3024049

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity
 Dental Service Corporation Vision Service Corporation Health Maintenance Organization
 Other Is HMO Federally Qualified? Yes No

Incorporated/Organized 09/16/2013 Commenced Business 03/13/2014

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 www.premierhealthplan.org

Statutory Statement Contact Timothy Henry (Name), 937-499-9943 (Area Code) (Telephone Number) (Extension)

tehenry@premierhealth.com (E-Mail Address) _____ (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Renee Perkins George</u>	<u>Chief Executive Officer/President</u>	<u>Thomas Mark Duncan</u>	<u>Treasurer</u>
<u>Geoffrey Paul Walker</u>	<u>Secretary</u>	<u>Dianne Patrice Weiskittle</u>	<u>Assistant Secretary</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Kathleen Ann Carlson</u>	<u>Jerry Alan Clark</u>	<u>Christopher John Danis</u>	<u>Thomas Mark Duncan</u>
<u>Teresa Fox Marrinan</u>			

State of Ohio

ss

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.

Renee Perkins George
Chief Executive Officer/President

Thomas Mark Duncan
Treasurer

Geoffrey Paul Walker
Secretary

Subscribed and sworn to before me this
12 day of May, 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 _____

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

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	403,260		403,260	403,293
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
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 (\$ 12,833,610), cash equivalents (\$ 0) and short-term investments (\$ 44,850)	12,878,460		12,878,460	5,677,604
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)	13,281,720	0	13,281,720	6,080,897
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,505		1,505	960
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	426,652		426,652	32,998
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	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,500,677		1,500,677	1,659,081
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	6,295		6,295	2,577
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	8,043,591
24. Health care (\$ 273,484) and other amounts receivable	273,484	24,129	249,354	189,990
25. Aggregate write-ins for other-than-invested assets	978,138	0	978,138	869,326
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	16,468,470	24,129	16,444,340	16,879,421
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	16,468,470	24,129	16,444,340	16,879,421
DETAILS OF WRITE-INS				
1101.			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. Deposit in Transit	178,790		178,790	341,375
2502. CSR on Exchange Plans	456,826		456,826	208,823
2503. Receivables from service provider fees	342,522		342,522	319,128
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)	978,138	0	978,138	869,326

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	4,037,115		4,037,115	5,062,199
2. Accrued medical incentive pool and bonus amounts	0		0	0
3. Unpaid claims adjustment expenses	80,742		80,742	101,244
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	94,518		94,518	94,518
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	1,056,884		1,056,884	1,351,869
9. General expenses due or accrued	716,708		716,708	636,049
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	949,494		949,494	0
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)	3,877,035	0	3,877,035	3,133,983
24. Total liabilities (Lines 1 to 23).....	10,812,496	0	10,812,496	10,379,861
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	27,723,234	27,723,234
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	(24,091,390)	(23,223,673)
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	5,631,844	6,499,560
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	16,444,340	16,879,422
DETAILS OF WRITE-INS				
2301. ACA Risk-Adjustment Payable.....	3,862,854		3,862,854	3,133,983
2302. Captive insurance.....	14,181		14,181	0
2303. Accrual for amounts owed to service provider.....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	3,877,035	0	3,877,035	3,133,983
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 OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	18,017	18,060	73,379
2. Net premium income (including \$ non-health premium income).....	XXX	7,146,266	5,868,932	20,743,466
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	17,685	57,855	0
8. Total revenues (Lines 2 to 7)	XXX	7,163,951	5,926,787	20,743,466
Hospital and Medical:				
9. Hospital/medical benefits		2,759,817	2,094,862	9,103,436
10. Other professional services		3,178,803	3,050,991	14,856,145
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs		899,132	493,096	2,969,942
14. Aggregate write-ins for other hospital and medical.....	0	170,654	152,467	751,391
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15)	0	7,008,406	5,791,416	27,680,914
Less:				
17. Net reinsurance recoveries		447,698	143,627	3,226,059
18. Total hospital and medical (Lines 16 minus 17)	0	6,560,708	5,647,789	24,454,855
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 148,753 cost containment expenses.....		128,251	319,176	515,130
21. General administrative expenses.....		1,363,932	1,399,967	5,633,055
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0	94,518
23. Total underwriting deductions (Lines 18 through 22)	0	8,052,891	7,366,932	30,697,558
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(888,940)	(1,440,144)	(9,954,092)
25. Net investment income earned		1,053	3,032	5,666
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,053	3,032	5,666
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	(887,888)	(1,437,113)	(9,948,426)
31. Federal and foreign income taxes incurred	XXX		0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(887,888)	(1,437,113)	(9,948,426)
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
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. ASO Revenue.....	XXX	17,685	57,855	0
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	17,685	57,855	0
1401. Other Medical expenses.....		170,654	152,467	751,391
1402.			0	0
1403.			0	0
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	170,654	152,467	751,391
2901.			0	0
2902.			0	0
2903.			0	0
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	6,499,560	5,781,886	5,781,886
34. Net income or (loss) from Line 32	(887,888)	(1,437,113)	(9,948,426)
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets	20,171	132	(33,899)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	10,700,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(867,716)	(1,436,980)	717,675
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,631,844	4,344,905	6,499,560
DETAILS OF WRITE-INS			
4701.		0	0
4702.			
4703.			
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	0

