



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
Gateway Health Plan of Ohio, Inc.

NAIC Group Code	0812 (Current Period)	0812 (Prior Period)	NAIC Company Code	12325	Employer's ID Number	30-0282076
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	11/05/2004		Commenced Business	09/01/2005		
Statutory Home Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)					
	Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)		(412)255-4640 (Area Code) (Telephone Number)			
Mail Address	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number or P.O. Box)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	c/o Thompson Hine LLP, 41 S High St, Suite 1700 (Street and Number)					
	Columbus, OH, US 43215-6101 (City or Town, State, Country and Zip Code)		(614)469-3268 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com					
Statutory Statement Contact	John Charles Engel (Name)		(412)255-4678 (Area Code)(Telephone Number)(Extension)			
	jengel@gatewayhealthplan.com (E-Mail Address)		(412)255-4670 (Fax Number)			

OFFICERS

Name	Title
Patricia Joan Darnley	President and CEO #
Karen Arcidiacono Barringer	Secretary
Cecil Eric Huss	Treasurer
Philomena Marie Demeter	Assistant Secretary #
Alicia Jacqueline Hawkins	Assistant Secretary #

OTHERS

Cecil Eric Huss	Margaret Rose Worek
Marcia Ann Martin	Karen Arcidiacono Barringer
Michael Anthony Madden MD	Augustine Odiaka Ifedirah DDS
Marie Joann Glancy #	Mark Allan Lantzy #
Kara Marie House #	

DIRECTORS OR TRUSTEES

Nanette Paden DeTurk	Mark Thomas Bullock
Michael George Warfel	Joseph Hugh Bradley
Deborah Lynn Rice-Johnson (formerly Rice)	

State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)	(Signature)	(Signature)
Patricia Joan Darnley	Karen Arcidiacono Barringer	Mark Allan Lantzy
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2015

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 _____

(Notary Public Signature)

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 Subtotal - Group Subscribers: .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities	2,338	1,534	1,218	59,699	8,434	56,356
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	2,338	1,534	1,218	59,699	8,434	56,356

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	75,198	57,148			6,658	125,688
0199999 Subtotal - Pharmaceutical Rebate Receivables	75,198	57,148			6,658	125,688
0299998 Claim Overpayment Receivables - Not Individually Listed	5,151				5,151	
0299999 Subtotal - Claim Overpayment Receivables	5,151				5,151	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	80,349	57,148			11,809	125,688

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables		56,602	.....	132,346	.....	.....
2. Claim overpayment receivables		3,538	.....	5,151	.....	.....
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)		60,140	.....	137,498	.....	.....

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)
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
Individually Listed Claims Unpaid						
0199999 Total - Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	264,911	367				265,278
0499999 Subtotals	264,911	367				265,278
0599999 Unreported claims and other claim reserves						1,414,605
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						1,679,883
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Gateway Health Plan, L.P.	1,569,388					1,569,388	
0199999 Total - Individually listed receivables	1,569,388					1,569,388	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,569,388					1,569,388	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Gateway Health Plan, Inc.	Managment Services	1,422,506	1,422,506	
0199999 Total - Individually Listed Payables	X X X	1,422,506	1,422,506	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	1,422,506	1,422,506	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	123,826	2.442	7,660	717.228	123,826	
3. All other providers	52,476	1.035	7,660	717.228		52,476
4. TOTAL Capitation Payments	176,302	3.477	15,320	1,434.457	123,826	52,476
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	4,894,832	96.523	X X X	X X X	1,713	4,893,119
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	4,894,832	96.523	X X X	X X X	1,713	4,893,119
13. TOTAL (Line 4 plus Line 12)	5,071,134	100.000	X X X	X X X	125,538	4,945,596

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	DAVIS VISION	32,800	2,733		
89070	UNITED CONCORDIA COMPANIES INC	91,026	7,585	352,329,628	43,624,784
9999999 TOTALS		123,826	X X X	X X X	X X X

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 .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 0812 BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR NAIC Company Code 12325

