



# QUARTERLY STATEMENT

AS OF JUNE 30, 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 [ X ] Dental Service Corporation [ ] Other [ ]	Property/Casualty [ ] Vision Service Corporation [ ]	Hospital, Medical & Dental Service or Indemnity [ ] Health Maintenance Organization [ ] Is HMO Federally Qualified? Yes [ ] No [ X ]				
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, County and Zip Code)				
Main Administrative Office	110 N MAIN ST STE 1200 (Street and Number)		Dayton, OH, US 45402 (City or Town, State, County 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, County and Zip Code)		937-499-9546 (Area Code) (Telephone Number)		
Primary Location of Books and Records	110 N MAIN ST STE 1200 (Street and Number)		Dayton, OH, US 45402 (City or Town, State, County and Zip Code)				
Internet Web Site Address	www.premierhealthplan.org						
Statutory Statement Contact	Tim Henry (Name) tehenry@premierhealth.com (E-Mail Address)		937-499-9943 (Area Code) (Telephone Number) (Extension) 937-641-2740 (FAX Number)				

### OFFICERS

Name	Title	Name	Title
Renee Perkins George	Chief Executive Officer/President	Timothy Eugene Henry #	Chief Financial Officer
Geoffrey Paul Walker	Secretary	Thomas Mark Duncan	Treasurer

### OTHER OFFICERS

Dianne Patrice Weiskittle	Assistant Secretary
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### DIRECTORS OR TRUSTEES

Kathleen Ann Carlson	Jerry Alan Clark	Christopher John Danis	Thomas Mark Duncan
Teresa Fox Marrinan			

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	Timothy Eugene Henry Chief Financial Officer	Geoffrey Paul Walker Secretary
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a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this  
11 day of August, 2017

**STATEMENT AS OF JUNE 30, 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 .....	403,228		403,228	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 (\$ ..... 13,318,143 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 46,545 ) .....	13,364,688		13,364,688	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) .....	13,767,916	0	13,767,916	6,080,897
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	.938		.938	.961
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	197,089		197,089	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 .....	1,375,871		1,375,871	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 .....	2,517		2,517	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 .....	279,683		279,683	8,043,591
24. Health care (\$ ..... 194,587 ) and other amounts receivable .....	194,587	.924	193,663	189,990
25. Aggregate write-ins for other-than-invested assets .....	827,804	.57,094	770,710	869,326
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	16,646,405	58,018	16,588,387	16,879,422
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	16,646,405	58,018	16,588,387	16,879,422
<b>DETAILS OF WRITE-INS</b>				
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 .....	268,870		268,870	341,375
2502. ACA Cost Sharing Reduction on Exchange Plans .....	501,840		501,840	208,823
2503. Receivables from service provider fees .....			0	319,128
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.57,094	.57,094	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	827,804	.57,094	770,710	869,326

