



**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 Zip+4)

Internet Web Site Address [www.premierhealthplan.org](http://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
Subscribed and sworn to before me this day of <u>2, 2019</u>		a. Is this an original filing? <input checked="" type="checkbox"/> Yes [ X ] <input type="checkbox"/> No [ ] 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.**

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
Group subscribers: .....						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....				40,372	40,372	40,372
0299999 Total group .....	0	0	0	40,372	40,372	40,372
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	0	0	0	40,372	40,372	40,372

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

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

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

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	871,434	97,039	0	131,633	871,434	
2. Claim overpayment receivables .....					0	
3. Loans and advances to providers .....					0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	871,434	97,039	0	131,633	871,434	0

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

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

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
MIAMI VALLEY HOSPITAL	58,135					58,135
GRANDVIEW MEDICAL CENTER	57,149					57,149
0199999 Individually listed claims unpaid.....	115,285	.0	0	.0	0	115,285
0299999 Aggregate accounts not individually listed-uncovered.....						.0
0399999 Aggregate accounts not individually listed-covered.....	74,698					74,698
0499999 Subtotals.....	189,983	0	0	0	0	189,983
0599999 Unreported claims and other claim reserves.....						276,520
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						466,502
0899999 Accrued medical incentive pool and bonus amounts.....						0

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

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

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

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Premier Health Partners.....	General expenses.....	655,544	655,544	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0199999 Individually listed payables.....	.....	655,544	655,544	0
0299999 Payables not individually listed				
0399999 Total gross payables		655,544	655,544	0

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

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0			0.0	
2. Intermediaries .....	0	0.0			0.0	
3. All other providers .....	0	0.0			0.0	
4. Total capitation payments .....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	329,937	4.3	XXX	XXX		329,937
6. Contractual fee payments .....	6,679,076	87.7	XXX	XXX	3,873,864	2,805,212
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	605,256	7.9	XXX	XXX	169,472	435,784
12. Total other payments .....	7,614,269	100.0	XXX	XXX	4,043,336	3,570,932
13. Total (Line 4 plus Line 12) .....	7,614,269	100 %	XXX	XXX	4,043,336	3,570,932

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

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

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

**NONE**



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

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

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

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

(LOCATION)

NAIC Group Code	04816	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2018								NAIC Company Code	15484
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year .....	4,911	4,163	748									
2. First Quarter .....	832	39	793									
3. Second Quarter .....	788	0	788									
4. Third Quarter .....	720	0	720									
5. Current Year .....	703	0	703									
6. Current Year Member Months .....	9,201	149	9,052									
Total Member Ambulatory Encounters for Year:												
7. Physician .....	3,133	.56	3,077									
8. Non-Physician .....	995	5	990									
9. Total .....	4,128	61	4,067	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred .....	288	0	288									
11. Number of Inpatient Admissions .....	62	0	62									
12. Health Premiums Written (b) .....	4,153,978	(786,608)	4,940,586									
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	4,153,978	(786,608)	4,940,586									
16. Property/Casualty Premiums Earned .....	0											
17. Amount Paid for Provision of Health Care Services .....	7,614,269	3,510,621	4,103,648									
18. Amount Incurred for Provision of Health Care Services .....	4,169,651	394,911	3,774,741									

(a) For health business: number of persons insured under PPO managed care products 589 and number of persons insured under indemnity only products 0

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



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

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

REPORT FOR: 1. CORPORATION

Premier Health Plan, Inc.