	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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	369							369		
3. Second Quarter	517							517		
4. Third Quarter	853							853		
5. Current Year	1,068							1,068		
6. Current Year Member Months	7,660							7,660		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,556							4,556		
8. Non-Physician	2,744							2,744		
9. TOTAL	7,300							7,300		
10. Hospital Patient Days Incurred	2,375							2,375		
11. Number of Inpatient Admissions	288							288		
12. Health Premiums Written (b)	7,540,052							7,540,052		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7,540,052							7,540,052		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,071,134							5,071,134		
18. Amount Incurred for Provision of Health Care Services	6,613,519							6,613,519		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,540,052



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	369							369		
3. Second Quarter	517							517		
4. Third Quarter	853							853		
5. Current Year	1,068							1,068		
6. Current Year Member Months	7,660							7,660		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,556							4,556		
8. Non-Physician	2,744							2,744		
9. TOTAL	7,300							7,300		
10. Hospital Patient Days Incurred	2,375							2,375		
11. Number of Inpatient Admissions	288							288		
12. Health Premiums Written (b)	7,540,052							7,540,052		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7,540,052							7,540,052		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,071,134							5,071,134		
18. Amount Incurred for Provision of Health Care Services	6,613,519							6,613,519		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,540,052

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93440	06-1041332	01/01/2014	HM LIFE INS CO	PA	SSL/A/I	MR	7,496						
93440	06-1041332	10/01/2014	HM LIFE INS CO	PA	SSL/A/I	MR	9,311						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							16,807						
1099999 Total - General Account - Authorized - Non-Affiliates							16,807						
1199999 Total - General Account Authorized							16,807						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							16,807						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							16,807						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							16,807						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	17				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				X X X	X X X
18. Funds deposited by and withheld from (F)				X X X	X X X
19. Letters of credit (L)				X X X	X X X
20. Trust agreements (T)				X X X	X X X
21. Other (O)				X X X	X X X

