



QUARTERLY STATEMENT
AS OF MARCH 31, 2016
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 Web Site Address	www.gatewayhealthplan.com					
Statutory Statement Contact	Emil James Hynek, Jr. (Name)		(412)255-1313 (Area Code)(Telephone Number)(Extension)			
	jhynek@gatewayhealthplan.com (E-Mail Address)		(412)255-1313 (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

DIRECTORS OR TRUSTEES

Nanette Paden DeTurk	Mark Thomas Bullock
Jean n/m/n Rush #	David Arthur Blandino M.D. #
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 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) Patricia Joan Darnley (Printed Name) 1. President and CEO (Title)	(Signature) Karen Arcidiacono Barringer (Printed Name) 2. Secretary (Title)	(Signature) Sharon Marsonek Kelley (Printed Name) 3. Treasurer (Title)
Subscribed and sworn to before me this _____ day of _____, 2016	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	1,207,274		1,207,274	1,209,302
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
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 (\$.....(1,914,737)), cash equivalents (\$.....0) and short-term investments (\$.....23,499,712)	21,584,975		21,584,975	22,037,177
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	22,792,249		22,792,249	23,246,479
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	22,010		22,010	53,859
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,200,061	106,332	1,093,728	217,865
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 (\$.....1,205,042) and contracts subject to redetermination (\$.....0)	1,205,042		1,205,042	83,702
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	18,186
17.	Amounts receivable relating to uninsured plans				1,016,196
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 adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	59,610		59,610	211,983
24.	Health care (\$.....1,164,693) and other amounts receivable	1,634,374	469,681	1,164,693	1,111,175
25.	Aggregate write-ins for other-than-invested assets	9,662	9,662		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	26,941,194	585,675	26,355,518	25,959,447
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	26,941,194	585,675	26,355,518	25,959,447
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	9,375	9,375		
2502.	Miscellaneous A/R OHOH	288	288		
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	9,662	9,662		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.00 reinsurance ceded)	13,804,427		13,804,427	14,397,303
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	508,557		508,557	531,078
4.	Aggregate health policy reserves, including the liability of \$.00 for medical loss ratio rebate per the Public Health Service Act	879,300		879,300	879,300
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	1,443		1,443	2,073
9.	General expenses due or accrued	535,826		535,826	445,415
10.1	Current federal and foreign income tax payable and interest thereon (including \$.00 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.00 current) and interest thereon \$.00 (including \$.00 current)				
15.	Amounts due to parent, subsidiaries and affiliates	633,531		633,531	1,519,455
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.00 authorized reinsurers, \$.00 unauthorized reinsurers and \$.00 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.00) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	642,248		642,248	
23.	Aggregate write-ins for other liabilities (including \$.00 current)	1,715		1,715	1,216
24.	Total liabilities (Lines 1 to 23)	17,007,048		17,007,048	17,775,839
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	24,786,235
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	(15,437,765)	(16,602,627)
32.	Less treasury stock, at cost:				
32.1	.00 shares common (value included in Line 26 \$.00)	X X X	X X X		
32.2	.00 shares preferred (value included in Line 27 \$.00)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	9,348,470	8,183,608
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	26,355,518	25,959,447
DETAILS OF WRITE-INS					
2301.	Escheat Liability Medicare	1,715		1,715	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)	1,715		1,715	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 To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	21,088	14,732	73,213
2.	Net premium income (including \$.....0 non-health premium income)	X X X	18,442,331	11,712,485	59,868,611
3.	Change in unearned premium reserves and reserves 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	18,442,331	11,712,485	59,868,611
Hospital and Medical:					
9.	Hospital/medical benefits		9,839,946	7,503,311	36,951,661
10.	Other professional services		1,719,512	1,329,940	7,092,629
11.	Outside referrals				
12.	Emergency room and out-of-area		572,710	330,074	2,209,750
13.	Prescription drugs		2,133,236	1,348,424	6,607,487
14.	Aggregate write-ins for other hospital and medical		358,409	447,174	1,948,536
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		14,623,812	10,958,923	54,810,063
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		14,623,812	10,958,923	54,810,063
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....216,910 cost containment expenses		1,256,722	664,624	3,773,833
21.	General administrative expenses		1,135,667	1,057,201	3,775,343
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			(373,666)	(1,494,665)
23.	Total underwriting deductions (Lines 18 through 22)		17,016,202	12,307,082	60,864,574
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,426,129	(594,597)	(995,963)
25.	Net investment income earned		22,727	3,661	27,368
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		22,727	3,661	27,368
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....1,962)]		(1,962)	(388)	(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	1,446,893	(591,324)	(972,264)
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	1,446,893	(591,324)	(972,264)
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 (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	DME		316,787	426,491	1,781,340
1402.	Hearing Hardware		18,887	20,683	68,616
1403.	Transportation Costs		22,735		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)		358,409	447,174	1,948,536
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	8,183,608	4,225,104	4,225,104
34.	Net income or (loss) from Line 32	1,446,893	(591,324)	(972,264)
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	(282,031)	2,538	(69,232)
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
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)	1,164,862	(588,786)	3,958,504
49.	Capital and surplus end of reporting period (Line 33 plus 48)	9,348,470	3,636,318	8,183,608
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	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	16,415,960	10,354,104	60,471,998
2.	Net investment income	56,780	2,939	6,857
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	16,472,740	10,357,043	60,478,855
5.	Benefit and loss related payments	15,549,634	3,391,997	43,256,573
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	668,194	782,085	7,429,225
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)	16,217,827	4,174,082	50,685,798
11.	Net cash from operations (Line 4 minus Line 10)	254,913	6,182,961	9,793,057
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			
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)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
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
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)	(707,115)	202,396	1,596,418
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(707,115)	202,396	6,596,418
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)	(452,202)	6,385,357	16,389,475
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	22,037,177	5,647,702	5,647,702
19.2	End of period (Line 18 plus Line 19.1)	21,584,975	12,033,059	22,037,177

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

20.0001				
---------	--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,344							7,344		
2. First Quarter	7,098							7,098		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	21,088							21,088		
Total Member Ambulatory Encounters for Period:										
7. Physician	15,212							15,212		
8. Non-Physician	7,033							7,033		
9. Total	22,245							22,245		
10. Hospital Patient Days Incurred	4,631							4,631		
11. Number of Inpatient Admissions	662							662		
12. Health Premiums Written (a)	18,497,687							18,497,687		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	18,497,687							18,497,687		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	15,549,633							15,549,633		
18. Amount Incurred for Provision of Health Care Services	14,623,812							14,623,812		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.18,497,687.

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
.....						
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,145,164					1,145,164
0499999 Subtotals	1,145,164					1,145,164
0599999 Unreported claims and other claim reserves						12,659,263
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						13,804,427
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	7,858,210	7,691,423	3,990,404	9,814,023	11,848,614	14,397,303
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	7,858,210	7,691,423	3,990,404	9,814,023	11,848,614	14,397,303
10.	Healthcare receivables (a)	999,614			634,760	999,614	1,301,428
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	6,858,597	7,691,423	3,990,404	9,179,263	10,849,000	13,095,875

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Gateway Health Plan of Ohio, Inc. (“GHPOI” or “the Company”) 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:

		<u>State of Domicile</u>	2016	2015
	<u>NET INCOME</u>			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	OH	\$1,446,893	(\$972,263
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		\$0	\$0
(4)	NAIC SAP (1-2-3=4)		\$1,446,893	(\$972,263)
	<u>SURPLUS</u>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	OH	\$9,348,470	\$8,183,608
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		\$0	\$0
(8)	NAIC SAP (5-6-7=8)		\$9,348,470	\$8,183,608

B. Use of Estimates in the Preparation of the Financial Statements

No Material Change

C. Accounting Policy

- (1) – (5) – No Material Change
- (6) The Company had no loan-backed securities
- (7) – (13) – No Material Change

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

Notes to Financial Statement

No Material Change

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – No Material Change

B. Debt Restructuring – No Material Change

C. Reverse Mortgages – No Material Change

D. Loan-Backed Securities – The Company has no loan-backed securities

E. Repurchase Agreements and/or Securities Lending Transactions

(1) Policy for requiring collateral or other security – No Material Change

(2) Carrying amount and classification of both those assets and associated liabilities – No Material Change

(3) Collateral accepted that it is permitted by contract or custom to sell or repledge:

a. Aggregate amount of contractually obligated open collateral positions – No Material Change

b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None

c. Information about the sources and uses of that collateral – No Material Change

(4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change

(5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change

(6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change

(7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change

F. Real Estate – No Material Change

G. Low-Income Housing Tax Credits (LIHTC) – No Material Change

H. Restricted Assets - No Material Change

I. Working Capital Finance Investments

(1) Disclose the gross assets amounts, non-admitted assets amounts, and net admitted assets amounts in aggregate regarding the book/adjusted carrying value of working capital finance investments by NAIC designation – No Material Change

(2) Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs – None

(3) Events of default of working capital finance investments during the reporting period - None

J. Offsetting and Netting of Assets and Liabilities - None

K. Structured Notes - No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

No Material Change

Notes to Financial Statement

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A, B, & C – The nature of the relationship involved – No Material Change

