



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 [X]		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []			
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization []			
	Other []		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				Dayton, OH, US 45402			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	110 N MAIN ST STE 1200							
	Dayton, OH, US 45402				937-499-9588			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	110 N MAIN ST STE 1200				Dayton, OH, US 45402			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	110 N MAIN ST STE 1200							
	Dayton, OH, US 45402				937-499-9546			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.premierhealthplan.org							
Statutory Statement Contact	Timothy Henry				937-499-9943			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	tehenry@premierhealth.com				937-641-2740			
	(E-Mail Address)				(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
Subscribed and sworn to before me this 28 day of February, 2018	a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior 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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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		
2. Intermediaries	0	0.0		0.0		
3. All other providers	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	9,765,001
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

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 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		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							
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.

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017						(LOCATION)	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

[illegible]

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

[illegible]

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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

35

35

35

3535

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
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....		.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
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
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		

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

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[illegible]

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.....

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

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

.....YES.....

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

MARCH FILING

11.

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

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

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

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

Will the 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

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

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	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	
2397. Summary of remaining write-ins for Line 23 from Page 03	8,400	0	8,400	0

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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 5414 Employer's ID Number 46-3024049

NONE