



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 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 <input checked="" type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
		Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>		
		Other <input type="checkbox"/>	Is HMO, Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 (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 (Area Code) (Telephone Number) (Extension)	
		Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)	,		937-499-9546 (Area Code) (Telephone Number) (Extension)	
Internet Web Site Address		www.premierhealthplan.org				
Statutory Statement Contact		Timothy Henry (Name)	,		937-499-9943 (Area Code) (Telephone Number) (Extension)	
		tehenry@premierhealth.com (E-Mail Address)	,		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

OTHER OFFICERS
Dianne Patrice Weiskittle, Assistant Secretary _____, _____

DIRECTORS OR TRUSTEES

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

State of Ohio.....
County of Montgomery

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Renee Perkins George
Chief Executive Officer/President

Timothy Eugene Henry
Chief Financial Officer

Geoffrey Paul Walker
Secretary

Subscribed and sworn to before me this
28 day of February, 2018

a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	300,286	499,574	.0	425,366	300,286	
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	300,286	499,574	0	425,366	300,286	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
OSU MEDICAL CENTER.....	392,635					392,635
MIAMI VALLEY HOSPITAL.....	251,886					251,886
UPPER VALLEY MEDICAL CENTER.....	73,153					73,153
ATRIUM MEDICAL CENTER.....	54,426					54,426
ONCOLOGY HEMATOLOGY.....	35,281					35,281
OSU PLASTIC SURGERY.....	31,054					31,054
ANESTHESIOLOGY SERVICES NETWOR.....	28,943					28,943
VALLEY HOSPITAL MEDICAL CENTER.....		24,056				24,056
GOOD SAMARITAN HOSPITAL.....	22,390		.196			22,586
FIDELITY HEALTH CARE.....	22,393					22,393
SAMARITAN FAMILY CARE INC.....	10,424					10,424
DAYTON PHYSICIANS LLC.....	10,231					10,231
ESI.....	88,748	.391				89,139
0199999 Individually listed claims unpaid.....	1,021,563	24,447	.196	.0	.0	1,046,206
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	155,829					155,829
0499999 Subtotals.....	1,177,392	24,447	.196	0	0	1,202,036
0599999 Unreported claims and other claim reserves.....						3,051,937
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						4,253,973
0899999 Accrued medical incentive pool and bonus amounts.....						0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Premier Health Partners.....	General expenses.....	1,151,741	1,151,741	
.....
.....
.....
.....
.....
.....
.....
.....
0199999 Individually listed payables.....	.....	1,151,741	1,151,741	0
0299999 Payables not individually listed				
0399999 Total gross payables		1,151,741	1,151,741	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		.0	0.0	0
2. Intermediaries	0	0.0		.0	0.0	0
3. All other providers	0	0.0		.0	0.0	0
4. Total capitation payments	0	0.0	.0	0.0	0	0
Other Payments:						
5. Fee-for-service	789,827	2.9	XXX	XXX		789,827
6. Contractual fee payments	21,228,263	79.0	XXX	XXX	11,463,262	9,765,00
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	4,856,176	18.1	XXX	XXX	485,618	4,370,558
12. Total other payments	26,874,266	100.0	XXX	XXX	11,948,880	14,925,387
13. Total (Line 4 plus Line 12)	26,874,266	100 %	XXX	XXX	11,948,880	14,925,387

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

2. _____

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio	1	DURING THE YEAR 2017								NAIC Company Code	15484
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:			Total	Individual	Group								
1. Prior Year			6,105	5,497	608								
2. First Quarter			5,592	4,752	840								
3. Second Quarter			5,416	4,575	841								
4. Third Quarter			5,185	4,439	746								
5. Current Year			4,911	4,163	748								
6. Current Year Member Months			64,594	54,480	10,114								
Total Member Ambulatory Encounters for Year:													
7. Physician			14,965	11,609	3,356								
8. Non-Physician			3,628	2,725	903								
9. Total			18,593	14,334	4,259	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred			1,368	896	472								
11. Number of Inpatient Admissions			263	204	59								
12. Health Premiums Written (b)			31,748,973	26,509,390	5,239,583								
13. Life Premiums Direct			0										
14. Property/Casualty Premiums Written			0										
15. Health Premiums Earned			31,748,973	26,509,390	5,239,583								
16. Property/Casualty Premiums Earned			0										
17. Amount Paid for Provision of Health Care Services			26,874,266	23,192,272	3,681,995								
18. Amount Incurred for Provision of Health Care Services			29,399,728	24,189,307	5,210,421								

