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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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

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
Michael George Warfel
Benjamin Ryland Carter #
Mark Thomas Bullock
Deborah Lynn Rice-Johnson (formerly Rice)
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 _____ day of _____, 2016

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

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	138,721	10,767	70,412	77,793	77,973	219,899
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	138,721	10,767	70,412	77,793	77,973	219,899

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	673,451	505,017			67,293	1,111,175
0199999 Subtotal - Pharmaceutical Rebate Receivables	673,451	505,017			67,293	1,111,175
0299998 Claim Overpayment Receivables - Not Individually Listed		14,141	8,123	100,696	122,960	
0299999 Subtotal - Claim Overpayment Receivables		14,141	8,123	100,696	122,960	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	1,072	144		60	1,276	
0699999 Subtotal - Other Receivables	1,072	144		60	1,276	
0799999 Gross health care receivables	674,523	519,303	8,123	100,756	191,529	1,111,175

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	141,898	984,839		1,178,469	141,898	132,346
2. Claim overpayment receivables	5,151	1,673,179		122,960	5,151	5,151
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				1,276		
7. TOTALS (Lines 1 through 6)	147,049	2,658,018		1,302,705	147,049	137,497

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,421,723	29,240	66,671	46,358		1,563,991
0499999 Subtotals	1,421,723	29,240	66,671	46,358		1,563,991
0599999 Unreported claims and other claim reserves						12,833,312
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						14,397,303
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Gateway Health Plan, Inc.	211,983					211,983	
0199999 Total - Individually listed receivables	211,983					211,983	
0299999 Receivables not inidvidually listed							
0399999 TOTAL Gross Amounts Receivable	211,983					211,983	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Gateway Health Plan, LP.	Management Services	1,519,455	1,519,455	
0199999 Total - Individually Listed Payables	X X X	1,519,455	1,519,455	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	1,519,455	1,519,455	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	1,332,399	3.080			1,332,399	
3. All other providers	215,750	0.499				215,750
4. TOTAL Capitation Payments	1,548,150	3.579			1,332,399	215,750
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	41,708,423	96.421	X X X	X X X	3,896	41,704,527
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	41,708,423	96.421	X X X	X X X	3,896	41,704,527
13. TOTAL (Line 4 plus Line 12)	43,256,573	100.000	X X X	X X X	1,336,295	41,920,277

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000	DAVIS VISION	346,225	28,852		
89070	UNITED CONCORDIA COMPANIES INC	986,174	82,181	307,506,082	37,762,659
9999999 TOTALS		1,332,399	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0812 BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	1,127							1,127		
3. Second Quarter	1,296							1,296		
4. Third Quarter	1,547							1,547		
5. Current Year	1,670							1,670		
6. Current Year Member Months	16,278							16,278		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	11,472							11,472		
8. Non-Physician	3,766							3,766		
9. TOTAL	15,238							15,238		
10. Hospital Patient Days Incurred	2,775							2,775		
11. Number of Inpatient Admissions	413							413		
12. Health Premiums Written (b)	13,043,937							13,043,937		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	13,043,937							13,043,937		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,652,637							8,652,637		
18. Amount Incurred for Provision of Health Care Services	11,070,831							11,070,831		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....13,043,937

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0812 BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	1,259							1,259		
3. Second Quarter	1,576							1,576		
4. Third Quarter	2,128							2,128		
5. Current Year	2,301							2,301		
6. Current Year Member Months	20,606							20,606		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	13,218							13,218		
8. Non-Physician	3,715							3,715		
9. TOTAL	16,933							16,933		
10. Hospital Patient Days Incurred	4,438							4,438		
11. Number of Inpatient Admissions	559							559		
12. Health Premiums Written (b)	17,092,287							17,092,287		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	17,092,287							17,092,287		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	11,401,798							11,401,798		
18. Amount Incurred for Provision of Health Care Services	15,556,209							15,556,209		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....17,092,287