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	6,864,945		6,864,945
2. Accident and health premiums due and unpaid (Line 15)	125,074		125,074
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	2,040,739		2,040,739
6. TOTAL Assets (Line 28)	9,030,758		9,030,758
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,679,883		1,679,883
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	130		130
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	3,125,642		3,125,642
15. TOTAL Liabilities (Line 24)	4,805,654		4,805,654
16. TOTAL Capital and Surplus (Line 33)	4,225,104	X X X	4,225,104
17. TOTAL Liabilities, Capital and Surplus (Line 34)	9,030,758		9,030,758
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	00000	45-3674900	0000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	45-3674924	0000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	54771	23-1294723	0000000000	0000000000		HIGHMARK INC	PA	UDP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	46-3823617	0000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	00000000
812	Highmark	00000		0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	HIGHMARK HEALTH	Board of Directors	0.5	HIGHMARK HEALTH	00000000
812	Highmark	00000	45-3444157	0000000000	0000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	00000000
812	Highmark	00000		0000000000	0000000000		PETERS AMBULATORY SURGERY CENTER	PA	NIA	ALLEGHENY CLINIC	Ownership	18.0	HIGHMARK HEALTH	00000000
812	Highmark	00000	45-3913973	0000000000	0000000000		PHYSICIAN LANDING ZONE PC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	25-1742869	0000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	00000000
812	Highmark	00000	45-3444325	0000000000	0000000000		PWH HOLDCO	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	25-1260215	0000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	00000000
812	Highmark	00000		0000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000		0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	0.5	HIGHMARK HEALTH	00000000
812	Highmark	00000	25-0965547	0000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	25-1406710	0000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	25-0969492	0000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	20-5855753	0000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000		0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	00000000
812	Highmark	00000	23-2939715	0000000000	0000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	00000000
812	Highmark	00000	20-1017545	0000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	00000000
812	Highmark	00000	27-3459870	0000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	00000000
812	Highmark	00000	05-0591755	0000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	00000000
812	Highmark	00000	05-0544042	0000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	00000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION							
812	Highmark	00000		000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	80.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		VANTAGE HME LIMITED	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	03-0477182	000000000	0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	45.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	11-2958041	000000000	0000000000		DAVIS VISION IPA, INC.	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	0000000
812	Highmark	12325	30-0282076	000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	NY	NIA	DAVIS VISION, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	96938	25-1505506	000000000	0000000000		GATEWAY HEALTH PLAN, INC.	OH	RE	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		HSSC DIVERSIFIED SERVICES, INC	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1203449	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER HEALTH PAVILION	PA	NIA	HEALTH SYSTEM SERVICE CORPORATION	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	51-0383213	000000000	0000000000		DELAWARE ANCILLARY INSURANCE AGENCY	PA	NIA	HEALTH SYSTEM SERVICE CORPORATION	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	47-1817274	000000000	0000000000		HIGHMARK BCBSD	DE	NIA	HIGHMARK BCBSD INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	51-0293417	000000000	0000000000		HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1494238	000000000	0000000000		THE GATEWAY GROUP, LTD	DE	NIA	HIGHMARK BCBSD INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	60147	23-2905083	000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1691945	000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	40.1	HIGHMARK HEALTH	0000000
812	Highmark	11435	75-3002215	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	0000000
812	Highmark	53287	51-0020405	000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	15508	46-4763378	000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	15507	46-4757476	000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1876666	000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	45-3999145	000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	10131	20-2353206	000000000	0000000000		HIGHMARK HIE, LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	15460	46-4156633	000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1645888	000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	54828	55-0624615	000000000	0000000000		HIGHMARK VENTURES INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark						HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	71768	54-1637426	000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1646315	000000000	0000000000		HM INSURANCE GROUP, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	96601	23-2413324	000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1801124	000000000	0000000000		HVHC INC.	DE	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	22-2724721	000000000	0000000000		INDEPENDENCE BLUE CROSS AND HIGHMARK BLUE SHIELD CARING FOUNDATION FOR CHILDREN	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	53252	23-2063810	000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	54763	23-0724427	000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1712017	000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	95048	25-1522457	000000000	0000000000		KEYSTONE HEALTH PLAN WEST, INC.	PA	IA	HIGHMARK INC.	Ownership	24.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		NATIONAL INSTITUTE FOR HEALTHCARE	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1668093	000000000	0000000000		REMWORKS SLEEP STORE INC.	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1668093	000000000	0000000000		STANDARD PROPERTY CORPORATION	DE	NIA	HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH	0000000
812	Highmark	89070	25-1687586	000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	IA	HIGHMARK INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
812	Highmark	15459	46-4156854	000000000	0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	PA	IA	HIGHMARK VENTURES INC.	Ownership		HIGHMARK HEALTH	0000000
812	Highmark	00000	55-0625743	000000000	0000000000		PARKER BENEFITS, INC.	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	55-0625743	000000000	0000000000		PARKER BENEFITS, INC.	WV	NIA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	15020	45-2763165	000000000	0000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC	PA	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	44.0	HIGHMARK HEALTH	0000000
812	Highmark	35599	25-1334623	000000000	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HIGHMARK WEST VIRGINIA INC.	Ownership		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1128451	000000000	0000000000		HM INSURANCE GROUP, INC.	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1128451	000000000	0000000000		HM BENEFITS ADMINISTRATORS, INC.	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	23-2384777	000000000	0000000000		HM BROKER SERVICES, INC.	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	12720	65-1274122	000000000	0000000000		HM CAPTIVE INSURANCE COMPANY	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	13016	87-0807723	000000000	0000000000		HM CASUALTY INSURANCE COMPANY	VT	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark						HM CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