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.....	6,457,628	5,865,692	21,391,593
2. Net investment income	541	(186)	8,291
3. Miscellaneous income	17,685	57,855	0
4. Total (Lines 1 to 3)	6,475,854	5,923,362	21,399,884
5. Benefit and loss related payments	7,466,580	4,526,653	22,600,393
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,435,744	1,599,748	5,850,756
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)	8,902,324	6,126,401	28,451,150
11. Net cash from operations (Line 4 minus Line 10)	(2,426,470)	(203,039)	(7,051,265)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	200,000
12.2 Stocks	0	0	0
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	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	200,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	199,957
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)	0	0	199,957
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)	0	0	43
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.....	0	0	10,700,000
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).....	9,627,325	222,919	(8,204,723)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	9,627,325	222,919	2,495,277
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)	7,200,855	19,879	(4,555,946)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,677,604	10,233,550	10,233,550
19.2 End of period (Line 18 plus Line 19.1)	12,878,459	10,253,429	5,677,604

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	6,105	5,497	608	.0	.0	.0	.0	.0	.0	.0
2. First Quarter	5,843	4,997	846	.0	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	18,017	14,874	3,143							
Total Member Ambulatory Encounters for Period:										
7. Physician	3,563	2,795	768							
8. Non-Physician	859	644	215							
9. Total	4,422	3,439	983	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	482	377	105							
11. Number of Inpatient Admissions	86	68	18							
12. Health Premiums Written (a).....	8,334,194	6,689,970	1,644,224							
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	8,334,194	6,689,970	1,644,224							
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	7,585,791	6,609,514	976,277							
18. Amount Incurred for Provision of Health Care Services	7,008,406	5,926,434	1,081,972							

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

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 Claims Incurred in Prior Years (Columns 1 + 3)	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)	3,462,491	4,123,301	909,732	3,127,384	4,372,222	5,062,199
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 .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	3,462,491	4,123,301	909,732	3,127,384	4,372,222	5,062,199
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)	3,462,491	4,123,301	909,732	3,127,384	4,372,222	5,062,199

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

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

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. Organization and Accounting Practices

Premier Health Plan, Inc. (the Company) is a "for profit" organization incorporated on September 5, 2013 under the provisions of chapter 3907 of the Ohio Revised Code. Its insurance license was granted by ODI on March 13, 2014. During 2014, the Company established its financial, technology and operational infrastructure and began marketing commercial health benefit plans to qualified individuals and employer groups in Montgomery County, Ohio and its contiguous eight counties (Company's "service area").

The Company began providing health benefits under individual and employer group commercial policies issued effective January 1, 2015. As of the filing date of these footnotes, the Company provides health care benefits to approximately 5,645 members under On & Off Exchange and Large Group commercial benefit plans.

The Company is wholly-owned subsidiary of Premier Health Insurance Corporation (PHIC). PHIC is a 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), PHIC, and other affiliated healthcare related companies. PHG is a healthcare provider network organization established as a provider credentialing, network contracting, utilization management 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 PHIC.

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.