D. Amounts Due from or to Related Parties – No Material Change

E. Guarantees - No Material Change

F. Material management contracts – No Material Change

G. Common Control - No Material Change

H. Deductions in Value - No Material Change

I. SCA that exceed 10% of Admitted Assets - No Material Change

J. Impaired SCAs - No Material Change

K. Foreign Subsidiary - No Material Change

L. Downstream Noninsurance Holding Company - No Material Change

M. SCA Balance Sheet Amount – No Material Change

N. SCA reflecting departure from NAIC statutory accounting principles – No Material Change

11. Debt

A. Outstanding Debt – No Material Change

B. FHLB (Federal Home Loan Bank) Agreements – None

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

A. Defined Benefit Plan

(1) Change in benefit obligation – No Material Change

(2) Change in plan assets- No Material Change

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost - None

(5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - No Material Change

(6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost - No Material Change

(7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - No Material Change

(8) Weighted-average assumptions used to determine net period benefit cost - No Material Change

(9) The amount of accumulated benefit obligation for defined benefit pension plans - No Material Change

(10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - No Material Change

(12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- No Material Change

(13) Regulatory contribution requirements - No Material Change

(14) – (21) - No Material Change

Notes to Financial Statement

- B. Narrative Description of Investment Policies and Strategies – No Material Change
- C. Fair Value of Plan Assets – No Material Change
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – No Material Change
- E. Defined Contribution Plans - No Material Change
- F. Multi-Employer Plan – No Material Change
- G. Consolidated/Holding Company Plans – No Material Change
- H. Post-Employment Benefits and Compensated Absences – No Material Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Material Change

14. Contingencies

No Material Change

15. Leases

- A. Lessee Operating Lease – No Material Change
- B. Lessor Leases – No Material Change

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

No Material Change

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

- A. Transfers of Receivables reported as Sales – No Material Change
 - B. Transfer and Servicing of Financial Assets
 - (1) Description of loaned securities – No Material Change
 - (2) Servicing Assets and Liabilities
 - a. Risks inherent in servicing assets and servicing liabilities – None
 - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None
 - c. Assumptions used to estimate the fair value – None
 - (3) Servicing assets and servicing liabilities are subsequently measured at fair value – No Material Change
 - (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 – None
 - b. Each statement of financial position presented, regardless of when the transfer occurred – None
 - (5) Transfers of financial assets accounted for as secured borrowing value – No Material Change
 - (6) Transfers of receivables with recourse – No Material Change
 - (7) Securities underlying repurchase and reverse repurchase agreements – No Material Change
 - C. Wash Sales – None
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No Material Change

Notes to Financial Statement

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

No Material Change

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

- 1. Fair Value Measurements at Reporting Date – None
- 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
- 3. GHPOI’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
- 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 September 30, 2015 that were material to the statutory financial statements.

- 5. Derivative assets and liabilities – None

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

Notes to Financial Statement

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$1,420,272	\$1,207,274	\$1,420,272			
Short-term Investments	\$23,499,711	\$23,499,711	\$23,499,711			

D. Not Practicable to Estimate Fair Value – None

21. Other Items

- A. Unusual or Infrequent Items – No Material Change
- B. Troubled Debt Restructuring – No Material Change
- C. Other Disclosures – No Material Change
- D. Business Interruption Insurance Recoveries – No Material Change
- E. State Transferable and Non-transferable Tax Credits – No Material Change
- F. Subprime-Mortgage-Related Risk Exposure – No Material Change
- G. Retained Assets – No Material Change
- H. Proceeds from Insurance-Linked Securities – No Material Change

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through May 10, 2016 for the statutory statement issued on March 31, 2016.

Type II – Non-recognized Subsequent Events

No Material Change

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A,B&C. The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMA and actuarial estimates. – No Material Change

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) – None

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 - None
3. Roll-forward of prior year ACA risk-sharing provision - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2015 were \$14,928,382. As of March 31, 2016, \$8,645,842 was paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$4,243,656 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$2,038,884 favorable prior-year development since December 31, 2015 to March 31, 2016. The increase (decrease) is 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. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

Notes to Financial Statement

28. Health Care 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
3/31/2016	\$1,164,693				
12/31/2015	\$1,111,176	\$679,613	\$3,132		
9/30/2015	\$1,066,986	\$593,612	\$573,780	\$18,465	
6/30/2015	\$784,406	\$529,172	\$458,849	\$65,105	
3/31/2015	\$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 - No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

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

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of 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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2 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
- 6.3 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
- 6.4 By what department or departments?

Ohio Department of Insurance
- 6.5 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]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this 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]
- 7.2 If yes, give full information
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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]

- 9.1 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?

(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.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

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

\$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgages Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 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.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.3 Total payable for securities lending reported on the liability page

17. 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 1, III - General Examination Considerations, F.
Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

Yes[] No[X]
Yes[] No[] N/A[X]
\$ 0
\$ 0
\$ 0
Yes[X] No[]

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

17.2 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 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

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

Yes[] No[X]

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

17.5 Identify all investment advisors, brokers/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 Central Registration Depository	2 Name(s)	3 Address
.....

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

18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	80.471%
1.2 A&H cost containment percent	1.176%
1.3 A&H expense percent excluding cost containment expenses	11.796%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
			NONE					

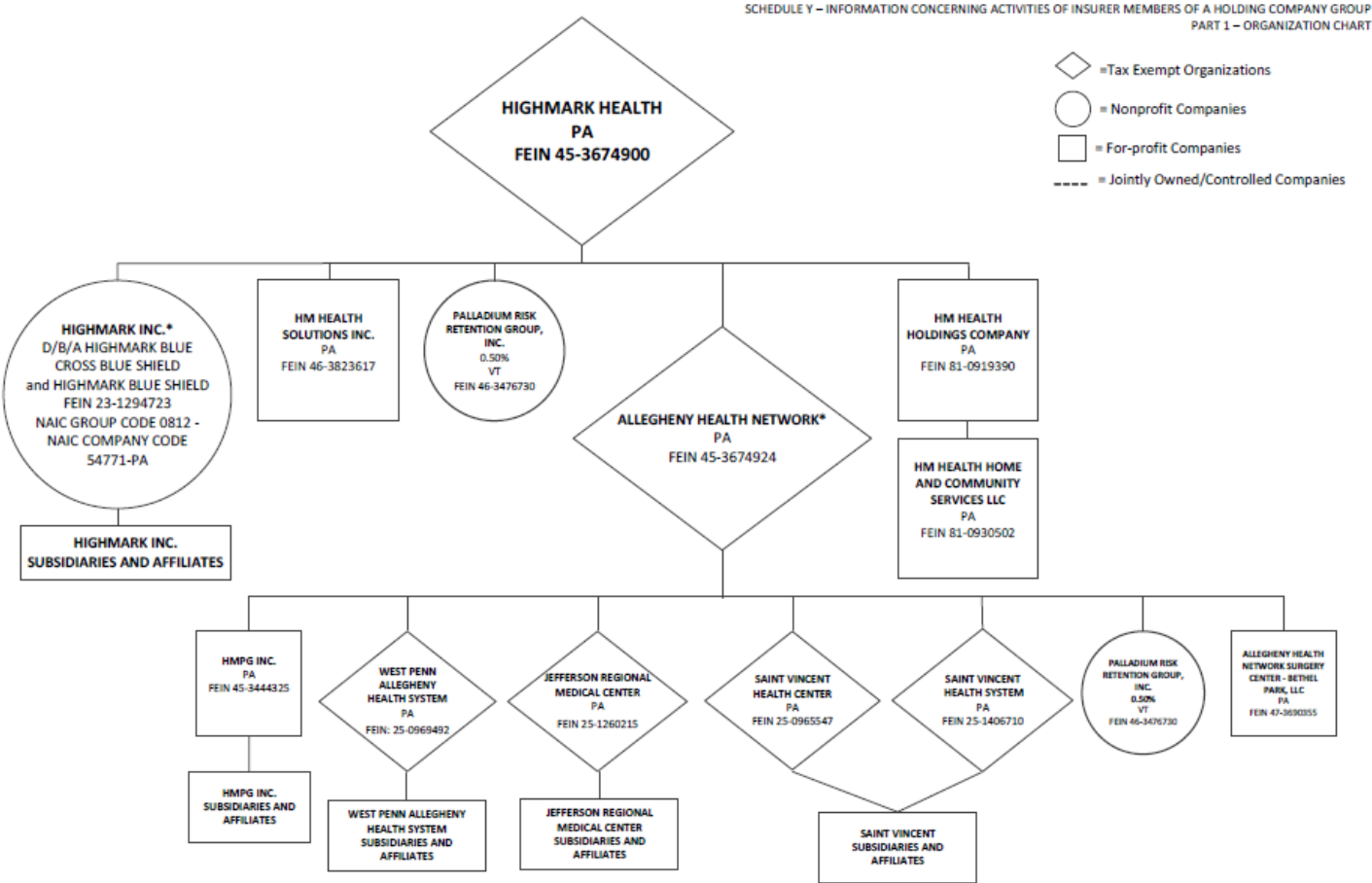
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and 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		4,305,544					4,305,544	
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		6,139,153					6,139,153	
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L		8,052,989					8,052,989	
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		18,497,687					18,497,687	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a).....3		18,497,687					18,497,687	
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.