41.3	812 Highmark	93440	06-1041332	000000000	0000000000	.....	HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	60213	25-1800302	000000000	0000000000	.....	HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	65-0611820	000000000	0000000000	.....	RISK BASED SOLUTIONS, L.C	FL	NIA	HM LIFE INSURANCE COMPANY	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	.....	000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-3761429	000000000	0000000000	.....	HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	.....	000000000	0000000000	.....	KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	90-0996509	000000000	0000000000	.....	MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	.....	000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	HMPG INC.	Board of Directors	47.5	HIGHMARK HEALTH	0000000
	812 Highmark	00000	30-0705035	000000000	0000000000	.....	PROMEDIX LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-3750206	000000000	0000000000	.....	PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	0000000
	812 Highmark	00000	46-2138706	000000000	0000000000	.....	GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-5235291	000000000	0000000000	.....	OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	35-2483160	000000000	0000000000	.....	PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	30-0791512	000000000	0000000000	.....	PRINCIPO ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	27-3033308	000000000	0000000000	.....	SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	27-3035436	000000000	0000000000	.....	SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	90-0970618	000000000	0000000000	.....	SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	32-0371926	000000000	0000000000	.....	WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	11-3051991	000000000	0000000000	.....	DAVIS VISION, INC.	NY	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	74-2337775	000000000	0000000000	.....	VISIONWORKS OF AMERICA, INC.	TX	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	23-2219720	000000000	0000000000	.....	PREFERRED HEALTH SYSTEMS, INCORPORATED	PA	NIA	INTER-COUNTY HOSPITALIZATION PLAN, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1524682	000000000	0000000000	.....	JENKINS EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1684735	000000000	0000000000	.....	FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors .....	.....	HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-3355906	000000000	0000000000	.....	GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors .....	.....	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1403745	000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	100.0	HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	00000	30-0477313	000000000	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	0000000
812	Highmark	00000	80-0069336	000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	86-1159658	000000000	0000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	72-1529332	000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	20-1634783	000000000	0000000000		JRMC/UPMC CANCER ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PACE RE LTD	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	5.9	HIGHMARK HEALTH	0000000
812	Highmark	00000	90-0925581	000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	46-3274101	000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	38-3807173	000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	80-0494617	000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	90-0614054	000000000	0000000000		PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PRIMARY CARE GROUP 13, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PRIMARY CARE GROUP 14, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	90-0451375	000000000	0000000000		PRIMARY CARE GROUP 2, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	90-0451380	000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	80-0403090	000000000	0000000000		PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	80-0403100	000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	90-0503600	000000000	0000000000		PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1287041	000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	01-0927360	000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	01-0929359	000000000	0000000000		PRIMARY CARE GROUP 9, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	26-4194208	000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
41.5	812 Highmark	00000		000000000	0000000000		SOUTH HILLS SURGICAL CENTER, LLC	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	0000000
	812 Highmark	00000		000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	35-2367818	000000000	0000000000		SPECIALTY GROUP PRACTICE 1, INC	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-3540378	000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	72-1529328	000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1844485	000000000	0000000000		UPMC VNA HOME HEALTH	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	26-3112347	000000000	0000000000		UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	1.3	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1898743	000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1874990	000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1824465	000000000	0000000000		EMPLOYEE BENEFIT DATA SERVICES COMPANY	PA ..	NIA ..	KEYSTONE HEALTH PLAN WEST, INC.	Ownership	99.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1845908	000000000	0000000000		UNION BENEFIT MANAGEMENT, INC.	PA ..	NIA ..	KEYSTONE HEALTH PLAN WEST, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	45-5080712	000000000	0000000000		HMPG PHARMACY LLC	PA ..	NIA ..	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	90-0812390	000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA ..	NIA ..	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1631855	000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA ..	NIA ..	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC.	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1181389	000000000	0000000000		COMMUNITY BLOOD BANK	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1430922	000000000	0000000000		ENERGYCARE, INC	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1856341	000000000	0000000000		REGIONAL HEART NETWORK	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-0966611	000000000	0000000000		SAINT VINCENT HEALTH CENTER AUXILIARY, INC.	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000		000000000	0000000000		SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	812 Highmark	00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA ..	NIA ..	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	00000	25-1498145	000000000	0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1403846	000000000	0000000000		CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors	5.9	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1385705	000000000	0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	83-0371265	000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	20-3784338	000000000	0000000000		SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1679140	000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1669168	000000000	0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	16-0743222	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	STANDARD PROPERTY CORPORATION	Ownership	75.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	45-3750206	000000000	0000000000		PROVIDER PPI LLC	PA	NIA	TITUSVILLE AREA HOSPITAL	Ownership	0.5	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1824465	000000000	0000000000		EMPLOYEE BENEFIT DATA SERVICES COMPANY	PA	NIA	UNION BENEFIT MANAGEMENT, INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
812	Highmark	47038	63-1028262	000000000	0000000000		UNITED CONCORDIA DENTAL CORPORATION OF ALABAMA	AL	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	95789	23-7328765	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	52048	61-1012900	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.	KY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	47089	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	95160	74-2489037	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000