12325201543036100 2015 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0812 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	1,068							1,068		
2. First Quarter	2,688							2,688		
3. Second Quarter	3,008							3,008		
4. Third Quarter	3,262							3,262		
5. Current Year	3,373							3,373		
6. Current Year Member Months	36,329							36,329		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	20,161							20,161		
8. Non-Physician	16,526							16,526		
9. TOTAL	36,687							36,687		
10. Hospital Patient Days Incurred	9,415							9,415		
11. Number of Inpatient Admissions	1,171							1,171		
12. Health Premiums Written (b)	29,911,378							29,911,378		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	29,911,378							29,911,378		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	23,202,137							23,202,137		
18. Amount Incurred for Provision of Health Care Services	28,183,023							28,183,023		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....29,911,378

12325201543059100 2015 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0812 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	1,068							1,068		
2. First Quarter	5,074							5,074		
3. Second Quarter	5,880							5,880		
4. Third Quarter	6,937							6,937		
5. Current Year	7,344							7,344		
6. Current Year Member Months	73,213							73,213		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	44,851							44,851		
8. Non-Physician	24,007							24,007		
9. TOTAL	68,858							68,858		
10. Hospital Patient Days Incurred	16,628							16,628		
11. Number of Inpatient Admissions	2,143							2,143		
12. Health Premiums Written (b)	60,047,601							60,047,601		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	60,047,601							60,047,601		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	43,256,573							43,256,573		
18. Amount Incurred for Provision of Health Care Services	54,810,062							54,810,062		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....60,047,601

30 Grand Total

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93440	06-1041332	10/01/2015	HM LIFE INS CO	PA	SSL/A/I	MR	69,278						
93440	06-1041332	10/01/2015	HM LIFE INS CO	PA	SSL/A/I	MR	109,713						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							178,991						
1099999 Total - General Account - Authorized - Non-Affiliates							178,991						
1199999 Total - General Account Authorized							178,991						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							178,991						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							178,991						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							178,991						

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	179				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					X X X
18. Funds deposited by and withheld from (F)					X X X
19. Letters of credit (L)					X X X
20. Trust agreements (T)					X X X
21. Other (O)					X X X

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	23,246,479		23,246,479
2.	Accident and health premiums due and unpaid (Line 15)	301,567		301,567
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	X X X		
5.	All other admitted assets (Balance)	2,411,400		2,411,400
6.	TOTAL Assets (Line 28)	25,959,447		25,959,447
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	14,397,303		14,397,303
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	2,073		2,073
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	3,376,463		3,376,463
15.	TOTAL Liabilities (Line 24)	17,775,839		17,775,839
16.	TOTAL Capital and Surplus (Line 33)	8,183,608	X X X	8,183,608
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	25,959,447		25,959,447
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables			
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0000	HIGHMARK INC	00000	45-3674900	000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3674924	000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	54771	23-1294723	000000000	0000000000		HIGHMARK INC	PA	UDP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3823617	000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3444157	000000000	0000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3982341	000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER	PA	NIA	ALLEGHENY CLINIC	Ownership	18.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3913973	000000000	0000000000		PHYSICIAN LANDING ZONE PC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1742869	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-4682160	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3444325	000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1260215	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	47-3690355	000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-0965547	000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1406710	000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-0969492	000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	20-5855753	000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	23-2939715	000000000	0000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	20-1017545	000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3459870	000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	05-0591755	000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	05-0544042	000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	80.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	03-0477182	000000000	0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	11-2958041	000000000	0000000000		DAVIS VISION IPA, INC.	NY	NIA	DAVIS VISION, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	12325	30-0282076	000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	96938	25-1505506	000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	47-1817274	000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1494238	000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0812	HIGHMARK INC	60147	23-2905083	000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	11435	75-3002215	000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	53287	51-0020405	000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15508	46-4763378	000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15507	46-4757476	000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1876666	000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	10131	20-2353206	000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15460	46-4156633	000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1645888	000000000	0000000000		HIGHMARK VENTURES INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	54828	55-0624615	000000000	0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	00000	20-5457337	000000000	0000000000		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	71768	54-1637426	000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	00000	25-1646315	000000000	0000000000		HM INSURANCE GROUP, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	96601	23-2413324	000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1801124	000000000	0000000000		HVHC INC.	DE	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	22-2724721	000000000	0000000000		INDEPENDENCE BLUE CROSS AND HIGHMARK BLUE SHIELD CARING FOUNDATION FOR CHILDREN	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	53252	23-2063810	000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	54763	23-0724427	000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1712017	000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	24.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	95048	25-1522457	000000000	0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		NATIONAL INSTITUTE FOR HEALTHCARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		REMWORKS SLEEP STORE INC.	DE	NIA	HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1668093	000000000	0000000000		STANDARD PROPERTY CORPORATION	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	89070	25-1687586	000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	IA	HIGHMARK VENTURES INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15459	46-4156854	000000000	0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	55-0625743	000000000	0000000000		PARKER BENEFITS, INC.	WV	NIA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15020	45-2763165	000000000	0000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC	WV	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	43.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	35599	25-1334623	000000000	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1128451	000000000	0000000000		HM BENEFITS ADMINISTRATORS, INC.	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	13016	87-0807723	000000000	0000000000		HM CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	93440	06-1041332	000000000	0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	60213	25-1800302	000000000	0000000000		HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	00000	65-0611820	000000000	0000000000		RISK BASED SOLUTIONS, L.C	FL	NIA	HM LIFE INSURANCE COMPANY	Ownership	100.0	HIGHMARK HEALTH	0000000