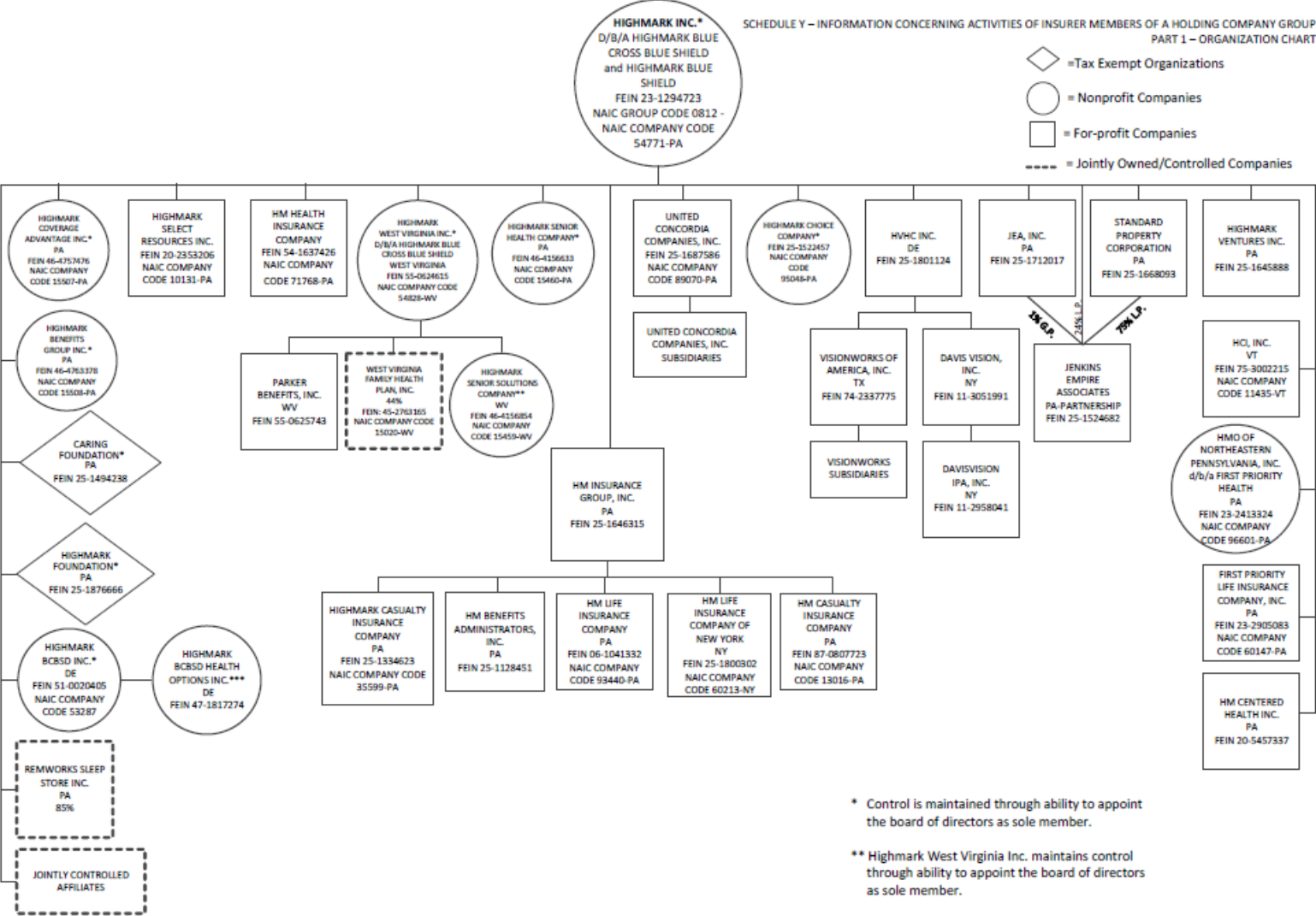
(a) Insert the number of L responses except for Canada and Other Alien.

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

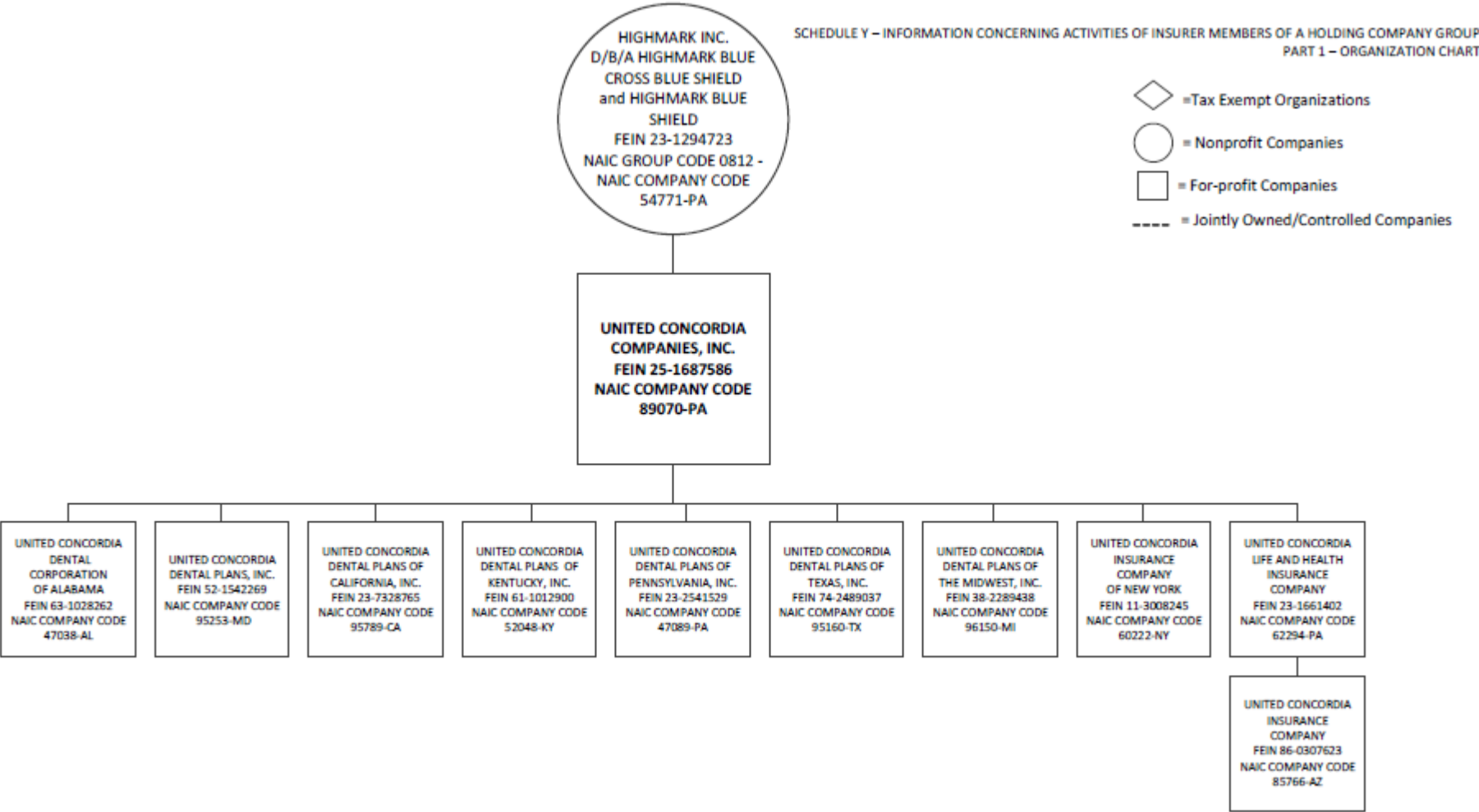


* Control is maintained through ability to appoint the board of directors as sole member.