Effective January 1, 2014, The Company became subject to an annual fee under section 9010 of the Federal Affordable Care Act ("ACA"). This annual fee will be allocated to individual health insurers based on their net premiums written from the preceding calendar year compared to such health insurance premiums for any U.S. health risk written during the same preceding calendar year. Under the terms of Section 9010, the first \$25 million of net premiums written are exempt. Accordingly, for the quarter ending March 31, 2017, the Company did not incur annual fees expense under this sect of ACA.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2017</u>	<u>2016</u>
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	4	32	\$ (887,888)	\$ (9,948,426)
(2) State Prescribed Practices that are an increase/(decrease) NAIC SAP:				\$	\$
(3) State Permitted Practices that are an increase/(decrease) NAIC SAP:				\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	4	32	\$ (887,888)	\$ (9,948,426)
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	3	33	\$ 5,631,844	\$ 6,499,560
(6) State Prescribed Practices that are an increase/(decrease) NAIC SAP:				\$	\$
(7) State Permitted Practices that are an increase/(decrease) NAIC SAP:				\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	3	33	\$ 5,631,844	\$ 6,499,560

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, 2017:

- 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 no loan-backed securities.
- v. The Company has no wholly owned subsidiaries.
- 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 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

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

A. 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. 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.

2. Accounting Changes and Corrections of Errors

None

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

The Company has no loan-backed securities.

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, 2017, the carrying amount of such deposits was \$448,110 and such amount was 2.7% of Total Admitted Assets.

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	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	0.0
i. FHLB capital stock	0	0	0	0	0	0.0	0.0
j. On deposit with states	448,110	447,601	509	448,110	0	2.7	0.0
k. On deposit with other regulatory bodies	0	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	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
o. Total Restricted Assets	\$ 448,110	\$ 447,601	\$ 509	\$ 448,110	\$ 0	2.7 %	0.0 %

(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

L. Securities

None

M. Short Sales

None

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

N. Prepayment Penalty and Acceleration Fees

None

7. Investment Income

Not applicable

8. Derivative Instruments

Not applicable

9. Income Taxes

Not applicable

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

A. See Note 1 for information about the Parent, PHG and the Company. To date, PHIC has contributed to the Company gross capital and surplus totaling \$ 29,723,234 inclusive of \$ 12 million dividend paid by PHPlan to PHIC in 2015 and \$ 10.7 million equity infusion made in 2016. 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 1/2% of Admitted Assets

See A above and F below.

C. Change in Terms of Intercompany Agreements

None

D. Amounts Due to or from Related Parties

At March 31, 2017, the Company owed to related parties \$360,241 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, with the Parent and PHG for the purpose of providing services to the Company and PHIC. The 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.

During the quarter ending March 31, 2017, the Parent and PHG related expenses were \$0 and \$118,605, respectively.

At March 31, 2017, amounts due to the Parent and its affiliates for such related expenses were \$949,494.

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

None

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

M. All SCA investments

None

N. Investment in insurance SCAs

None

11. Debt

Not applicable

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

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

The Company has 2,000 shares of \$1,000 par value common stock authorized and outstanding. All such shares are owned by PHIC.

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

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

1. Effective September 13, 2013, the Parent entered into a 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

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

None

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.

(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	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Cash equivalents and short-term investments	\$ 12,833,810	\$ 12,833,810	\$ 12,833,810	\$	\$
Bonds	\$ 446,951	\$ 448,110	\$	\$ 446,951	\$
Total financial instruments - assets	\$ 13,280,761	\$ 13,281,920	\$ 12,833,810	\$ 446,951	\$

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

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

- G. Retained Assets
Not Applicable
- H. Insurance-Linked Securities (ILS) Contacts
Not applicable

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)?	..... Yes	
B. ACA fee assessment payable for the upcoming year	\$	\$0
C. ACA fee assessment paid	\$	\$0
D. Premium written subject to ACA 9010 assessment	\$ 7,146,266	\$ 20,743,466
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, 2017 have triggered an RBC action level (YES/NO)?	..... No	

23. Reinsurance

In 2017, the Company entered a reinsurance policy (effective January 1, 2017) with an unaffiliated third party reinsurance company. This reinsurance policy provides coverage for cumulative claims more than \$200,000 of deductible incurred by members during the policy term (January 1 through December 31, 2017). Claims are reimbursed at ninety (90%) reinsurance of the amounts paid up to \$1,000,000. Any claim paid above the \$1,000,000 is reimburse at 100%.