41.6

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	96150	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	95253	52-1542269	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	60222	11-3008245	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	62294	23-1661402	000000000	0000000000		UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	37-1494957	000000000	0000000000		UNITED CONCORDIA SERVICES, INC.	NM	NIA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	85766	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	74-2759084	000000000	0000000000		ECCA MANAGED VISION CARE, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	14-1586016	000000000	0000000000		EMPIRE VISION CENTER, INC.	NY	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	74-2924030	000000000	0000000000		EYEDRX RETAIL MANAGEMENT, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	74-2849554	000000000	0000000000		VISIONARY PROPERTIES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	74-2849552	000000000	0000000000		VISIONARY RETAIL MANAGEMENT, LLC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	04-3742989	000000000	0000000000		VISIONWORKS DISTRIBUTION SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	35-2196998	000000000	0000000000		VISIONWORKS ENTERPRISES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	04-3742977	000000000	0000000000		VISIONWORKS LAB SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	02-0677066	000000000	0000000000		VISIONWORKS, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		5148 LIBERTY AVENUE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1838458	000000000	0000000000		MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	45.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1838457	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1320493	000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1875178	000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
812	Highmark	00000	23-2899534	000000000	0000000000		BURN CARE ASSOCIATES, LTD	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1737079	000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1798379	000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	23-2894939	000000000	0000000000		MEDICAL CENTER CLINIC, PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		NORTH SHORE EDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	20.0	HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors	39.6	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1472073	000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	20-1107650	000000000	0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000	11-3683376	000000000	0000000000		WEST PENN ALLEGHENY ONCOLOGY NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
812	Highmark	00000		000000000	0000000000		WEST PENN ALLEGHENY SURGERY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	51.0	HIGHMARK HEALTH	0000000
812	Highmark	00000	25-1437405	000000000	0000000000		WEST PENN CORPORATE MEDICAL SERVICES, INC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	
812	Highmark	00000	25-1470766	000000000	0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	
812	Highmark	00000	26-1630719	000000000	0000000000		WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	
812	Highmark	00000		000000000	0000000000		PETERS AMBULATORY SURGERY CENTER	PA	NIA	WEST PENN ALLEGHENY SURGERY CENTER	Ownership	82.0	HIGHMARK HEALTH	
812	Highmark	00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	
812	Highmark	00000		000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	
812	Highmark	00000	23-7029185	000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	
812	Highmark	00000	22-2270533	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	