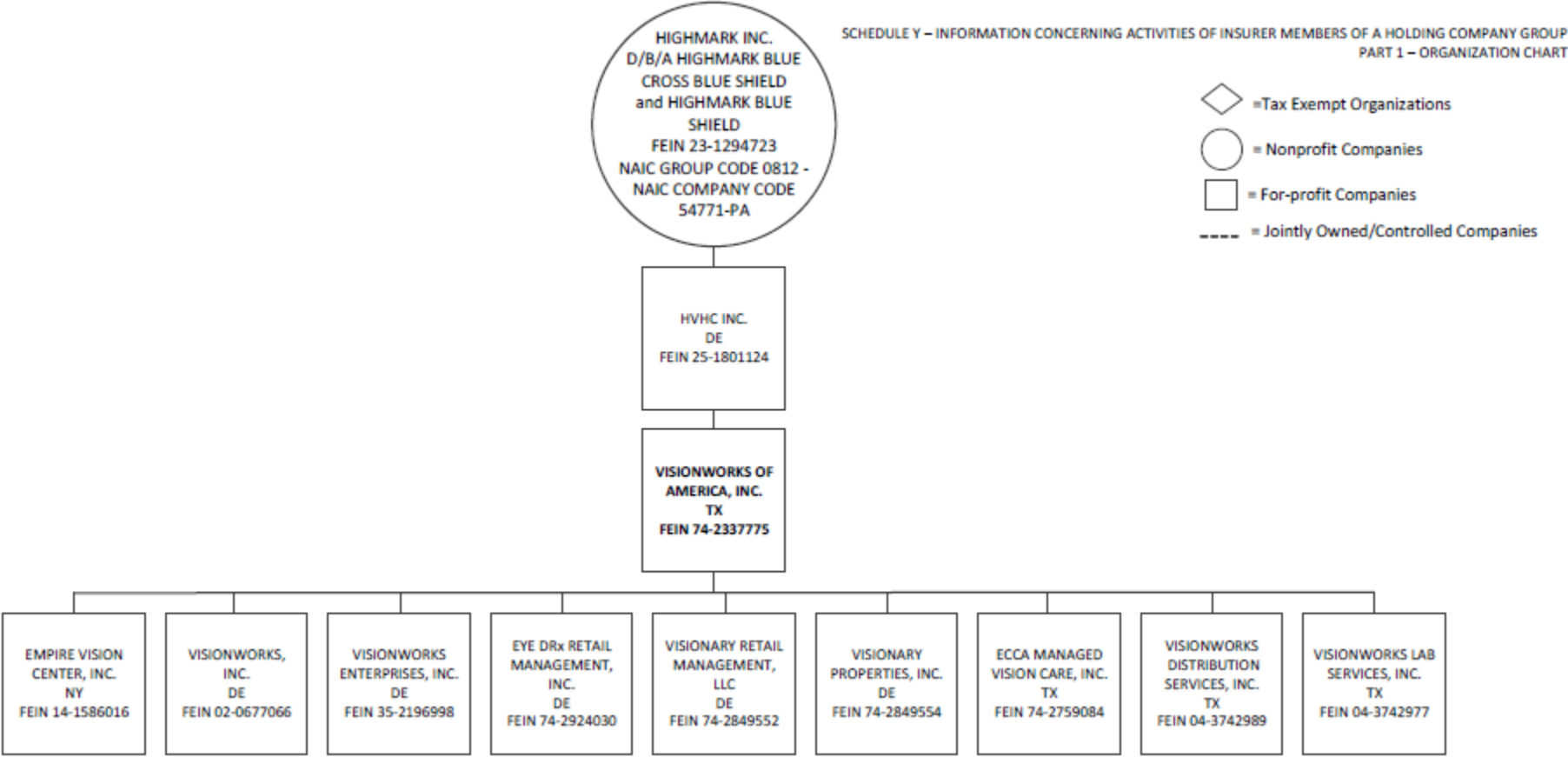
** Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.

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

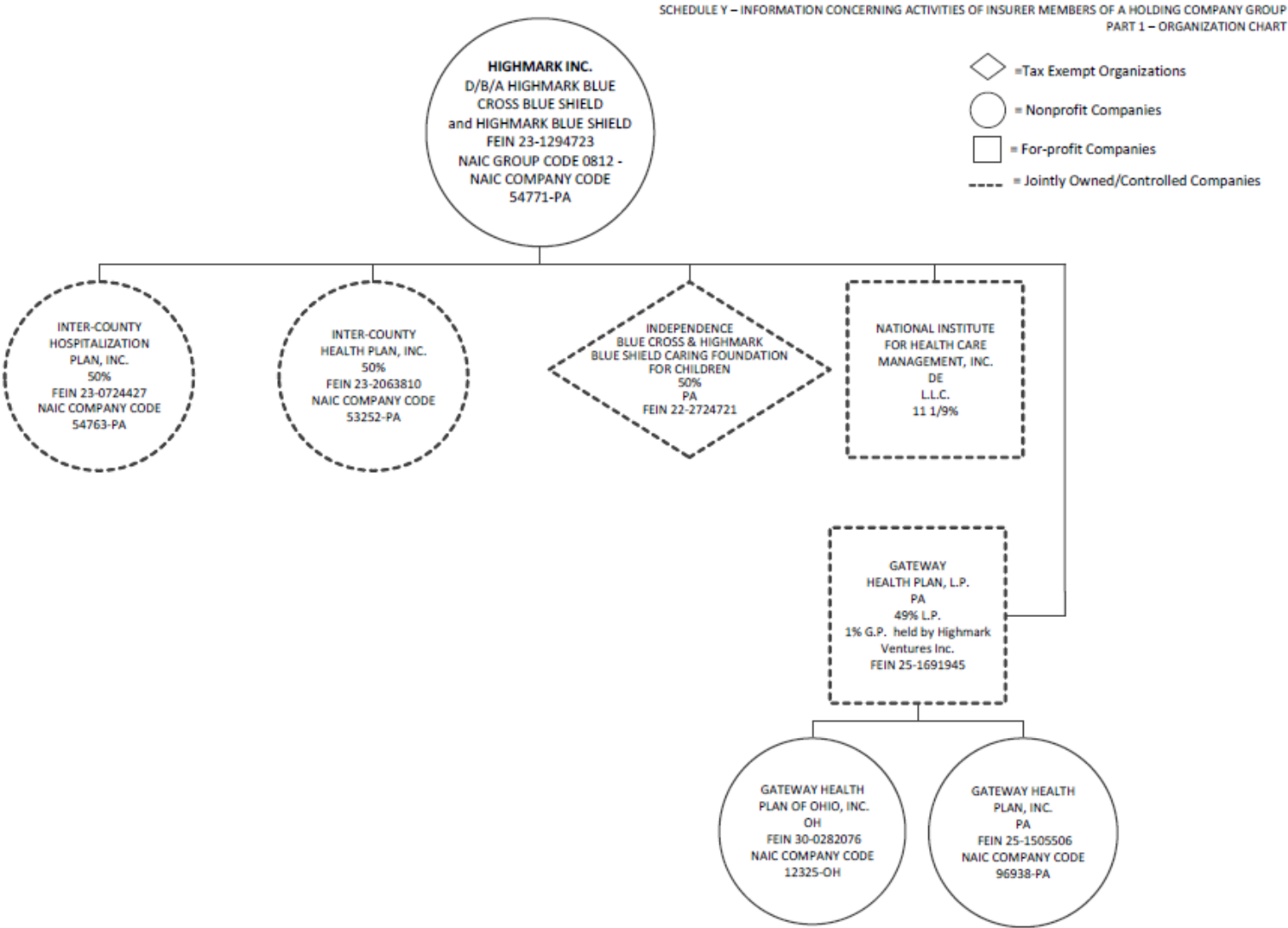
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



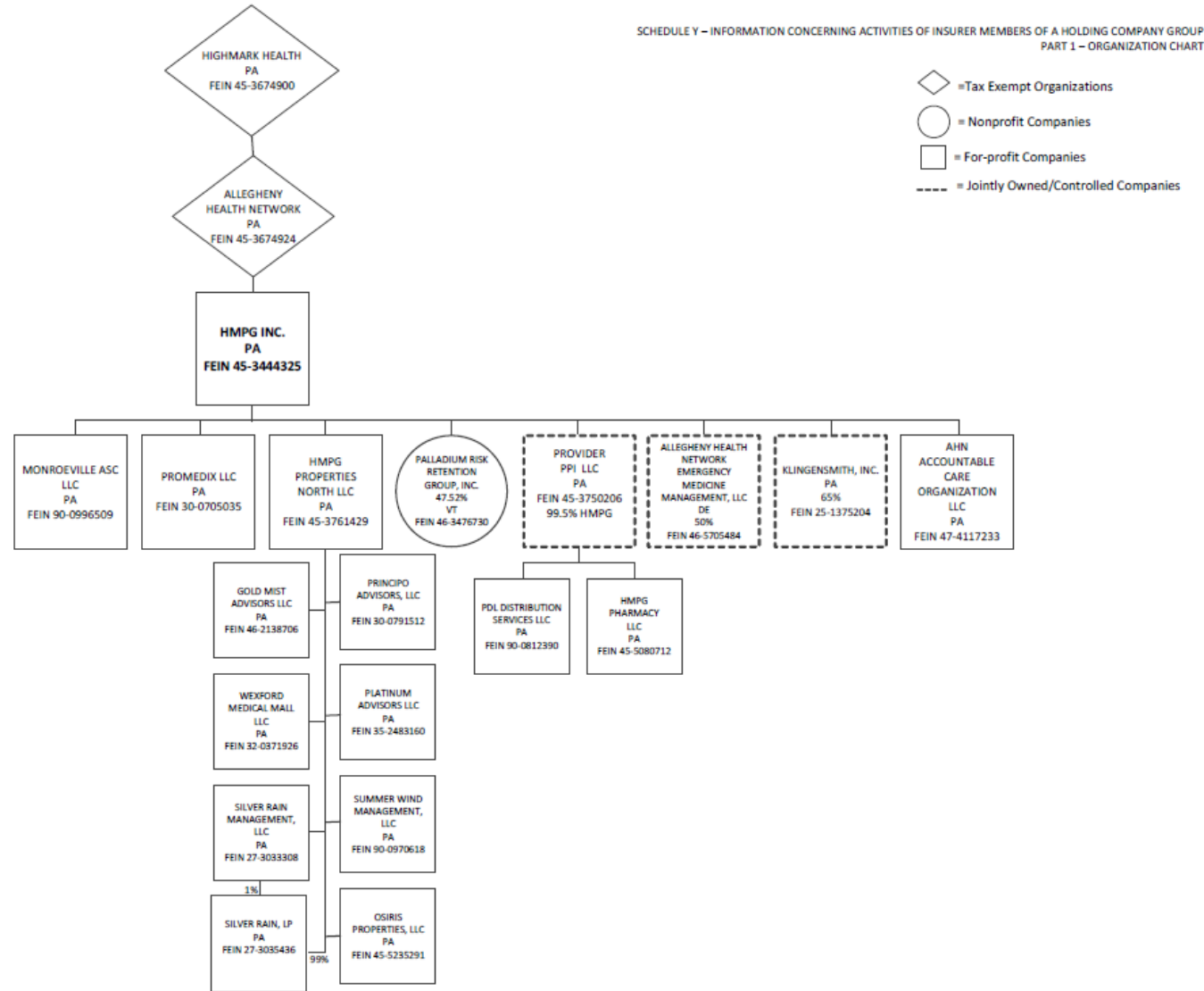
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