(a) For health business: number of persons insured under PPO managed care products 580 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

2. _____

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2017					NAIC Company Code	15484
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		6,105	5,497	608	0	0	0	0	0	0	0
2. First Quarter		5,592	4,752	840	0	0	0	0	0	0	0
3. Second Quarter		5,416	4,575	841	0	0	0	0	0	0	0
4. Third Quarter		5,185	4,439	746	0	0	0	0	0	0	0
5. Current Year		4,911	4,163	748	0	0	0	0	0	0	0
6. Current Year Member Months		64,594	54,480	10,114	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician		14,965	11,609	3,356	0	0	0	0	0	0	0
8. Non-Physician		3,628	2,725	903	0	0	0	0	0	0	0
9. Total		18,593	14,334	4,259	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		1,368	896	472	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		263	204	59	0	0	0	0	0	0	0
12. Health Premiums Written (b)		31,748,973	26,509,390	5,239,583	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		31,748,973	26,509,390	5,239,583	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		26,874,266	23,192,272	3,681,995	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		29,399,728	24,189,307	5,210,421	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 580 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates													
16535.....36-4233459.....	.....01/01/2017.....	ZURICH AMER INS CO.....	NY.....	ASL/1/A.....	CMM.....	.....	1,496,542	.....	.....	.....	.....	.....	.....
3199999 - General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates							1,496,542	0	0	0	0	0	0
3299999 - General Account - Certified - Non-Affiliates - Total Certified Non-Affiliates							1,496,542	0	0	0	0	0	0
3399999 - General Account - Total General Account Certified							1,496,542	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							1,496,542	0	0	0	0	0	0
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							1,496,542	0	0	0	0	0	0
9999999 Totals							1,496,542	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S – PART 6

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	1,497	1,483	873	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	1,700	1,659	626	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,298,826		10,298,826
2. Accident and health premiums due and unpaid (Line 15).....	158,744		158,744
3. Amounts recoverable from reinsurers (Line 16.1).....	1,699,719		1,699,719
4. Net credit for ceded reinsurance.....	XXX	1,699,719	1,699,719
5. All other admitted assets (Balance).....	2,130,352		2,130,352
6. Total assets (Line 28)	14,287,641	1,699,719	15,987,360
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	4,253,973	0	4,253,973
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	264,514		264,514
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	2,132,712		2,132,712
15. Total liabilities (Line 24).....	6,651,199	0	6,651,199
16. Total capital and surplus (Line 33).....	7,636,442	XXX	7,636,442
17. Total liabilities, capital and surplus (Line 34)	14,287,641	0	14,287,641
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	1,699,719		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	1,699,719		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	1,699,719		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 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.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....YES.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....

AUGUST FILING

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

Explanation:

- 11.
- 12.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 24.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

11. 
1 5 4 8 4 2 0 1 7 3 6 0 5 9 0 0 0 0

12. 
1 5 4 8 4 2 0 1 7 2 0 5 0 0 0 0 0

16. 
1 5 4 8 4 2 0 1 7 3 6 5 0 0 0 0 0

20. 
1 5 4 8 4 2 0 1 7 3 0 6 0 0 0 0 0

21. 
1 5 4 8 4 2 0 1 7 2 1 1 5 9 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 Net Admitted Assets
2504. ACA Risk Score Adjustment.....	1,691,604		1,691,604	
2597. Summary of remaining write-ins for Line 25 from Page 2	1,691,604	0	1,691,604	0

M003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Unearned CSR on Exchange Plans.....			0	0
2305. Physician Incentives liability.....	8,400		8,400	8,400
2397. Summary of remaining write-ins for Line 23 from Page 03	8,400	0	8,400	0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

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

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Plan, Inc.



LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Premier Health Plan, Inc. Insurance Company
Address (City, State and Zip Code) Dayton, OH 45402
NAIC Group Code 04816..... NAIC Company Code 544..... Employer's ID Number 46-3024049

NONE