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	5,581,358		5,581,358	5,062,199
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	111,627		111,627	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	962,539		962,539	1,351,869
9. General expenses due or accrued	667,374		667,374	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			0	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)	4,377,947	0	4,377,947	3,133,983
24. Total liabilities (Lines 1 to 23)	11,795,363	0	11,795,363	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	29,723,234	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	(26,930,210)	(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	4,793,024	6,499,560
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	16,588,387	16,879,422
<b>DETAILS OF WRITE-INS</b>				
2301. ACA Risk-Adjustment Payable	4,377,947		4,377,947	3,133,983
2302. Subsidy Retro-activity due to CMS			0	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)	4,377,947	0	4,377,947	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 AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**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.....	34,126.....	36,638.....	73,379.....
2. Net premium income (including \$ non-health premium income).....	XXX.....	13,864,687.....	11,665,442.....	20,743,466.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0.....	0.....	0.....
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0.....	0.....	0.....
5. Risk revenue.....	XXX.....	0.....	0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	13,864,687.....	11,665,442.....	20,743,466.....
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		6,188,180.....	4,744,615.....	9,103,436.....
10. Other professional services.....		6,520,161.....	6,333,399.....	14,856,145.....
11. Outside referrals.....			0.....	0.....
12. Emergency room and out-of-area.....			0.....	0.....
13. Prescription drugs.....		2,227,638.....	1,208,470.....	2,969,942.....
14. Aggregate write-ins for other hospital and medical.....	0.....	657,536.....	0.....	751,391.....
15. Incentive pool, withhold adjustments and bonus amounts.....	0.....		0.....	0.....
16. Subtotal (Lines 9 to 15).....	0.....	15,593,515.....	12,286,484.....	27,680,914.....
<b>Less:</b>				
17. Net reinsurance recoveries.....		916,506.....	1,163,025.....	3,226,059.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	14,677,009.....	11,123,459.....	24,454,855.....
19. Non-health claims (net).....			0.....	0.....
20. Claims adjustment expenses, including \$ 283,792 cost containment expenses.....		294,175.....	542,159.....	515,130.....
21. General administrative expenses.....		2,588,471.....	2,848,726.....	5,633,055.....
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0.....	94,518.....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	17,559,655.....	14,514,344.....	30,697,558.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,694,969).....	(2,848,902).....	(9,954,092).....
25. Net investment income earned.....		2,149.....	4,140.....	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.....	2,149.....	4,140.....	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.....	(3,692,819).....	(2,844,762).....	(9,948,426).....
31. Federal and foreign income taxes incurred.....	XXX.....		0.....	0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(3,692,819).....	(2,844,762).....	(9,948,426).....
<b>DETAILS OF WRITE-INS</b>				
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.....			
0702. ....	XXX.....			
0703. ....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401. Other Medical expenses.....		657,536.....		751,391.....
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0.....	657,536.....	0.....	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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	6,499,560	5,781,886	5,781,886
34. Net income or (loss) from Line 32	(3,692,819)	(3,270,239)	(9,948,426)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	(13,717)	(19,875)	(33,899)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	2,000,000	3,000,000	10,700,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(1,706,536)	(290,114)	717,675
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,793,024	5,491,771	6,499,560
<b>DETAILS OF WRITE-INS</b>			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	13,311,265	11,586,197	21,391,593
2. Net investment income.....	2,237	7,067	8,291
3. Miscellaneous income.....	0	103,444	0
4. Total (Lines 1 to 3).....	13,313,503	11,696,709	21,399,884
5. Benefit and loss related payments.....	13,834,936	10,525,094	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.....	2,840,877	3,286,266	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).....	16,675,814	13,811,360	28,451,150
11. Net cash from operations (Line 4 minus Line 10).....	(3,362,311)	(2,114,652)	(7,051,265)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	200,000	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	200,000	200,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	0	99,516	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	99,516	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	100,484	43
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	2,000,000	3,000,000	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).....	9,049,395	598,710	(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).....	11,049,395	3,598,710	2,495,277
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	7,687,084	1,584,543	(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).....	13,364,688	11,818,093	5,677,604

STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
Total Members at end of:										
1. Prior Year .....	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 .....	5,497	4,656	841	0	0	0	0	0	0	0
4. Third Quarter .....	0									
5. Current Year .....	0									
6. Current Year Member Months	34,126	28,448	5,678							
Total Member Ambulatory Encounters for Period:										
7. Physician .....	7,457	5,819	1,638							
8. Non-Physician .....	1,787	1,346	441							
9. Total .....	9,244	7,165	2,079	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,080	691	389							
11. Number of Inpatient Admissions	158	117	41							
12. Health Premiums Written (a) .....	14,674,533	11,722,153	2,952,380							
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	14,674,533	11,722,153	2,952,380							
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	14,157,850	12,065,335	2,092,515							
18. Amount Incurred for Provision of Health Care Services	15,593,515	12,230,404	3,363,111							

