





**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2017**  
**OF THE CONDITION AND AFFAIRS OF THE**

**Premier Health Insuring Corporation**

NAIC Group Code	04816 (Current Period)	04816 (Prior Period)	NAIC Company Code	15530	Employer's ID Number	46-4766841
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ X ]		
	Other [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated/Organized	01/30/2014		Commenced Business	04/22/2014		
Statutory Home Office	110 N MAIN ST STE 1200 (Street and Number)		DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)			
Main Administrative Office	110 N MAIN ST STE 1200 (Street and Number)		937-499-9588 (Area Code) (Telephone Number)			
Mail Address	110 N MAIN ST STE 1200 (Street and Number or P.O. Box)		DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	110 N MAIN ST STE 1200 (Street and Number)		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**

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.....

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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 11 day of May, 2018	a. Is this an original filing? Yes [ ] No [ X ] b. If no: 1. State the amendment number 1 2. Date filed 05/11/2018 3. Number of pages attached 3	



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Insuring Corporation

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2017								NAIC Company Code	15530
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....	9,455									9,455		
2. First Quarter .....	9,867									9,867		
3. Second Quarter .....	9,962									9,962		
4. Third Quarter .....	10,036									10,036		
5. Current Year .....	10,035									10,035		
6. Current Year Member Months	119,595									119,595		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	52,936									52,936		
8. Non-Physician .....	11,440									11,440		
9. Total .....	64,376	0	0	0	0	0	0	0	0	64,376	0	0
10. Hospital Patient Days Incurred	9,637									9,637		
11. Number of Inpatient Admissions	1,888									1,888		
12. Health Premiums Written (b)	91,790,018									91,790,018		
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	91,790,018									91,790,018		
16. Property/Casualty Premiums Earned .....	0											
17. Amount Paid for Provision of Health Care Services .....	84,394,910									84,394,910		
18. Amount Incurred for Provision of Health Care Services .....	85,566,975									85,566,975		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 91,790,018



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(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2017							NAIC Company Code	15530
			1	Comprehensive (Hospital & Medical)		4	5	6	7		
		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 .....		9,455	0	0	0	0	0	0	9,455	0	0
2. First Quarter .....		9,867	0	0	0	0	0	0	9,867	0	0
3. Second Quarter .....		9,962	0	0	0	0	0	0	9,962	0	0
4. Third Quarter .....		10,036	0	0	0	0	0	0	10,036	0	0
5. Current Year .....		10,035	0	0	0	0	0	0	10,035	0	0
6. Current Year Member Months .....		119,595	0	0	0	0	0	0	119,595	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician .....		52,936	0	0	0	0	0	0	52,936	0	0
8. Non-Physician .....		11,440	0	0	0	0	0	0	11,440	0	0
9. Total .....		64,376	0	0	0	0	0	0	64,376	0	0
10. Hospital Patient Days Incurred .....		9,637	0	0	0	0	0	0	9,637	0	0
11. Number of Inpatient Admissions .....		1,888	0	0	0	0	0	0	1,888	0	0
12. Health Premiums Written (b) .....		91,790,018	0	0	0	0	0	0	91,790,018	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 .....		91,790,018	0	0	0	0	0	0	91,790,018	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 .....		84,394,910	0	0	0	0	0	0	84,394,910	0	0
18. Amount Incurred for Provision of Health Care Services .....		85,566,975	0	0	0	0	0	0	85,566,975	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 91,790,018