



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

Premier Health Insuring Corporation

(Name)

NAIC Group Code 04816 (Current Period) , 04816 (Prior Period) NAIC Company Code 15530 Employer's ID Number 46-4766841

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 01/30/2014 Commenced Business 04/22/2014

Statutory Home Office 110 N MAIN ST STE 1200 (Street and Number) , DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)

Main Administrative Office 110 N MAIN ST STE 1200 (Street and Number)

DAYTON, OH, US 45402

(City or Town, State, Country and Zip Code)

937-499-9588

(Area Code) (Telephone Number)

Mail Address 110 N MAIN ST STE 1200 (Street and Number or P.O. Box) , DAYTON, OH, US 45402 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 110 N MAIN ST STE 1200 (Street and Number)

DAYTON, OH, US 45402

(City or Town, State, Country and Zip Code)

937-499-9546

(Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.premierhealthplan.org

Statutory Statement Contact Timothy Henry (Name) , 937-499-9943 (Area Code) (Telephone Number) (Extension)

tehenry@premierhealth.com

(E-Mail Address)

937-641-2740

(Fax Number)

OFFICERS

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

OTHER OFFICERS

Arthur Paul Schoulties #	Assistant Secretary		
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DIRECTORS OR TRUSTEES

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

State of Ohio.

County of Montgomery.

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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 2, 2019

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

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	3,539,716	698,587	0	0	3,539,716	1,973,397
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)	3,539,716	698,587	0	0	3,539,716	1,973,397

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

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

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## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

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

[illegible]

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

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

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Premier Health Insuring Corporation 2. (LOCATION)

NAIC Group Code		04816		BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2018				NAIC Company Code		15530	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year .....	10,013							10,013					
2. First Quarter .....	9,283							9,283					
3. Second Quarter .....	0							0					
4. Third Quarter .....	0							0					
5. Current Year	0							0					
6. Current Year Member Months	28,005							28,005					
Total Member Ambulatory Encounters for Year:													
7. Physician .....	12,972							12,972					
8. Non-Physician .....	2,747							2,747					
9. Total	15,719	0	0	0	0	0	0	15,719	0	0			
10. Hospital Patient Days Incurred	2,586							2,586					
11. Number of Inpatient Admissions	444							444					
12. Health Premiums Written (b).....	22,011,610							22,011,610					
13. Life Premiums Direct.....	0												
14. Property/Casualty Premiums Written.....	0												
15. Health Premiums Earned.....	22,011,610							22,011,610					
16. Property/Casualty Premiums Earned.....	0												
17. Amount Paid for Provision of Health Care Services .....	29,861,819							29,861,819					
18. Amount Incurred for Provision of Health Care Services	20,254,148							20,254,148					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....22,011,610



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Premier Health Insuring Corporation

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

NAIC Group Code		04816		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018					(LOCATION)		NAIC Company Code		15530	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10					
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other					
Total Members at end of:																
1. Prior Year .....		10,013	0	0	0	0	0	0	10,013	0	0					
2. First Quarter .....		9,283	0	0	0	0	0	0	9,283	0	0					
3. Second Quarter .....		0	0	0	0	0	0	0	0	0	0					
4. Third Quarter .....		0	0	0	0	0	0	0	0	0	0					
5. Current Year		0	0	0	0	0	0	0	0	0	0					
6. Current Year Member Months		28,005	0	0	0	0	0	0	28,005	0	0					
Total Member Ambulatory Encounters for Year:																
7. Physician .....		12,972	0	0	0	0	0	0	12,972	0	0					
8. Non-Physician .....		2,747	0	0	0	0	0	0	2,747	0	0					
9. Total		15,719	0	0	0	0	0	0	15,719	0	0					
10. Hospital Patient Days Incurred		2,586	0	0	0	0	0	0	2,586	0	0					
11. Number of Inpatient Admissions		444	0	0	0	0	0	0	444	0	0					
12. Health Premiums Written (b).....		22,011,610	0	0	0	0	0	0	22,011,610	0	0					
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned.....		22,011,610	0	0	0	0	0	0	22,011,610	0	0					
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services .....		29,861,819	0	0	0	0	0	0	29,861,819	0	0					
18. Amount Incurred for Provision of Health Care Services		20,254,148	0	0	0	0	0	0	20,254,148	0	0					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....22,011,610

30.GT

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

## SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

## SCHEDULE S - PART 2

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

[illegible]

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## 33

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

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.....	0	0	0	0	0
2. Title XVIII-Medicare.....	272	1,300	966	752	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	15	354	478	223	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	10,289,356		10,289,356
2. Accident and health premiums due and unpaid (Line 15).....	1,203,261		1,203,261
3. Amounts recoverable from reinsurers (Line 16.1).....	14,783		14,783
4. Net credit for ceded reinsurance.....	XXX	14,783	14,783
5. All other admitted assets (Balance).....	3,616		3,616
6. Total assets (Line 28)	11,511,017	14,783	11,525,800
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	249,901	0	249,901
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).....	2,799,799		2,799,799
15. Total liabilities (Line 24).....	3,049,700	0	3,049,700
16. Total capital and surplus (Line 33).....	8,461,317	XXX	8,461,317
17. Total liabilities, capital and surplus (Line 34)	11,511,017	0	11,511,017
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	14,783		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	14,783		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	14,783		

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

Allocated By States and Territories

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

NONE

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

Asterisk	Explanation

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Premier Health Insuring Corporation

## SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1.

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

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

Will an actuarial opinion be filed by March 1?

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

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

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

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

.....YES.....

APRIL FILING

5.

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

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

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

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

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

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

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

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

.....YES.....

AUGUST FILING

10.

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

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **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.....

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 5 3 0 2 0 1 8 3 6 0 5 9 0 0 0

12.

  
1 5 5 3 0 2 0 1 8 2 0 5 0 0 0 0 0

16.

  
1 5 5 3 0 2 0 1 8 3 6 5 0 0 0 0 0

20.

  
1 5 5 3 0 2 0 1 8 3 0 6 0 0 0 0 0

21.

  
1 5 5 3 0 2 0 1 8 2 1 1 5 9 0 0 0

24.

  
1 5 5 3 0 2 0 1 8 2 9 0 0 0 0 0 0

25.

  
1 5 5 3 0 2 0 1 8 3 0 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

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

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Part D Risk Sharing.....	350,928		350,928	171,654
2397. Summary of remaining write-ins for Line 23 from Page 03	350,928	0	350,928	171,654

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

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