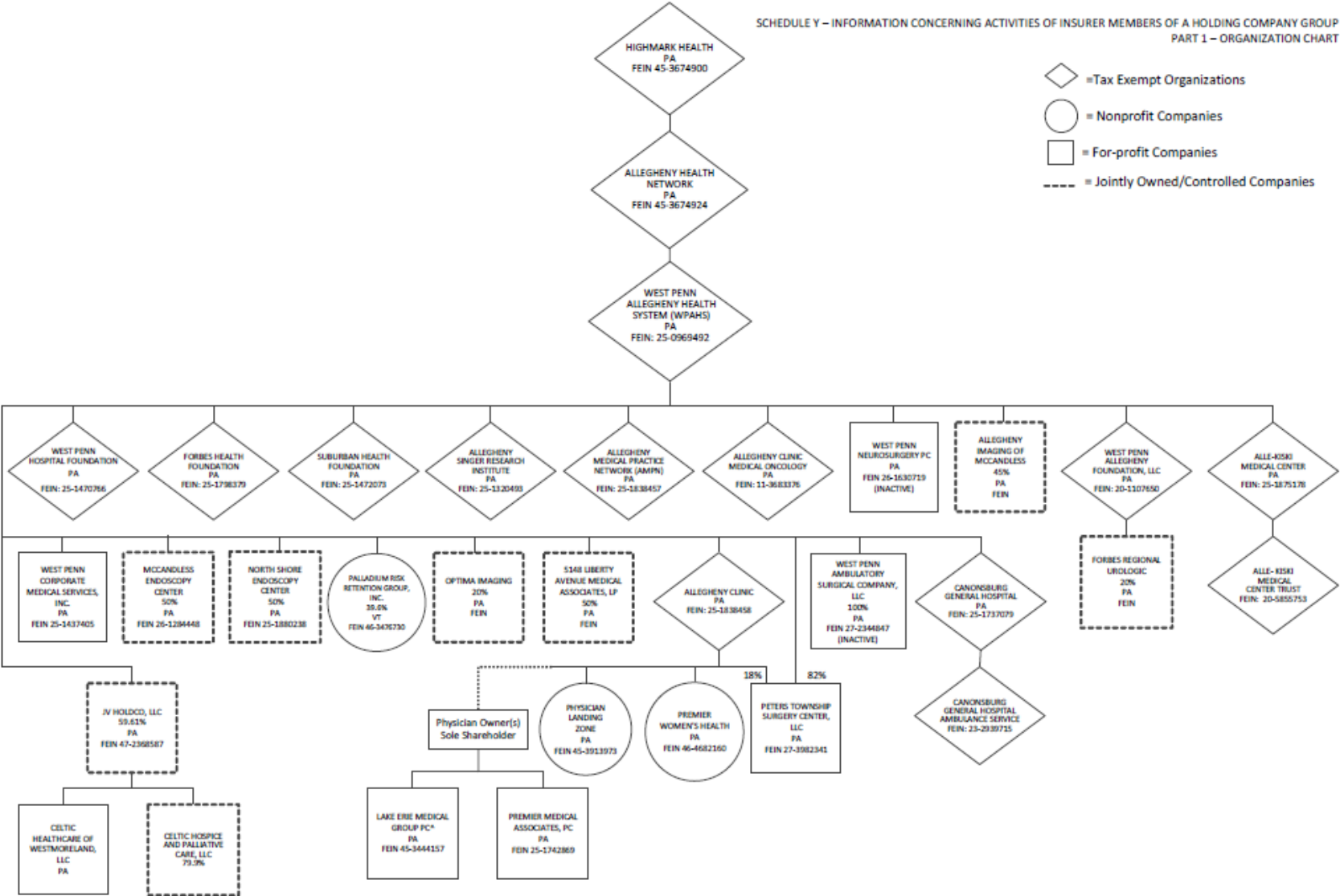
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



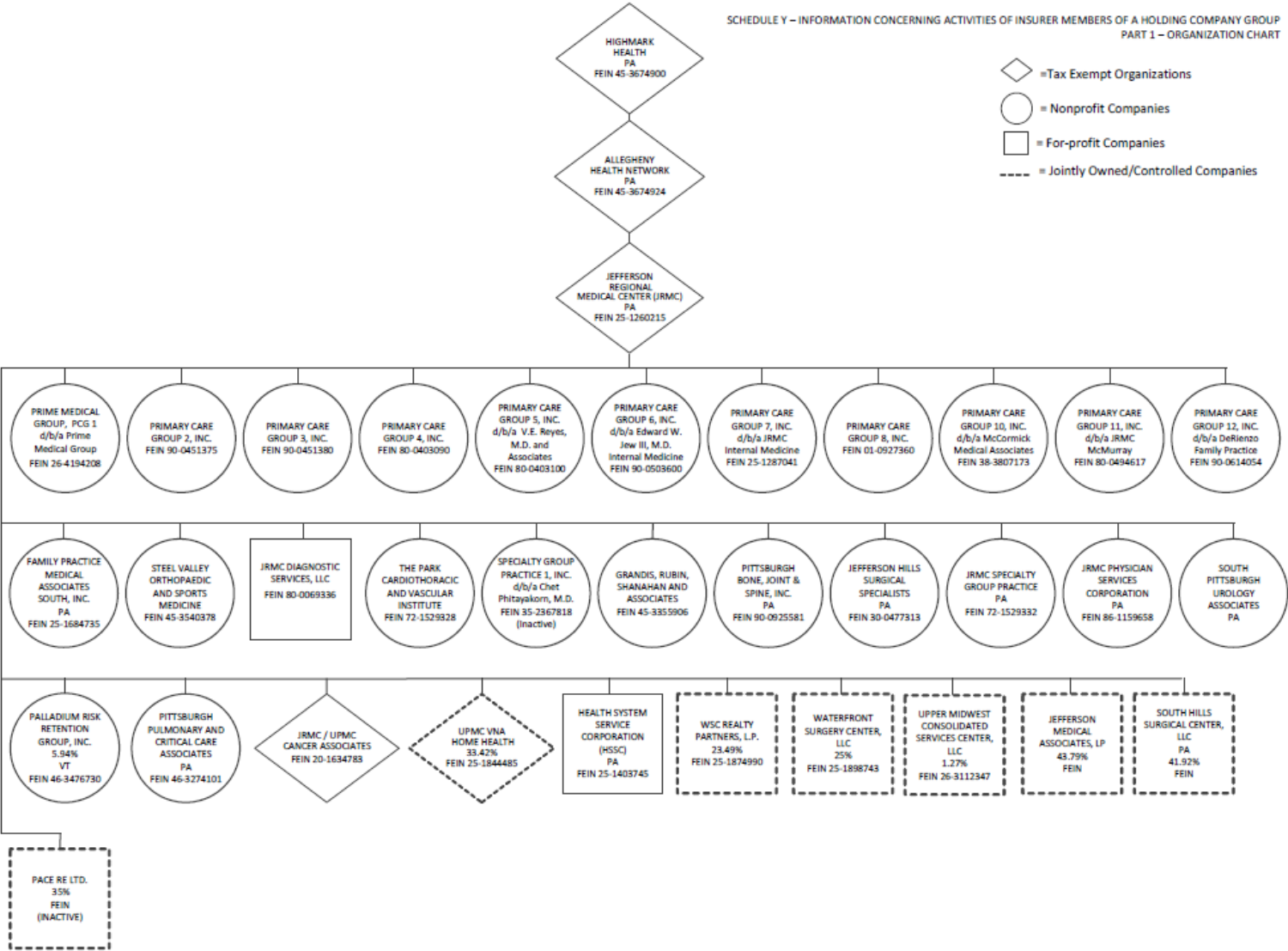
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