41.8

Asterisk	Explanation
0000001	Footnote

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	25-1691945	GATEWAY HEALTH PLAN, L.P.					127,059	232,883			359,942	(266,066)
11435	75-3002215	HCI, INC.					(445,505)				(445,505)	
53287	51-0020405	HIGHMARK BCBSD INC					(65,624,700)	421,441			(65,203,259)	(5,794)
00000	25-1646315	HM INSURANCE GROUP					(2,161,396)				(2,161,396)	
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY				3,935,681	13,241,889	(2,921,456)			14,256,114	10,367,812
13016	87-0807723	HM CASUALTY INSURANCE COMPANY				155,740	11,543,361	9,620,284			21,319,385	(3,978,634)
93440	06-1041332	HM LIFE INSURANCE COMPANY				1,101,916	19,862,679	(6,180,955)			14,783,640	(7,548,071)
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NY					6,778,627				6,778,627	
00000	25-1128451	HM BENEFITS ADMINISTRATORS				(4,658,274)	1,796,935				(2,861,339)	
00000	25-2384777	HM BROKER SERVICES				(1,615,063)	96,532				(1,518,531)	
12720	65-1274122	HM CAPTIVE INSURANCE COMPANY					47,239	(113,684)			(66,445)	5,501,941
00000	65-0611820	RISK BASED SOLUTIONS					(2,452,312)				(2,452,312)	
15508	46-4763378	HIGHMARK BENEFITS GROUP INC		1,500,000							1,500,000	
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC		1,500,000							1,500,000	
10131	20-2353206	HIGHMARK SELECT RESOURCES INC.	(22,500,000)				335,189				(22,164,811)	
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY		2,000,000							2,000,000	
00000	25-1645888	HIGHMARK VENTURES INC.					(882,200)				(882,200)	
00000	00-0000000	REMWORKS SLEEP STORE INC.		1,600,000							1,600,000	
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.		(5,000,000)			(77,520,164)	(570,853)			(83,091,018)	(1,031,913)
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY		2,500,000							2,500,000	
00000	55-0625743	PARKER BENEFITS, INC.		2,500,000							2,500,000	
15020	45-2763165	WEST VIRGINIA FAMILY HEALTH PLAN, INC										
71768	54-1637426	HM HEALTH INSURANCE COMPANY	(150,000,000)				(153,016,252)	(83,977,907)		1,366,827	(385,627,332)	9,776,675
00000	25-1524682	JENKINS EMPIRE ASSOCIATES	(360,000)				(12,461)				(372,461)	
00000	45-3444625	HMPG INC.					187,852			43,273,693	43,461,545	
00000	25-0969492	WEST PENN ALLEGHENY HEALTH SYSTEM					1,491,959			100,000,000	101,491,959	
54763	23-0724427	INTER-COUNTY HOSPITALIZATION PLAN, INC.								(52,600)	(52,600)	
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.					(4,681)	143,212		(45,400)	93,131	(1,378,862)
95048	25-1522457	KEYSTONE HEALTH PLAN WEST, INC.					(134,951,966)	97,392,500		(250,054,846)	(287,614,312)	4,825,049
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC	(39,000,000)				80,869,641	(4,112,737)		2,061,178	39,818,082	
47038	63-1028262	UNITED CONCORDIA DENTAL CORPORATION OF ALABAMA					(462,672)			(10,145)	(472,817)	
47089	23-2541529	UNITED CONCORDIA DENTAL PLAN OF PENNSYLVANIA, INC.					(2,542,264)			413,676	(2,128,588)	
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	(2,000,000)				(1,408,194)			(1,395,812)	(4,804,006)	
52048	61-1012900	UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.					(68,104)			1,243	(66,861)	
96150	38-2289438	UNITED CONCORDIA DENTAL PLANS OF MIDWEST, INC.					(406,543)			(590,042)	(996,585)	
95160	74-2489037	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.					(158,093)			(133,893)	(291,986)	
95253	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.					(1,961,568)			(706,581)	(2,668,149)	
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY		5,000,000			(21,898,201)			(2,446,922)	(19,345,123)	
60222	11-3008245	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK					(502,375)			(698,084)	(1,200,459)	
62294	23-1661402	UNITED CONCORDIA LIFE AND HEALTH INSURANCE CO.	(34,000,000)	(5,000,000)			(47,274,730)	6,423,820		(64,348,078)	(144,198,988)	1,195,646

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	25-1801124	HVHC INC.					(46,870,064)				(46,870,064)	
54771	23-1294723	HIGHMARK INC.	247,860,000	(6,600,000)		1,080,000	424,245,483	(16,356,548)		173,365,787	823,594,721	(17,457,783)
9999999	Control Totals						0	0	X X X	0	0	0

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it 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 Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. 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? No
16. 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? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
18. 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 file electronically with the NAIC by March 1? No
19. 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? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
25. 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? No
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
1232520143600000 2014 Document Code: 360

Health Life Supplement
1232520142050000 2014 Document Code: 205

Health Property / Casualty Supplement
1232520142070000 2014 Document Code: 207

Schedule SIS
1232520144200000 2014 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
1232520143710000 2014 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
1232520143700000 2014 Document Code: 370

Medicare Part D Coverage Supplement
1232520143650000 2014 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
1232520142240000 2014 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
1232520142250000 2014 Document Code: 225

Approval for Relief related to Require. for Audit Committees
1232520142260000 2014 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



1232520143060000 2014 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



12325201421100000 2014 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



12325201421300000 2014 Document Code: 213

Supplemental Health Care Exhibit



12325201421600000 2014 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



12325201421700000 2014 Document Code: 217

OVERFLOW PAGE FOR WRITE-INS

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**INDEX TO HEALTH
ANNUAL STATEMENT**

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14