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

## STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

## 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)						
VALLEY HOSPITAL MEDICAL CENTER.....	242,596					242,596
OSU MEDICAL CENTER.....	163,787					163,787
KETTERING MEDICAL CENTER.....	20,165	96,372				116,537
MIAMI VALLEY HOSPITAL.....	83,304					83,304
ATRIUM MEDICAL CENTER.....	61,396					61,396
GOOD SAMARITAN HOSPITAL.....	51,596					51,596
UPPER VALLEY MEDICAL CENTER.....	38,993					38,993
OHIO ORTHOPEDIC SURGERY INSTIT.....	22,274					22,274
PEDIATRIX MEDICAL GROUP OF OHI.....	20,718					20,718
DAYTON PHYSICIANS LLC.....	20,052					20,052
SAMARITAN NORTH SURGERY CENTER.....	9,895	2,884	1,989			14,768
CHILDRENS HOSPITAL MEDICAL CEN.....	14,474					14,474
GREENE MEMORIAL HOSPITAL INC.....		13,252				13,252
ESI.....	97,254	20,082				116,784
0199999 Individually listed claims unpaid.....	846,504	132,590	1,989	0	(552)	980,531
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	137,089	63	88			137,240
0499999 Subtotals.....	983,593	132,653	2,077	0	(552)	1,117,771
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	4,463,587
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	5,581,358
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	

## STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	3,705,296	10,452,554	421,275	5,160,082	4,126,571	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).....	3,705,296	10,452,554	421,275	5,160,082	4,126,571	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).....	3,705,296	10,452,554	421,275	5,160,082	4,126,571	5,062,199

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

# STATEMENT AS OF JUNE 30, 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 5,497 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 June 30, 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:

	SSAP #	F/S Page	F/S Line #	2017	2016
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	..... XXX.....	..... 4.....	..... 32.....	\$ ..... (3,692,819)	\$ ..... (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.....	\$ ..... (3,692,819)	\$ ..... (9,948,426)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	..... XXX.....	..... 3.....	..... 33.....	\$ ..... 4,793,024	\$ ..... 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.....	\$ ..... 4,793,024	\$ ..... 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 June 30, 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.

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

D. Going concern

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 June 30, 2017, the carrying amount of such deposits was \$449,773 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
c. Subject to repurchase agreements		0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0	0	0	0.0	0.0
g. Placed under option contracts		0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0	0	0	0.0	0.0
i. FHLB capital stock		0	0	0	0	0.0	0.0
j. On deposit with states	449,773	447,601	2,172	0	449,773	2.7	2.7
k. On deposit with other regulatory bodies		0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories		0	0	0	0	0.0	0.0
n. Other restricted assets		0	0	0	0	0.0	0.0
o. Total Restricted Assets	\$ 449,773	\$ 447,601	\$ 2,172	\$ 0	\$ 449,773	2.7 %	2.7 %

#### (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

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

M. Short Sales  
None

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, \$ 10.7 and \$2 million equity infusion made in 2016 and 2017, respectively. As a condition of the Company receiving licensure approval from ODI and in accordance with section 3901.32 of the Ohio Revised Code, Parent has agreed to guarantee to maintain the amount of the Company's capital and surplus at the greater of i.) minimum capital requirements as defined in section 1751.28 of the Ohio Revised Code, ii.) the amount of the Company's Action Level RBC as defined in section 1753.31 of the Ohio Revised Code or iii.) an amount as reasonably determined by the Superintendent of Insurance, State of Ohio in relation to the level of the Company's enrollees and its outstanding liabilities.

B. Detail of Transactions Greater than 1% of Admitted Assets

See A above and F below.

C. Change in Terms of Intercompany Agreements

None

D. Amounts Due to or from Related Parties

At June 30, 2017, the Company owed to related parties \$250,056 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 June 30, 2017, the Parent and PHG related expenses were \$0 and \$255,869, respectively.

At June 30, 2017, amounts due to the Parent and its affiliates for such related expenses were \$279,682.

