



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2015  
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 CT Corporation System, 1300 East 9th Street (Street and Number)					
	Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		(216)802-2121 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com					
Statutory Statement Contact	Robert Doughton Church, Jr. (Name)		(412)255-1305 (Area Code)(Telephone Number)(Extension)			
	rchurch@gatewayhealthplan.com (E-Mail Address)		(412)255-1305 (Fax Number)			

OFFICERS

Name	Title
Patricia Joan Darnley	President and CEO
Karen Arcidiacono Barringer	Secretary
Emil James Hynek Jr.	Assistant Treasurer #
Sharon Marsonek Kelley	Treasurer #

OTHERS

Robert Doughton Church Jr., VP Fraud and Abuse #

DIRECTORS OR TRUSTEES

Nanette Paden DeTurk	Mark Thomas Bullock
Michael George Warfel	Deborah Lynn Rice-Johnson (formerly Rice)
Benjamin Ryland Carter #	Susan Rita Croushore #

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	Sharon Marsonek Kelley
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
_____ day of _____, 2016	b. If no,	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

\_\_\_\_\_  
(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D) .....	1,209,302		1,209,302	1,217,243
2.	Stocks (Schedule D)				
2.1	Preferred stocks .....				
2.2	Common Stocks .....				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....101,807, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....21,935,371, Schedule DA) .....	22,037,177		22,037,177	5,647,702
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives (Schedule DB) .....				
8.	Other invested assets (Schedule BA) .....				
9.	Receivables for securities .....				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	23,246,479		23,246,479	6,864,945
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	53,859		53,859	25,371
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	295,659	77,793	217,865	56,356
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....83,702) and contracts subject to redetermination (\$.....0) .....	83,702		83,702	68,718
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....				
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....	18,186		18,186	1,897
17.	Amounts receivable relating to uninsured plans .....	1,016,196		1,016,196	318,395
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	211,983		211,983	1,569,388
24.	Health care (\$.....1,111,175) and other amounts receivable .....	1,302,704	191,529	1,111,175	125,688
25.	Aggregate write-ins for other than invested assets .....	34,322	34,322		
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	26,263,091	303,644	25,959,447	9,030,758
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	26,263,091	303,644	25,959,447	9,030,758
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid Assets .....	32,072	32,072		
2502.	Miscellaneous A/R OHOH .....	2,250	2,250		
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	34,322	34,322		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	14,397,303		14,397,303	1,679,883
2.	Accrued medical incentive pool and bonus amounts .....				
3.	Unpaid claims adjustment expenses .....	531,078		531,078	59,327
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	879,300		879,300	1,510,379
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserves .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	2,073		2,073	130
9.	General expenses due or accrued .....	445,415		445,415	95,706
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				37,723
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	1,519,455		1,519,455	1,422,506
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....	1,216		1,216	
24.	TOTAL Liabilities (Lines 1 to 23) .....	17,775,839		17,775,839	4,805,654
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	24,786,235	19,786,235
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	(16,602,627)	(15,561,131)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	8,183,608	4,225,104
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	25,959,447	9,030,758
DETAILS OF WRITE-INS					
2301.	Escheat Liability Medicare .....	1,216		1,216	
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	1,216		1,216	
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....	73,213	7,660
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	59,868,611	7,523,245
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....		
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....		
5.	Risk revenue .....	X X X .....		
6.	Aggregate write-ins for other health care related revenues .....	X X X .....		
7.	Aggregate write-ins for other non-health revenues .....	X X X .....		
8.	TOTAL Revenues (Lines 2 to 7) .....	X X X .....	59,868,611	7,523,245
Hospital and Medical:				
9.	Hospital/medical benefits .....		36,951,661	4,620,278
10.	Other professional services .....		7,092,629	710,466
11.	Outside referrals .....			
12.	Emergency room and out-of-area .....		2,209,750	248,992
13.	Prescription drugs .....		6,607,487	836,829
14.	Aggregate write-ins for other hospital and medical .....		1,948,536	196,953
15.	Incentive pool, withhold adjustments and bonus amounts .....			
16.	Subtotal (Lines 9 to 15) .....		54,810,062	6,613,518
Less:				
17.	Net reinsurance recoveries .....			
18.	TOTAL Hospital and Medical (Lines 16 minus 17) .....		54,810,062	6,613,518
19.	Non-health claims (net) .....			
20.	Claims adjustment expenses, including \$.....383,799 cost containment expenses .....		3,773,833	3,060,333
21.	General administrative expenses .....		3,775,343	2,936,792
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(1,494,665)	1,494,665
23.	TOTAL Underwriting Deductions (Lines 18 through 22) .....		60,864,573	14,105,308
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(995,962)	(6,582,063)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		27,368	14,099
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27.	Net investment gains (losses) (Lines 25 plus 26) .....		27,368	14,099
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....3,669)] .....		(3,669)	
29.	Aggregate write-ins for other income or expenses .....			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	(972,263)	(6,567,964)
31.	Federal and foreign income taxes incurred .....	X X X .....		
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(972,263)	(6,567,964)
DETAILS OF WRITE-INS				
0601.	.....	X X X .....		
0602.	.....	X X X .....		
0603.	.....	X X X .....		
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....		
0701.	.....	X X X .....		
0702.	.....	X X X .....		
0703.	.....	X X X .....		
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....		
1401.	DME .....		1,781,340	172,075
1402.	Hearing Hardware .....		68,616	24,878
1403.	Transportation Costs .....		98,580	
1498.	Summary of remaining write-ins for Line 14 from overflow page .....			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		1,948,536	196,953
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page .....			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year .....	4,225,104	2,527,480
34.	Net income or (loss) from Line 32 .....	(972,263)	(6,567,964)
35.	Change in valuation basis of aggregate policy and claim reserves .....		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....		
37.	Change in net unrealized foreign exchange capital gain or (loss) .....		
38.	Change in net deferred income tax .....		
39.	Change in nonadmitted assets .....	(69,233)	(234,412)
40.	Change in unauthorized and certified reinsurance .....		
41.	Change in treasury stock .....		
42.	Change in surplus notes .....		
43.	Cumulative effect of changes in accounting principles .....		
44.	Capital Changes:		
44.1	Paid in .....		
44.2	Transferred from surplus (Stock Dividend) .....		
44.3	Transferred to surplus .....		
45.	Surplus adjustments:		
45.1	Paid in .....	5,000,000	8,500,000
45.2	Transferred to capital (Stock Dividend) .....		
45.3	Transferred from capital .....		
46.	Dividends to stockholders .....		
47.	Aggregate write-ins for gains or (losses) in surplus .....		
48.	Net change in capital and surplus (Lines 34 to 47) .....	3,958,504	1,697,624
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	8,183,608	4,225,104
DETAILS OF WRITE-INS			
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page .....		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance .....	60,471,998	8,898,349
2.	Net investment income .....	6,857	2,489
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	60,478,856	8,900,838
5.	Benefit and loss related payments .....	43,256,573	6,565,799
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	7,429,225	6,198,931
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		
10.	TOTAL (Lines 5 through 9) .....	50,685,798	12,764,730
11.	Net cash from operations (Line 4 minus Line 10) .....	9,793,058	(3,863,892)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....		
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....		
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....		770,878
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....		770,878
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		(770,878)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....	5,000,000	8,500,000
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....	1,596,418	(6,047,368)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	6,596,417	2,452,632
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	16,389,475	(2,182,138)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	5,647,702	7,829,840
19.2	End of year (Line 18 plus Line 19.1) .....	22,037,177	5,647,702

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	.....		
---------	-------	--	--

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income .....	59,868,611						59,868,611			
2.	Change in unearned premium reserves and reserve for rate credit .....										
3.	Fee-for-service (net of \$.....0 medical expenses) .....										X X X .....
4.	Risk revenue .....										X X X .....
5.	Aggregate write-ins for other health care related revenues .....										X X X .....
6.	Aggregate write-ins for other non-health care related revenues .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
7.	TOTAL Revenues (Lines 1 to 6) .....	59,868,611						59,868,611			
8.	Hospital/medical benefits .....	36,951,661						36,951,661			X X X .....
9.	Other professional services .....	7,092,629						7,092,629			X X X .....
10.	Outside referrals .....										X X X .....
11.	Emergency room and out-of-area .....	2,209,750						2,209,750			X X X .....
12.	Prescription drugs .....	6,607,487						6,607,487			X X X .....
13.	Aggregate write-ins for other hospital and medical .....	1,948,536						1,948,536			X X X .....
14.	Incentive pool, withhold adjustments and bonus amounts .....										X X X .....
15.	Subtotal (Lines 8 to 14) .....	54,810,062						54,810,062			X X X .....
16.	Net reinsurance recoveries .....										X X X .....
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	54,810,062						54,810,062			X X X .....
18.	Non-health claims (net) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
19.	Claims adjustment expenses including \$.....383,799 cost containment expenses .....	3,773,833						3,773,833			
20.	General administrative expenses .....	3,775,343						3,775,343			
21.	Increase in reserves for accident and health contracts .....	(1,494,665)						(1,494,665)			X X X .....
22.	Increase in reserves for life contracts .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	60,864,573						60,864,573			
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(995,962)						(995,962)			
DETAILS OF WRITE-INS											
0501.	.....										X X X .....
0502.	.....										X X X .....
0503.	.....										X X X .....
0598.	Summary of remaining write-ins for Line 5 from overflow page .....										X X X .....
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X .....
0601.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0602.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0603.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0698.	Summary of remaining write-ins for Line 6 from overflow page .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
1301.	DME .....	1,781,340						1,781,340			X X X .....
1302.	Hearing Hardware .....	68,616						68,616			X X X .....
1303.	Transportation Costs .....	98,580						98,580			X X X .....
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										X X X .....
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	1,948,536						1,948,536			X X X .....

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	60,047,601	.....	178,991	59,868,611
7.	Title XIX - Medicaid .....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8) .....	60,047,601	.....	178,991	59,868,611
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11) .....	60,047,601	.....	178,991	59,868,611



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	43,256,573						43,256,573			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....	43,256,573						43,256,573			
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	14,397,303						14,397,303			
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....	14,397,303						14,397,303			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net healthcare receivables (a) .....	1,163,931						1,163,931			
7. Amounts recoverable from reinsurers December 31, current year ..										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	1,679,883						1,679,883			
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....										
8.4 Net .....	1,679,883						1,679,883			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....	54,810,062						54,810,062			
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....										
12.4 Net .....	54,810,062						54,810,062			
13. Incurred medical incentive pools and bonuses .....										

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	1,563,991						1,563,991			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....	1,563,991						1,563,991			
2. Incurred but Unreported:										
2.1 Direct .....	12,833,312						12,833,312			
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	12,833,312						12,833,312			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	14,397,303						14,397,303			
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	14,397,303						14,397,303			

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	1,473,997	41,782,576	16,696	14,380,607	1,490,693	1,679,883
7.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8) .....	1,473,997	41,782,576	16,696	14,380,607	1,490,693	1,679,883
10.	Healthcare receivables (a) .....	.....	627,971	.....	673,457	.....	137,498
11.	Other non-health .....	.....	.....	.....	.....	.....	.....
12.	Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	.....
13.	TOTALS (Lines 9 - 10 + 11 + 12) .....	1,473,997	41,154,605	16,696	13,707,150	1,490,693	1,542,385

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	..... (3)	..... (3)	..... (3)	..... (3)	..... (3)
2.	2011 .....					
3.	2012 .....	..... X X X .....				
4.	2013 .....	..... X X X .....	..... X X X .....			
5.	2014 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 4,934 .....	..... 6,545 .....
6.	2015 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 40,481 .....

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	..... (3)	..... (3)	..... (3)	..... (3)	..... (3)
2.	2011 .....					
3.	2012 .....	..... X X X .....				
4.	2013 .....	..... X X X .....	..... X X X .....			
5.	2014 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 6,614 .....	..... 6,562 .....
6.	2015 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 54,862 .....

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2011 .....										
2.	2012 .....										
3.	2013 .....										
4.	2014 .....	..... 7,523 .....	..... 6,545 .....	..... 3,382 .....	..... 51.669 .....	..... 9,927 .....	..... 131.950 .....	..... 17 .....	..... 1 .....	..... 9,944 .....	..... 132.180 .....
5.	2015 .....	..... 59,869 .....	..... 40,481 .....	..... 2,921 .....	..... 7.216 .....	..... 43,402 .....	..... 72.496 .....	..... 14,381 .....	..... 530 .....	..... 58,314 .....	..... 97.402 .....

12 Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XVIII - Medicare  
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	..... (3)	..... (3)	..... (3)	..... (3)	..... (3)
2.	2011 .....					
3.	2012 .....	..... X X X .....				
4.	2013 .....	..... X X X .....	..... X X X .....			
5.	2014 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 4,934 .....	..... 6,545 .....
6.	2015 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 40,481 .....

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	..... (3)	..... (3)	..... (3)	..... (3)	..... (3)
2.	2011 .....					
3.	2012 .....	..... X X X .....				
4.	2013 .....	..... X X X .....	..... X X X .....			
5.	2014 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 6,614 .....	..... 6,562 .....
6.	2015 .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... 54,862 .....

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2011 .....										
2.	2012 .....										
3.	2013 .....										
4.	2014 .....	..... 7,523 .....	..... 6,545 .....	..... 3,382 .....	..... 51.669 .....	..... 9,927 .....	..... 131.950 .....	..... 17 .....	..... 1 .....	..... 9,944 .....	..... 132.180 .....
5.	2015 .....	..... 59,869 .....	..... 40,481 .....	..... 2,921 .....	..... 7.216 .....	..... 43,402 .....	..... 72.496 .....	..... 14,381 .....	..... 530 .....	..... 58,314 .....	..... 97.402 .....

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other . . . . . NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....	879,300						879,300		
5. Aggregate write-ins for other policy reserves .....									
6. TOTALS (Gross) .....	879,300						879,300		
7. Reinsurance ceded .....									
8. TOTALS (Net) (Page 3, Line 4) .....	879,300						879,300		
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. TOTALS (Gross) .....									
13. Reinsurance ceded .....									
14. TOTALS (Net) (Page 3, Line 7) .....									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page ....									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) ....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....0 premium deficiency reserve.



