



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE**

Premier Health Plan, Inc.

(Name)

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

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, State, Zip, County and 4 digit Code)

Internet Web Site Address www.premierhealthplan.org

## OFFICERS

**OFFICERS**

Name	Title	Name	Title
Renee Perkins George	Chief Executive Officer/President	Timothy Eugene Henry	Chief Financial Officer/ Treasurer
Goeffrey Paul Walker	Secretary		

## OTHER OFFICERS

## **OTHER OFFICERS**

## **DIRECTORS OR TRUSTEES**

John Michael Sims # \_\_\_\_\_ Renee Perkins George # \_\_\_\_\_ Scott Andrew Shelton # \_\_\_\_\_  
Timothy Eugene Henry # \_\_\_\_\_

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/ Treasurer	Geoffrey Paul Walker Secretary
a. Is this an original filing?      Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]		
b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached		

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	401,303		401,303	403,142
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
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 (\$ ..... 6,311,970 , Schedule E-Part 1), cash equivalents (\$ ..... 56,723 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	6,368,693		6,368,693	9,895,685
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	6,769,996	0	6,769,996	10,298,826
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,186		1,186	.916
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	40,372	40,372	0	158,744
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 .....	363,788		363,788	1,699,719
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 .....	26,690		26,690	0
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 .....			0	0
24. Health care (\$ ..... 131,633 ) and other amounts receivable.....	131,633		131,633	416,356
25. Aggregate write-ins for other-than-invested assets .....	.684	0	.684	1,713,080
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	7,334,350	40,372	7,293,978	14,287,641
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	7,334,350	40,372	7,293,978	14,287,641
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. <b>Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)</b>	0	0	0	0
2501. Deposit in Transit.....			0	.21,476
2502. CSR on Exchange Plans .....			0	0
2503. Receivables from service provider fees .....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.684	0	.684	.1,691,604
2599. <b>Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)</b>	684	0	684	1,713,080

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	466,502		466,502	4,253,973
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	9,330		9,330	85,079
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	0		0	264,514
9. General expenses due or accrued	218,011		218,011	887,491
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital 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	655,544		655,544	1,151,741
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)	0	0	0	8,400
24. Total liabilities (Lines 1 to 23)	1,349,386	0	1,349,386	6,651,199
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	76,301
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	29,723,234
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	(25,778,642)	(24,163,093)
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	5,944,591	7,636,442
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,293,978	14,287,641
<b>DETAILS OF WRITE-INS</b>				
2301. ACA Risk-Adjustment Payable			0	0
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	8,400
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	8,400
2501. ACA annual fee on health insurance providers	XXX	XXX		76,301
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	76,301
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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	.9,201.....	.64,594.....
2. Net premium income (including \$ .....0 non-health premium income).....	XXX.....	3,845,526.....	30,252,431.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....0.....	.....0.....
4. Fee-for-service (net of \$ .....medical expenses).....	XXX.....	.....0.....	.....0.....
5. Risk revenue.....	XXX.....	.....0.....	.....0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	.0.....	.....0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	34,098.....	.62,830.....
8. Total revenues (Lines 2 to 7).....	XXX.....	3,879,624.....	30,315,261.....
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	.....785,122.....	.....9,580,031.....	
10. Other professional services.....	.....2,392,362.....	.....13,759,386.....	
11. Outside referrals.....	.....0.....	.....0.....	
12. Emergency room and out-of-area.....	.....0.....	.....0.....	
13. Prescription drugs.....	.....605,256.....	.....4,856,176.....	
14. Aggregate write-ins for other hospital and medical.....	.....0.....	.....386,912.....	.....1,204,136.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....0.....	.....0.....	
16. Subtotal (Lines 9 to 15).....	.....0.....	.....4,169,651.....	.....29,399,728.....
<b>Less:</b>			
17. Net reinsurance recoveries.....	.....342,854.....	.....3,596,919.....	
18. Total hospital and medical (Lines 16 minus 17).....	.....0.....	.....3,826,798.....	.....25,802,810.....
19. Non-health claims (net).....	.....0.....	.....0.....	
20. Claims adjustment expenses, including \$ .....282,780 cost containment expenses.....	.....0.....	.....207,031.....	.....528,969.....
21. General administrative expenses.....	.....0.....	.....3,142,292.....	.....4,981,052.....
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....	.....0.....	.....0.....	(94,518).....
23. Total underwriting deductions (Lines 18 through 22).....	.....0.....	.....7,176,120.....	.....31,218,312.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.....(3,296,496).....	(903,052).....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	.....0.....	.....6,007.....	.....4,630.....
26. Net realized capital gains (losses) less capital gains tax of \$ ..... .....	.....0.....	.....0.....	.....13.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.....0.....	.....6,007.....	.....4,643.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....)(amount charged off \$ .....)].....	.....0.....	.....0.....	.....0.....
29. Aggregate write-ins for other income or expenses.....	.....0.....	.....1,630,000.....	.....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.....	.....(1,660,489).....	.....(898,409).....
31. Federal and foreign income taxes incurred.....	XXX.....	.....0.....	.....0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.....(1,660,489).....	.....(898,409).....
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....	.....0.....	
0602.....	XXX.....	.....0.....	
0603.....	XXX.....	.....0.....	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	.....0.....	.....0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	.....0.....	.....0.....
0701. ASO Revenue.....	XXX.....	.....34,098.....	.....62,830.....
0702.....	XXX.....	.....0.....	
0703.....	XXX.....	.....0.....	
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	.....0.....	.....0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	.....34,098.....	.....62,830.....
1401. Other Medical expenses.....	.....386,912.....	.....0.....	.....1,204,136.....
1402.....	.....0.....	.....0.....	
1403.....	.....0.....	.....0.....	
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.....0.....	.....0.....	.....0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	.....0.....	.....386,912.....	.....1,204,136.....
2901. Contract settlement.....	.....1,630,000.....	.....0.....	
2902.....	.....0.....	.....0.....	
2903.....	.....0.....	.....0.....	
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.....0.....	.....0.....	.....0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	.....0.....	.....1,630,000.....	.....0.....