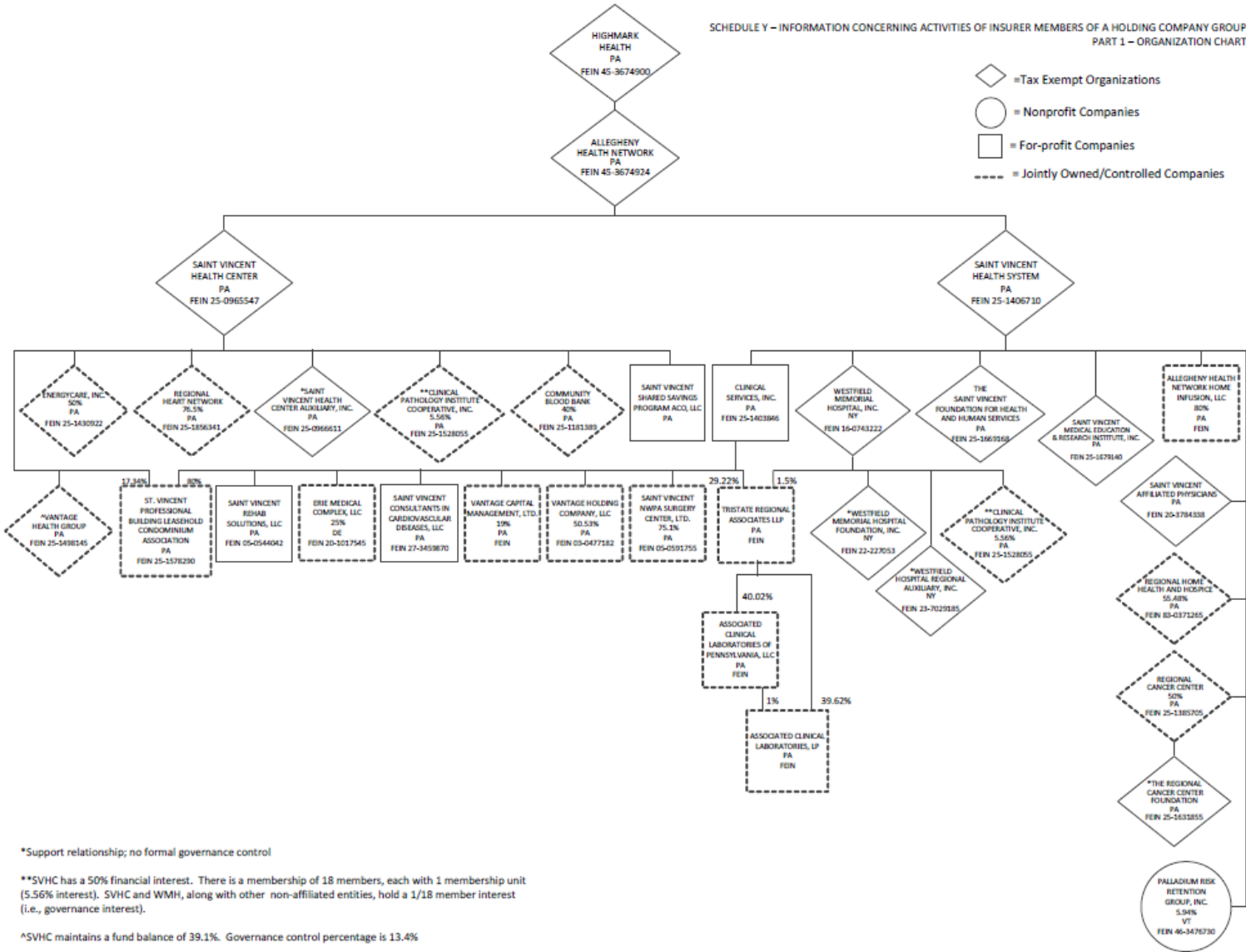
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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



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)

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

Health Innovations Ohio LLC; FEIN: 46-0902510 (25% Ownership by Immediate Parent)
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)
Medilucent 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)
 Mercy Healthcare Foundation Clinton; FEIN: 42-1316126 (100% 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)

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

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)
 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)
Oakland Mercy Hospital Foundation; FEIN: 31-1678345 (100% ownership by Immediate Parent)
Baum Harmon Mercy Hospital; FEIN: 42-1500277 (100% ownership by Immediate Parent)
Baum Harmon Mercy Hospital & Clinics Foundation; FEIN: 26-2973307 (100% ownership by Immediate Parent)

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

- Dubuque Mercy Health Foundation, Inc.; FEIN: 26-2227841 (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)
 - 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)

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

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)
Health Alliance Integrated Care, LLC (100% 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)

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)
- 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)

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

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

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

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)

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)
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)

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

	Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)								
	<u>Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Ownership by Trinity Health)</u>								
	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)								
	<u>Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% ownership by Trinity Health)</u>								
	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)								
	<u>TRINITY ASSURANCE, LTD (CAYMAN ISLAND) (100% Ownership by Trinity Health)</u>								-
	<u>Mercy Medical</u>	-	-	-	-	-	-	-	-
-	<u>Mercy LIFE of Birmingham (100% Ownership)</u>								-
	<u>Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% owned by Trinity Health)</u>								
	Mercy Life Center Corporation; FEIN: 25-1604115 (100% Ownership by Immediate Parent)								
	McAuley Ministries; FEIN: 94-3436142 (100% Ownership by Immediate Parent)								
	LIFE Pittsburgh (50% ownership)								
	<u>Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % ownership by Trinity Health Corporation)</u>								
	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)								
	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)								

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

	Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% ownership by Immediate Parent)
	<u>Trinity Home Heath Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% ownership by Trinity Health Corporation)</u>
	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)
	<u>Trinity Health PACE; FEIN: 47-3073124 (100% ownership by Immediate Parent) (multistate operation - incorporated in Michigan)</u>
	Saint Joseph PACE; FEIN: Applied For, But Not Yet Received (100% ownership by Immediate Parent)
	Trinity Health LIFE Pennsylvania, Inc. (100% ownership)
	<u>Mercy Health System of Southeastern Pennsylvania [Pennsylvania]; FEIN: 23-2212638 (100% owned by Trinity Health)</u>
	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 Network, 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 Health Plan 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)
 - SMMC St. Mary Medical Center MOB II, Limited Partnership 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)
 - Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Ownership by Immediate Parent)
 - Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Ownership by Immediate Parent)
 - Good Samaritan Hospital, Inc.; FEIN: 26-1720984 (100% Ownership by Immediate Parent)

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

	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)
	Athens Residential Properties, LLC; FEIN: Not Issued (100% Ownership by Immediate Parent)
	<u>St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% owned by Trinity Health)</u>
	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)
	Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Ownership by Immediate Parent)
	Delaware Care Collaboration; FEIN: 47-4069475 (100% Ownership by Immediate Parent)
	<u>Mercy Community Health, Inc. - [Connecticut]; FEIN: 06-1492707 (100% owned by Trinity Continuing Care Services/Trinity Health)</u>
	Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Ownership by Immediate Parent)
	McAuley Center, Incorporated; FEIN: 06-1058086 (100% Ownership by Immediate Parent)
	<u>Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Ownership by Trinity Health)</u>
-	<u>St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% owned by Maxis Health System [PA] which is 100% owned by Trinity Health)</u>
	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)
-	<u>Our Lady of Lourdes Health Care Services, Inc. [New Jersey]; FEIN: 22-2568528 (100% owned by Maxis Health System [PA] which is 100% owned by Trinity Health)</u>
	Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Ownership by Immediate Parent)
	Our Lady of Lourdes Hospital 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)

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

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)
Lourdes Dialysis at Innova, Inc. (Inactive); FEIN: 26-3237625 (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)

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

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

- 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)
 - 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)
 - The 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)

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

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)

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)

The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Ownership by Immediate Parent)

The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (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)

ASSETS SOLD 3/7/16; ENTITY REMAINS - St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Ownership by Immediate Parent)

ASSETS SOLD 3/7/16; ENTITY REMAINS - 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

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

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 (Inactive as of 1/28/2015); FEIN: 16-1279834 (100% Ownership by Immediate Parent)

Trinity Medical WNY, PC; FEIN: 27-2576645 (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)

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)

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

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)
- 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)

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

- 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)
- Liverpool Dialysis Center, LLC; FEIN: 26-1890615 (100% Ownership by Immediate Parent - Sale Pending to NYDS, Inc.)
- 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)
- CNY AIM, LLC; FEIN: 81-1461678 (100% Ownership by Immediate Parent)
- St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (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
 - Loretto Health Support, LLC (Inactive 7.1.15 - 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)

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

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

Trinity Health - New England, Inc. (formerly Saint Francis Care, Inc. (Connecticut); FEIN: 06-1491191 (100% owned by Trinity Health)

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

Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Ownership by Immediate Parent)