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building) .....	5,479	48,397	(53,877)		
2.	Salaries, wages and other benefits .....	138,206	1,220,750	(109,665)		1,249,291
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .....	9,992	88,261	2,166,862		2,265,116
4.	Legal fees and expenses .....	1,245	10,996	22,757		34,998
5.	Certifications and accreditation fees .....	159	1,405	(1,564)		0
6.	Auditing, actuarial and other consulting services .....	28,306	250,022	(22,647)		255,680
7.	Traveling expenses .....	1,638	14,471	137,392		153,501
8.	Marketing and advertising .....	5,993	52,932	260,210		319,134
9.	Postage, express and telephone .....	9,075	80,156	(23,819)		65,412
10.	Printing and office supplies .....	6,477	57,211	750,311		813,999
11.	Occupancy, depreciation and amortization .....	7,629	67,386	(75,015)		
12.	Equipment .....	10,218	90,254	(98,725)		1,747
13.	Cost or depreciation of EDP equipment and software .....	2,460	21,726	(24,186)		
14.	Outsourced services including EDP, claims, and other services .....	144,781	1,278,829	809,287		2,232,897
15.	Boards, bureaus and association fees .....	1,913	16,894	58,177		76,984
16.	Insurance, except on real estate .....	878	7,757	(8,635)		
17.	Collection and bank service charges .....				23,712	23,712
18.	Group service and administration fees .....			26,533		26,533
19.	Reimbursements by uninsured plans .....					
20.	Reimbursements from fiscal intermediaries .....					
21.	Real estate expenses .....					
22.	Real estate taxes .....					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes .....					
23.2	State premium taxes .....					
23.3	Regulatory authority licenses and fees .....					
23.4	Payroll taxes .....	9,350	82,588	(96,461)		(4,523)
23.5	Other (excluding federal income and real estate taxes) .....					
24.	Investment expenses not included elsewhere .....				7,809	7,809
25.	Aggregate write-ins for expenses .....			58,408		58,408
26.	TOTAL Expenses Incurred (Lines 1 to 25) .....	383,799	3,390,034	3,775,343	31,521	(a)..... 7,580,697
27.	Less expenses unpaid December 31, current year .....		531,078	443,222	2,193	976,492
28.	Add expenses unpaid December 31, prior year .....		59,327	93,551	2,155	155,033
29.	Amounts receivable relating to uninsured plans, prior year .....					
30.	Amounts receivable relating to uninsured plans, current year .....					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	383,799	2,918,283	3,425,672	31,483	6,759,237
DETAILS OF WRITE-INS						
2501.	Miscellaneous Expenses .....			58,408		58,408
2502.	.....					
2503.	.....					
2598.	Summary of remaining write-ins for Line 25 from overflow page .....					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			58,408		58,408

(a) Includes management fees of \$.....1,308,664 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a)..... 19,497	..... 44,477
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....	.....
2.11	Preferred stocks of affiliates .....	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e)..... 10,790	..... 14,412
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL Gross investment income .....	..... 30,287	..... 58,889
11.	Investment expenses .....	.....	(g)..... 31,521
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 31,521
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 27,368
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....7,941 amortization of premium and less \$.....0 paid for accrued interest on purchases. (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases. (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances. (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium. (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts. (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes. (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D) .....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks .....			
2.2	Common stocks .....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens .....			
3.2	Other than first liens .....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company .....			
4.2	Properties held for the production of income .....			
4.3	Properties held for sale .....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6.	Contract loans .....			
7.	Derivatives (Schedule DB) .....			
8.	Other invested assets (Schedule BA) .....			
9.	Receivables for securities .....			
10.	Securities lending reinvested collateral assets (Schedule DL) .....			
11.	Aggregate write-ins for invested assets .....			
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....			
13.	Title plants (for Title insurers only) .....			
14.	Invested income due and accrued .....			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection .....	77,793	8,434	(69,359)
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3	Accrued retrospective premiums and contracts subject to redetermination .....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers .....			
16.2	Funds held by or deposited with reinsured companies .....			
16.3	Other amounts receivable under reinsurance contracts .....			
17.	Amounts receivable relating to uninsured plans .....			
18.1	Current federal and foreign income tax recoverable and interest thereon .....			
18.2	Net deferred tax asset .....			
19.	Guaranty funds receivable or on deposit .....			
20.	Electronic data processing equipment and software .....			
21.	Furniture and equipment, including health care delivery assets .....			
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....			
23.	Receivables from parent, subsidiaries and affiliates .....			
24.	Health care and other amounts receivable .....	191,529	11,809	(179,720)
25.	Aggregate write-ins for other than invested assets .....	34,322	214,169	179,847
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	303,644	234,412	(69,233)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28.	TOTAL (Lines 26 and 27) .....	303,644	234,412	(69,233)
DETAILS OF WRITE-INS				
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page .....			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501.	Prepaid Assets .....	32,072	213,730	181,659
2502.	Miscellaneous A/R .....	2,250	388	(1,862)
2503.	Employee Advances .....		50	50
2598.	Summary of remaining write-ins for Line 25 from overflow page .....			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	34,322	214,169	179,847

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	1,068	5,074	5,880	6,937	7,344	73,213
2.	Provider Service Organizations .....						
3.	Preferred Provider Organizations .....						
4.	Point of Service .....						
5.	Indemnity Only .....						
6.	Aggregate write-ins for other lines of business .....						
7.	TOTAL .....	1,068	5,074	5,880	6,937	7,344	73,213
DETAILS OF WRITE-INS							
0601.	.....						
0602.	.....						
0603.	.....						
0698.	Summary of remaining write-ins for Line 6 from overflow page .....						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. The accompanying financial statements of Gateway Health Plan of Ohio, Inc. (“GHPOI”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“the Department”). The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Ohio insurance law and regulations. The National Association of Insurance Commissioners' (“NAIC”) Accounting Practices and Procedures Manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of GHPOI’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below

		State of Domicile	2015	2014
	NET INCOME			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	OH	(\$972, 263)	(\$6,567,964)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total			
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total			
(4)	NAIC SAP (1-2-3=4)		(\$972,263)	(\$6,567,964)
	SURPLUS			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	OH	\$8,183,608	\$4,225,104
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total			
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total			
(8)	NAIC SAP (5-6-7=8)		\$8,183,608	\$4,225,104

B. The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting policies that materially affect assets, liabilities, capital and surplus or results of operations include:

GHPOI provides Medicare managed care services under a contract with Centers for Medicare and Medicaid Services (“CMS”). GHPOI recognizes premiums per capita fixed payments made by CMS on behalf of enrolled program beneficiaries and recognizes premiums received for members as revenue in the period for which healthcare coverage relates. GHPOI had incurred start up costs in 2013 in anticipation of Medicare membership in 2014. These start up costs were related to a new contract with CMS, effective January, 1, 2014, at which time GHPOI resumed Medicare managed care operations.

# Notes to Financial Statements

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, GHPOI uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method.
- (3) GHPOI does not hold common stocks.
- (4) GHPOI does not hold preferred stocks.
- (5) GHPOI does not hold any mortgage loans on real estate.
- (6) GHPOI does not hold any loan-backed securities.
- (7) GHPOI does not hold any investments in subsidiaries, controlled or affiliated investments.
- (8) GHPOI does not hold any investments in joint ventures, partnerships and limited liability companies.
- (9) GHPOI does not hold any derivatives instruments.
- (10) Investment Income is not considered a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- (11) Medical and hospital costs are accrued based on claims received but unpaid and an estimate for claims incurred but not yet received (IBNR). These estimates are projected through an actuarial model, which calculates the outstanding liability based on the payment trends and membership. Milliman USA serves as GHPOI’s external actuarial firm and completes quarterly and annual certifications of claims liability in conformity with the various Ohio state departments. Claims adjustment expenses are paid by GHPOI’s parent, Gateway Health Plan, LP (“GHPLP”) as part of the services fee but are shown separately on the Annual Statement for consistency and presentation of all claim related items.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company’s pharmaceutical rebate receivables are estimated based on historical rebates received per member per month (PMPM) and current volume. The majority of rebates are billed or confirmed within 90 days at the end of each quarter. The rebates are then paid in the accordance with contract terms with each manufacturer.

D.        Going Concern – None

2.        **Accounting Changes and Corrections of Errors**  
Not Applicable

3.        **Business Combinations and Goodwill**  
Not Applicable

4.        **Discontinued Operations**  
Not Applicable

5.        **Investments**

- A.        Mortgage Loans – Not Applicable.
- B.        Debt Restructuring – Not Applicable.
- C.        Reverse Mortgages – Not Applicable.
- D.        Loan-Backed Securities

- (1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
- (2) There are no other-than-temporary impairments on any Loan-Backed Securities.
- (3) There are no other-than-temporary impairments on any Loan-Backed Securities.
- (4) and (5) All impaired securities (fair value is less than cost or amortized cost) for which another-than- temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized

Notes to Financial Statements

interest related impairment remains) – Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

- (1) Policy for requiring collateral or other security – Not Applicable
- (2) Carrying amount and classification of both those assets and associated liabilities – Not Applicable
- (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
- a. Aggregate amount of contractually obligated open collateral positions – Not Applicable
  - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – Not Applicable
  - c. Information about the sources and uses of that collateral – Not Applicable
- (4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – None
- (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – Not Applicable
- (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – Not Applicable
- (7) Collateral for transactions that extend beyond one year from the reporting date – Not Applicable

- F. Real Estate – Not Applicable.
- G. Low Income Housing Tax Credits – Not Applicable.
- H. Restricted Assets

(1) Restricted Assets (Including Pledged): GHPOI has \$1,209,302 in Restricted Assets.

Restricted Asset Category		1	2	3	4	5	6
	Gross Deferred Tax Assets	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase /(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown						
b.	Collateral held under security lending agreements						
c.	Subject to repurchase agreements						
d.	Subject to reverse repurchase agreements						
e.	Subject to dollar repurchase agreements						
f.	Subject to dollar reverse repurchase agreements						
g.	Placed under options contracts						
h.	Letter stock or securities restricted as to sale						
i.	FHLB Capital Stock						
j.	On deposit with states	\$1,209,302	\$1,217,243	(\$7,941)	\$1,209,032	4.61%	4.65%
k.	On deposit with other regulatory bodies						
l.	Pledges collateral to FHLB						
m.	Pledged as collateral not captured in other categories						
n.	Other restricted assets						
o.	Total Restricted Assets	\$1,209,302	\$1,217,243	(\$7,941)	\$1,209,032	4.61%	4.65%

Notes to Financial Statements

- I. Working Capital Finance Investment
1. Disclose the gross assets amounts, nonadmitted assets amounts, and net admitted assets amounts in aggregate regarding the book/adjusted carrying value of working capital finance investments by NAIC designation – Not Applicable

2. Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs - Not Applicable

3. Events of default of working capital finance investments during the reporting period – Not Applicable
- J. Offsetting and Netting of Assets and Liabilities – Not Applicable
- K. Structured Notes – Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. GHPOI has no investments in joint ventures, partnerships, or limited liability companies.
- B. Not Applicable.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:  
All investment income due and accrued with amounts that are over 90 days past due are excluded.
- B. No investment income was excluded from the financial statements.

8. Derivative Instruments

Not applicable

9. Income Taxes

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

Description		12/31/2015			12/31/2014			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Gross Deferred Tax Assets	5,631,455		5,631,455	5,287,763		5,287,763	344,692		344,692
b.	Statutory Valuation Allowance Adjustments	5,631,455		5,631,455	5,287,763		5,287,763	344,692		344,692
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	0	0	0	0	0	0	0	0	0
d.	Deferred Tax Assets Non-admitted	0	0	0	0	0	0	0	0	0
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	0	0	0	0	0	0	0	0	0
f.	Deferred Tax Liabilities	0	0	0	0	0	0	0	0	0
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	0	0	0	0	0	0	0	0	0

2.

Description		12/31/2015			12/31/2014			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	0	0	0	0	0	0	0	0	0
b	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The	0	0	0	0	0	0	0	0	0



Notes to Financial Statements

	Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)									
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0	0	0	0	0	0	0
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	1,227,541	XXX	XXX	633,766	XXX	XXX	593,775
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	0	0	0	0	0	0	0	0	0
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c)	0	0	0	0	0	0	0	0	0

3.

	Description	2015	2014
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	309.925%	639.951%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	8,183,608	4,225,104

4. Impact of Tax Planning Strategies

For the years ending December 31, 2015 and 2014, GHPOI has not employed any tax planning strategies to admit deferred tax assets.

B. For the years ending December 31, 2015 and 2014, GHPOI does not have situations where DTL’s are not recognized for amounts described in paragraph 31 of FAS 109.

C. Current income taxes incurred consist of the major components:

	Description	1 12/31/2015	2 12/31/2014	3 (Col. 1 – 2) Change
1.	Current Income Tax	0	0	0
a.	Federal	0	0	0
b.	Foreign	0	0	0
c.	Subtotal	0	0	0
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	0	0
g.	Federal and foreign income taxes incurred	0	0	0
2.	Deferred Tax Assets:	0	0	0
a.	Ordinary	0	0	0
1.	Discounting of unpaid losses	0	0	0
2.	Unearned premium reserve	0	0	0
3.	Policyholder reserves	0	0	0
4.	Investments	0	0	0
5.	Deferred acquisition costs	24,562	29,733	(5,171)
6.	Policyholder dividends accrual	0	0	0
7.	Fixed assets	0	0	0
8.	Compensation and benefits accrual	0	0	0
9.	Pension accrual	0	0	0
10.	Receivables – nonadmitted	0	0	0
11.	Net operating loss carry-forward	5,446,961	4,664,923	782,038
12.	Tax credit carry-forward	0	0	0
13.	Other (including items < 5% of total ordinary tax	159,932	593,107	(433,175)

Notes to Financial Statements

	assets)			
99.	Subtotal	5,631,455	5,287,763	343,692
b.	Statutory valuation allowance adjustment	5,631,455	5,287,763	343,692
c.	Nonadmitted	0	0	0
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	0	0	0
e.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Net capital loss carry-forward	0	0	0
3.	Real estate	0	0	0
4.	Other (including items < 5% of total capital tax assets)	0	0	0
99.	Subtotal	0	0	0
f.	Statutory valuation allowance adjustment	0	0	0
g.	Nonadmitted	0	0	0
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	0	0	0
i.	Admitted deferred tax assets (2d + 2h)	0	0	0
3.	Deferred Tax Liabilities:	0	0	0
a.	Ordinary	0	0	0
1.	Investments	0	0	0
2.	Fixed assets	0	0	0
3.	Deferred and uncollected premium	0	0	0
4.	Policyholder reserves	0	0	0
5.	Other (including items < 5% of total ordinary tax liabilities)	0	0	0
99.	Subtotal	0	0	0
b.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Real estate	0	0	0
3.	Other (including items < 5% of total capital tax liabilities)	0	0	0
99.	Subtotal	0	0	0
c.	Deferred tax liabilities (3a99 + 3b99)	0	0	0
4.	Net deferred tax assets/liabilities (2i – 3c)	0	0	0

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non admitted assets as the change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	2015	2014	Change
Adjusted gross deferred tax assets	-	-	-
Total deferred tax liabilities	-	-	-
Net deferred tax assets / (liabilities)	-	-	-
Tax effect of unrealized gains / (losses)			-
Change in net deferred income tax			-

D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2015	2014
Provision computed at statutory rate	(330,569)	(2,233,108)
Change in temporary differences recorded		
directly to surplus	(23,539)	(79,704)
Change in valuation allowance	343,692	2,310,787
Other	10,416	2,025
	\$ 0	\$
Federal and foreign income taxes incurred	\$ 0	\$ 0
Change in net deferred income taxes	0	0
Total statutory income taxes	\$ 0	\$ 0

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

Notes to Financial Statements

- (1) GHPOI has net operating loss carryforwards of \$16,020,474 which will expire in varying amounts beginning in 2026 through 2035. A valuation allowance was recorded against the entire net operating loss carryforward.
- (2) The following is income tax expense for 2015, 2014 and 2013 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2015	-	-	-
2014	-	-	-
2013	-	-	-
	-	-	-

- (3) GHPOI has not made any deposits admitted under Section 6603 of the Internal Revenue Service Code.

- F. GHPOI is not included in a consolidated federal income tax return with any other entities.
- G. GHPOI does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2016.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. A. GHPLP is the sole member of GHPOI. GHPOI was converted to a nonprofit corporation effective 12/26/2013. GHPLP is a limited partnership; its general partners are Highmark Ventures Inc., a subsidiary of Highmark Inc. (“Highmark”) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan – see Schedule Y for organizational structure. GHPOI files its statutory statements using Highmark’s NAIC group code.
- B&C. GHPLP made capital contributions to GHPOI in the amount of \$5,000,000 on September 30, 2015.
- D. An inter-company (payable)/ receivable between GHPOI and Gateway Health Plan, Inc. (“GHPI”) totaled \$211,983 at December 31, 2015 and (\$1,442,506) at December 31, 2014. The balance represents inter-company activity in the normal course of business. An inter-company (payable)/receivable between GHPOI and GHPLP totaled (\$1,519,455) at December 31, 2015 and \$1,569,388 at December 31, 2014. The balance represents inter-company activity in the normal course of business.
- E. GHPOI has no guarantees or undertakings for the benefit of any affiliate or related party
- F. GHPLP operates under a Program Services Agreement (“PSA”) with GHPOI. The Highmark affiliate, Davis Vision, Inc. (“Davis”), was GHPOI’s vision delegate. The current agreement with Davis was effective November 1, 2004. The Highmark affiliate, United Concordia Companies, Inc. (“UCCI”) was GHPOI’s dental delegate. The current agreement with UCCI was effective November 1, 2007.
- G. GHPLP is a limited partnership with general partners Highmark Ventures Inc. (a subsidiary of Highmark) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan. GHPLP is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation.
- H. GHPOI has no ownership in upstream entities.
- I. GHPOI has no investments in SCA entities.
- J. GHPOI has no investments in SCA entities.
- K. GHPOI has no foreign insurance subsidiary.
- L. GHPOI has no investments in downstream non-insurance holding companies.
- M. GHPOI has no investments in SCA entities.
- N. GHPOI has no investments in SCA entities.

11. Debt

- A. GHPOI has no capital note obligations.

**Notes to Financial Statements**

B. GHPOI has no FHLB (Federal Home Loan Bank) agreements.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plan – Not Applicable
- B. Narrative Description of Investment Policies and Strategies – Not Applicable
- C. Fair Value of Plan Assets – Not Applicable
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multi-Employer Plan – Not Applicable
- G. Consolidated/Holding Company Plans – Not Applicable
- H. Post-Employment Benefits and Compensated Absences – Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – Not Applicable

**13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations**

- (1) GHPOI is a non-profit organization and, as such, does not have stock authorized or outstanding.
- (2) GHPOI has no preferred stock outstanding.
- (3) There are no restrictions placed on GHPOI’s surplus, except risk-based capital requirements imposed by the NAIC, the Department, and GHPOI’s regulatory agreement.
- (4) No dividends paid in 2015.
- (5) Ordinary Dividend Restrictions – Not Applicable
- (6) There were no restrictions placed on the GHPOI’s surplus, including for whom the surplus is being held.
- (7) GHPOI has no advances of surplus not repaid nor does GHPOI hold stock of affiliated companies for specific reasons.
- (8) The amount of stock held by the GHPOI for special purposes is \$0.
- (9) There were no changes in the balance of special surplus funds from the prior year.
- (10) Unassigned funds (surplus) were not changed by unrealized gains and losses.
- (11) GHPOI has no surplus notes.
- (12) No quasi-reorganizations have taken place as of December 31, 2015.
- (13) No quasi-reorganizations have taken place as of December 31, 2015.