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	7,636,442	6,499,560
34. Net income or (loss) from Line 32 .....	(1,660,489)	(898,409)
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	0	0
39. Change in nonadmitted assets .....	(31,362)	35,291
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	2,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,691,851)	1,136,882
49. Capital and surplus end of reporting year (Line 33 plus 48)	5,944,591	7,636,442
<b>DETAILS OF WRITE-INS</b>		
4701. ....	0	0
4702. ....	0	0
4703. ....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**CASH FLOW**

<b>Cash from Operations</b>		<b>1 Current Year</b>	<b>2 Prior Year</b>
1. Premiums collected net of reinsurance		3,699,383	28,944,813
2. Net investment income		6,232	5,018
3. Miscellaneous income		34,098	62,830
4. Total (Lines 1 through 3)		3,739,714	29,012,660
5. Benefit and loss related payments		5,984,604	26,748,231
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		2,491,242	5,272,166
7. Commissions, expenses paid and aggregate write-ins for deductions		0	0
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9)		8,475,847	32,020,397
11. Net cash from operations (Line 4 minus Line 10)		(4,736,133)	(3,007,737)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		100,000	100,000
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	13
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		100,000	100,013
13. Cost of investments acquired (long-term only):			
13.1 Bonds		98,656	100,192
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		98,656	100,192
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		1,344	(179)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	2,000,000
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		1,207,798	5,225,996
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		1,207,798	7,225,996
<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)		(3,526,992)	4,218,080
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		9,895,685	5,677,604
19.2 End of year (Line 18 plus Line 19.1)		6,368,693	9,895,685

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	4,153,978		308,453	3,845,526
2. Medicare Supplement .....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan .....				0
6. Title XVIII - Medicare .....				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8) .....	4,153,978	0	308,453	3,845,526
10. Life .....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	4,153,978	0	308,453	3,845,526

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	7,957,123	7,957,123								
1.2 Reinsurance assumed	0	0								
1.3 Reinsurance ceded	1,678,785	1,678,785								
1.4 Net	6,278,337	6,278,337	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	466,502	466,502	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	466,502	466,502	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	363,788	363,788								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	4,253,973	4,253,973	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	4,253,973	4,253,973	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0								
11. Amounts recoverable from reinsurers December 31, prior year	1,699,719	1,699,719	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	4,169,651	4,169,651	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	342,854	342,854	0	0	0	0	0	0	0	0
12.4 Net	3,826,798	3,826,798	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	189,983	189,983								
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	189,983	189,983	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	276,520	276,520								
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	276,520	276,520	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	466,502	466,502	0	0	0	0	0	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	466,502	466,502	0	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	4,575,055	3,039,214	15,839	450,664	4,590,894	4,253,974
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) .....	4,575,055	3,039,214	15,839	450,664	4,590,894	4,253,974
10. Healthcare 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)	4,575,055	3,039,214	15,839	450,664	4,590,894	4,253,974

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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	7,687	9,110	9,125	9,150
4. 2016 .....	XXX	XXX	19,913	24,031	23,805
5. 2017 .....	XXX	XXX	XXX	22,478	29,254
6. 2018 .....	XXX	XXX	XXX	XXX	3,039

**Section B – Incurred Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	9,630	9,110	9,125	9,150
4. 2016 .....	XXX	XXX	24,975	24,211	23,804
5. 2017 .....	XXX	XXX	XXX	26,552	27,270
6. 2018 .....	XXX	XXX	XXX	XXX	3,490

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 .....	0	0	0.0	0	0	0.0			0	0.0
2. 2015 .....	9,050	9,150	422	4.6	9,572	105.8			9,572	105.8
3. 2016 .....	22,227	23,805	515	2.2	24,320	109.4			24,320	109.4
4. 2017 .....	31,749	29,254	529	1.8	29,783	93.8	16	0	29,799	93.9
5. 2018 .....	4,154	3,039	207	6.8	3,246	78.1	450	9	3,705	89.2

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	.0
2. 2014.....	0	0	0	0	.0
3. 2015.....	XXX	7,687	9,110	9,125	9,150
4. 2016.....	XXX	XXX	19,913	24,031	23,805
5. 2017.....	XXX	XXX	XXX	22,478	29,254
6. 2018.....	XXX	XXX	XXX	XXX	3,039

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	0	0	0	.0
2. 2014.....	0	0	0	0	.0
3. 2015.....	XXX	9,630	9,110	9,125	9,150
4. 2016.....	XXX	XXX	24,975	24,211	23,804
5. 2017.....	XXX	XXX	XXX	26,552	27,270
6. 2018.....	XXX	XXX	XXX	XXX	3,490

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2015.....	9,050	9,150	422	4.6	9,572	105.8	0	0	9,572	105.8
3. 2016.....	22,227	23,805	515	2.2	24,320	109.4	0	0	24,320	109.4
4. 2017.....	31,749	29,254	529	1.8	29,783	93.8	16	0	29,799	93.9
5. 2018.....	4,154	3,039	207	6.8	3,246	78.1	450	9	3,705	89.2

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XI  
**NONE**

Part 2C - Sn C - Claims Expense Ratio OT  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	.0								
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income)	.0								
5. Aggregate write-ins for other policy reserves	.0	.0	.0	0	.0	.0	0	0	.0
6. Totals (gross)	.0	.0	0	0	0	0	0	0	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0			0	.0	.0	0	0	.0
12. Totals (gross)	.0	.0	0	0	0	0	0	0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	.0	.0	0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	.0	.0	0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