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

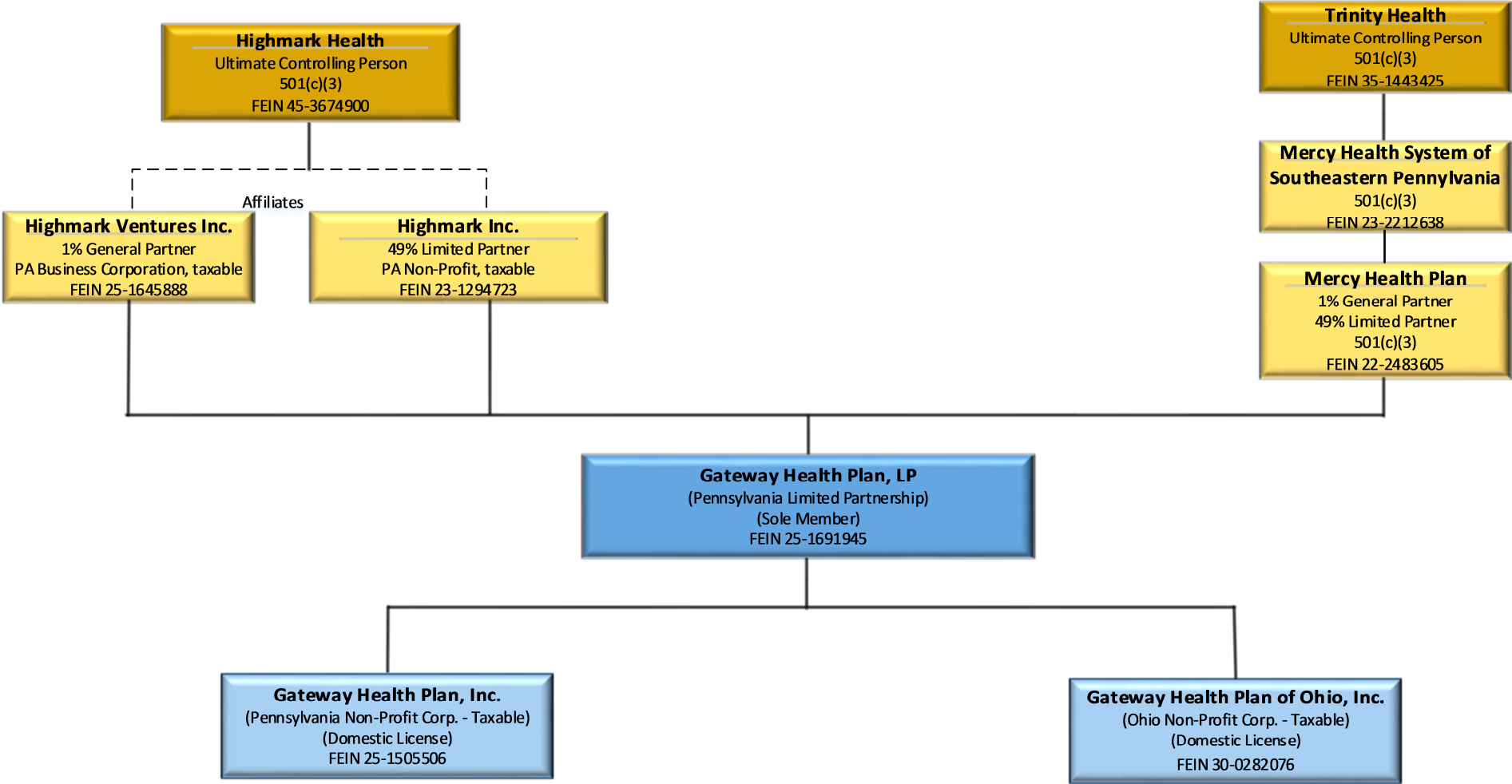
Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257
 Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)
 Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)
Connecticut 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)
Sisters of Providence Health System, Inc. [Massachusetts]; FEIN: 04-3398374 (100% owned by Immediate Parent)
Accountable Care Organization of New England, LLC 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)

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

MercyCare Alliance, LLC; FEIN: 47-1561725 (100% Ownership by Immediate Parent)
Physician Practice Partners, LLC (JV with Riverbend; 50% Ownership by Immediate Parent); FEIN: 04-3473929

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

Gateway Health Plan
Organization Chart



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

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0000 ..	HIGHMARK INC	00000	45-3674900 ..	0000000000	0000000000	.....	HIGHMARK HEALTH	PA ..	UIP ..	HIGHMARK HEALTH	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	45-3674924 ..	0000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK	PA ..	NIA ..	HIGHMARK HEALTH	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0812 ..		54771	23-1294723 ..	0000000000	0000000000	.....	HIGHMARK INC	PA ..	UDP ..	HIGHMARK HEALTH	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	46-3823617 ..	0000000000	0000000000	.....	HM HEALTH SOLUTIONS INC.	PA ..	NIA ..	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	46-3476730 ..	0000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC.	VT ..	NIA ..	HIGHMARK HEALTH	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	81-0919390 ..	0000000000	0000000000	.....	HM HEALTH HOLDINGS COMPANY ..	PA ..	NIA ..	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	81-0930502 ..	0000000000	0000000000	.....	HM HEALTH HOME AND COMMUNITY SERVICES LLC ..	PA ..	NIA ..	HM HEALTH HOLDINGS COMPANY ..	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	45-3444157 ..	0000000000	0000000000	.....	LAKE ERIE MEDICAL GROUP PC	PA ..	NIA ..	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	27-3982341 ..	0000000000	0000000000	.....	PETERS TOWNSHIP SURGERY CENTER	PA ..	NIA ..	ALLEGHENY CLINIC	Ownership	18.0	HIGHMARK HEALTH	00000000
0000 ..		00000	45-3913973 ..	0000000000	0000000000	.....	PHYSICIAN LANDING ZONE PC	PA ..	NIA ..	ALLEGHENY CLINIC	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	25-1742869 ..	0000000000	0000000000	.....	PREMIER MEDICAL ASSOCIATES, PC ..	PA ..	NIA ..	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	46-4682160 ..	0000000000	0000000000	.....	PREMIER WOMEN'S HEALTH	PA ..	NIA ..	ALLEGHENY CLINIC	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	45-3444325 ..	0000000000	0000000000	.....	HMPG INC	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK ..	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	25-1260215 ..	0000000000	0000000000	.....	JEFFERSON REGIONAL MEDICAL CENTER	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	47-3690355 ..	0000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	46-3476730 ..	0000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC.	VT ..	NIA ..	ALLEGHENY HEALTH NETWORK	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	25-0965547 ..	0000000000	0000000000	.....	SAINT VINCENT HEALTH CENTER	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	25-1406710 ..	0000000000	0000000000	.....	SAINT VINCENT HEALTH SYSTEM	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	25-0969492 ..	0000000000	0000000000	.....	WEST PENN ALLEGHENY HEALTH SYSTEM	PA ..	NIA ..	ALLEGHENY HEALTH NETWORK	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	20-5855753 ..	0000000000	0000000000	.....	ALLE-KISKI MEDICAL CENTER TRUST ..	PA ..	NIA ..	ALLE-KISKI MEDICAL CENTER	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	.....	0000000000	0000000000	.....	ASSOCIATED CLINICAL LABORATORIES, LP	PA ..	NIA ..	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	00000000
0000 ..		00000	23-2939715 ..	0000000000	0000000000	.....	CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA ..	NIA ..	CANONSBURG GENERAL HOSPITAL	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0000 ..		00000	20-1017545 ..	0000000000	0000000000	.....	ERIE MEDICAL COMPLEX, LLC	DE ..	NIA ..	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	00000000
0000 ..		00000	27-3459870 ..	0000000000	0000000000	.....	SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC ..	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	05-0591755 ..	0000000000	0000000000	.....	SAINT VINCENT NWPA SURGERY CENTER, LTD	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	00000000
0000 ..		00000	05-0544042 ..	0000000000	0000000000	.....	SAINT VINCENT REHAB SOLUTIONS, LLC	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000 ..		00000	25-1578290 ..	0000000000	0000000000	.....	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	80.0	HIGHMARK HEALTH	00000000
0000 ..		00000	.....	0000000000	0000000000	.....	CONDOMINIUM ASSOCIATION TRISTATE REGIONAL ASSOCIATES LLP	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	00000000
0000 ..	.....	00000	.....	0000000000	0000000000	.....	VANTAGE CAPITAL MANAGEMENT, LTD	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	00000000
0000 ..		00000	03-0477182 ..	0000000000	0000000000	.....	VANTAGE HOLDING COMPANY, LLC ..	PA ..	NIA ..	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	00000000
0000 ..		00000	11-2958041 ..	0000000000	0000000000	.....	DAVIS VISION IPA, INC.	NY ..	NIA ..	DAVIS VISION, INC.	Ownership	100.0	HIGHMARK HEALTH	00000000
0812 ..		12325	30-0282076 ..	0000000000	0000000000	.....	GATEWAY HEALTH PLAN OF OHIO, INC.	OH ..	RE ..	GATEWAY HEALTHPLAN, L.P.	Board of Directors .....	.....	HIGHMARK HEALTH	00000000
0812 ..	HIGHMARK INC	96938	25-1505506 ..	0000000000	0000000000	.....	GATEWAY HEALTH PLAN, INC.	PA ..	IA ..	GATEWAY HEALTHPLAN, L.P.	Board of Directors .....	.....	HIGHMARK HEALTH	00000000