**14. Liabilities, Contingencies and Assessments**

- A. GHPOI has no contingent commitments.
- B. GHPOI has no assessments.
- C. GHPOI has no gain contingencies.
- D. GHPOI has no claims related extra contractual obligation and bad faith losses stemming from Lawsuits.
- F. GHPOI has no joint and several liabilities.
- G. GHPOI has no other contingencies.

**15. Leases**

GHPOI has no leases.

**16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

Not applicable.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of Receivables reported as Sales – Not Applicable

Notes to Financial Statements

B. Transfer and Servicing of Financial Assets

- (1) Description of loaned securities – Not Applicable
  - (2) Servicing Assets and Liabilities
    - a. Risks inherent in servicing assets and servicing liabilities – Not Applicable
    - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – Not Applicable
    - c. Assumptions used to estimate the fair value – Not Applicable
  - (3) Servicing assets and servicing liabilities are subsequently measured at fair value – Not Applicable
  - (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:
    - a. Each income statement presented – Not Applicable
    - b. Each statement of financial position presented, regardless of when the transfer occurred – Not Applicable
  - (5) Transfers of financial assets accounted for as secured borrowing value – Not Applicable
  - (6) Transfers of receivables with recourse – Not Applicable
  - (7) Securities underlying repurchase and reverse repurchase agreements – Not Applicable
- C. Wash Sales – GHPOI had no wash sales as of 12/31/2015.

18. Gains or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A) ASO Plans – Not Applicable
- B) ASC Plans – Not Applicable
- C) Medicare or Similarly Structured Cost Based Reimbursement Contract
  - a. Revenue from the Company’s Medicare Part D cost based reimbursement portion of the contract for the year 2015, consisted of \$6,278,637 for reinsurance subsidy, \$6,933,364 for low-income cost sharing subsidy and \$258,106 for GAP discount coverage.
  - b. As of December 31, 2015, the Company has recorded receivables of \$1,016,196 from CMS whose account balance is greater than 10% of the Company’s amounts receivable from uninsured accident and health plans of \$10,000.
  - c. GHPOI has recorded no Medicare Part D allowances and reserves for adjustment of recorded revenues at December 31, 2015.
  - d. GHPOI has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

- (A)
  - (1) The Level of the fair value hierarchy within which the fair value measurements are categorized in their entirety (Level 1, 2 or 3) - None
  - (2) Fair Value Measurements in (Level 3) of the Fair Value – None
  - (3) GHPOI’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period. - None

## Notes to Financial Statements

(4) In accordance with SSAP No. 100, financial assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Input levels, as defined by NAIC SAP, are as follows:

Level 1 – Pricing inputs are based on unadjusted quoted market prices for identical financial assets in active markets. Active markets are those in which transactions occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Pricing inputs are based on other than quoted prices in active markets included in Level 1 that are observable unadjusted quoted market prices for similar financial assets or liabilities in active markets or quoted market prices for identical assets in inactive markets.

Level 3 – Pricing inputs include unobservable inputs that are supported by little or no market activity that reflect management's best estimate of what market participants would use in pricing the asset at the measurement date.

The following methods and assumptions were used to determine the fair value of each class of the following assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus:

Bonds – Fair values are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include corporate securities, securities from states, municipalities, and political subdivisions and mortgage-backed securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

Short-term securities – Short-term securities include Class 1 and exempt money market accounts, and securities with a maturity of less than one year but greater than 90 days at the date of purchase. Fair values of short-term securities are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. U.S. Government securities represent Level 1 securities, while Level 2 securities include corporate securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds.

Cash and cash equivalents: Cash equivalents include commercial paper, and discount notes or securities with a maturity of 3 months or less. Cash equivalents are designated as Level 1 or Level 2, depending on structure and the extent of credit-related features.

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended December 31, 2015 that were material to the statutory financial statements.

Notes to Financial Statements

(5) Derivative assets and liabilities - None

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	1,349,717	1,209,302	1,349,717			
Short Term	21,935,370	21,935,370	21,935,370			

D. Not Practicable to Estimate Fair Value – None

21. Other Items

- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring Debtors – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable Tax Credit – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Proceeds of Insurance-Linked Securities (ILS) - None

22. Events Subsequent

Type I. – Recognized Subsequent Events  
Subsequent events have been considered through 2/26/2016 for the statutory statement issued on December 31, 2015.  
None  
Type II. – Nonrecognized Subsequent Events  
Subsequent events have been considered through 2/26/2016 for the statutory statement issued on December 31, 2015.

The Company is not subject to an annual fee under section 9010 of the Affordable Care Act (ACA). The Company is a non-profit receiving more than 80% of the gross revenue from a government program.

23. Reinsurance

A. Reinsurance Ceded

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( )                      No ( x )

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?  
Yes ( )                      No ( x )

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar

Notes to Financial Statements

credit?

Yes ( ) No ( x )

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No ( x )

Section 3 – Ceded Reinsurance Report – Part B – Not applicable.

- B. Uncollectible Reinsurance – Not Applicable
- C. Commutation of Ceded Reinsurance - Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMA and actuarial estimates.
- B. The company records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Company as of December 31, 2015 that is subject to retrospective rating features was \$7,051,589, that represented 12% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.
- D. GHPOI has no medical loss ratio rebates required pursuant to the Public Health Service Act.
- E. Risk-Sharing Provisions of the Affordable Care Acct (ACA) – Not Applicable

- 1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (Yes/No)? No
- 2. Impact of Risk-Sharing Provision of the Affordable Care Act - Not Applicable
- 3. Roll-forward of prior year ACA risk-sharing provision - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were \$1,739,210. As of December 31, 2015, \$1,674,608 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$17,309 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been an \$47,293 favorable prior-year development since December 31, 2014 and December 31, 2015. These changes are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Inter-company Pooling Arrangements

Not Applicable.

27. Structured Settlements

Not applicable for Health entities.



Notes to Financial Statements

28. Healthcare Receivables

A. Pharmacy Rebate Receivable

The rebates accrued are an estimate based on historical rebates received per member per month (PMPM) and current volume.

GHPOI is responsible for billing rebates. The majority of rebates are paid to GHPOI via wire-transfer.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2015	\$1,111,175				
09/30/2015	\$1,066,986	\$593,612	\$83,632		
06/30/2015	\$784,406	\$529,172	\$458,849	\$65,105	
03/31/2014	\$409,888	\$377,679	\$334,908	\$42,345	
12/31/2014	\$125,688	\$85,520	\$84,562	\$172	
09/30/2014	\$77,609	\$58,415	\$51,641	\$6,000	
06/30/2014	\$59,657	\$32,389	\$32,191	\$(140)	
03/31/2014	\$32,096	\$24,585	\$23,726	\$268	\$80

\*Estimated Pharmacy Rebates as Reported on Financial Statements represents the admitted rebate receivable as reported on the financial statements.

\*\* Pharmacy Rebates Billed or Confirmed represents rebates billed or confirmed in the quarter.

B. Risk Sharing Receivables - Not Applicable.

29. Participating Policies

Not Applicable.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$	(1) 0
2. Date of the most recent evaluation of this liability		12/31/2015
3. Was anticipated investment income utilized in the calculation? (Yes / No)		No

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes[X] No[ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[ ] N/A[ ]  
Ohio
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/11/2011
- 3.4 By what department or departments?  
Ohio Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[ ] No[ ] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[ ] No[X]
- 4.12 renewals?

Yes[ ] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[ ] No[X]
- 4.22 renewals?

Yes[ ] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[ ] No[X] ..	Yes[ ] No[X] ..	Yes[ ] No[X] ..	Yes[ ] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PriceWaterhouse Coopers, LLP USX Tower, 600 Grant Street, Pittsburgh, PA 15219
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[ ] No[X]
- 10.2 If response to 10.1 is "yes," provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[ ] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[ ] N/A[ ]
- 10.6 If the response to 10.5 is "NO" or "N/A" please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[ ] No[X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value

\$0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

Yes[ ] No[ ] N/A[X]
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[ ] No[ ] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year?

Yes[ ] No[ ] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[ ] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001	.....	.....	.....	.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[ ] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers

\$0
- 20.12 To stockholders not officers

\$0
- 20.13 Trustees, supreme or grand (Fraternal only)

\$0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers

\$0
- 20.22 To stockholders not officers

\$0
- 20.23 Trustees, supreme or grand (Fraternal only)

\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[ ] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others

\$0
- 21.22 Borrowed from others

\$0
- 21.23 Leased from others

\$0
- 21.24 Other

\$0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[ ] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment

\$0
- 22.22 Amount paid as expenses

\$0
- 22.23 Other amounts paid

\$0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[ ] No[ ] N/A[X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.

\$0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[ ] No[ ] N/A[X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

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

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.103 Total payable for securities lending reported on the liability page.

\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

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

25.21 Subject to repurchase agreements

\$ 0

25.22 Subject to reverse repurchase agreements

\$ 0

25.23 Subject to dollar repurchase agreements

\$ 0

25.24 Subject to reverse dollar repurchase agreements

\$ 0

25.25 Placed under option agreements

\$ 0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$ 0

25.27 FHLB Capital Stock

\$ 0

25.28 On deposit with states

\$ 1,209,302

25.29 On deposit with other regulatory bodies

\$ 0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$ 0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$ 0

25.32 Other

\$ 0

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

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

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

1	2
Name of Custodian(s)	Custodian's Address
PNC Bank, NA	Pittsburgh, PA
Mellon Bank, NA	Pittsburgh, PA

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

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

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

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address

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

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 Total		

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

GENERAL INTERROGATORIES (Continued)

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	1,209,302	1,349,717	140,414
30.2 Preferred stocks .....			
30.3 Totals .....	1,209,302	1,349,717	140,414

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

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

Yes[X] No[ ]

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

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

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

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

Yes[X] No[ ]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid

34.1 Amount of payments for legal expenses, if any?

\$..... 12,498

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

1	2
Name	Amount Paid
Clark Hill Thorp Reed .....	3,881
MITCHELL, WILLIAMS,SELIG,GATES .....	8,517

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 22,500

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

1	2
Name	Amount Paid
KIM L. NELSON .....	22,500

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[ ] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ ..... 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ ..... 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ ..... 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ ..... 0

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

\$ ..... 0

1.62 TOTAL Incurred claims

\$ ..... 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 TOTAL Premium earned

\$ ..... 0

1.65 TOTAL Incurred claims

\$ ..... 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

\$ ..... 0

1.72 TOTAL Incurred claims

\$ ..... 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 TOTAL Premium earned

\$ ..... 0

1.75 TOTAL Incurred claims

\$ ..... 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	59,868,611	7,523,245
2.2	Premium Denominator .....	59,868,611	7,523,245
2.3	Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4	Reserve Numerator .....	15,276,603	3,190,262
2.5	Reserve Denominator .....	15,276,603	3,190,262
2.6	Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[ ] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[ ]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ ..... 475,000

5.32 Medical Only

\$ ..... 0

5.33 Medicare Supplement

\$ ..... 0

5.34 Dental & Vision

\$ ..... 0

5.35 Other Limited Benefit Plan

\$ ..... 0

5.36 Other

\$ ..... 0

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

Reinsurance agreement includes continuation of coverage in event of company insolvency-aggregate max

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 24,382

8.2 Number of providers at end of reporting year

..... 13,004

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[ ] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[ ] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ ..... 0

10.22 Amount actually paid for year bonuses

\$ ..... 0

10.23 Maximum amount payable withholds

\$ ..... 0

10.24 Amount actually paid for year withholds

\$ ..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[ ] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[ ] No[X]

11.14 A Mixed Model (combination of above)?

Yes[ ] No[X]

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

Yes[X] No[ ]

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

11.4 If yes, show the amount required.

\$ ..... 1,700,000

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

Yes[ ] No[X]

11.6 If the amount is calculated, show the calculation.

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

1
Name of Service Area
State of Ohio .....
State of North Carolina .....
Commonwealth of Kentucky .....

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

Yes[ ] No[X]

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

\$ ..... 0

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

Yes[ ] No[X]

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

\$ ..... 0

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

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

GENERAL INTERROGATORIES (Continued)

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

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

15.2 Total incurred claims

15.2 Number of covered lives

\$ 0

\$ 0

0

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

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	25,959,447	9,030,758	8,290,977	2,401,520	2,401,414
2. TOTAL Liabilities (Page 3, Line 24) .....	17,775,839	4,805,654	5,763,497	14,111	13,715
3. Statutory minimum capital and surplus requirement .....	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	8,183,608	4,225,104	2,527,480	2,387,409	2,387,699
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	59,868,611	7,523,245			1,270
6. TOTAL Medical and Hospital Expenses (Line 18) .....	54,810,062	6,613,518	168	54	(11,102)
7. Claims adjustment expenses (Line 20) .....	3,773,833	3,060,333			
8. TOTAL Administrative Expenses (Line 21) .....	3,775,343	2,936,792	7,110,749	1,663	1,044
9. Net underwriting gain (loss) (Line 24) .....	(995,962)	(6,582,063)	(7,110,917)	(1,717)	11,328
10. Net investment gain (loss) (Line 27) .....	27,368	14,099	988	1,428	5,574
11. TOTAL Other Income (Lines 28 plus 29) .....	(3,669)				(1,420)
12. Net income or (loss) (Line 32) .....	(972,263)	(6,567,964)	(7,109,929)	(289)	15,482
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	9,793,058	(3,863,892)	(7,081,438)	3,271	(149,194)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	8,183,608	4,225,104	2,527,480	2,387,409	2,387,699
15. Authorized control level risk-based capital .....	2,640,514	660,055	11,310	2,528	2,576
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	7,344	1,068			
17. TOTAL Members Months (Column 6, Line 7) .....	73,213	7,660			
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	91.6	87.9			(874.2)
20. Cost containment expenses .....	0.6	5.7			
21. Other claims adjustment expenses .....	5.7	35.0			
22. TOTAL Underwriting Deductions (Line 23) .....	101.7	187.5			(792.0)
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	(1.7)	(87.5)			892.0
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	1,490,693		168	54	(3,720)
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	1,542,385				7,382
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

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

If no, please explain::