NONE

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building)			8,154		8,154
2. Salaries, wages and other benefits .....			78,495		78,495
3. Commissions (less \$ .....ceded plus \$ .....assumed)			53,111		53,111
4. Legal fees and expenses .....			2,269		2,269
5. Certifications and accreditation fees .....			20,199		20,199
6. Auditing, actuarial and other consulting services .....	282,780		3,147,069		3,429,849
7. Traveling expenses .....			977		977
8. Marketing and advertising .....				0	0
9. Postage, express and telephone .....			370		370
10. Printing and office supplies .....				0	0
11. Occupancy, depreciation and amortization .....			0		0
12. Equipment .....				0	0
13. Cost or depreciation of EDP equipment and software .....				0	0
14. Outsourced services including EDP, claims, and other services .....				0	0
15. Boards, bureaus and association fees .....				0	0
16. Insurance, except on real estate .....			12,394		12,394
17. Collection and bank service charges .....			10,212		10,212
18. Group service and administration fees .....				0	0
19. Reimbursements by uninsured plans .....				0	0
20. Reimbursements from fiscal intermediaries .....				0	0
21. Real estate expenses .....				0	0
22. Real estate taxes .....				0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....				0	0
23.2 State premium taxes .....			50,003		50,003
23.3 Regulatory authority licenses and fees .....				0	0
23.4 Payroll taxes .....				0	0
23.5 Other (excluding federal income and real estate taxes) .....			(241,649)		(241,649)
24. Investment expenses not included elsewhere .....				949	949
25. Aggregate write-ins for expenses .....	0	(75,749)	686	0	(75,063)
26. Total expenses incurred (Lines 1 to 25) .....	282,780	(75,749)	3,142,292	949	(a) 3,350,272
27. Less expenses unpaid December 31, current year .....		9,330	218,011		227,341
28. Add expenses unpaid December 31, prior year .....	0	85,079	887,491	0	972,570
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....				0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	282,780	0	3,811,772	949	4,095,501
<b>DETAILS OF WRITE-INS</b>					
2501. management fees and other expenses .....			686		686
2502. Unpaid claim adjustment expenses .....		(75,749)			(75,749)
2503. .....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) .....	0	(75,749)	686	0	(75,063)

(a) Includes management fees of \$ .....to affiliates and \$ .....to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 5,742	5,952
1.1 Bonds exempt from U.S. tax .....	(a)	
1.2 Other bonds (unaffiliated) .....	(a)	
1.3 Bonds of affiliates .....	(a) 0	
2.1 Preferred stocks (unaffiliated) .....	(b) 0	
2.11 Preferred stocks of affiliates .....	(b)	
2.2 Common stocks (unaffiliated) .....	(b) 0	
2.21 Common stocks of affiliates .....	(b) 0	
3. Mortgage loans .....	(c)	
4. Real estate .....	(d)	
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....	(e) 945	1,004
7. Derivative instruments .....	(f)	
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	6,686	6,956
11. Investment expenses .....	(g) 949	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g)	
13. Interest expense .....	(h)	
14. Depreciation on real estate and other invested assets .....	(i)	
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	949	949
17. Net investment income (Line 10 minus Line 16) .....	6,007	6,007
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	0	0

- (a) Includes \$ 244 accrual of discount less \$ 740 amortization of premium and less \$ 13 paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.  
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.  
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ amortization of premium.  
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....			0		
1.1 Bonds exempt from U.S. tax .....			0		
1.2 Other bonds (unaffiliated) .....			0		
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....			0		
6. Cash, cash equivalents and short-term investments .....			0	0	0
7. Derivative instruments .....			0		
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	40,372	0	(40,372)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	9,010	9,010
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	40,372	9,010	(31,362)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	40,372	9,010	(31,362)
<b>DETAILS OF WRITE-INS</b>			
1101. ASO prepaid.....	0	0	0
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	4,911	832	788	720	703	9,201
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	4,911	832	788	720	703	9,201
<b>DETAILS OF WRITE-INS</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

# ANNUAL STATEMENT FOR THE YEAR 2018 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. In 2017, the Company made the decision to end its participation in the ON and OFF Exchange December 31st and April 1<sup>st</sup>, 2018 respectively. As of the filing date of these footnotes, the Company provides health care benefits to approximately 700 members under Large Group commercial benefit plans. All member contracts were ended on December 31, 2018.

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 year ending December 31, 2018, the Company did not incur annual fees expense under this section 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 #	2018	2017
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	..... XXX.....	..... XXX .....	..... XXX .....	\$ ..... (1,660,489)	\$ ..... (898,409)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(4) NAIC SAP (1-2-3=4)	..... XXX.....	..... XXX .....	..... XXX .....	\$ ..... (1,660,489)	\$ ..... (898,409)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	..... XXX.....	..... XXX .....	..... XXX .....	\$ ..... 5,944,591	\$ ..... 7,636,442
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(8) NAIC SAP (5-6-7=8)	..... XXX.....	..... XXX .....	..... XXX .....	\$ ..... 5,944,591	\$ ..... 7,636,442

#### 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 December 31, 2018:

- 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.

#### D. Going concern

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

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

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

During 2017, management made the decision to exit its operations. The Company made the decision to end its participation in the ON and OFF Exchange December 31st 2017 and April 1st 2018 respectively. The Company also made the decision to exit Large Group business December 31st 2018. Under GAAP and based on the criteria in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 360, *Impairment or Disposal of Long-Lived Assets* (ASC 360) and ASC 205 *Discontinued Operations*, requires the assets, liabilities and results of operations of the business being discontinued to be reported separately from ongoing operations. However, the NAIC did not fully adopt the all provisions and as such the results of a reporting entity's discontinued operations shall be reported consistently with the entity's reporting of continuing operations (i.e., no separate line item presentation in the balance sheet or statement of operations aggregating current and future losses from the measurement date as per SSAP No. 24).