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000	HIGHMARK INC	00000	47-4117233	000000000	0000000000		AHN ACCOUNTABLE CARE ORGANIZATION LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-5705484	000000000	0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3761429	000000000	0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1375204	000000000	0000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0996509	000000000	0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	30-0705035	000000000	0000000000		PROMEDIX LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3750206	000000000	0000000000		PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-2138706	000000000	0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-5235291	000000000	0000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	35-2483160	000000000	0000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	30-0791512	000000000	0000000000		PRINCIPO ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3033308	000000000	0000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0970618	000000000	0000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	32-0371926	000000000	0000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	11-3051991	000000000	0000000000		DAVIS VISION, INC.	NY	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	74-2337775	000000000	0000000000		VISIONWORKS OF AMERICA, INC.	TX	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1684735	000000000	0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3355906	000000000	0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1403745	000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	30-0477313	000000000	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	80-0069336	000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	86-1159658	000000000	0000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	72-1529332	000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	20-1634783	000000000	0000000000		JRMC/UPMC CANCER ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		PACE RE LTD	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0925581	000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3274101	000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000	HIGHMARK INC	00000	38-3807173	000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	80-0494617	000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0614054	000000000	0000000000		PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0451375	000000000	0000000000		PRIMARY CARE GROUP 2, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0451380	000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	80-0403090	000000000	0000000000		PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	80-0403100	000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0503600	000000000	0000000000		PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1287041	000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	01-0927360	000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	01-0929359	000000000	0000000000		PRIMARY CARE GROUP 9, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	26-4194208	000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		SOUTH HILLS SURGICAL CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	35-2367818	000000000	0000000000		SPECIALTY GROUP PRACTICE 1, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3540378	000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	72-1529328	000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1844485	000000000	0000000000		UPMC VNA HOME HEALTH	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	26-3112347	000000000	0000000000		UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	1.3	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1898743	000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1874990	000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		CELTIC HOSPICE AND PALLIATIVE CARE, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-5080712	000000000	0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	90-0812390	000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1631855	000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	0000000