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0000		00000	47-1817274	0000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1494238	0000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	60147	23-2905083	0000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1691945	0000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	11435	75-3002215	0000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	53287	51-0020405	0000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15508	46-4763378	0000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15507	46-4757476	0000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1876666	0000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	10131	20-2353206	0000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15460	46-4156633	0000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1645888	0000000000	0000000000		HIGHMARK VENTURES INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	54828	55-0624615	0000000000	0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	00000	20-5457337	0000000000	0000000000		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	71768	54-1637426	0000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	00000	25-1646315	0000000000	0000000000		HM INSURANCE GROUP, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	96601	23-2413324	0000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1801124	0000000000	0000000000		HVHC INC.	DE	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	22-2724721	0000000000	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	0000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	54763	23-0724427	0000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1712017	0000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1524682	0000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	24.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	95048	25-1522457	0000000000	0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000		0000000000	0000000000		NATIONAL INSTITUTE FOR HEALTHCARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1668093	0000000000	0000000000		REMWORKS SLEEP STORE INC.	DE	NIA	HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH	0000000
							STANDARD PROPERTY CORPORATION	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	89070	25-1687586	0000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1691945	0000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	IA	HIGHMARK VENTURES INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15459	46-4156854	0000000000	0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	55-0625743	0000000000	0000000000		PARKER BENEFITS, INC.	WV	NIA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	15020	45-2763165	0000000000	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	0000000000	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1128451	0000000000	0000000000		HM BENEFITS ADMINISTRATORS, INC.	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	13016	87-0807723	0000000000	0000000000		HM CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0812	HIGHMARK INC	93440	06-1041332	0000000000	0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000

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

Q162

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
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
0000		00000	47-4117233	000000000	0000000000		AHN ACCOUNTABLE CARE ORGANIZATION LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	46-5705484	000000000	0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	0000000
0000		00000	45-3761429	000000000	0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1375204	000000000	0000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	0000000
0000		00000	90-0996509	000000000	0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	30-0705035	000000000	0000000000		PROMEDIX LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	45-3750206	000000000	0000000000		PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	0000000
0000		00000	46-2138706	000000000	0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	45-5235291	000000000	0000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	35-2483160	000000000	0000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	30-0791512	000000000	0000000000		PRINCIPO ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	27-3033308	000000000	0000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	0000000
0000		00000	90-0970618	000000000	0000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	32-0371926	000000000	0000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	11-3051991	000000000	0000000000		DAVIS VISION, INC.	NY	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	74-2337775	000000000	0000000000		VISIONWORKS OF AMERICA, INC.	TX	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	0000000
0000		00000	25-1684735	000000000	0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	45-3355906	000000000	0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1403745	000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	30-0477313	000000000	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	0000000
0000		00000	80-0069336	000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	86-1159658	000000000	0000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	72-1529332	000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	20-1634783	000000000	0000000000		JRMC/UPMC CANCER ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		PACE RE LTD	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	0000000
0000		00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	90-0925581	000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	0000000

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

Q16.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0000		00000	46-3274101	0000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	38-3807173	0000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	80-0494617	0000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	90-0614054	0000000000	0000000000		PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	90-0451375	0000000000	0000000000		PRIMARY CARE GROUP 2, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	90-0451380	0000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	80-0403090	0000000000	0000000000		PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	80-0403100	0000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	90-0503600	0000000000	0000000000		PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	25-1287041	0000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	01-0927360	0000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	26-4194208	0000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000		0000000000	0000000000		SOUTH HILLS SURGICAL CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	00000000
0000		00000		0000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	00000000
0000		00000	35-2367818	0000000000	0000000000		SPECIALTY GROUP PRACTICE 1, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	45-3540378	0000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	72-1529328	0000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	25-1844485	0000000000	0000000000		UPMC VNA HOME HEALTH	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	00000000
0000		00000	26-3112347	0000000000	0000000000		UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	1.3	HIGHMARK HEALTH	00000000
0000		00000	25-1898743	0000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	00000000
0000		00000	25-1874990	0000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	00000000
0000		00000		0000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000		00000		0000000000	0000000000		CELTIC HOSPICE AND PALLIATIVE CARE, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	00000000
0000		00000	45-5080712	0000000000	0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000		00000	90-0812390	0000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	00000000
0000		00000	25-1631855	0000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	00000000

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)	Names 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)	*
Q164	0000 ..	00000	25-1528055	000000000	0000000000	.....	CLINICAL PATHOLOGY INSTITUTE							
	0000 ..	00000	25-1181389	000000000	0000000000	.....	COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1430922	000000000	0000000000	.....	COMMUNITY BLOOD BANK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1856341	000000000	0000000000	.....	ENERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-0966611	000000000	0000000000	.....	REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	SAINT VINCENT HEALTH CENTER AUXILIARY, INC.	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1578290	000000000	0000000000	.....	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD							
	0000 ..	00000	25-1498145	000000000	0000000000	.....	CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1403846	000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK							
	0000 ..	00000	46-3476730	000000000	0000000000	.....	HOME FUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1385705	000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	83-0371265	000000000	0000000000	.....	REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	20-3784338	000000000	0000000000	.....	REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1679140	000000000	0000000000	.....	SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1669168	000000000	0000000000	.....	SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	16-0743222	000000000	0000000000	.....	THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	27-3035436	000000000	0000000000	.....	WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
	0000 ..	00000	25-1524682	000000000	0000000000	.....	SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	0000000
	0000 ..	00000	45-3750206	000000000	0000000000	.....	JENKINS EMPIRE ASSOCIATES	PA	NIA	STANDARD PROPERTY CORPORATION	Ownership	75.0	HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	PROVIDER PPI LLC	PA	NIA	TITUSVILLE AREA HOSPITAL	Ownership	0.5	HIGHMARK HEALTH	0000000
	0000 ..	00000		000000000	0000000000	.....	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	0000000
	0000 ..	00000	63-1028262	000000000	0000000000	.....	ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	0000000
	0812 ..	47038	23-7328765	000000000	0000000000	.....	UNITED CONCORDIA DENTAL CORPORATION OF ALABAMA	AL	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000
	0812 ..	95789	61-1012900	000000000	0000000000	.....	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000
	0812 ..	52048	23-2541529	000000000	0000000000	.....	UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.	KY	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000
	0812 ..	47089	74-2489037	000000000	0000000000	.....	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000
	0812 ..	95160	38-2289438	000000000	0000000000	.....	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000
	0812 ..					.....	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC. ..	Ownership	100.0	HIGHMARK HEALTH	0000000

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
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		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		00000	14-1586016	000000000	0000000000		EMPIRE VISION CENTER, INC.	NY	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	74-2924030	000000000	0000000000		EYE DRX RETAIL MANAGEMENT, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	74-2849554	000000000	0000000000		VISIONARY PROPERTIES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	74-2849552	000000000	0000000000		VISIONARY RETAIL MANAGEMENT, LLC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	04-3742989	000000000	0000000000		VISIONWORKS DISTRIBUTION SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	35-2196998	000000000	0000000000		VISIONWORKS ENTERPRISES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	04-3742977	000000000	0000000000		VISIONWORKS LAB SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	02-0677066	000000000	0000000000		VISIONWORKS, INC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000		00000	25-1838458	000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	45.0	HIGHMARK HEALTH	0000000
0000		00000	25-1838457	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1320493	000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1875178	000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1737079	000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	25-1798379	000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	47-2368587	000000000	0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	59.6	HIGHMARK HEALTH	0000000
0000		00000	26-1284448	000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000		00000	25-1880238	000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	20.0	HIGHMARK HEALTH	0000000
0000		00000	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	27-3982341	000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	82.0	HIGHMARK HEALTH	0000000

Q165

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

Q16.6

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)	Names 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		00000	25-1472073	000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	20-1107650	000000000	0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	11-3683376	000000000	0000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		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		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		00000	25-1470766	000000000	0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000	26-1630719	000000000	0000000000		WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	0000000
0000		00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	0000000
0000		00000		000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	0000000
0000		00000	23-7029185	000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	0000000
0000		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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **March 31, 2016** OF THE **Gateway Health Plan of Ohio, Inc.**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,209,302	1,217,243
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	2,028	7,941
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,207,274	1,209,302
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,207,274	1,209,302

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	23,144,673	20,741,045	19,176,704	(2,028)	24,706,986			23,144,673
2.	NAIC 2 (a)								
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	23,144,673	20,741,045	19,176,704	(2,028)	24,706,986			23,144,673
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	23,144,673	20,741,045	19,176,704	(2,028)	24,706,986			23,144,673

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	23,499,712	X X X	23,499,711	6,323	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	21,935,371	5,098,984
2.	Cost of short-term investments acquired	20,741,045	59,475,886
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	19,176,704	42,639,499
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	23,499,712	21,935,371
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	23,499,712	21,935,371

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
PNC Operating Medicaid 1060	Jeannette, PA .....	.....	.....	.....	.....	.....	..... 1,000	.....	.....	X X X
PNC Operating Medicare 1061	Jeannette, PA .....	.....	.....	.....	.....	.....	..... 1,992,698	..... 315,583	..... (153,627)	X X X
PNC Medicare Claims 1070 ...	Jeannette, PA .....	.....	.....	.....	.....	.....	... (1,716,069)	... (1,633,346)	... (1,761,111)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	... X X X ..	.....	.....				X X X
0199999 Totals - Open Depositories			X X X	... X X X ..	.....	.....	..... 277,629	... (1,317,762)	... (1,914,737)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	... X X X ..	.....	.....				X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..	.....	.....				X X X
0399999 Total Cash On Deposit			X X X	... X X X ..	.....	.....	..... 277,629	... (1,317,762)	... (1,914,737)	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	X X X
0599999 Total Cash			X X X	... X X X ..	.....	.....	..... 277,629	... (1,317,762)	... (1,914,737)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; QSI03

 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8