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

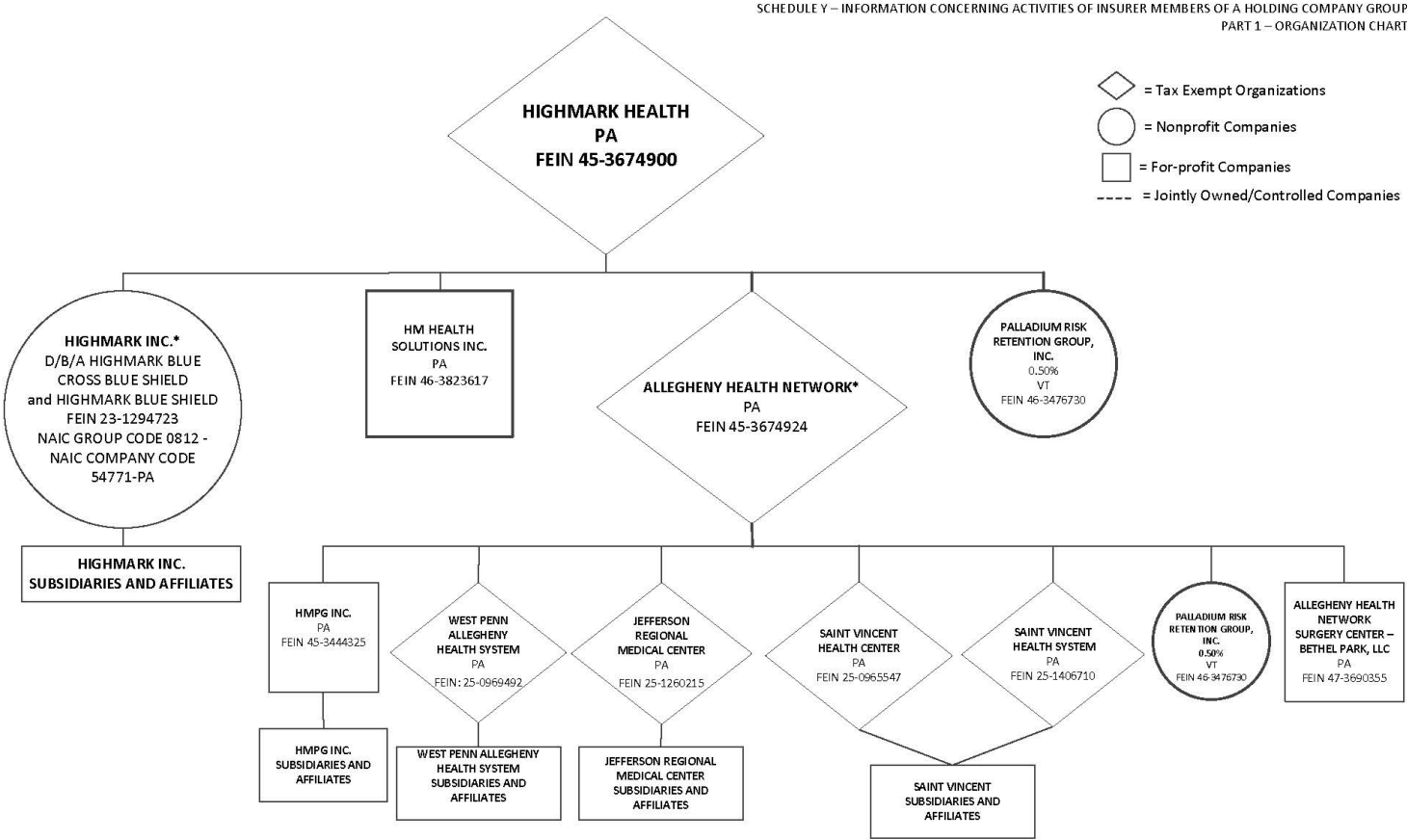
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L		13,043,937					13,043,937	
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	L		17,092,287					17,092,287	
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L		29,911,378					29,911,378	
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X		60,047,601					60,047,601	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a) 3		60,047,601					60,047,601	

DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998.Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

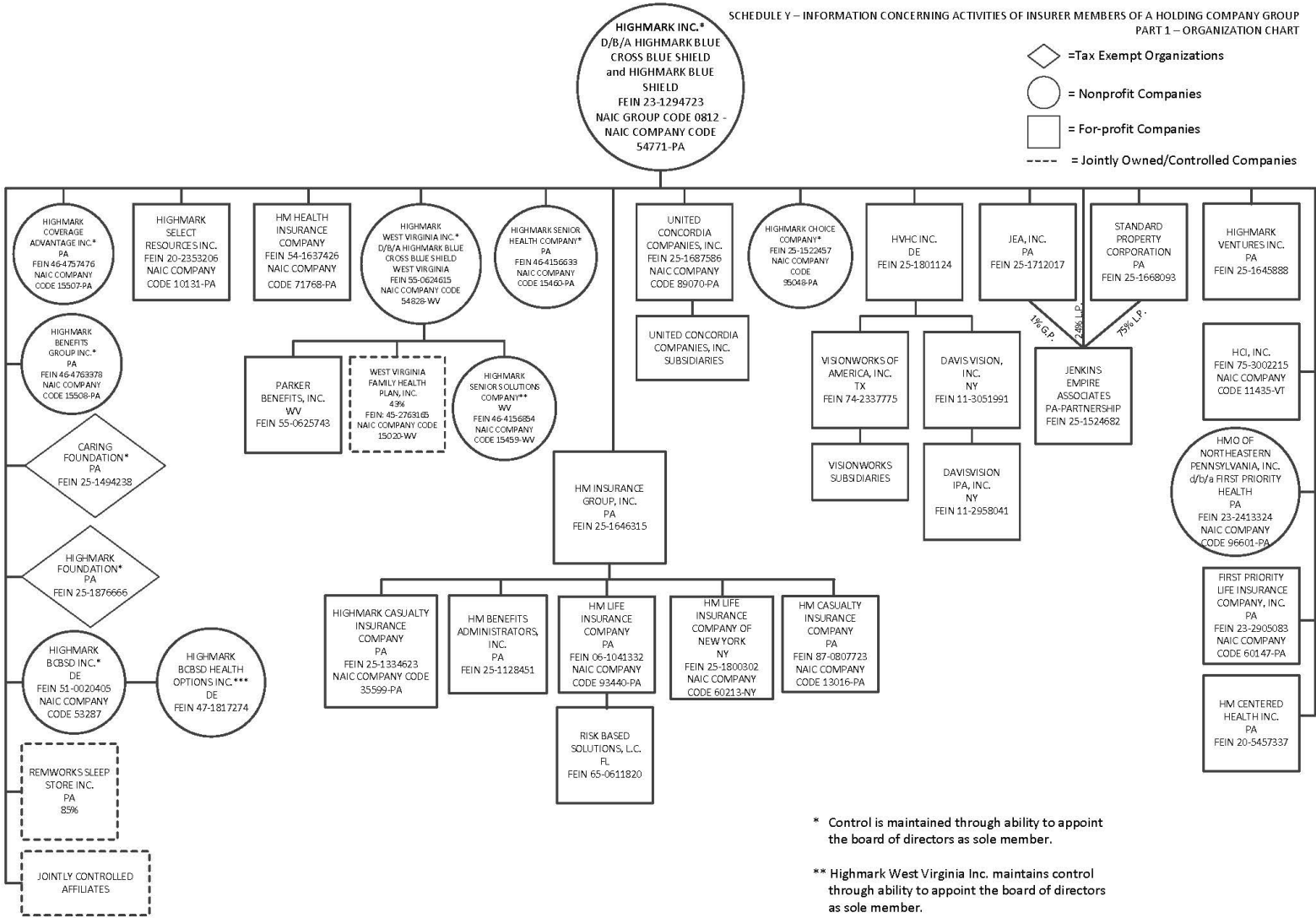
(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: Premiums are allocated based on situs of contract.

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



\* Highmark Health maintains control through ability to appoint the board of directors as sole member.

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

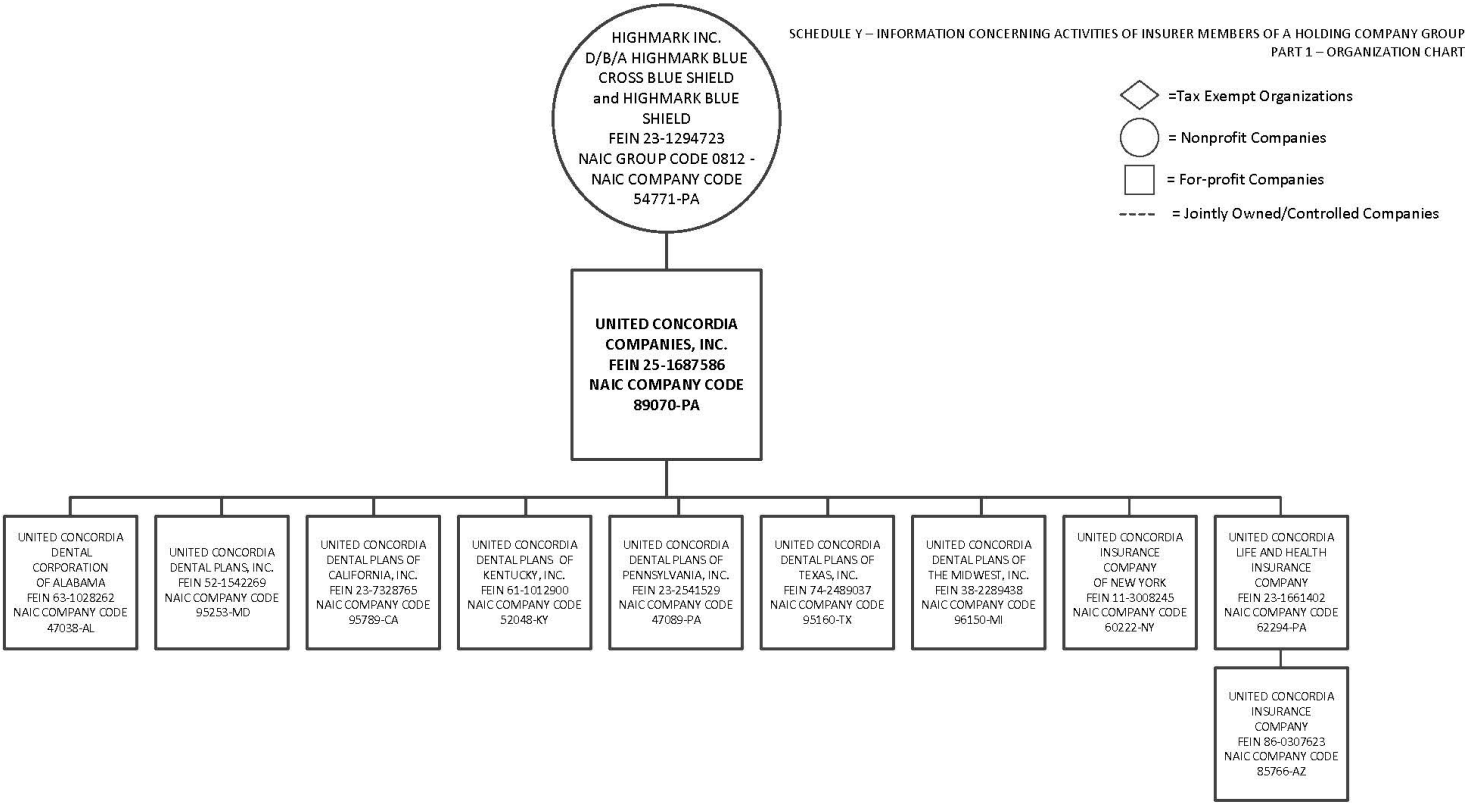


\* Control is maintained through ability to appoint the board of directors as sole member.

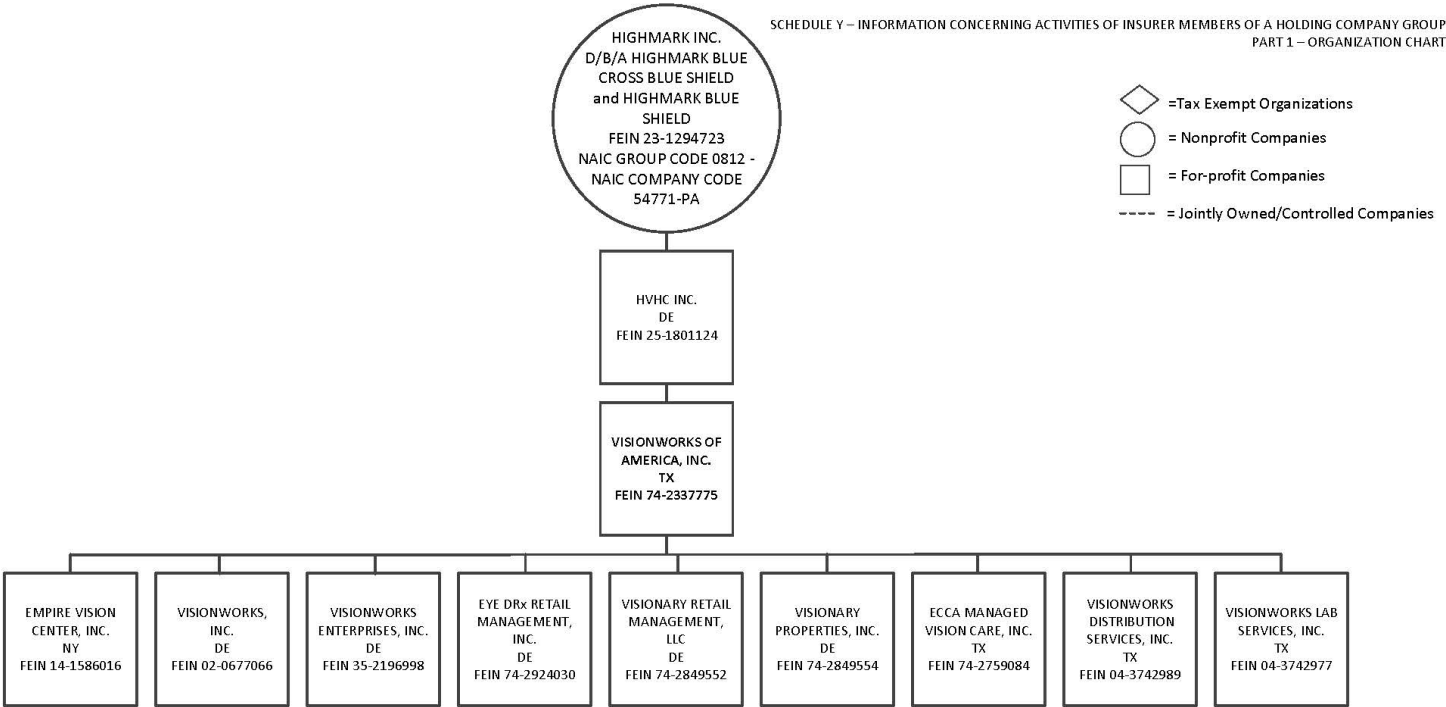
\*\* Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.

\*\*\* Highmark BCBS Inc. maintains control through ability to appoint the board of directors as sole member.