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

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

Not applicable

12) and 13) Quasi Reorganizations

Not applicable

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments

- 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.

- Detail of other contingent commitments

Not applicable

- 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)	Not Practicable (Carrying Value)
Cash equivalents and short-term investments	\$ .....13,364,688	\$ .....13,364,688	\$ .....13,364,688	\$ .....402,635	\$ .....402,635	\$ .....402,635
Bonds	\$ .....402,635	\$ .....403,228	\$ .....403,228	\$ .....402,635	\$ .....402,635	\$ .....402,635
Total financial instruments - assets	\$ .....13,767,323	\$ .....13,767,916	\$ .....13,364,688	\$ .....402,635	\$ .....402,635	\$ .....402,635

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

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

## E. State Transferable & Non-transferable Tax Credits

None

## F. Subprime Mortgages – Related Risk Exposure

None

## 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.....	..... 0
B. ACA fee assessment payable for the upcoming year	\$ ..... 0	\$ ..... 0
C. ACA fee assessment paid	\$ ..... 0	\$ ..... 0
D. Premium written subject to ACA 9010 assessment	\$ ..... 14,674,533	\$ ..... 20,743,466
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ ..... 0	\$ ..... 0
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ ..... 0	\$ ..... 0
G. Authorized Control Level (Five-Year Historical Line 15)	\$ ..... 0	\$ ..... 0
H. Would reporting the ACA assessment as of Dec. 31, 2017 have triggered an RBC action level (YES/NO)?	..... No.....	..... 0

## 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 reimbursed 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.

Not applicable

### 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 for the Current Year

AMOUNT

a. Permanent ACA Risk Adjustment Program	
Assets	\$ ..... 0
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ ..... 0
Liabilities	\$ ..... 103,032
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ ..... 1,368,214
3. Premium adjustments payable due to ACA Risk Adjustment	\$ ..... 0
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ ..... (1,368,214)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ ..... (103,032)
b. Transitional ACA Reinsurance Program	
Assets	\$ ..... 0
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ ..... 0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ ..... 0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ ..... 0
Liabilities	\$ ..... 0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ ..... 0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ ..... 0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ ..... 0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ ..... 0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ ..... 0
9. ACA Reinsurance contributions – not reported as ceded premium	\$ ..... 0
c. Temporary ACA Risk Corridors Program	
Assets	\$ ..... 0
1. Accrued retrospective premium due to ACA Risk Corridors	\$ ..... 0
Liabilities	\$ ..... 0
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ ..... 0
Operations (Revenue & Expense)	\$ ..... 0

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

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		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)	Ref	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\$ (3,009,734)
3.	Subtotal ACA Permanent Risk Adjustment Program	\$	0\$	(3,133,983)	\$	0\$	0\$	(3,133,983)	\$	0\$	\$ 0\$ (3,009,734)
b.	Transitional ACA Reinsurance Program										
1.	Amounts recoverable for claims paid	\$	808,885	\$	\$	\$	808,885	\$	0\$ 478,663	C	\$ 1,287,549\$ 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)	\$	\$	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\$ 478,663	\$ 0	I	\$ 1,287,549\$ 0
c.	Temporary ACA Risk Corridors Program										
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	0\$	0\$	\$	J	\$ 0\$ 0
2.	Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$	0\$	0\$	\$		\$ 0\$ 0
3.	Subtotal ACA Risk Corridors Program	\$	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)	\$ 478,663	124,249	\$ 1,287,549\$ (3,009,734)

## Explanations of Adjustments

- A .....  
 B Adjustment due to CMS RA/RI report issued in June 2017.....  
 C Adjustment due to CMS RA/RI report issued in June 2017.....  
 D .....  
 E .....  
 F .....  
 G .....  
 H .....  
 I .....  
 J .....