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0000	HIGHMARK INC	00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1181389	000000000	0000000000		COMMUNITY BLOOD BANK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1430922	000000000	0000000000		ENERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1856341	000000000	0000000000		REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-0966611	000000000	0000000000		SAINT VINCENT HEALTH CENTER AUXILIARY, INC.	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1498145	000000000	0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		ALLEGHENY HEALTH NETWORK HOME FUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1403846	000000000	0000000000		CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1385705	000000000	0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	83-0371265	000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	20-3784338	000000000	0000000000		SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1679140	000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1669168	000000000	0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	16-0743222	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	STANDARD PROPERTY CORPORATION	Ownership	75.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	45-3750206	000000000	0000000000		PROVIDER PPI LLC	PA	NIA	TITUSVILLE AREA HOSPITAL	Ownership	0.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	63-1028262	000000000	0000000000		UNITED CONCORDIA DENTAL CORPORATION OF ALABAMA	AL	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	47038	23-7328765	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	95789	61-1012900	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.	KY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	52048	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	47089	74-2489037	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	95160	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0812	HIGHMARK INC	96150	52-1542269	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	95253	11-3008245	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	60222	23-1661402	000000000	0000000000		UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	85766	74-2759084	000000000	0000000000		ECCA MANAGED VISION CARE, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	14-1586016	000000000	0000000000		EMPIRE VISION CENTER, INC.	NY	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	74-2924030	000000000	0000000000		EYE DRX RETAIL MANAGEMENT, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	74-2849554	000000000	0000000000		VISIONARY PROPERTIES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	74-2849552	000000000	0000000000		VISIONARY RETAIL MANAGEMENT, LLC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	04-3742989	000000000	0000000000		VISIONWORKS DISTRIBUTION SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	35-2196998	000000000	0000000000		VISIONWORKS ENTERPRISES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	04-3742977	000000000	0000000000		VISIONWORKS LAB SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	02-0677066	000000000	0000000000		VISIONWORKS, INC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1838458	000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	45.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1838457	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1320493	000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1875178	000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1737079	000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1798379	000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	47-2368587	000000000	0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	59.6	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	26-1284448	000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1880238	000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	20.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-3982341	000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	82.0	HIGHMARK HEALTH	0000000

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0000	HIGHMARK INC	00000	25-1472073	000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	20-1107650	000000000	0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	11-3683376	000000000	0000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	27-2344847	000000000	0000000000		WEST PENN AMBULATORY SURGICAL COMPANY, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1437405	000000000	0000000000		WEST PENN CORPORATE MEDICAL SERVICES, INC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1470766	000000000	0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	26-1630719	000000000	0000000000		WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000		000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	23-7029185	000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	0000000
0000	HIGHMARK INC	00000	22-2270533	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	0000000