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

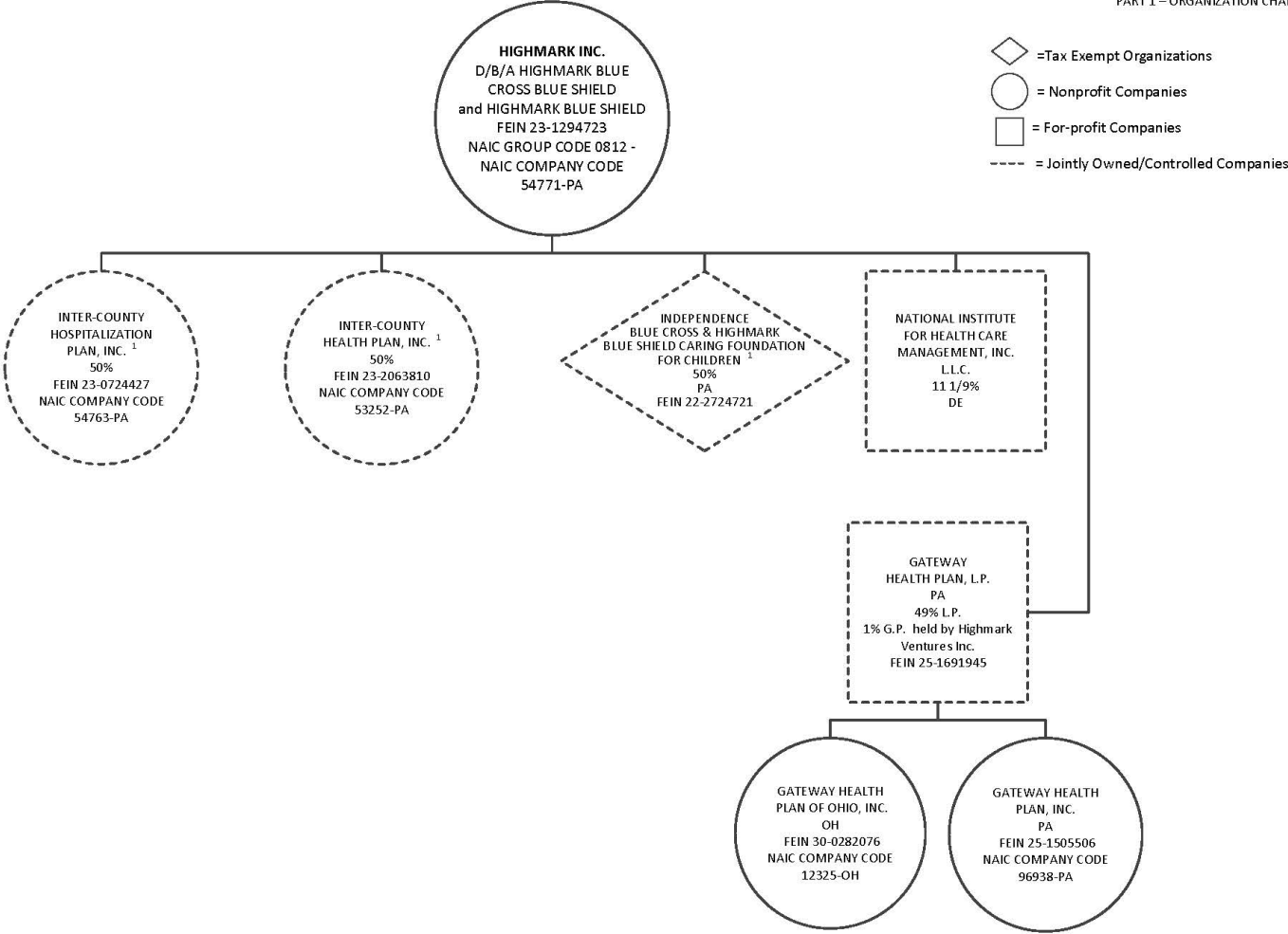


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

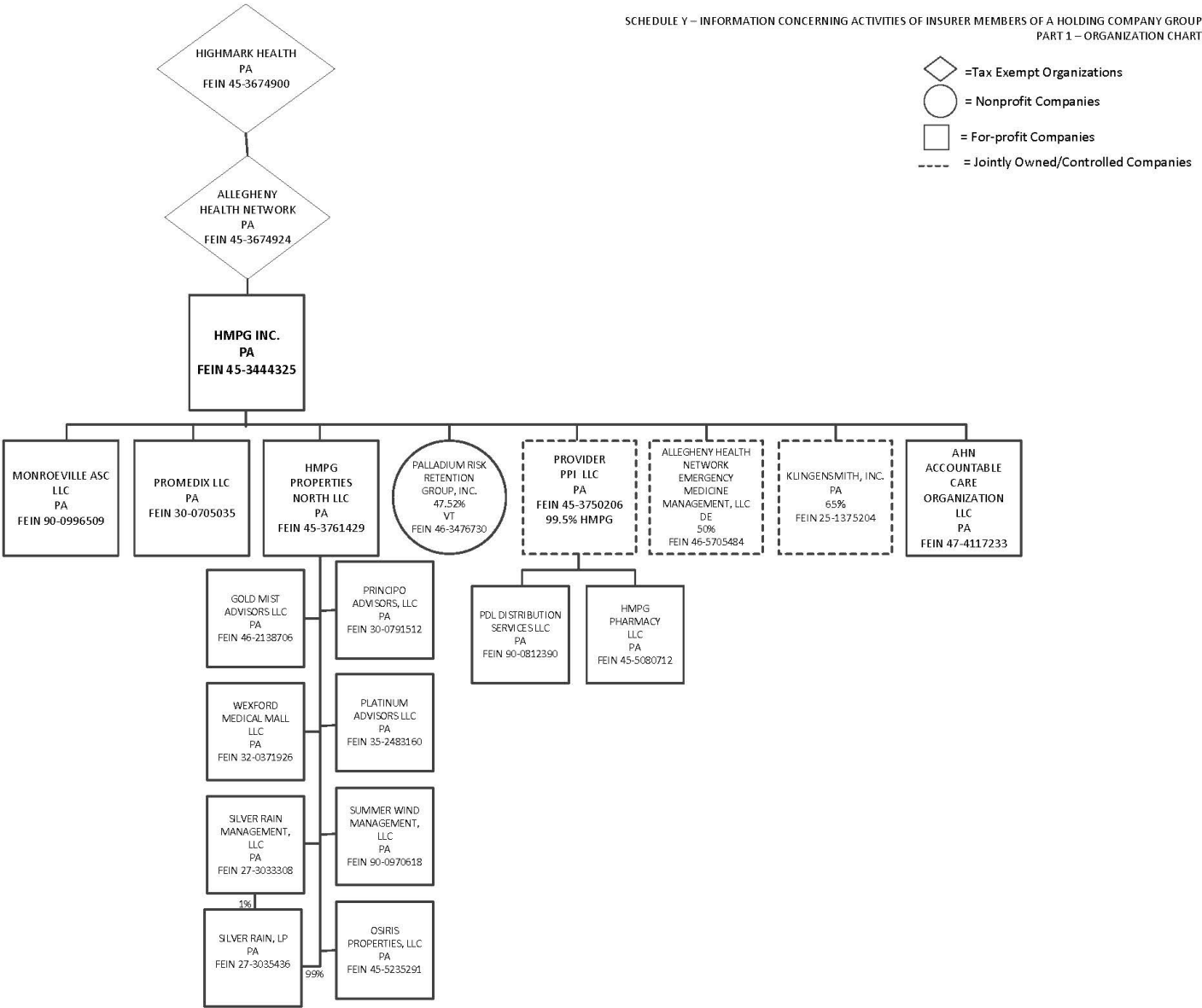


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

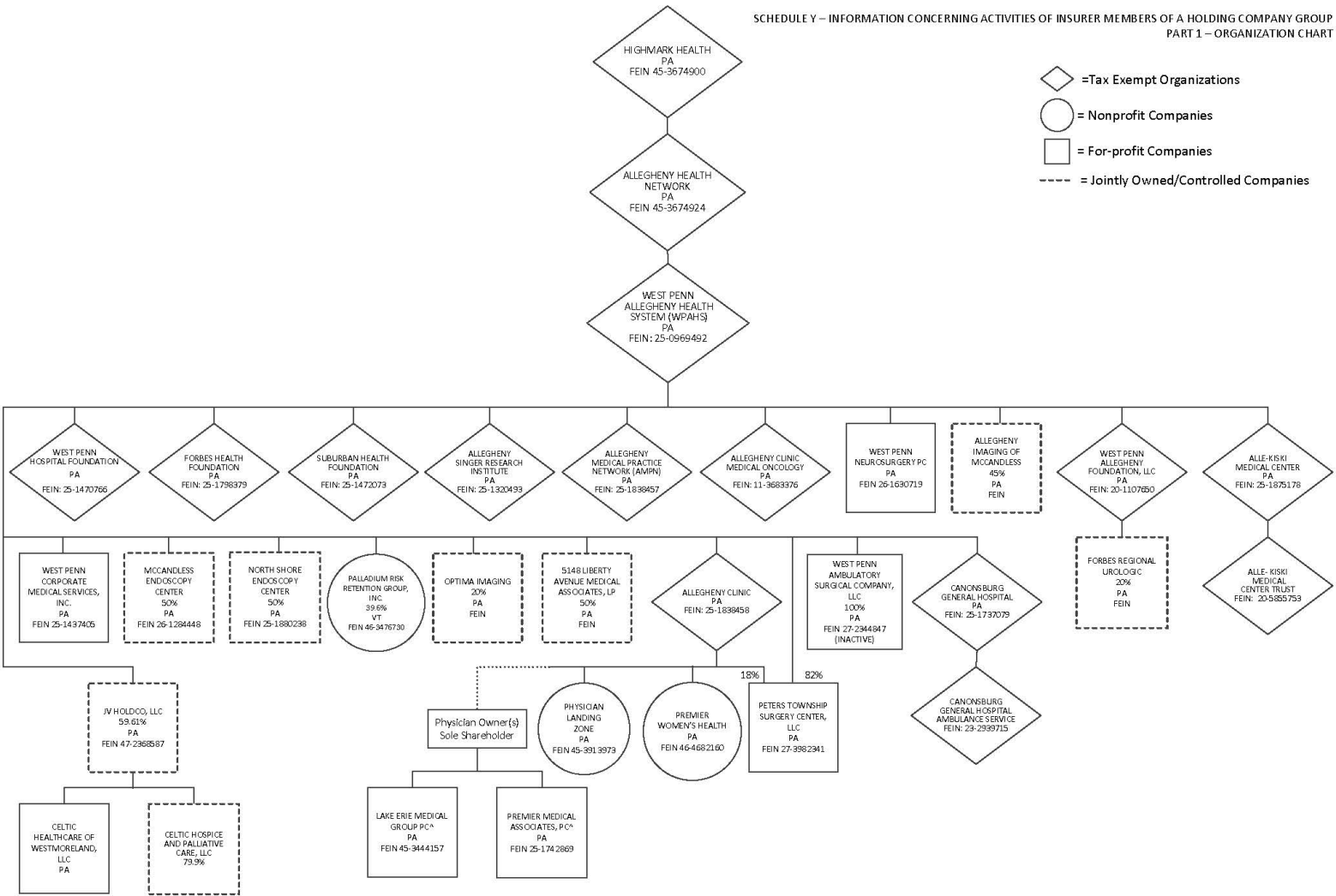
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



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

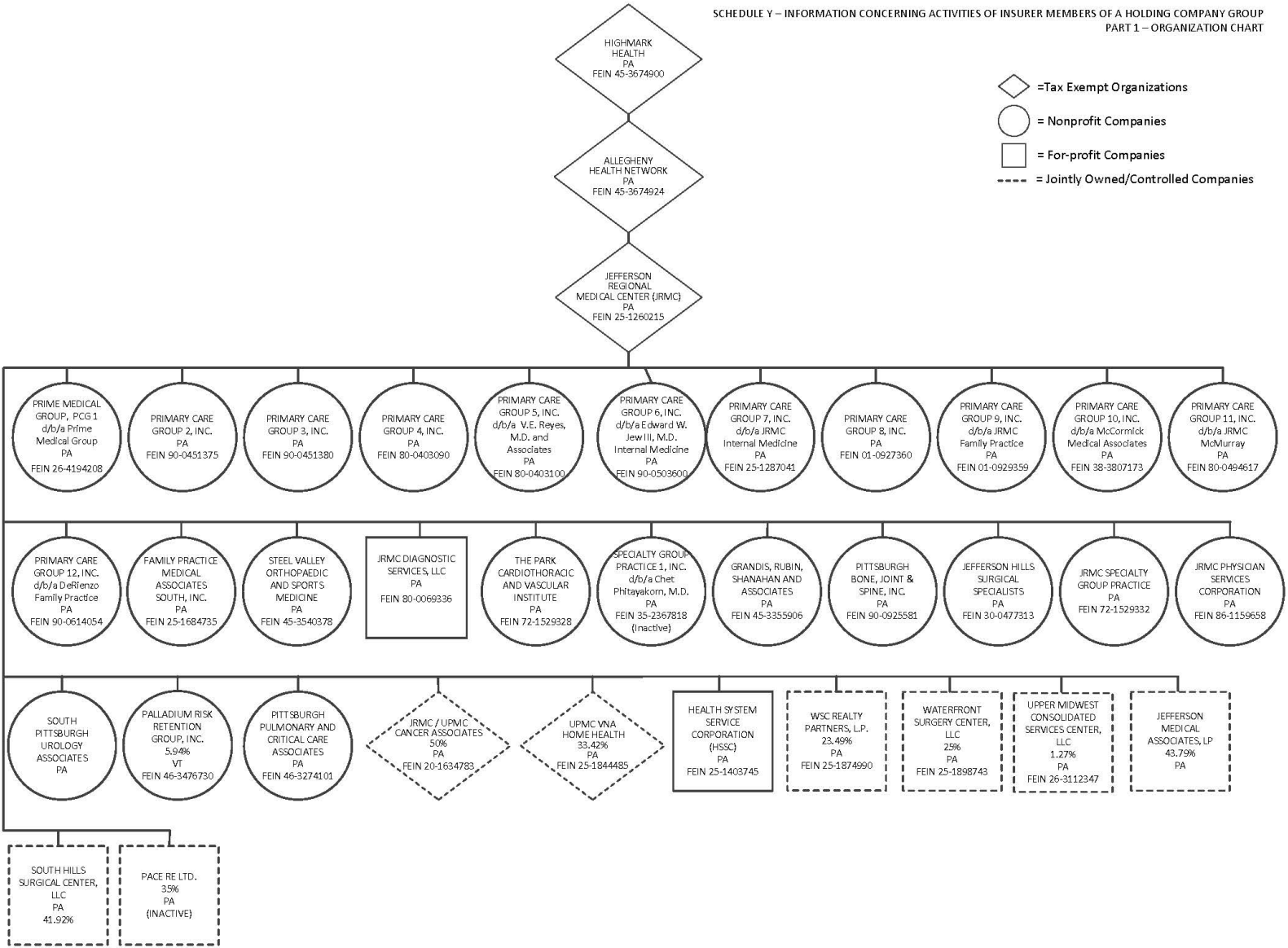


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

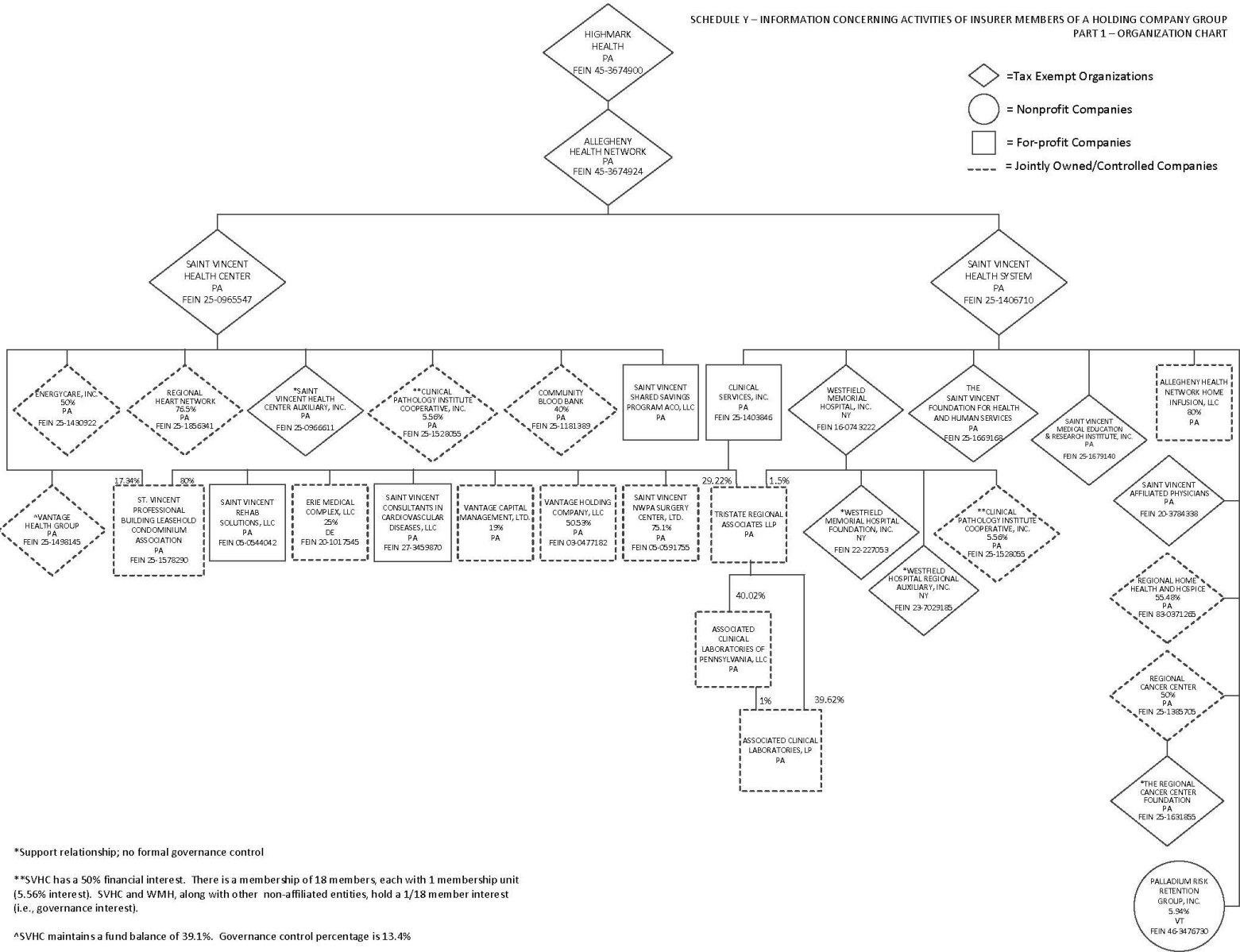




SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



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



\*Support relationship; no formal governance control

\*\*SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

\*SVHC maintains a fund balance of 39.1%. Governance control percentage is 13.4%

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

Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)

Mount Carmel Heath System [Ohio]; FEIN: 31-1439334 (100% Ownership by Trinity Health Corporation)

- Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Ownership by Immediate Parent)
- Mount Carmel Health Plan Inc. (HMO); FEIN: 31-1471229 (100% Ownership by Immediate Parent)
- Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Ownership by Immediate Parent)
- Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Ownership by Immediate Parent)
- Patient Transport Services of Columbus LLC; FEIN: 26-4601285 (50% Ownership by Immediate Parent)
- Cornerstone Medical Services of Columbus LLC; FEIN: 26-3869158 (50% Ownership by Immediate Parent)
- OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Ownership by Immediate Parent)
  - Madison County Community Hospital; FEIN: 31-1657206 (40% Ownership by Immediate Parent)
- Diley Ridge Medical Center; FEIN: 34-2032340 (70% Ownership by Immediate Parent)
- Mount Carmel Heath Partners Inc.; FEIN: 31-1411721 (50% Ownership by Immediate Parent)
- Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Ownership by Immediate Parent)
- Surgery Center Financing Corp; FEIN: 31-1531102 (100% Ownership by Immediate Parent)
- St Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.5% Ownership by Immediate Parent)
- Mount Carmel HeathProviders Inc.; FEIN: 31-1382442 (100% Ownership by Immediate Parent) Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Ownership by Immediate Parent)
  - Mount Carmel HealthProviders III, LLC; FEIN: 20-4145781 (100% Ownership by Immediate Parent)
- Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (50% Ownership by Immediate Parent) (50% ownership)
  - MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Ownership by Immediate Parent)
- Big Run Urgent Care Ltd ; FEIN: 31-1581575 (40% Ownership by Immediate Parent)
- Central Ohio Sleep Medicine; FEIN: 31-1701029 (60% Ownership by Immediate Parent)
- Highfield MRI Ltd ; FEIN: 65-1183045 (50% Ownership by Immediate Parent)
- Concord Radiation Therapy LLC; FEIN: 20-8596889 (50% Ownership by Immediate Parent)
- Taylor Station Surgical Center Ltd; FEIN: 31-1459910 (40% Ownership by Immediate Parent)
- Columbus Cyberknife LLC; FEIN: 27-0865251 (35% Ownership by Immediate Parent)
- Green Street Surgery Center LLC; FEIN: 02-0614846 (20% Ownership by Immediate Parent)
- Canal Winchester MOB LLC; FEIN: 26-4825933 (22% Ownership by Immediate Parent)
- Eye Center of Columbus LLC; FEIN: 01-0702725 (3.18% Ownership by Immediate Parent)
- Health Innovations Ohio LLC; FEIN: 46-0902510 (25% Ownership by Immediate Parent)

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

40.10

- New Albany Surgery Center LLC; FEIN: 45-1617821 (40% Ownership by Immediate Parent)
- MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.60% Ownership by Immediate Parent)
- St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Ownership by Immediate Parent)
- Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Ownership by Immediate Parent)
- Medilucient MOB I Limited Partnership; FEIN: 20-4913370 (25% Ownership by Immediate Parent)
- Mount Carmel Home Care, LLC; FEIN: 26-2729300 (50% Ownership by Immediate Parent)
- Westar Medical Office Building Limited Partnership; FEIN: 31-1784409 (44.33% Ownership by Immediate Parent)
- MCMC POB III Limited Partnership; FEIN: 31-1392994 (25.17% Ownership by Immediate Parent)
- Canal Med I Limited Partnership; FEIN: 31-1512328 (18.88% Ownership by Immediate Parent)

**Holy Cross Health Inc. [Maryland]; FEIN: 52-0738041 (100% ownership by Trinity Health Corporation)**

- Holy Cross Health Network (Division of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% ownership by Immediate Parent)
- Maryland Care Group, Inc.; FEIN: 52-1815313 (100% ownership by Immediate Parent)
- Holy Cross Private Home Services Corporation; FEIN: 52-1986562 (100% ownership by Immediate Parent)
- Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% ownership by Immediate Parent)
- Chesapeake Potomac Regional Cancer Center LLC; FEIN: 20-3762277 (20% ownership by Immediate Parent)
- Doctors' Regional Cancer Center LLC; FEIN: 20-8889327 (20% ownership by Immediate Parent)
- Maryland Care, Inc. d/b/a Maryland Physician Care; FEIN:22-3476498 (20% Ownership by Immediate Parent)
- Maryland Care - Medicare, Inc.; FEIN: 20-4771530 (20% Ownership by Immediate Parent)
- The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Ownership by Immediate Parent)

Mercy Health Network, Inc. FEIN: 42-1478417 (50% ownership by Immediate Parent) [Iowa/Nebraska]

**Mercy Health Services - Iowa Corp [Iowa/Nebraska]; FEIN: 31-1373080 (100% ownership by Trinity Health Corporation)**

- Mercy Medical Center - Clinton Inc.; FEIN: 42-1336618 (100% ownership by Immediate Parent)
  - Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% ownership by Immediate Parent)
  - Clinton Imaging Services LLC; FEIN: 41-2044739 (65% ownership by Immediate Parent)
  - Stereotactic Biopsy Services LC; FEIN: 42-1448735 (11.1% ownership by Immediate Parent)
- Hospice of North Iowa; FEIN: 42-1173708 (100% ownership by Immediate Parent)
- Mercy Care Connections; FEIN: 35-2473948 (100% ownership by Immediate Parent)
- United Clinical Laboratories Inc.; FEIN: 42-1268486 (33.3% ownership by Immediate Parent)
- Preferred Health Choices LLC; FEIN: 90-0139311 (50% ownership by Immediate Parent)
- Health Management Services LLC; FEIN: 46-1861361 (50% ownership by Immediate Parent)
  - Tri-State Surgery Center, LLC; FEIN: 91-1900559 (100% Ownership by Immediate Parent)

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

- Medical Associates/Mercy Family Care Network, LLC; FEIN: 42-1478444 (100% Ownership by Immediate Parent)
- Tri-State Occupational Health, LLC; FEIN: 90-1039315 (100% Ownership by Immediate Parent)
- Forest Park Imaging LLC; FEIN: 13-4365966 (52.89% ownership by Immediate Parent)
- Surgical Center Building Associates LLC; FEIN: 311373080 (35% ownership by Immediate Parent)
- YMCA and Rehabilitation Center MMC North Iowa; FEIN: 42-1491491 (50% ownership by Immediate Parent)
- Magnetic Resonance Services LLC; FEIN: 42-1328388 (49% ownership by Immediate Parent) (49% ownership)
- Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% ownership by Immediate Parent)
- Mercy Heart Center Outpatient Services LLC; FEIN: 13-4237594 (51% ownership by Immediate Parent)
- Iowa Falls Clinic MMC North Iowa; FEIN: 42-1467712 (50% ownership by Immediate Parent)
- Mercy Medical Center Foundation - North Iowa; FEIN: 42-1229151 (100% ownership by Immediate Parent)
- North Iowa Community Healthcare LLC MMC - North Iowa; FEIN: 45-2878353 (19.25% ownership by Immediate Parent)
- Hawarden Regional Healthcare Clinic, LLC; FEIN: 42-6005851 (50% ownership by Immediate Parent)
- Mercy Medical Services, Inc.; FEIN: 42-1283849 (100% ownership by Immediate Parent)
- Mercy Medical Center - Sioux City Foundation; FEIN: 14-18800022 (100% ownership by Immediate Parent)
- Health Incorporated; FEIN: 31-1712115 (50% ownership by Immediate Parent) Siouxland Paramedics Inc.; FEIN: 42-1185707 (100% ownership by Immediate Parent)
  - Siouxland PACE, Inc.; FEIN: 26-1120134 (100% ownership by Immediate Parent)
  - Siouxland Regional Cancer Center dba June E. Nylan Cancer Center; FEIN: 42-1411233 (100% ownership by Immediate Parent)
  - Hospice of Siouxland; FEIN: 38-3320710 (100% ownership by Immediate Parent)
- Mercy/USP Health Ventures ; FEIN: 47-1290300 (55.71% ownership by Immediate Parent)
- Siouxland Surgery Center LLP; FEIN: 46-0423353 (55.54% ownership by Immediate Parent) (55.54% ownership)
- Oakland Mercy Hospital; FEIN: 20-8072234 (100% ownership by Immediate Parent)
- Baum Harmon Mercy Hospital; FEIN: 42-1500277 (100% ownership by Immediate Parent)
- Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% owned by Trinity Health)**
  - The Foundation of Saint Joseph Regional Medical Center Inc.; FEIN: 35-1654543 (100% owned by Immediate Parent)
  - Saint Joseph Regional Medical Center Mishawaka Auxiliary Inc.; FEIN: 35-6033285 (100% owned by Immediate Parent)
  - Saint Joseph Regional Medical Center Plymouth Auxiliary Inc.; FEIN: 35-6043563 (100% owned by Immediate Parent)
  - Alick's Home Medical Equipment Inc.; FEIN: 35-1548294(15% ownership by Immediate Parent)
  - Saint Joseph Regional Medical Center - Health Insurance Services LLC; FEIN: 46-2814097 (100% ownership by Immediate Parent)
  - Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% ownership by Immediate Parent)
  - Select Health Network Inc.; FEIN: 35-1932210 (50% ownership by Immediate Parent)
  - Michiana Heath Information Network LLC; FEIN: 35-2050128 (33.33% ownership by Immediate Parent)

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

Edison Lakes Inc.; FEIN: 35-1783309 (23.84% ownership by Immediate Parent)  
Advantage Heath Solutions, Inc.; FEIN: 35-2093565 (15.5% ownership by Immediate Parent)  
Community Health Partners of South Bend, Inc.; FEIN: 26-3051440 (50% ownership by Immediate Parent)  
Edison Lakes ROC LLC ; FEIN: 27-1778694 (30% ownership by Immediate Parent)  
Saint Joseph Regional Medical Center - South Bend Campus Inc.; FEIN: 35-0868157 (100% owned by Immediate Parent)  
Saint Joseph Regional Medical Center - Plymouth Campus Inc.; FEIN: 35-1142669 (100% owned by Immediate Parent)  
SJPMC Holding, Inc.; FEIN: 47-4763735 (100% ownership by Immediate Parent)

Michiana Urgent Care Management, LLC; FEIN: 47-427986 (40% ownership by Immediate Parent)

**Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% ownership by Trinity Health)**

Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% ownership by Immediate Parent)  
MedNow Inc.; FEIN: 82-0389927 (100% ownership by Immediate Parent)  
Treasure Valley Healthnet, Inc.; FEIN: 84-1375309 (50% ownership by Immediate Parent)  
Saint Alphonsus Medical Center Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% ownership by Immediate Parent)  
Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% ownership by Immediate Parent)  
Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% ownership by Immediate Parent)  
Southern Idaho Regional Laboratory LLC dba Treasure Valley Lab; FEIN: 82-0511819 (50% ownership by Immediate Parent)  
Idaho Cytogenetics Diagnostic Laboratory LLC; FEIN: 33-1012210 (50% ownership by Immediate Parent)  
Intermountain Medical Imaging LLC; FEIN: 82-0514422 (50% ownership by Immediate Parent)  
Saint Alphonsus Caldwell Cancer Treatment Center, LLC; FEIN: 82-0526861 (80% ownership by Immediate Parent)  
Eagle ED Real Estate LLC ; FEIN: 20-8836798 (50% ownership by Immediate Parent)  
Life Flight Network LLC; FEIN: 20-5016802 (32% ownership by Immediate Parent) (32% ownership)  
MRI LP Interest MRI Center LP; FEIN: 82-0423387 (14.175% ownership by Immediate Parent)  
Saint Alphonsus Home Health & Hospice LLC; FEIN: 20-3942050 (50% ownership by Immediate Parent)  
Saint Alphonsus Health Alliance Inc.; FEIN: 82-0524649(100% ownership by Immediate Parent)  
Saint Alphonsus Professional Medical Services LLC; FEIN: 46-0500210 (100% ownership by Immediate Parent)  
Saint Alphonsus Building Company Inc.; FEIN: 82-0401011 (100% ownership by Immediate Parent)  
Saint Alphonsus Specialty Services Inc.; FEIN: 26-0553931 (100% ownership by Immediate Parent)  
Idaho ASC Holding, LLC; FEIN: 36-4729605 (51% ownership by Immediate Parent)  
Saint Alphonsus Medical Center - Ontario Inc.; FEIN: 27-1789847 (100% ownership by Immediate Parent)  
Saint Alphonsus Medical Center - Baker City Inc.; FEIN: 27-1790052 (100% ownership by Immediate Parent)  
Saint Alphonsus Foundation, Baker City, Inc.; FEIN: 94-3164869 (100% ownership by Immediate Parent)

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

Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% owned by Trinity Health Corporation) Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)

- Chelsea Community Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
- St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
- Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
- The Saint Joseph Mercy Health Partners Clinically Integrated Network, LLC; FEIN: 47-1340852 (100% ownership by Immediate Parent)
- Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% ownership by Immediate Parent)
- Mission Health Corporation ; FEIN: 38-3181557 (50% ownership by Immediate Parent)
- Center for Digestive Care, LLC; FEIN: 03-0447062 (51% ownership by Immediate Parent)
- Huron Arbor Corporation; FEIN: 38-2475644 (100% ownership by Immediate Parent) Probility Therapy Services; FEIN: 20-2020239 (100% ownership by Immediate Parent)
- SJ-UM LLC; FEIN: 46-2847401 (100% ownership by Immediate Parent)
- Arbor Health Building Limited Partnership; FEIN: (65% ownership by Immediate Parent)
- Woodland Imaging Center, LLC dba Avant Imaging ; FEIN: 76-0820959 (51% ownership by Immediate Parent);
- IHA Health Services Corporation ; FEIN: 38-3316559 (100% ownership by Immediate Parent)
- Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% ownership by Immediate Parent)
- St. Mary Mercy Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
- The Care Alliance, LLC; FEIN: 46-5648536 (100% Ownership by Immediate Parent)
- Western Care Alliance, LLC; FEIN: 46-5620128 (100% ownership by Immediate Parent)
- St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
- Oakland Health Partners; FEIN: 47-2105093 (100% Ownership by Immediate Parent)
- Oakland Accountable Care, LLC; FEIN: 45-5589234 (100% Ownership by Immediate Parent)
- The Waterford Surgical Center, LLC; FEIN: 27-1110813 (100% ownership by Immediate Parent)
- Tri-Hospital Emergency Medical Services; FEIN: 38-2485700 (33.33% ownership by Immediate Parent)
- Tri-Hospital MRI Center d/b/a Advanced MRI; FEIN: 38-2884297 (55% ownership by Immediate Parent)

Mercy Health Partners; FEIN: 38-2589966 (100% ownership by Immediate Parent)

- Westshore Health Network dba Lakeshore Health Network dba Lakeshore Health Network; FEIN: 38-3280200 (100% ownership by Immediate Parent)
- MRI Mobile Services of West Michigan; FEIN: 38-3073745 (100% ownership by Immediate Parent)
- Muskegon Community Heath Project; FEIN: 91-1932918 (100% ownership by Immediate Parent)
- Muskegon SC LLC; FEIN: 20-3244346 (35.7% ownership by Immediate Parent)
- West Shore Professional Building Condominium Association; FEIN: 38-2700166 (70% ownership by Immediate Parent)
- HPC Co-Owners Association; FEIN: 27-0734448 (100% ownership by Immediate Parent)
- Professional Med Team; FEIN: 38-2638284 (100% ownership by Immediate Parent)

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

Mobile Health Resources LLC; FEIN: 38-3285823 (14.3% ownership by Immediate Parent)

Hackley Life Counseling dba Mercy Health Partners - Life Counseling and dba Mercy Health Partners Work Life Services; FEIN: 38-1386362 (100% ownership by Immediate Parent) HPCN; FEIN: 30-0207909 (100% ownership by Immediate Parent)

PACE Program dba Life Circles; FEIN: 26-0170498 (25.5% ownership by Immediate Parent)

Mercy Health Clinically Integrated Network LLC; FEIN: 47-2070753 (100% ownership by Immediate Parent)

Western Michigan Associates JV; FEIN: 38-2960292 ( 9.82% ownership by Immediate Parent)

Western Michigan Shared Hospital Laundry; FEIN: 38-2026913 (9.82% ownership by Immediate Parent)

Hackley Health Ventures Inc.; FEIN: 38-2589959 (100% ownership by Immediate Parent)

H.E.F. Inc.; FEIN: 38-3086401 (100% ownership by Immediate Parent)

Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc.; FEIN: 38-2961814 (100% ownership by Immediate Parent)

Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp; FEIN: 38-2578569 (100% ownership by Immediate Parent)

Hackley Healthcare Equipment Corp. dba Mercy Health Partners-Healthcare Equipment and Pharmacy; FEIN: 38-2578569 (100% ownership by Immediate Parent)

Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids); FEIN: 38-2578569 (100% ownership by Immediate Parent)

Hackley Professional Pharmacy Inc. dba Mercy Health Partners-Pharmacy Inc.; FEIN: 38-244870 (100% ownership by Immediate Parent)

Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (100% ownership by Immediate Parent)

Together Health Network, LLC; FEIN: 47-1573173 (50% ownership by Immediate Parent)

Midwest Medflight; FEIN: 38-2684671 (100% ownership by Immediate Parent)