(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	\$ .....	\$ .....	\$ .....	\$ 0	\$ .....	\$ 0
b. 2015	\$ 2,287,000	\$ 2,287,000	\$ .....	\$ 0	\$ .....	\$ 0
c. 2016	\$ 5,682,288	\$ 5,682,288	\$ .....	\$ 0	\$ .....	\$ 0
d. Total (a+b+c)	\$ 7,969,288	\$ 7,969,288	\$ 0	\$ 0	\$ 0	\$ 0

## 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	14,677,009	10,383
Paid during the year	(14,157,850)	-
Balance at the end of the year	\$ 5,581,358	\$ 111,627

## 26. Intercompany Pooling Arrangements

Not applicable

## 27. Structured Settlements

Not applicable

# STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

## 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
03/31/2016	\$ 92,371	\$ 92,371	\$ 48,388	\$ 1,870	\$ 42,113
06/30/2016	\$ 84,082	\$ 84,082	\$ 80,822	\$ 3,259	\$
09/30/2016	\$ 106,160	\$ 111,934	\$ 95,484	\$ 16,450	\$
12/31/2016	\$ 118,181	\$ 111,483	\$ 111,483	\$	\$
03/31/2017	\$ 110,608	\$ 110,608	\$	\$	\$
06/30/2017	\$ 83,056	\$	\$	\$	\$

### 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 liability ..... 12/31/2016  
 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 June 30, 2017.

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

2.2 If yes, date of change: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

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

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

.....

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

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

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

If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....

6.4 By what department or departments?

.....

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

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.****GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  Yes [X]  No [ ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

.....

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

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

.....

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

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

.....

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 279,683

**INVESTMENT**

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

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

.....

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

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 [X]

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 [X]

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

If no, attach a description with this statement.

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

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

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

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 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 [X] No [ ]

18.2 If no, list exceptions:

.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent.....	107.9 %
1.2 A&H cost containment percent.....	2.0 %
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____

STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

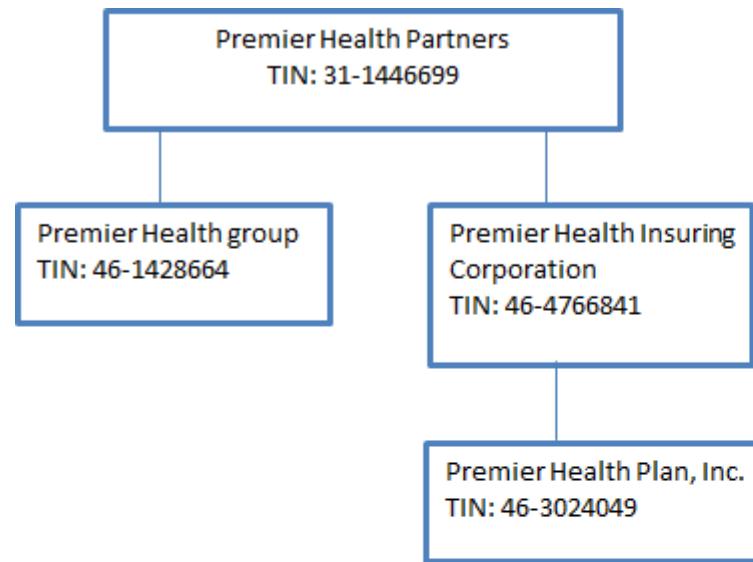
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only						
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
1. Alabama .....	AL							0
2. Alaska .....	AK							0
3. Arizona .....	AZ							0
4. Arkansas .....	AR							0
5. California .....	CA							0
6. Colorado .....	CO							0
7. Connecticut .....	CT							0
8. Delaware .....	DE							0
9. Dist. Columbia .....	DC							0
10. Florida .....	FL							0
11. Georgia .....	GA							0
12. Hawaii .....	HI							0
13. Idaho .....	ID							0
14. Illinois .....	IL							0
15. Indiana .....	IN							0
16. Iowa .....	IA							0
17. Kansas .....	KS							0
18. Kentucky .....	KY							0
19. Louisiana .....	LA							0
20. Maine .....	ME							0
21. Maryland .....	MD							0
22. Massachusetts .....	MA							0
23. Michigan .....	MI							0
24. Minnesota .....	MN							0
25. Mississippi .....	MS							0
26. Missouri .....	MO							0
27. Montana .....	MT							0
28. Nebraska .....	NE							0
29. Nevada .....	NV							0
30. New Hampshire .....	NH							0
31. New Jersey .....	NJ							0
32. New Mexico .....	NM							0
33. New York .....	NY							0
34. North Carolina .....	NC							0
35. North Dakota .....	ND							0
36. Ohio .....	OH	L	14,674,533					14,674,533
37. Oklahoma .....	OK							0
38. Oregon .....	OR							0
39. Pennsylvania .....	PA							0
40. Rhode Island .....	RI							0
41. South Carolina .....	SC							0
42. South Dakota .....	SD							0
43. Tennessee .....	TN							0
44. Texas .....	TX							0
45. Utah .....	UT							0
46. Vermont .....	VT							0
47. Virginia .....	VA							0
48. Washington .....	WA							0
49. West Virginia .....	WV							0
50. Wisconsin .....	WI							0
51. Wyoming .....	WY							0
52. American Samoa .....	AS							0
53. Guam .....	GU							0
54. Puerto Rico .....	PR							0
55. U.S. Virgin Islands .....	VI							0
56. Northern Mariana Islands .....	MP							0
57. Canada .....	CAN							0
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0
59. Subtotal .....		XXX	14,674,533	0	0	0	0	14,674,533
60. Reporting entity contributions for Employee Benefit Plans .....		XXX						0
61. Total (Direct Business)	(a)	1	14,674,533	0	0	0	0	14,674,533
<b>DETAILS OF WRITE-INS</b>								
58001		XXX						
58002		XXX						
58003		XXX						
58998	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