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? \$ _____ 0 _____.
- (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

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid					0
(9) Medical loss ratio rebates unpaid					0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk- Sharing Provisions of the Affordable Care Act (ACA)

A. Method Used to Estimate

The Company's participation in the Exchange program include a risk sharing program. Based on the prevision of risk score and risk assessment, the company estimates accrued retrospective premium adjustment for its commercial products through a prescribed formula approach.

The Company also 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, 2017 that are subject to retrospective rating features was \$7,605,322, 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)

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No []
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

for the Current Year

AMOUNT

- a. Permanent ACA Risk Adjustment Program
 - Assets
 - 1. Premium adjustments receivable due to ACA Risk Adjustment \$
 - Liabilities
 - 2. Risk adjustment user fees payable for ACA Risk Adjustment \$67,335
 - 3. Premium adjustments payable due to ACA Risk Adjustment \$728,871
 - Operations (Revenue & Expense)
 - 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (728,871)
 - 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ (67,335)
 - b. Transitional ACA Reinsurance Program
 - Assets
 - 1. Amounts recoverable for claims paid due to ACA Reinsurance \$
 - 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$
 - 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$
 - Liabilities
 - 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$
 - 5. Ceded reinsurance premiums payable due to ACA Reinsurance \$
 - 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$
 - Operations (Revenue & Expense)
 - 7. Ceded reinsurance premiums due to ACA Reinsurance \$
 - 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$
 - 9. ACA Reinsurance contributions – not reported as ceded premium \$
 - c. Temporary ACA Risk Corridors Program
 - Assets
 - 1. Accrued retrospective premium due to ACA Risk Corridors \$
 - Liabilities
 - 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$
 - Operations (Revenue & Expense)
 - 3. Effect of ACA Risk Corridors on net premium income (paid/received) \$
 - 4. Effect of ACA Risk Corridors on change in reserves for rate credits \$
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premium adjustments receivable	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
	2. Premium adjustments payable	\$	\$ (3,133,983)	\$	\$	\$ 0	\$ (3,133,983)	\$	\$	B	\$ 0	\$ (3,133,983)
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (3,133,983)	\$ 0	\$ 0	\$ 0	\$ (3,133,983)	\$ 0	\$ 0		\$ 0	\$ (3,133,983)
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$ 808,885	\$	\$	\$	\$ 808,885	\$ 0	\$ 70,403	\$	C	\$ 879,288	\$ 0
	2. Amounts recoverable for claims unpaid (contra liability)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
	3. Amounts receivable relating to uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$	\$ (161,226)	\$	\$ (161,226)	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
	5. Ceded reinsurance premiums payable	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	G	\$ 0	\$ 0
	6. Liability for amounts held under uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	H	\$ 0	\$ 0
	7. Subtotal ACA Transitional Reinsurance Program	\$ 808,885	\$ (161,226)	\$ 0	\$ (161,226)	\$ 808,885	\$ 0	\$ 70,403	\$ 0		\$ 879,288	\$ 0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	I	\$ 0	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	J	\$ 0	\$ 0
	3. Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d.	Total for ACA Risk Sharing Provisions	\$ 808,885	\$ (3,295,208)	\$ 0	\$ (161,226)	\$ 808,885	\$ (3,133,983)	\$ 70,403	\$ 0		\$ 879,288	\$ (3,133,983)

Explanations of Adjustments

- A
- B
- C Additional paid claims.....
- D
- E
- F
- G
- H
- I
- J

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Not applicable

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015	\$ 2,287,000	\$ 2,287,000	\$	\$	\$	\$
c. 2016	\$ 7,163,659	\$ 7,163,659	\$	\$	\$	\$
d. Total (a+b+c)	\$ 9,450,659	\$ 9,450,659	\$	\$	\$	\$

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

	Claims unpaid	Claim Adjustment expenses
Balance at the beginning of the year	\$5,062,199	\$101,244
Incurred during the year	6,560,708	(20,502)
Paid during the year	(7,585,791)	-
Balance at the end of the year	\$4,037,115	\$80,742