### A. Discontinued Operation Disposed of or Classified as Held for Sale

- (1) List of Discontinued Operations Disposed of or Classified as Held for Sale  
The Company decided to exit its operations for commercial Individual and Large Group.

- (3) Loss Recognized on Discontinued Operations  
Not applicable

- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income

- a. Carrying Amount of Discontinued Operations  
The balance sheet is carried at fair market value except investment which are carried at amortized cost.

- b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income  
The Company decided to exit its operations for commercial Individual and Large Group.

## 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  
Not applicable

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not applicable

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not applicable

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not applicable

- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not applicable

- L. Restricted Assets  
Not applicable

(1) Restricted Assets (Including Pledged)

The Company is required to maintain certain deposits with ODI in connection with state insurance requirement laws. At December 31, 2018, the carrying amount of such deposits was \$458,025 and such amount was 6% of Total Admitted Assets.

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	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
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		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
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states	458,025	452,289	5,737	0	458,025	6.2	6.3
k. On deposit with other regulatory bodies		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
m. Pledged as collateral not captured in other categories		0	0		0	0.0	0.0
n. Other restricted assets		0	0		0	0.0	0.0
o. Total Restricted Assets	\$ 458,025	\$ 452,289	\$ 5,737	\$ 0	\$ 458,025	6.2 %	6.3 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

- (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

- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements  
None

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

- M. Working Capital Finance Investments  
None
- N. Offsetting and Netting of Assets and Liabilities  
None
- O. Structured Notes  
None
- P. 5GI Securities  
None
- Q. Short Sales  
None
- R. Prepayment Penalty and Acceleration Fees  
None

## 6. Joint Ventures, Partnerships and Limited Liability Companies

None

## 7. Investment Income

None

## 8. Derivative Instruments

None

## 9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

- (a) Gross Deferred Tax Assets
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross Deferred Tax Assets  
(1a – 1b)
- (d) Deferred Tax Assets Nonadmitted
- (e) Subtotal Net Admitted Deferred Tax Asset  
(1c-1d )
- (f) Deferred Tax Liabilities
- (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)  
(1e – 1f)

12/31/2018		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
\$ ..... 5,408,158	\$ ..... 4,681	\$ ..... 5,412,839
\$ ..... 5,401,668	\$ ..... 4,681	\$ ..... 5,406,349
\$ ..... 6,490	\$ ..... 0	\$ ..... 6,490
\$ ..... 6,490	\$ ..... 0	\$ ..... 6,490
\$ ..... 6,490	\$ ..... 0	\$ ..... 6,490
\$ ..... 6,490	\$ ..... 0	\$ ..... 6,490
\$ ..... 0	\$ ..... 0	\$ ..... 0

12/31/2017		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
\$ ..... 5,056,105	\$ ..... 5,943	\$ ..... 5,062,048
\$ ..... 5,045,451	\$ ..... 5,943	\$ ..... 5,051,394
\$ ..... 10,654	\$ ..... 0	\$ ..... 10,654
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 10,654	\$ ..... 0	\$ ..... 10,654
\$ ..... 10,654	\$ ..... 0	\$ ..... 10,654
\$ ..... 0	\$ ..... 0	\$ ..... 0

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	
\$ ..... 352,053	\$ ..... (1,262)	\$ ..... 350,791
\$ ..... 356,217	\$ ..... (1,262)	\$ ..... 354,955
\$ ..... (4,164)	\$ ..... 0	\$ ..... (4,164)
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... (4,164)	\$ ..... 0	\$ ..... (4,164)
\$ ..... (4,164)	\$ ..... 0	\$ ..... (4,164)
\$ ..... 0	\$ ..... 0	\$ ..... 0

2.

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)
  - 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.
  - 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.

12/31/2018		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)
  - 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.
  - 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.

12/31/2017		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0
\$ ..... 0	\$ ..... 0	\$ ..... 0

