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

Premier Health Insuring Corporation

NAIC Group Code	04816	,	04816	NAIC Company Code	15530	Employer's ID Number	46-4766841
	(Current Period)		(Prior Period)				
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			,	DAYTON, OH, US 45402		
	(Street and Number)				(City or Town, State, Country and Zip Code)		
Main Administrative Office	110 N MAIN ST STE 1200						
	(Street and Number)						
	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						
	(Street and Number)						
	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.....  
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		a. Is this an original filing? Yes [ X ] No [ ]
28 day of February, 2018		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 Insuring Corporation

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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

## 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  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 .....	1,891,237	1,424,669	0	1,973,397	1,891,237	1,864,744
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)	1,891,237	1,424,669	0	1,973,397	1,891,237	1,864,744

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 Insuring Corporation

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)						
MIAMI VALLEY HOSPITAL	458,154					458,154
GOOD SAMARITAN HOSPITAL	340,683					340,683
ATRIUM MEDICAL CENTER	261,047					261,047
FIDELITY HEALTH CARE	197,483	64				197,547
UPPER VALLEY MEDICAL CENTER	140,449					140,449
DAYTON PHYSICIANS LLC	60,901					60,901
UNIVERSITY OF CINCINNATI MEDIC	56,944					56,944
ANESTHESIOLOGY SERVICES NETWOR	25,540					25,540
GRACEWORKS LUTHERAN SERVICES	21,384					21,384
PREMIER HEALTH SPECIALISTS INC	19,284					19,284
ONCOLOGY HEMATOLOGY	14,873					14,873
ACCESS ADVANTAGE	12,904	1,968				14,872
MVHE INC	14,872					14,872
HEARTLAND OF BEAVERCREEK OH LL	1,674	13,158				14,832
COMPUNET CLINICAL LABORATORIES	14,009					14,009
KETTERING MEDICAL CENTER	13,858					13,858
KINDRED HOSPITALS EAST LLC	13,246	94				13,340
BETHESDA HOSPITAL	13,260					13,260
RADIOLOGY PHYSICIANS INC	10,244					10,244
ESI	335,182	(157)	121		(2)	335,144
0199999 Individually listed claims unpaid	2,025,990	15,126	121	0	(2)	2,041,234
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	291,903	633				292,536
0499999 Subtotals	2,317,893	15,759	121	0	(2)	2,333,771
0599999 Unreported claims and other claim reserves						7,706,011
0699999 Total amounts withheld						
0799999 Total claims unpaid						10,039,782
0899999 Accrued medical incentive pool and bonus amounts						0

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

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24



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 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
	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 .....	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	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).....	91,730,111							91,730,111		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	91,730,111							91,730,111		
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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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 Consolidated		DURING THE YEAR 2017				NAIC Company Code		15530
	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 .....	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).....	91,730,111	0	0	0	0	0	0	91,730,111	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.....	91,730,111	0	0	0	0	0	0	91,730,111	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

## 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 Insuring Corporation

## SCHEDULE S - PART 2

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

[illegible]

## 33

## 33

33

33

## 34

## 34

## 34

3434

## 35

[illegible]

(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



SCHEDULE S – PART 6

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

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	1,300	966	752	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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	354	478	223	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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	27,190,379		27,190,379
2. Accident and health premiums due and unpaid (Line 15).....	1,287,235		1,287,235
3. Amounts recoverable from reinsurers (Line 16.1).....	353,946		353,946
4. Net credit for ceded reinsurance.....	XXX	353,946	353,946
5. All other admitted assets (Balance).....	1,705,027		1,705,027
6. Total assets (Line 28)	30,536,587	353,946	30,890,533
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	10,039,782	0	10,039,782
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
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).....	5,489,446		5,489,446
15. Total liabilities (Line 24).....	15,529,228	0	15,529,228
16. Total capital and surplus (Line 33).....	15,007,359	XXX	15,007,359
17. Total liabilities, capital and surplus (Line 34)	30,536,587	0	30,536,587
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	353,946		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	353,946		
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	353,946		

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	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

**SCHEDULE Y**

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

Asterisk	Explanation
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# ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Premier Health Insuring Corporation

## SCHEDULE Y

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

[illegible]

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 5 3 0 2 0 1 7 3 6 0 5 9 0 0 0

12.   
1 5 5 3 0 2 0 1 7 2 0 5 0 0 0 0 0

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

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

21.   
1 5 5 3 0 2 0 1 7 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Part D Risk Sharing.....	171,654		171,654	
2397. Summary of remaining write-ins for Line 23 from Page 03	171,654	0	171,654	0



# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

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Cash Flow	6
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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Premier Health Insuring Corporation Insurance Company  
Address (City, State and Zip Code) DAYTON, OH 45402  
NAIC Group Code 04816 NAIC Company Code 550 Employer's ID Number 46-4766841

NONE