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

Asterisk	Explanation
	Premier Health Group, LLC is affiliate of Premier Health Insuring Corporation and provide certain services to Premier Health Insuring Corporation and Premier Health Plan. See Note 10.F of Notes to financial statements.....

## 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**

MQ002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
2504. Prepaid.....	57,094	57,094	0	
2597. Summary of remaining write-ins for Line 25 from Page 02	57,094	57,094	0	0

**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**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 .....	0	199,957
3. Accrual of discount .....	285	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 .....	0	200,000
7. Deduct amortization of premium .....	350	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) .....	403,228	403,293
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	403,228	403,293

STATEMENT AS OF JUNE 30, 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
<b>BONDS</b>								
1. NAIC 1 (a).....	448,110	1,932	237	(32)	448,110	449,773	0	447,601
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	448,110	1,932	237	(32)	448,110	449,773	0	447,601
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	448,110	1,932	237	(32)	448,110	449,773	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 \$ 46,545 ; NAIC 2 \$ 0 ;

NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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**STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	46,545	XXX	46,545	86	0

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	44,308	0
2. Cost of short-term investments acquired .....	2,711	330,894
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	.474	286,587
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	46,545	44,308
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	46,545	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**

STATEMENT AS OF JUNE 30, 2017 OF THE Premier Health Plan, Inc.

**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	0
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	0	35,975
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	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 JUNE 30, 2017 OF THE Premier Health Plan, Inc.**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
PNC.....					8,834,308	7,710,368	7,397,533	XXX
PNC.....					200	200	200	XXX
BNY.....					4,232,943	4,874,016	5,920,411	XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999 Total Open Depositories	XXX	XXX	0	0	13,067,451	12,584,585	13,318,143	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	13,067,451	12,584,585	13,318,143	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
<b>0599999 Total</b>	<b>XXX</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>13,067,451</b>	<b>12,584,585</b>	<b>13,318,143</b>	<b>XXX</b>

STATEMENT AS OF JUNE 30, 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

**NONE**

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