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7-8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ ..... 0	\$ ..... 0	\$ ..... 0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ ..... 0	\$ ..... 0	\$ ..... 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ ..... 0	\$ ..... 0	\$ ..... 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$ ..... 0
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ ..... 0	\$ ..... 0	\$ ..... 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ ..... 0	\$ ..... 0	\$ ..... 0
3.	2018	2017	
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	..... 760	..... 491	
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ ..... 5,944,591	\$ ..... 7,736,442	
4.	12/31/2018		
	(1)	(2)	
	Ordinary	Capital	
Impact of Tax Planning Strategies			
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	..... 6,490	..... 0	
1. Adjusted Gross DTAs Amount From Note 9A(c)	..... 6,490	..... 0	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	..... 6,490	..... 0	
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	..... 6,490	..... 0	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	..... 6,490	..... 0	
5.	12/31/2017		
	(3)	(4)	
	Ordinary	Capital	
(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	..... 10,654	..... 0	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	..... 0.0	..... 0.0	
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	..... 10,654	..... 0	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	..... 0.0	..... 0.0	
6.	Change		
	(5)	(6)	
	(Col 1-3) Ordinary	(Col 2-4) Capital	
(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	..... (4,164)	..... 0	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	..... 0.0	..... 0.0	
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	..... (4,164)	..... 0	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	..... 0.0	..... 0.0	
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes .....	No .....	
C. Current income taxes incurred consist of the following major components:			
	(1)	(2)	(3)
	12/31/2018	12/31/2017	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ ..... 0	\$ ..... 0	\$ ..... 0
(b) Foreign	\$ ..... 0	\$ ..... 0	\$ ..... 0
(c) Subtotal	\$ ..... 0	\$ ..... 0	\$ ..... 0
(d) Federal income tax on net capital gains	\$ ..... 0	\$ ..... 0	\$ ..... 0
(e) Utilization of capital loss carry-forwards	\$ ..... 0	\$ ..... 0	\$ ..... 0
(f) Other	\$ ..... 0	\$ ..... 0	\$ ..... 0
(g) Federal and foreign income taxes incurred	\$ ..... 0	\$ ..... 0	\$ ..... 0
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ ..... 1,535	\$ ..... 6,580	\$ ..... (5,045)
(2) Unearned premium reserve	\$ ..... 0	\$ ..... 11,110	\$ ..... (11,110)
(3) Policyholder reserves	\$ ..... 0	\$ ..... 0	\$ ..... 0
(4) Investments	\$ ..... 582	\$ ..... 582	\$ ..... 0
(5) Deferred acquisition costs	\$ ..... 0	\$ ..... 0	\$ ..... 0
(6) Policyholder dividends accrual	\$ ..... 0	\$ ..... 0	\$ ..... 0
(7) Fixed assets	\$ ..... 0	\$ ..... 0	\$ ..... 0
(8) Compensation and benefits accrual	\$ ..... 0	\$ ..... 0	\$ ..... 0
(9) Pension accrual	\$ ..... 0	\$ ..... 0	\$ ..... 0
(10) Receivables – nonadmitted	\$ ..... 8,478	\$ ..... 1,892	\$ ..... 6,586
(11) Net operating loss carry-forward	\$ ..... 5,397,563	\$ ..... 5,025,288	\$ ..... 372,275
(12) Tax credit carry-forward	\$ ..... 0	\$ ..... 0	\$ ..... 0
(13) Other (including items <5% of total ordinary tax assets)	\$ ..... 0	\$ ..... 10,655	\$ ..... (10,655)
(99) Subtotal	\$ ..... 5,408,158	\$ ..... 5,056,107	\$ ..... 352,051
(b) Statutory valuation allowance adjustment	\$ ..... 5,401,668	\$ ..... 5,056,107	\$ ..... 345,561
(c) Nonadmitted	\$ ..... 0	\$ ..... 0	\$ ..... 0
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ ..... 6,490	\$ ..... 0	\$ ..... 6,490
(e) Capital:			
(1) Investments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(2) Net capital loss carry-forward	\$ ..... 4,681	\$ ..... 0	\$ ..... 4,681
(3) Real estate	\$ ..... 0	\$ ..... 0	\$ ..... 0
(4) Other (including items <5% of total capital tax assets)	\$ ..... 0	\$ ..... 0	\$ ..... 0
(99) Subtotal	\$ ..... 4,681	\$ ..... 0	\$ ..... 4,681
(f) Statutory valuation allowance adjustment	\$ ..... 0	\$ ..... 0	\$ ..... 0
(g) Nonadmitted	\$ ..... 0	\$ ..... 0	\$ ..... 0
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ ..... 4,681	\$ ..... 0	\$ ..... 4,681
(i) Admitted deferred tax assets (2d + 2h)	\$ ..... 11,171	\$ ..... 0	\$ ..... 11,171
3. Deferred Tax Liabilities:			
(a) Ordinary			

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

(1) Investments	\$ .....	\$ .....	0	\$ .....	0	
(2) Fixed assets	\$ .....	\$ .....	0	\$ .....	0	
(3) Deferred and uncollected premium	\$ .....	\$ .....	0	\$ .....	0	
(4) Policyholder reserves	\$ .....	\$ .....	0	\$ .....	0	
(5) Other (including items<5% of total ordinary tax liabilities)	\$ .....	\$ .....	0	\$ .....	0	
(99) Subtotal	\$ .....	6,490	\$ .....	0	\$ .....	6,490
 (b) Capital:						
(1) Investments	\$ .....	\$ .....	0	\$ .....	0	
(2) Real estate	\$ .....	\$ .....	0	\$ .....	0	
(3) Other (including items <5% of total capital tax liabilities)	\$ .....	4,681	\$ .....	0	\$ .....	4,681
(99) Subtotal	\$ .....	4,681	\$ .....	0	\$ .....	4,681
 (c) Deferred tax liabilities (3a99 + 3b99)			\$ .....	11,171	\$ .....	0
 4. Net deferred tax assets/liabilities (2i – 3c)			\$ .....	0	\$ .....	0

## 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 1/2% of Admitted Assets

See A above and F below.

### C. Change in Terms of Intercompany Agreements

Not applicable

### D. Amounts Due to or from Related Parties

At December 31, 2018, the Company owed to related parties \$58,135 of claims 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.

At December 31, 2018, amounts due to the Parent and its affiliates for related expenses were \$655,544.

### G. Nature of Relationships that Could Affect Operations

Not applicable

### H. Amount Deducted for Investment in Upstream Company

Not applicable

### I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

### J. Write-downs for Impairment of Investments in Affiliates

Not applicable

### K. Investments in Foreign Insurance Subsidiary

Not applicable

### L. Investment in downstream non-insurance holding company

Not applicable

### M. All SCA Investments

Not applicable

### N. Investment in Insurance SCAs

Not applicable

### O. SCA Loss Tracking

Not applicable

## 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

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

Not applicable

12) and 13) Quasi Reorganizations

Not applicable

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments

Not applicable

B. 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**

None

**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**

None

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None

**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)	Net Asset Value (NAV)	Total

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

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)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash equivalents and short-term investments .....	\$ 6,368,693	\$ 6,368,693	\$ 6,368,693	\$ .....	\$ .....	\$ .....	\$ .....
Bonds .....	\$ 398,340	\$ 401,303	\$ .....	\$ 398,340	\$ .....	\$ .....	\$ .....

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

E. State Transferable and Non-transferable Tax Credits

(1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

(4) State Tax Credits Admitted and Nonadmitted

a. Transferable	Total Admitted	Total Nonadmitted
b. Non-transferable	.....	.....