Asterisk	Explanation
0000001	Footnote

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
85766	74-2759064	ECCA MANAGED VISION CARE, INC.										
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	(35,000,000)				(98,862,036)	(52,426,104)			(186,288,140)	(12,960,672)
00000	25-1691945	GATEWAY HEALTH PLAN, L.P.					(25,748,831)	303,988			(25,444,843)	(435,549)
11435	75-3002215	HCI, INC.					(415,418)				(415,418)	
53287	51-0020405	HIGHMARK BCBSD INC					(51,597,047)				(51,597,047)	
00000	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS					(4,220,339)				(4,220,339)	
15508	46-4763378	HIGHMARK BENEFITS GROUP INC					(3,370,801)	1,850,417			(1,520,384)	(754,591)
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC					(882,367)	1,736,535			854,168	(425,435)
10131	20-2353206	HIGHMARK SELECT RESOURCES INC.					495,212				495,212	
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY		6,000,000			(184,894,374)	(70,640,354)			(249,534,728)	40,337,903
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.					(56,900,966)	2,472,923			(54,428,043)	(1,462,677)
71768	54-1637426	HM HEALTH INSURANCE COMPANY					(83,637,279)	(91,431,668)			(175,068,947)	(2,797,895)
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA	(55,000,000)				(12,051,930)	1,803,244			(65,248,686)	(1,066,103)
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.										
54763	23-0724427	INTER-COUNTY HOSPITALIZATION PLAN, INC.										
95048	25-1522457	HIGHMARK CHOICE COMPANY					(152,904,124)	(8,441,258)			(161,345,382)	29,783,922
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY					(8,740,899)	(5,892,129)			(14,633,028)	1,219,380
15020	45-2763165	WEST VIRGINIA FAMILY HEALTH PLAN, INC					(7,279,015)				(7,279,015)	
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY				3,149,170	14,516,560	2,264,292			19,930,022	10,020,361
12720	65-1274122	HM CAPTIVE INSURANCE COMPANY					229,820				229,820	
13016	87-0807723	HM CASUALTY INSURANCE COMPANY				45,051	12,138,971	5,600,375			17,784,397	(4,435,099)
93440	06-1041332	HM LIFE INSURANCE COMPANY				581,392	6,306,157	(7,534,547)			(646,998)	(854,639)
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NY					7,134,810				7,134,810	
00000	25-1645888	HIGHMARK VENTURES INC.					(17,981,287)				(17,981,287)	
00000	25-1128451	HM BENEFITS ADMINISTRATORS				(3,682,188)	682,402				(2,999,786)	
00000	25-2384777	HM BROKER SERVICES				(828,425)	(96,863)				(925,288)	
00000	20-5457337	HM CENTERED HEALTH, INC					4,221,135				4,221,135	
00000	25-1646315	HM INSURANCE GROUP					(1,781,344)				(1,781,344)	
00000	45-3444625	HMPG INC.										
00000	25-1524682	JENKINS EMPIRE ASSOCIATES	(350,000)				(17,514,033)				(17,864,033)	
00000	25-1668093	STANDARD PROPERTY CORPORATION	(1,050,000)				(1,301,160)				(2,351,160)	
00000	55-0625743	PARKER BENEFITS, INC.										
00000	65-0611820	RISK BASED SOLUTIONS					(2,682,066)				(2,682,066)	
00000	00-0000000	REMWORKS SLEEP STORE INC.					(469,131)				(469,131)	
00000	25-0969492	WEST PENN ALLEGHENY HEALTH SYSTEM										
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC	10,000,000	(2,000,000)			130,706,088				138,706,088	
52048	23-2541529	UNITED CONCORDIA DENTAL PLAN OF PENNSYLVANIA, INC.					(2,180,341)				(2,180,341)	
47038	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.					(4,004,567)				(4,004,567)	
95789	61-1012900	UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.					(106,637)				(106,637)	
95160	38-2289438	UNITED CONCORDIA DENTAL PLANS OF MIDWEST, INC.					(1,264,682)				(1,264,682)	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
47089	74-2489037	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.					(274,913)				(274,913)	
96150	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.					(1,784,759)				(1,784,759)	
95253	11-3008245	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK					(1,243,732)				(1,243,732)	
60222	23-1661402	UNITED CONCORDIA LIFE AND HEALTH INSURANCE CO.	(60,000,000)				(139,246,464)	971,140			(198,275,324)	(40,543)
47038	63-1028262	UNITED CONCORDIA DENTAL CORPORATION OF ALABAMA					(746,434)				(746,434)	
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY		2,000,000			(31,204,174)	1,266,455			(27,937,719)	40,543
00000	25-1801124	HVHC INC.					(53,772,162)				(53,772,162)	
54771	23-1294723	HIGHMARK INC.	141,400,000	(6,000,000)		735,000	792,729,020	218,096,691			1,146,960,711	(56,168,906)
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

12325201536000000 2015 Document Code: 360

Health Life Supplement

12325201520500000 2015 Document Code: 205

Health Property / Casualty Supplement

12325201520700000 2015 Document Code: 207

Schedule SIS

12325201542000000 2015 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

12325201537100000 2015 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

12325201537000000 2015 Document Code: 370

Medicare Part D Coverage Supplement

12325201536500000 2015 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

12325201522400000 2015 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

12325201522500000 2015 Document Code: 225

Approval for Relief related to Require. for Audit Committees

12325201522600000 2015 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatorries

12325201530600000 2015 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

12325201521100000 2015 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit

12325201521300000 2015 Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

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INDEX TO HEALTH ANNUAL STATEMENT