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	\$ 19,967	\$ 19,967	\$ 8,336	\$ 11,592	\$ 38
06/30/2015	\$ 22,019	\$ 22,019	\$ 15,589	\$ 6,257	\$ 174
09/30/2015	\$ 48,183	\$ 48,183	\$ 26,706	\$ 18,088	\$ 3,388
12/31/2015	\$ 112,288	\$ 112,288	\$ 93,243	\$ 19,046	\$ -
03/31/2016	\$ 85,591	\$ 85,591	\$ 34,305	\$ 9,173	\$ 42,113
06/30/2016	\$ 97,535	\$ 97,535	\$ 80,822	\$ 3,259	\$ -
09/30/2016	\$ 106,160	\$ 106,160	\$ 95,484	\$ -	\$ -
12/31/2016	\$ 118,160	\$ 118,160	\$ -	\$ -	\$ -
03/31/2017	\$ 131,195	\$ -	\$ -	\$ -	\$ -

B. Risk Sharing Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$94,518
2. Date of the most recent evaluation of this liability12/31/2016
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, 2017.

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

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 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

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

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

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

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: \$

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes 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	\$	\$
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).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

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

- 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.

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 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

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 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
2616.....	PNC Institutional Asset Management.....			

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

18.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent..... 93.9 %
 - 1.2 A&H cost containment percent 2.1 %
 - 1.3 A&H expense percent excluding cost containment expenses..... 19.0 %
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
- 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 [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

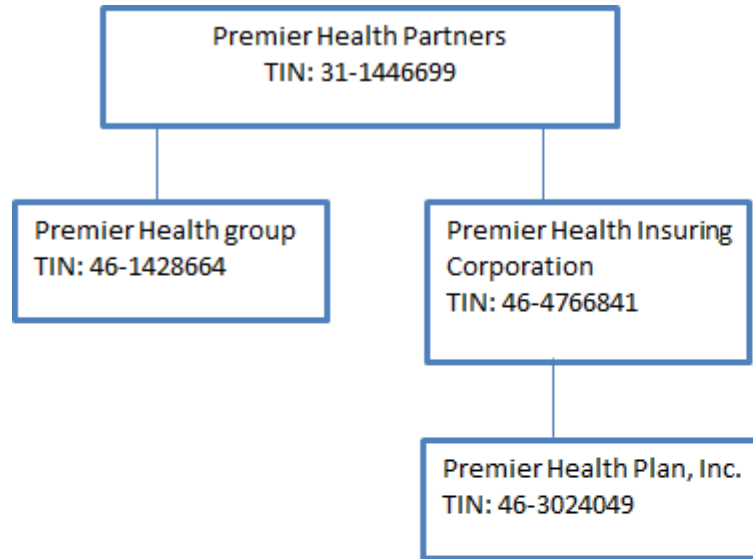
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		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			
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	8,334,194						8,334,194	
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	0	0
59. Subtotal	XXX	8,334,194	0	0	0	0	0	0	8,334,194	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1	8,334,194	0	0	0	0	0	0	8,334,194	0
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	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	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



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

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	403,293	404,651
2. Cost of bonds and stocks acquired	199,957	199,957
3. Accrual of discount	141	527
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	200,000	200,000
7. Deduct amortization of premium	174	1,842
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)	403,260	403,293
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	403,260	403,293

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

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).....	447,601	779	237	(33)	448,110	0	0	447,601
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	447,601	779	237	(33)	448,110	0	0	447,601
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	447,601	779	237	(33)	448,110	0	0	447,601

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$44,850 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	44,850	XXX	44,850	29	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	44,308	.0
2. Cost of short-term investments acquired .....	.779	330,894
3. Accrual of discount .....		.0
4. Unrealized valuation increase (decrease).....		.0
5. Total gain (loss) on disposals .....		.0
6. Deduct consideration received on disposals .....	.237	286,587
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).....	44,850	44,308
11. Deduct total nonadmitted amounts.....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	44,850	44,308

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

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.....	0	35,975
2. Cost of cash equivalents acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals		35,975
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)	0	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

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

STATEMENT AS OF MARCH 31, 2017 OF THE Premier Health Plan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<p>NONE</p>							
8699999 Total Cash Equivalents					0	0	0