CLR Investments, LLC; FEIN: 32-0008631 (100% ownership by Immediate Parent)

Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% ownership by Immediate Parent)

Advantage Health St. Mary's Care Network; FEIN: 38-3845167 (50% ownership by Immediate Parent) Advantage Health St. Mary's Medical Group; 27-2491974

Health Park Central Limited Partnership; FEIN: 38-3006501 (10.55% ownership by Immediate Parent)

Michigan Athletic Club; FEIN: 38-2647304 (90% ownership by Immediate Parent)

Pennant Health Alliance; FEIN: 27-3618927 (27% ownership by Immediate Parent)

Advent Rehabilitation; FEIN:38-3306673 (50% ownership by Immediate Parent)

Saint Mary's Foundation; FEIN: 38-1779602 (100% ownership by Immediate Parent)

Saint Mary's Health Management; FEIN: 38-3450733 (100% ownership by Immediate Parent)

Sixty Fourth Street LLC; FEIN: 20-2443646 (51% ownership by Immediate Parent)

Mercy Physician Community PHO; FEIN: 38-3406127 (50% ownership by Immediate Parent)

Port Huron Family Care; FEIN: 20-1855647 (100% ownership by Immediate Parent)

**Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Ownership by Trinity Health Corporation)**

Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)

Loyola Physicians Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent)

PL



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

Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Ownership by Immediate Parent) Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Ownership by Immediate Parent)  
Gottlieb Community Health Services Corporation; FEIN: 36-3332852 (100% Ownership by Immediate Parent)  
Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Ownership by Immediate Parent)  
Loyola University Medical Center; FEIN: 36-4015560 (100% Ownership by Immediate Parent)  
Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)  
Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Ownership by Immediate Parent)  
RMLHP Corporation; FEIN: 36-4160869 (50% Ownership by Immediate Parent)  
RML Health Providers Limited Partnership; FEIN: 36-4113692 (49.5% Ownership by Immediate Parent; 1% Ownership by RMLHP)  
Loyola Medicine Transport, LLC; FEIN 47-4147171 (51% Ownership by Immediate Parent)  
Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)  
Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent)

**Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Ownership by Trinity Health )**

Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Ownership by Immediate Parent)  
Mercy Advanced MRI LLC; FEIN:26-2116721 (100% Ownership by Immediate Parent)  
Mercy Foundation Inc. ; FEIN:36-3227350 (100% Ownership by Immediate Parent)  
Mercy Services Corporation; FEIN: 36-3227348 (100% owned by Immediate Parent)  
Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% ownership by Immediate Parent)  
Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% ownership by Immediate Parent)

**Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% ownership by Trinity Health)**

Greater Central Valley Healthcare LLC; FEIN: 46-5551144 (100% ownership by Immediate Parent)  
Saint Agnes Health Partners LLC; FEIN: 38-3880220 (50% ownership by Immediate Parent) (50% ownership)  
Professional Office Corporation; FEIN: 94-2839324 (100% ownership by Immediate Parent)  
BSV Medical Office Building LLC; FEIN:74-3059017 (50% ownership by Immediate Parent)  
Priority Plus of California dba Priority Heath Services; FEIN: 77-0395267 (63.6% ownership by Immediate Parent)  
Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder is CMO of SAMC - No Ownership by SAMC)

**TRINITY ASSURANCE, LTD (CAYMAN ISLAND) (100% Ownership by Trinity Health) Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% owned by Trinity Health)**

Mercy Life Center Corporation; FEIN: 25-1604115 (100% Ownership by Immediate Parent)  
McAuley Ministries; FEIN: 94-3436142 (100% Ownership by Immediate Parent)

**Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % ownership by Trinity Health Corporation)**

Catholic Health East Senior Services Management, Incorporated;FEIN:37-1572595 (100% owned by Trinity Continuing Care Services/Trinity Health)  
Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% ownership by Immediate Parent)

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

Marycrest Heights; FEIN: 27-0291722 (100% ownership by Immediate Parent)  
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% ownership by Immediate Parent)  
Mercy Services for Aging Corporation; FEIN: 38-2719605(100% ownership by Immediate Parent)  
Trinity Continuing Care Services - Indiana; FEIN: 93-09070475 (100% ownership by Immediate Parent)  
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% ownership by Immediate Parent)

**Trinity Home Heath Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% ownership by Trinity Health Corporation)**

Amicare Hospice Services Inc.; FEIN: 38-2949053 (100% ownership by Immediate Parent)  
Cranbrook Hospice Care; FEIN: 38-3320699 (100% ownership by Immediate Parent)  
Mercy Amicare Home Healthcare, Oakland; FEIN: 38-3320698 (100% ownership by Immediate Parent)  
Mercy Amicare Home Healthcare, Port Huron; FEIN: 38-3320701 (100% ownership by Immediate Parent)  
Mercy General Health Partners, Amicare Homecare; FEIN: 38-3.321856 (100% ownership by Immediate Parent)  
Mercy North Homecare and Hospice; FEIN: 38-3313897 (100% ownership by Immediate Parent)  
Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% ownership by Immediate Parent)  
Hospice of Washtenaw; FEIN: 38-3320707 (100% ownership by Immediate Parent)  
Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% ownership by Immediate Parent)

**Trinity Health PACE; FEIN: 47-3073124 (100% ownership by Immediate Parent) (multistate operation - incorporated in Michigan)**

Saint Joseph PACE; FEIN: Applied For, But Not Yet Received (100% ownership by Immediate Parent)

**Mercy Health System of Southeastern Pennsylvania [Pennsylvania]; FEIN: 23-2212638 (100% owned by Trinity Health)**

Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Ownership by Immediate Parent)  
Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Ownership by Immediate Parent)  
Nazareth Hospital; FEIN: 23-2794121 (100% Ownership by Immediate Parent)  
Nazareth Health Care Foundation; FEIN: 23-2300951 (100% Ownership by Immediate Parent)  
Nazareth Medical Office Building Associates LP; FEIN: 23-2388040 (56.49% Ownership by Immediate Parent)  
St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Ownership by Immediate Parent)  
St Agnes Continuing Care Foundation; FEIN: 23-2415137(100% Ownership by Immediate Parent)  
Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Ownership by Immediate Parent)  
Mercy Health Plan; FEIN: 22-2483605 (100% Ownership by Immediate Parent)  
Gateway Health Plan, LP (50% ownership by Immediate Parent); FEIN: 25-1691945 Gateway Health Plan, Inc.; FEIN: 25-1505506 (100% Ownership by Immediate Parent)  
Gateway of Ohio, Inc.; FEIN: 30-0282076 (100% Ownership by Immediate Parent)  
Mercy Home Health Services; FEIN: 23-2325058 (100% Ownership by Immediate Parent)  
Mercy Home Health; FEIN: 23-1352099 (100% Ownership by Immediate Parent)

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

Mercy Family Support; FEIN: 23-2325059 (100% Ownership by Immediate Parent)  
Mercy Physician Network; FEIN: 46-1187365 (100% Ownership by Immediate Parent)  
Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Ownership by Immediate Parent) N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Ownership by Immediate Parent)  
East Norriton Physicians Services, Inc.; FEIN: 23-2515999 (100% Ownership by Immediate Parent)  
Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Ownership by Immediate Parent)  
Mercy/Manor Partnership (50% ownership by Immediate Parent); FEIN: 52-1931012  
Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Ownership by Immediate Parent)

**St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% owned by Trinity Health)**

Langhorne Physician Services; FEIN: 23-2571699 (100% Ownership by Immediate Parent)  
St. Mary Medical Center Foundation; FEIN: 23-2567468 (100% Ownership by Immediate Parent)  
LIFE St Mary; FEIN: 26-2976184 (100% Ownership by Immediate Parent)  
St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Ownership by Immediate Parent)  
St. Mary Building and Development; FEIN: 46-1827502 (100% Ownership by Immediate Parent)  
Langhorne Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)  
Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent) Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)  
Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Ownership by Immediate Parent)  
The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Ownership by Immediate Parent)  
St. Mary Medical Center MOB II, LP; FEIN: 36-4559869 (65.75% Ownership by Immediate Parent)  
Quality Health Alliance, LLC; FEIN: 46-5686622 (100% Ownership by Immediate Parent)  
Quality Health Alliance - ACO, LLC; FEIN: 46-5675954 (100% Ownership by Immediate Parent)  
Endoscopy Center at St. Mary; FEIN: 20-5253361 (16.349% Ownership by Immediate Parent)

**St. Mary's Health Care System, Inc. [Georgia]; FEIN: 58-0566223 (100% owned by Trinity Health)**

St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Ownership by Immediate Parent)  
St. Mary's Sacred Heart Hospital; FEIN: 47-3752176 (100% Ownership by Immediate Parent)  
Good Samaritan Hospital, Inc.; FEIN: 26-1720984 (100% Ownership by Immediate Parent)  
St. Mary's Highland Hills Village, Inc.; FEIN: 58-2276801 (100% Ownership by Immediate Parent)  
St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Ownership by Immediate Parent)  
St. Mary's Highland Hills, Inc.; FEIN: 02-0576648 (100% Ownership by Immediate Parent)

**St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% owned by Trinity Health)**

St. Francis Foundation; FEIN: 51-0374158 (100% Ownership by Immediate Parent)  
LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Ownership by Immediate Parent)

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

Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Ownership by Immediate Parent)

Delaware Care Collaboration; FEIN: 47-4069475 (100% Ownership by Immediate Parent)

**St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% owned by Trinity Health)**

St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Ownership by Immediate Parent)

LIFE St Francis, a New Jersey Nonprofit Corporation (PACE); FEIN: 22-2797282 (100% Ownership by Immediate Parent)

Life Care Physicians LLC (Managed and Controlled but not Owned by St. Francis Medical Center); FEIN: 26-1649038

St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Ownership by Immediate Parent)

Central New Jersey Heart Services, LLC; FEIN: 20-8525458 (59.76% Ownership by St. Francis Medical Center)

**Mercy Community Health, Inc. - [Connecticut]; FEIN: 06-1492707 (100% owned by Trinity Continuing Care Services/Trinity Health)**

Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Ownership by Immediate Parent)

McAuley Center, Incorporated; FEIN: 06-1058086 (100% Ownership by Immediate Parent)

**Our Lady of Lourdes Health Care Services, Inc. [New Jersey]; FEIN: 22-2568528 (100% owned by Trinity Health)**

Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Ownership by Immediate Parent)

Our Lady of Lourdes Medical Center Auxiliary; FEIN: 21-0635001 (100% Ownership by Immediate Parent)

Lourdes Medical Center of Burlington County, a New Jersey Nonprofit Corporation; FEIN: 22-3612265 (100% Ownership by Immediate Parent)

Our Lady of Lourdes Medical Center, Inc.; FEIN: 21-0635001 (100% Ownership by Immediate Parent)

Centennial Surgical Unit, LLC JV (51% ownership by Immediate Parent); FEIN: 22-3580847

Our Lady of Lourdes School of Nursing, Inc.; FEIN: 21-0635001 (100% Ownership by Immediate Parent)

Lourdes Cardiac Surgery, LLC; FEIN: 27-4357794 (100% Ownership by Immediate Parent)

Lourdes Cardiology Services, PC; FEIN: 27-4357794 (100% Ownership by Immediate Parent)

Lourdes Ancillary Services, Inc.; FEIN:22-2568525 (100% Ownership by Immediate Parent)

Health Management Services Organization, Inc.; FEIN: 22-3366580 (100% Ownership by Immediate Parent)

South Jersey Vascular Management, LLC JV (50% ownership by Immediate Parent); 20-2273476

Lourdes Specialty Hospital of Southern New Jersey LLC JV (20% ownership by Immediate Parent); FEIN: 86-1139477

Tyler Dialysis, LLC JV (19% ownership by Immediate Parent); FEIN: 45-4079716

Lourdes Medical Associates, PA; FEIN: 22-3361862 (100% Ownership by Immediate Parent)

LIFE at Lourdes, Inc.; FEIN: 26-1854750 (100% Ownership by Immediate Parent)

Lourdes Urgent Care Services, PC; FEIN: 46-4188202 (100% Ownership by Immediate Parent)

LHS Health Network, LLC; FEIN: 46-2820519 (100% Ownership by Immediate Parent)

Lourdes Health Services, Inc. ; FEIN: 22-2890286 (100% Ownership by Immediate Parent)

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

Saint Michael's Medical Center, Inc. [New Jersey]; FEIN: 26-2616046 (100% owned by Trinity Health)

- Saint James Care, Inc., a New Jersey Nonprofit Corporation; FEIN: 26-2616230 (100% Ownership by Immediate Parent)
- Columbus Acquisition Corp; 26-2616342 (100% Ownership by Immediate Parent)
- LIFE at Saint Michael's, Inc. (100% Ownership by Immediate Parent); FEIN: Not yet issued - PACE Program has not yet opened
- Saint Michael's Physician Services, PC; FEIN: 45-2648607 (100% Ownership by Immediate Parent)
- Saint Michael's Foundation, Inc.; 22-3311976 (100% Ownership by Immediate Parent)
- University Heights Property Company, Inc., a NJ Nonprofit Corp.; FEIN: 22-3100162 (100% Ownership by Immediate Parent)
- Chestnut Risk Services Ltd; FEIN: 26-2616046 (100% Ownership by Immediate Parent)

St. Peter's Health Partners [New York]; FEIN: 45-3570715 (100% owned by Trinity Health)

- Innovative Health Alliance of New York, LLC (SPHP owns 50%; Ellis Hospital owns 50%); FEIN: 46-5676066
- Manning Medical , PLLC (Nominally owned by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-4331512
  - Albany Advanced Imaging, PLLC dba St. Peter's Health Partners Imaging (Manning Medical PLLC owns 46%; Albany Radiology Partners, PLLC owns 54%); FEIN: 14-1813068
- St. Peter's Health Partners Medical Associates, PC; FEIN: 46-1177336 (100% Ownership by Immediate Parent)
- St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Ownership by Immediate Parent)
- St. Peter's Auxiliary; FEIN: 22-2843206 (100% Ownership by Immediate Parent)
- St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Ownership by Immediate Parent)
  - Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Ownership by Immediate Parent)
  - St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
- Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Ownership by Immediate Parent)
- The Community Hospice, Inc.; FEIN: 14-1608921 (100% Ownership by Immediate Parent)
  - The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Ownership by Immediate Parent)
- Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Ownership by Immediate Parent)
  - Alliance for Better Care, LLC ( JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%); FEIN: 47-2920659
  - Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Ownership by Immediate Parent)
- Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Ownership by Immediate Parent)
- The Northeast Health Foundation, Inc.; 22-2743478 (100% Ownership by Immediate Parent)
- Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Ownership by Immediate Parent)
- Sunnyview Hospital and Rehabilitation Center, Inc.; FEIN: 14-1338386 (100% Ownership by Immediate Parent)
  - Sunnyview Hospital and Rehabilitation Foundation, Inc.; FEIN: 22-2505127 (100% Ownership by Immediate Parent)
- LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Ownership by Immediate Parent)
  - The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Ownership by Immediate Parent)

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

- The Capital Region Geriatric Center, Inc. dba Eddy Village Green at Cohoes; FEIN: 14-1701597 (100% Ownership by Immediate Parent)
- Heritage House Nursing Center, Inc. dba Eddy Heritage House; FEIN: 14-1725101(100% Ownership by Immediate Parent)
- Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Ownership by Immediate Parent)
- Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Ownership by Immediate Parent)
- Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Ownership by Immediate Parent)
- Glen Eddy, Inc.; FEIN: 14-1794150 (100% Ownership by Immediate Parent)
- Glen at Highland Meadows, Inc.; FEIN: 16-1529639 (50% Ownership by Immediate Parent)
- Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Ownership by Immediate Parent)
- The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Ownership by Immediate Parent)
- Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Ownership by Immediate Parent)
- Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Ownership by Immediate Parent)
- Empire Home Infusion Services, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Ownership by Immediate Parent)
- Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Ownership by Immediate Parent)
- Affiliated Management Services, Corp.; FEIN: 14-1668024 (100% Ownership by Immediate Parent)
- Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Ownership by Immediate Parent)
- Seton Health Foundation, Inc.; FEIN: 22-02345416 (100% Ownership by Immediate Parent)
- Seton Auxiliary, Inc.; FEIN: 14-1505031 (100% Ownership by Immediate Parent)
- Seton IPA, LLC (100% Ownership by Immediate Parent); FEIN: 14-1776186
- St. James Mercy Health System (New York); FEIN: 22-3127184 (100% owned by Trinity Health)
- SJM Properties, Inc.; FEIN: 16-1294991 (100% Ownership by Immediate Parent)
- Catholic Health System, Inc. (JOA - One Third ownership by Trinity Health) [New York]; FEIN: 22-2565278**
- Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Ownership by Immediate Parent)
- Sisters Hospital Foundation; FEIN: 22-2283077 (100% Ownership by Immediate Parent)
- Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Ownership by Immediate Parent)
- Kenmore Mercy Foundation; FEIN: 16-1162971 (100% Ownership by Immediate Parent)
- KMH Homes, Inc.; FEIN: 16-1387890 (100% Ownership by Immediate Parent)
- Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Ownership by Immediate Parent)
- Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Ownership by Immediate Parent)
- Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Ownership by Immediate Parent)
- Alsace Abbott Corporation; FEIN: 16-1355092 (100% Ownership by Immediate Parent)
- Aurora Mercy Corp.; FEIN: 16-1354302 (100% Ownership by Immediate Parent)