F. Subprime-Mortgage-Related Risk Exposure

None

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

- G. Retained Assets  
None
- H. Insurance-Linked Securities (ILS) Contracts  
None

## 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 .....	
B. ACA fee assessment payable for the upcoming year	\$ .....0	\$ .....76,301
C. ACA fee assessment paid	\$ .....0	\$ .....0
D. Premium written subject to ACA 9010 assessment	\$ .....5,013,254	\$ .....29,933,121
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ .....5,944,591	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ .....5,944,591	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ .....781,954	
H. Would reporting the ACA assessment as of Dec. 31, 2018, have triggered an RBC action level (YES/NO)?	.....NO .....	

## 23. Reinsurance

In 2018, the Company entered a reinsurance policy (effective January 1, 2018) 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, 2018). 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 Rating Downgraded or Status Subject to Revocation  
None

## 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

### A. Method used to accrue retrospective premium

Not applicable

### B. Accrued retrospective premiums are recorded through written premium or as an adjustment to earned premium

Not applicable

### C. Net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written.

Not applicable

### D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

None

### 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	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ .....684
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ .....0
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ .....0
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ .....(859,276)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ .....0
b. Transitional ACA Reinsurance Program Assets	
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	
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	\$ .....0

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.

payments	\$ .....
9. ACA Reinsurance contributions – not reported as ceded premium	\$ .....
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ .....
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ .....
Operations (Revenue & Expense)	
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 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref Receivable (Payable)		
a.	Permanent ACA Risk Adjustment Program											
1.	Premiums adjustments receivable (including high-risk pool payments)	\$ 1,691,604	\$ 831,644	\$ 859,960	\$ 0	\$ (859,276)	\$ 0	A	\$ 684	\$ 0		
2.	Premium adjustments (payable) (including high-risk pool premium)	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 1,691,604	\$ 0	\$ 831,644	\$ 0	\$ 859,960	\$ 0	(859,276)	\$ 0	\$ 684	\$ 0	
b.	Transitional ACA Reinsurance Program											
1.	Amounts recoverable for claims paid	\$ 217,328	\$ 217,328	\$ 0	\$ 0	\$ 0	\$	C	\$ 0	\$ 0	\$ 0	
2.	Amounts recoverable for claims unpaid (contra liability)	\$	\$	\$	\$	\$ 0	\$ 0	\$	D	\$ 0	\$ 0	\$ 0
3.	Amounts receivable relating to uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	E	\$ 0	\$ 0	\$ 0
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	F	\$ 0	\$ 0	\$ 0
5.	Ceded reinsurance premiums payable	\$	\$	\$	\$	\$ 0	\$ 0	\$	G	\$ 0	\$ 0	\$ 0
6.	Liability for amounts held under uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	H	\$ 0	\$ 0	\$ 0
7.	Subtotal ACA Transitional Reinsurance Program	\$ 217,328	\$ 0	\$ 217,328	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0	\$ 0
c.	Temporary ACA Risk Corridors Program											
1.	Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	J	\$ 0	\$ 0	\$ 0
2.	Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$				
3.	Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0	\$ 0
d.	Total for ACA Risk Sharing Provisions	\$ 1,908,932	\$ 0	\$ 1,048,972	\$ 0	\$ 859,960	\$ 0	(859,276)	\$ 0	\$ 684	\$ 0	

#### Explanations of Adjustments

A	Adjust to final report from CMS .....
B	.....
C	.....
D	.....
E	.....
F	.....
G	.....
H	.....
I	.....
J	.....

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 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 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref Receivable (Payable)		
a.	2014											
1.	Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	A	\$ 0	\$ 0	\$ 0
2.	Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	B	\$ 0	\$ 0	\$ 0
b.	2015											
1.	Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	C	\$ 0	\$ 0	\$ 0
2.	Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	D	\$ 0	\$ 0	\$ 0

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	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 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
				Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref
c.	2016									
1.	Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$ 0	\$ 0
2.	Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$ 0	\$ 0
d.	Total for Risk Corridors	\$	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Explanations of Adjustments

A	.....
B	.....
C	.....
D	.....
E	.....
F	.....

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

	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	\$ 0	\$ 0	\$ 0
b.	2015	\$ 2,449,291	\$ 2,449,291	\$ 0	\$ 0	\$ 0
c.	2016	\$ 5,674,284	\$ 5,674,284	\$ 0	\$ 0	\$ 0
d.	Total (a+b+c)	\$ 8,123,575	\$ 8,123,575	\$ 0	\$ 0	\$ 0

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

## 25. Change in Incurred Claims and Claim Adjustment Expenses

	Claims unpaid	Claim Adjustment expenses
Balance at the beginning of the year	\$ 4,253,973	\$ 85,079
Incurred during the year	3,826,797	(75,749)
Paid during the year	(7,614,268)	-
Balance at the end of the year	\$ 466,502	\$ 9,330

## 26. Intercompany Pooling Arrangements

Not applicable

## 27. Structured Settlements

Not applicable

## 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	\$ 0
09/30/2016	\$ 111,934	\$ 22,404	\$ 95,484	\$ 16,450	\$ 0
12/31/2016	\$ 136,201	\$ 136,201	\$ 111,483	\$ 24,717	\$ 0
03/31/2017	\$ 143,094	\$ 143,094	\$ 113,693	\$ 29,400	\$ 0
06/30/2017	\$ 223,845	\$ 223,845	\$ 202,975	\$ 0	\$ 20,870
09/30/2017	\$ 240,735	\$ 240,735	\$ 66,065	\$ 153,505	\$ 21,165
12/31/2017	\$ 263,761	\$ 263,761	\$ 246,292	\$ 0	\$ 17,470
03/31/2018	\$ 45,766	\$ 45,766	\$ 45,766	\$ 0	\$ 0
06/30/2018	\$ 51,273	\$ 51,273	\$ 51,273	\$ 0	\$ 0
09/30/2018	\$ 51,090	\$ 51,090	\$ 0	\$ 0	\$ 0
12/31/2018	\$ 80,543	\$ 0	\$ 0	\$ 0	\$ 0