NAIC Group Code	04816	BUSINESS IN THE STATE OF Consolidated	1	DURING THE YEAR 2018								(LOCATION)	NAIC Company Code	15484
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:														
1. Prior Year .....			4,911	4,163	748	0	0	0	0	0	0	0	0	0
2. First Quarter .....			832	39	793	0	0	0	0	0	0	0	0	0
3. Second Quarter .....			788	0	788	0	0	0	0	0	0	0	0	0
4. Third Quarter .....			720	0	720	0	0	0	0	0	0	0	0	0
5. Current Year .....			703	0	703	0	0	0	0	0	0	0	0	0
6. Current Year Member Months .....			9,201	149	9,052	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....			3,133	.56	3,077	0	0	0	0	0	0	0	0	0
8. Non-Physician .....			995	5	990	0	0	0	0	0	0	0	0	0
9. Total .....			4,128	61	4,067	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			288	0	288	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions .....			62	0	62	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....			4,153,978	(786,608)	4,940,586	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....			0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....			0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....			4,153,978	(786,608)	4,940,586	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned .....			0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....			7,614,269	3,510,621	4,103,648	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services .....			4,169,651	394,911	3,774,741	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 589 and number of persons insured under indemnity only products 0

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

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

**SCHEDULE S - PART 1 - SECTION 2**

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

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

## **SCHEDULE S - PART 2**

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

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

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Certified - Non-Affiliates - U.S. Non-Affiliates													
16535.....36-4233459.....01/01/2017.....ZURICH AMER INS CO.....NY.....							308,453						
3099999 - General Account - Certified - Non-Affiliates - U.S. Non-Affiliates							308,453	0	0	0	0	0	0
3299999 - General Account - Certified - Non-Affiliates - Total Certified Non-Affiliates							308,453	0	0	0	0	0	0
3399999 - General Account - Total General Account Certified							308,453	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							308,453	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							308,453	0	0	0	0	0	0
9999999 Totals							308,453	0	0	0	0	0	0



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

**SCHEDULE S - PART 5**

**Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating(1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col.12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col.8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 24 / Col. 25)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)						
															16	17	18	19	20	21	22									
9999999	Totals														0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0

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

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

**SCHEDULE S – PART 6**

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

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	308	1,497	1,483	873	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	364	1,700	1,659	626	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	6,769,996		6,769,996
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	363,788		363,788
4. Net credit for ceded reinsurance.....	XXX	363,788	363,788
5. All other admitted assets (Balance).....	160,194		160,194
6. Total assets (Line 28)	7,293,978	363,788	7,657,765
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	466,502		466,502
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	882,884		882,884
15. Total liabilities (Line 24).....	1,349,386		1,349,386
16. Total capital and surplus (Line 33).....	5,944,591	XXX	5,944,591
17. Total liabilities, capital and surplus (Line 34)	7,293,978	0	7,293,978
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance .....	0		0
21. Reinsurance recoverable on paid losses .....	363,788		363,788
22. Other ceded reinsurance recoverables .....	0		0
23. Total ceded reinsurance recoverables .....	363,788		363,788
24. Premiums receivable .....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
26. Unauthorized reinsurance .....	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets .....	0		0
30. Total ceded reinsurance payables/offsets .....	0		0
31. Total net credit for ceded reinsurance	363,788		363,788

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

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

Allocated By States and Territories

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

**NONE**

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

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

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Asterisk Explanation  
 Premier Health Group, LLC is affiliate of Premier Health Insuring Corporation and provide certain services to Premier Health Insuring Corporation and Premier Health Plan. See Note 10.F of Notes to financial statements.....

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

## SCHEDULE Y

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

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

### APRIL FILING

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

### JUNE FILING

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

### AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....
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The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

### MARCH FILING

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

### APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	.....NO.....

### AUGUST FILING

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

11. Not applicable
12. Not applicable
14. Not applicable
15. Not applicable
16. Not applicable
17. Not applicable
18. Not applicable
19. Not applicable
20. Not applicable

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Not applicable

24. Not applicable

25. Not applicable

26. Not applicable

**Bar code:**

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

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

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

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

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

24.   
1 5 4 8 4 2 0 1 8 2 9 0 0 0 0 0 0

25.   
1 5 4 8 4 2 0 1 8 3 0 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 Net Admitted Assets
2504. ACA Risk Score Adjustment.....	.684		684	1,691,604
2597. Summary of remaining write-ins for Line 25 from Page 2	684	0	684	1,691,604

M003 Additional Aggregate Lines for Page 03 Line 23.

\*LIAB - Liabilities

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

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