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

- Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital Foundation; FEIN: 16-1360884 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital Child Care Center; FEIN: 16-1523352 (100% Ownership by Immediate Parent)
- Nazareth, Inc.; FEIN: 16-0813142 (100% Ownership by Immediate Parent)
- Western New York Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Ownership by Immediate Parent); FEIN: 16-1434368
- Niagara Homemaker Services; FEIN: 16-1317960 (100% Ownership by Immediate Parent)
- St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Ownership by Immediate Parent)
- St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Ownership by Immediate Parent)
- McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Ownership by Immediate Parent)
- St. Francis Buffalo; FEIN: 16-1523535 (100% Ownership by Immediate Parent)
- St. Clare Apartments (50% ownership by Immediate Parent); FEIN: 16-0782647
- Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Ownership by Immediate Parent)
- Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Ownership by Immediate Parent)
- Catholic Health Home Respiratory, LLC (50% ownership by Immediate Parent); FEIN: 45-4134007
- Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Ownership by Immediate Parent)
- Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Ownership by Immediate Parent)
- Our Lady of Victory Housing Development Fund Corp. (100% Ownership by Immediate Parent); FEIN: 14-1930644
- Smithtown GP, LLC (100% Ownership by Immediate Parent); FEIN: 57-3192758
- Victory Ridge Apartments, LP (80% Ownership by Immediate Parent); FEIN: 57-1219731
- McAuley Mercy Corporation; FEIN: 16-1279834 (100% Ownership by Immediate Parent)
- Baycare Health System (JOA - 50.4% ownership by Trinity Health, not all facilities owned) [Florida]; FEIN: 59-2796965**
- Baycare Physician Partners; FEIN: 45-2908908 (100% Ownership by Immediate Parent)
- Community Health Alliance, Inc.; FEIN: 59-3631620 (100% Ownership by Immediate Parent)
- St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
- St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Ownership by Immediate Parent)
- St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Ownership by Immediate Parent)
- St Joseph's Hospital, Inc.. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Ownership by Immediate Parent)

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

- South Florida Baptist Hospital; FEIN: 59-0594631 (100% Ownership by Immediate Parent)
- HealthPoint Management Group & MSO; FEIN: 65-0645457 (100% Ownership by Immediate Parent)
- John Knox Village; FEIN: 58-1377711 (100% Ownership by Immediate Parent)
- Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (100% Ownership by Immediate Parent)
  - Morton Plant Hospital, Inc. d/b/a Morton Plant Hospital; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
  - Trustees of Mease Hospital , Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Ownership by Immediate Parent)
  - Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Ownership by Immediate Parent)
  - Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
  - Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
  - BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc. ); FEIN: 59-3140335 (100% Ownership by Immediate Parent)
  - Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
- St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Ownership by Immediate Parent)
  - St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Ownership by Immediate Parent)
  - St. Anthony's Primary Care, LLC; FEIN: 03-0575868 (100% Ownership by Immediate Parent)
  - St. Anthony's Specialists, LLC; FEIN: 74-3168197 (100% Ownership by Immediate Parent)
  - St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Ownership by Immediate Parent)

**Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% owned by Trinity Health) Saint Joseph's Health System, Inc. [Georgia]; FEIN: 58-1744848 (100% owned by Trinity Health)**

- Saint Joseph's Mercy Care Services, Inc.; FEIN: 58-1752700 (100% Ownership by Immediate Parent)
- Mercy Senior Care, Inc.; FEIN: 58-1366508 (100% Ownership by Immediate Parent)
- Mercy Care Foundation (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Ownership by Immediate Parent)
- Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Ownership by Immediate Parent)
- SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Ownership by Immediate Parent)
  - Emory/Saint Joseph's, Inc. (JOC - 49% owned by SJHS/JOC Holdings, Inc.); FEIN: 45-2721833

**Saint Joseph of the Pines, Inc. [North Carolina]; FEIN: 56-0694200 (100% owned by Trinity Continuing Care Services/Trinity Health)**

- LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Ownership by Immediate Parent)

**Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% owned by Trinity Health)**

- Nursing Network, Inc.; FEIN: 59-1145192 (100% Ownership by Immediate Parent)
- Holy Cross Medical Properties, Inc.; FEIN: 65-0666283 (100% Ownership by Immediate Parent)
- Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Ownership by Immediate Parent)
- Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Ownership by Immediate Parent)
- Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Ownership by Immediate Parent)



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

Physicians Outpatient Surgery Center, LLC (JV with Physician Members - HCH ownership 71%); FEIN: 35-2325646

Atlantic Coast Health Network, Inc. (JV with Atlantic Coast Holdings, Inc. - HCH ownership 50%); FEIN: 47-4756582

Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% owned by Trinity Health)

Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Ownership by Immediate Parent)

St. Joseph's Health, Inc. [New York]; FEIN: 47-4754987 (100% owned by Trinity Health)

St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Ownership by Immediate Parent)

S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Ownership by Immediate Parent)

SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Ownership by Immediate Parent)

SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Ownership by Immediate Parent)

The Auxiliary of St. Joseph's Hospital Health Center; FEIN: 20-3018640 (100% Ownership by Immediate Parent)

MDR MRI Technical Services, LLC (40% SJHHC, 60% Magnetic Diagnostic Resources of Central New York); FEIN: 16-1590982

Plaza Corporation of Central New York, Inc. (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840

Iroquois Nursing Home; FEIN: 16-1364582 (100% Ownership by Immediate Parent)

Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Ownership by Immediate Parent)

Mandorla Gardens Development Company (50% PNH, 50% Loretto Geriatric); FEIN:27-3993174

Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Ownership by Immediate Parent)

Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Ownership by Immediate Parent)

Laboratory Alliance of Central New York, LLC (33.3% SJHHC, 33% State University of New York Upstate Medical University, 33.33% Crouse Health Hospital, Inc.);FEIN: 16-1536202

Loretto Independent Living Services, Inc. ; FEIN: 16-1470454 (100% Ownership by Immediate Parent)

St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Ownership by Immediate Parent)

St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Ownership by Immediate Parent)

Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-1892799

Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Ownership by Immediate Parent)

Cedar Bay Properties, LLC (44% Franciscan Associates; 11% Cashflo, LLC; 11% FJP Properties, LLC;; 34% Burdick Street Properties, LLC); FEIN: 14-1844259

FHS Services, Inc. d/b/a Oneida Lifeline , Franciscan Lifeline; FEIN: 27-2995699 (100% Ownership by Immediate Parent)

Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Ownership by Immediate Parent)

St. Elizabeth Health Support Services, Inc. (60% FMS, 40% St. Elizabeth Medical Center); FEIN: 16-1540486

Lourdes Health Support, LLC (40% FMS, 60% Lourdes Health System); FEIN: 16-1611707

CNY Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710

Kinney-Franciscan Pharmacy, LLC (49% FMS, 51% Kinney Drugs); FEIN: 20-4352398

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

Loretto Health Support, LLC (Inactive - 100% FMS); FEIN: 16-1569460
Franciscan Health Support, Inc. ; FEIN: 16-1236354 (100% Ownership by Immediate Parent)
Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Ownership by Immediate Parent)
Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Ownership by Immediate Parent)
Embracing Age, Inc.; FEIN: 46-1051881 (100% Ownership by Immediate Parent)
Oswego Home Health, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-2463736
St. Joseph's Physician Health, PC; FEIN: 16-1516863 (100% Ownership by Immediate Parent)
St. Joseph's Medical, PC; FEIN: 27-3899821 (100% Ownership by Immediate Parent)
St. Joseph's Imaging, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293
<b><u>Trinity Health - New England, Inc. (formerly Saint Francis Care, Inc. (Connecticut); FEIN: 06-1491191 (100% owned by Trinity Health)</u></b>
St. Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Ownership by Immediate Parent)
Saint Francis Indemnity Company, LLC; FEIN: 90-0656448 (100% Ownership by Immediate Parent)
One Thousand Corporation; FEIN: 06-0922325 (100% Ownership by Immediate Parent)
Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Ownership by Immediate Parent)
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Ownership by Immediate Parent)
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Ownership by Immediate Parent)
Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278
Greater Hartford Lithotripsy, LLC (31.8% SFHMC); FEIN: 06-1578891
Medworks, LLC (51% SFHMC); FEIN: 06-1490483
Masonicare Partners Home Health and Hospice, Inc. (35% SFHMC); FEIN:26-0758992
Total Laundry Collaborative, LLC (86% SFHMC); FEIN: 20-8335788
New Directions, Inc. of North Central Connecticut (50% SFHMC); FEIN: 06-1019039
Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Ownership by Immediate Parent)
Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Ownership by Immediate Parent)
Saint Francis Care Medical Group, PC (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Ownership by Immediate Parent)
Collins Medical Associates, 2, P.C. (25% SFMG); FEIN: 06-1539549
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Ownership by Immediate Parent)
SFH/FF, LLC (49% MSRH); FEIN: 06-1489749
Saint Francis Medical Group, Inc.; FEIN: 06-1450168 (100% Ownership by Immediate Parent)
Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Ownership by Immediate Parent)
Total Health Connecticut, LLC (40% SFC); FEIN: 47-4070024

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

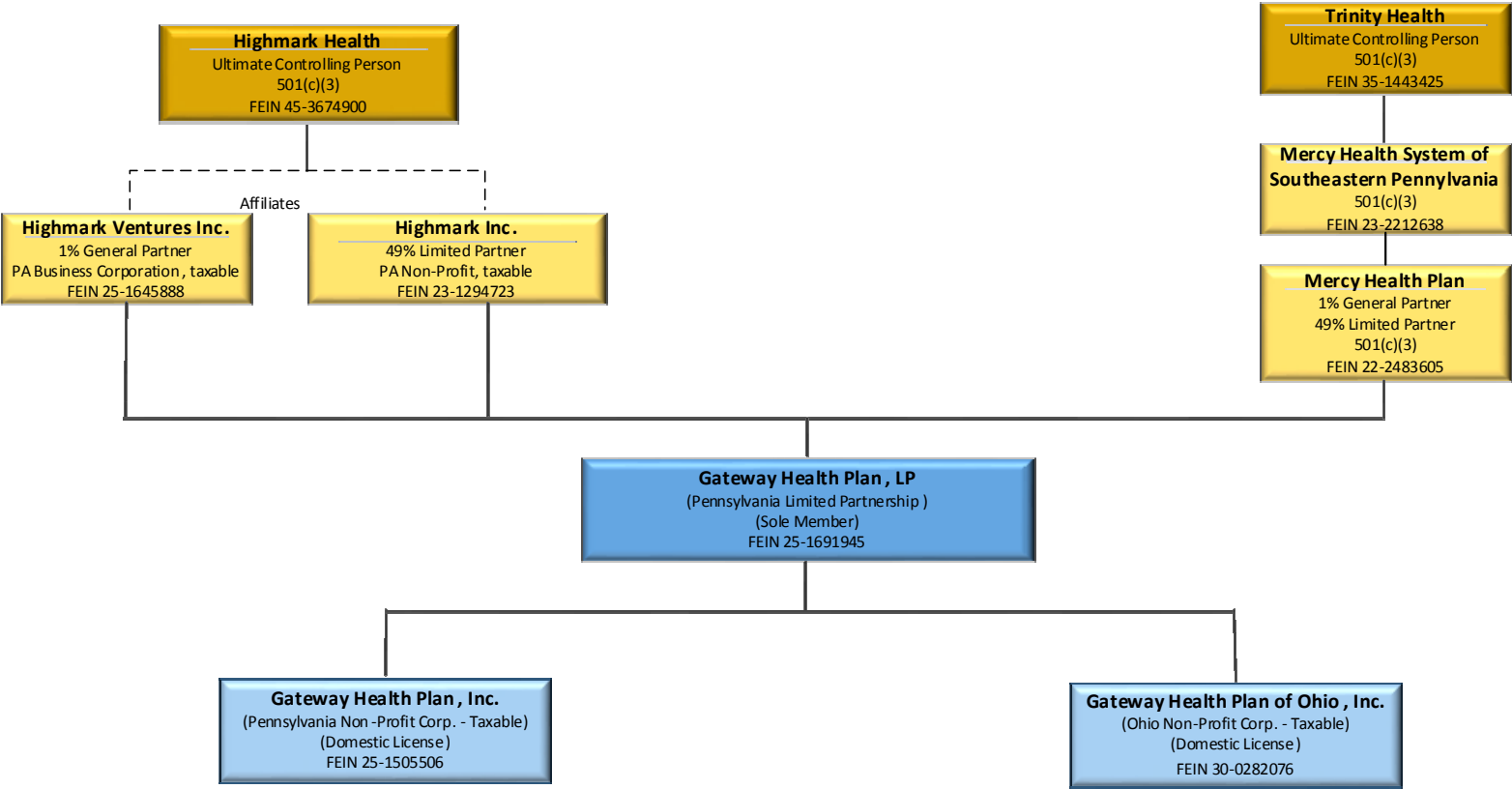
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Ownership by Immediate Parent)
Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257
Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)
Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)
Connecticut Occupational Medicine Partners, LLC (One-Third by Immediate Parent); FEIN: 06-1586674
Johnson Memorial Medical Center; FEIN: 22-2541974 (100% Ownership by Immediate Parent)
Johnson Memorial Hospital; FEIN: 06-0646696 (100% Ownership by Immediate Parent)
Northeast Regional Radiation Oncology Associates; FEIN: 06-1426856 (25% Ownership by Immediate Parent)
Tolland Imaging Center, LLC; FEIN: 20-8688982 (15% Ownership by Immediate Parent)
Johnson Health Care, Inc. dba Johnson Occupational Medicine Center; FEIN: 22-2541981 (100% Ownership by Immediate Parent)
Home & Community Health Services, Inc.; FEIN: 06-0646620 (100% Ownership by Immediate Parent)
The Mercy Hospital, Inc.; FEIN: 04-3398280 (100% Ownership by Immediate Parent)
Sisters of Providence Health System, Inc. [Massachusetts]; FEIN: 04-3398374 (100% owned by Immediate Parent)
Acone LLC; FEIN: 45-4565187 (100% Ownership by Immediate Parent)
Brightside, Inc.; FEIN: 04-2182395 (100% Ownership by Immediate Parent)
The Mercy Hospital, Inc.; FEIN: 04-3398280 (100% Ownership by Immediate Parent)
Providence HomeCare, Inc.; FEIN: 04-3317426 (100% Ownership by Immediate Parent)
System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161(100% Ownership by Immediate Parent)
Mercy Inpatient Medical Associates, Inc.; FEIN: 04-3029929 (100% Ownership by Immediate Parent)
MRI - PT/CT (JV with Alliance Imaging - (50% Ownership by Immediate Parent); FEIN: 04-2938161
Physicians Medical Office Building Condominium Trust (Management Agreement); FEIN: 04-6608649
The Life Path Partners, LLC (JV with NEPA; 50% Ownership by Immediate Parent); FEIN: 26-0021080
Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Ownership by Immediate Parent)
Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Ownership by Immediate Parent)
Providence Place (Management Agreement); FEIN: 04-3404084
Mary's Meadow (Management Agreement); FEIN: 26-2043754
Mercy Life, Inc.; FEIN: 45-3086711 (100% Ownership by Immediate Parent)
Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Ownership by Immediate Parent)
Mercy Specialist Physicians, Inc.; FEIN: 26-4033168 (100% Ownership by Immediate Parent)
Mercy Medical Group, Inc.; FEIN: 45-4884805 (100% Ownership by Immediate Parent)
Farren Care Center, Inc.; FEIN: 04-2501711 (100% Ownership by Immediate Parent)
MercyCare Alliance, LLC; FEIN: 47-1561725 (100% Ownership by Immediate Parent)

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

Physician Practice Partners, LLC (JV with Riverbend; 50% Ownership by Immediate Parent); FEIN: 04-3473929  
Diversified Community Services, Inc.; FEIN: 043128890 (100% Ownership by Immediate Parent)

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

Gateway Health Plan  
Organization Chart



40.27

**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