### B. Risk Sharing Receivables

Not applicable

## 29. Participating Policies

Not applicable

## 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ ..... 0  
 2. Date of the most recent evaluation of this liability ..... 12/31/2018  
 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 December 31, 2018.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

- 1.1 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 [  ] No [  ]
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]
- 1.3 State Regulating? OHIO.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [  ] No [  ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 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 [  ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....
- 3.2 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. ....
- 3.3 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). ....
- 3.4 By what department or departments? Ohio Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [  ] No [  ]
- 4.12 renewals? Yes [  ] No [  ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [  ] No [  ]
- 4.22 renewals? Yes [  ] No [  ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the 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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1 Has the 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 [  ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]
- 7.2 If yes,
- 7.21 State the percentage of foreign control ..... 0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Ernst & Young LLP 1900 Scripps Center, 312 Walnut Street, Cincinnati, Ohio 45202.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Steve Tutewohl, 800 N Glebe Rd. Arlington VA 22203.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company.....
- 12.12 Number of parcels involved.....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....  
20.12 To stockholders not officers \$.....  
20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....  
20.22 To stockholders not officers \$.....  
20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....  
21.22 Borrowed from others \$.....  
21.23 Leased from others \$.....  
21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....  
22.22 Amount paid as expenses \$.....  
22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ X ]
- 24.02 If no, give full and complete information, relating thereto  
The company has bonds that are in guarantee deposit with the state.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- |  |          |
|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2                   | \$.....0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.103 Total payable for securities lending reported on the liability page                                       | \$.....0 |

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ ] No [ X ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ] If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. 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 [ ]

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

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

28.02 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)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**GENERAL INTERROGATORIES**

- 28.05 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
.....	.....
.....	.....
.....	.....

- 28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ X ]

- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ X ]

- 28.06 For those firms or individuals listed in the table for 28.05 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>29.2999 TOTAL</b>		<b>0</b>

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	401,303		(401,303)
30.2 Preferred Stocks.....	0		0
30.3 Totals.....	401,303	0	(401,303)

- 30.4 Describe the sources or methods utilized in determining the fair values:

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ X ] No [ ]

- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ X ] No [ ]

- 31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

- 32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [ X ] No [ ]

- 32.2 If no, list exceptions:

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.****GENERAL INTERROGATORIES**

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - Issuer or obligor is current on all contracted interest and principal payments.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- The security was purchased prior to January 1, 2018.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [ X ]

**OTHER**

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 0

- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 36.1 Amount of payments for legal expenses, if any? \$ .....

- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Squire Patton Boggs.....	\$..... 11,447

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]  
 1.2 If yes, indicate premium earned on U.S. business only. \$ ..... 0  
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$.....  
 1.31 Reason for excluding .....  
 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$.....  
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ ..... 0  
 1.6 Individual policies:  
 Most current three years:  
 1.61 Total premium earned \$ ..... 0  
 1.62 Total incurred claims \$ ..... 0  
 1.63 Number of covered lives ..... 0  
 All years prior to most current three years:  
 1.64 Total premium earned \$ ..... 0  
 1.65 Total incurred claims \$ ..... 0  
 1.66 Number of covered lives ..... 0  
 1.7 Group policies:  
 Most current three years:  
 1.71 Total premium earned \$ ..... 0  
 1.72 Total incurred claims \$ ..... 0  
 1.73 Number of covered lives ..... 0  
 All years prior to most current three years:  
 1.74 Total premium earned \$ ..... 0  
 1.75 Total incurred claims \$ ..... 0  
 1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ ..... 3,845,526	\$ ..... 30,252,431
2.2 Premium Denominator	\$ ..... 3,845,526	\$ ..... 30,252,431
2.3 Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4 Reserve Numerator	\$ ..... 466,502	\$ ..... 4,060,858
2.5 Reserve Denominator	\$ ..... 466,502	\$ ..... 4,253,973
2.6 Reserve Ratio (2.4/2.5)	..... 1.000	..... 0.955

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]  
 3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]  
 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]  
 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]  
 5.2 If no, explain:

5.3 Maximum retained risk (see instructions) 5.31 Comprehensive Medical \$.....  
 5.32 Medical Only \$.....  
 5.33 Medicare Supplement \$.....  
 5.34 Dental and Vision \$.....  
 5.35 Other Limited Benefit Plan \$.....  
 5.36 Other \$.....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]  
 7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 5,147
8.2 Number of providers at end of reporting year	..... 5,468

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]  
 9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....
9.22 Business with rate guarantees over 36 months	.....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or,	Yes [ X ] No [ ]
11.14 A Mixed Model (combination of above) ?	Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
Butler.....	
Clarke.....	
Darke.....	
Greene.....	
Miami.....	
Montgomery.....	
Preble.....	
Shelby.....	
Warren.....	

13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ N/A [ X ] ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) \$.....

15.2 Total incurred claims \$.....

15.3 Number of covered lives .....

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without Secondary Guarantee)						
Universal Life (with or without Secondary Guarantee)						
Variable Universal Life (with or without Secondary Guarantee)						

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**FIVE - YEAR HISTORICAL DATA**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	7,293,978	14,287,641	16,879,421	11,729,907	22,743,165
2. Total liabilities (Page 3, Line 24)	1,349,386	6,651,199	10,379,861	5,948,021	260,002
3. Statutory minimum capital and surplus requirement	0	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33)	5,944,591	7,636,442	6,499,560	5,781,887	22,483,163
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	3,879,624	30,315,261	20,743,466	8,176,903	0
6. Total medical and hospital expenses (Line 18)	3,826,798	25,802,810	24,454,855	10,099,907	0
7. Claims adjustment expenses (Line 20)	207,031	528,969	515,130	422,540	0
8. Total administrative expenses (Line 21)	3,142,292	4,981,052	5,633,055	2,998,689	7,871,673
9. Net underwriting gain (loss) (Line 24)	(3,296,496)	(903,052)	(9,954,092)	(5,344,234)	(7,871,673)
10. Net investment gain (loss) (Line 27)	6,007	4,643	5,666	14,100	(1,732)
11. Total other income (Lines 28 plus 29)	1,630,000	0	0	0	0
12. Net income or (loss) (Line 32)	(1,660,489)	(898,409)	(9,948,426)	(5,330,135)	(7,873,405)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(4,736,133)	(3,007,737)	(7,051,265)	(2,622,109)	(8,147,472)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	5,944,591	7,636,442	6,499,560	5,781,887	22,483,163
15. Authorized control level risk-based capital	781,954	1,555,929	1,603,460	799,089	35,573
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	703	4,911	6,105	2,726	0
17. Total members months (Column 6, Line 7)	9,201	64,594	73,379	28,701	0
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	99.5	85.3	117.9	123.5	0.0
20. Cost containment expenses	7.4	1.8	2.2	4.7	0.0
21. Other claims adjustment expenses	(2.0)	(0.1)	0.3	0.5	0.0
22. Total underwriting deductions (Line 23)	186.6	103.2	148.0	165.4	0.0
23. Total underwriting gain (loss) (Line 24)	(85.7)	(3.0)	(48.0)	(65.4)	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	4,590,894	4,313,115	1,422,231	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	4,253,974	5,062,199	1,942,647	0	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors?* Yes  No

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Plan, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama .....	AL							0	0
2. Alaska .....	AK							0	0
3. Arizona .....	AZ							0	0
4. Arkansas .....	AR							0	0
5. California .....	CA							0	0
6. Colorado .....	CO							0	0
7. Connecticut .....	CT							0	0
8. Delaware .....	DE							0	0
9. District of Columbia .....	DC							0	0
10. Florida .....	FL							0	0
11. Georgia .....	GA							0	0
12. Hawaii .....	HI							0	0
13. Idaho .....	ID							0	0
14. Illinois .....	IL							0	0
15. Indiana .....	IN							0	0
16. Iowa .....	IA							0	0
17. Kansas .....	KS							0	0
18. Kentucky .....	KY							0	0
19. Louisiana .....	LA							0	0
20. Maine .....	ME							0	0
21. Maryland .....	MD							0	0
22. Massachusetts .....	MA							0	0
23. Michigan .....	MI							0	0
24. Minnesota .....	MN							0	0
25. Mississippi .....	MS							0	0
26. Missouri .....	MO							0	0
27. Montana .....	MT							0	0
28. Nebraska .....	NE							0	0
29. Nevada .....	NV							0	0
30. New Hampshire .....	NH							0	0
31. New Jersey .....	NJ							0	0
32. New Mexico .....	NM							0	0
33. New York .....	NY							0	0
34. North Carolina .....	NC							0	0
35. North Dakota .....	ND							0	0
36. Ohio .....	OH	L	4,153,978					4,153,978	0
37. Oklahoma .....	OK							0	0
38. Oregon .....	OR							0	0
39. Pennsylvania .....	PA							0	0
40. Rhode Island .....	RI							0	0
41. South Carolina .....	SC							0	0
42. South Dakota .....	SD							0	0
43. Tennessee .....	TN							0	0
44. Texas .....	TX							0	0
45. Utah .....	UT							0	0
46. Vermont .....	VT							0	0
47. Virginia .....	VA							0	0
48. Washington .....	WA							0	0
49. West Virginia .....	WV							0	0
50. Wisconsin .....	WI							0	0
51. Wyoming .....	WY							0	0
52. American Samoa .....	AS							0	0
53. Guam .....	GU							0	0
54. Puerto Rico .....	PR							0	0
55. U.S. Virgin Islands .....	VI							0	0
56. Northern Mariana Islands .....	MP							0	0
57. Canada .....	CAN							0	0
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....		XXX	4,153,978	0	0	0	0	4,153,978	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX						0	0
61. Total (Direct Business) .....		XXX	4,153,978	0	0	0	0	4,153,978	0
<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	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....		XXX	0	0	0	0	0	0	0

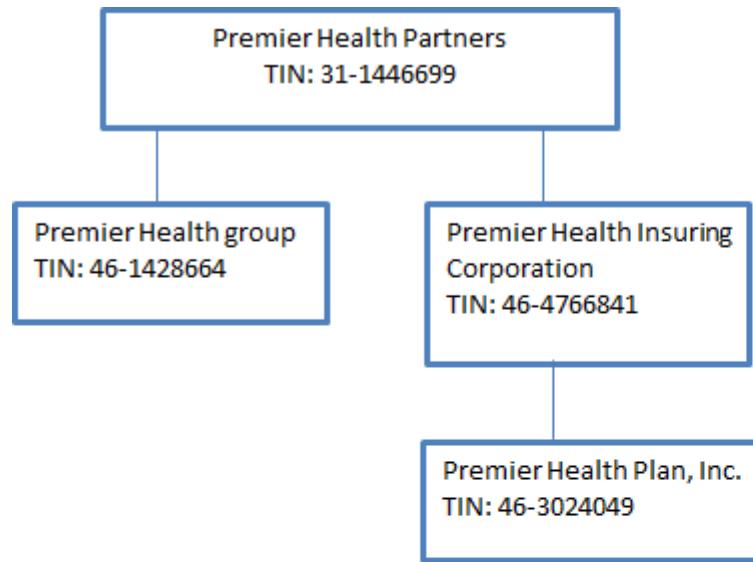
(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 R – Registered – Non-domiciled RRGs ..... 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
N – None of the above – Not allowed to write business in the state lines in the state ..... 56

(b) **Explanation of basis of allocation of premiums by states, etc.**

100% of the premiums is allocated to the State of Ohio.

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



## ALPHABETICAL INDEX

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