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2016

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 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		OH	
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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		Pittsburgh, PA, US 15222-1222 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com		(216)802-2121 (Area Code) (Telephone Number)			
Statutory Statement Contact	Emil James Hynek, Jr. (Name) jhynek@gatewayhealthplan.com (E-Mail Address)		(412)255-1313 (Area Code)(Telephone Number)(Extension) (412)255-1313 (Fax Number)			

**OFFICERS**

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

**OTHERS**

**DIRECTORS OR TRUSTEES**

Nanette Paden DeTurk  
David Arthur Blandino M.D. #  
Susan Rita Croushore

Jean n/m/n Rush #  
Benjamin Ryland Carter  
Brian Robert Burgess #

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)  
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 \_\_\_\_\_, 2017

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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,201,050		1,201,050	1,209,302
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common Stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....14,174,710, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....9,828,016, Schedule DA) .....	24,002,726		24,002,726	22,037,177
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	25,203,776		25,203,776	23,246,480
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	27,681		27,681	53,859
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	320,901	184,365	136,536	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 (\$.....1,649,242) and contracts subject to redetermination (\$.....0) .....	1,649,242		1,649,242	83,702
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	19,756		19,756	
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				18,186
17. Amounts receivable relating to uninsured plans .....	786,333		786,333	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 adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	249,122		249,122	211,983
24. Health care (\$.....1,523,164) and other amounts receivable .....	2,664,183	1,141,019	1,523,164	1,111,175
25. Aggregate write-ins for other than invested assets .....	23,721	23,721		
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	30,944,717	1,349,106	29,595,611	25,959,447
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	30,944,717	1,349,106	29,595,611	25,959,447
<b>DETAILS OF WRITE-INS</b>				
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 .....				
2502. Miscellaneous A/R OHOH .....	23,721	23,721		
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	23,721	23,721		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	14,420,194		14,420,194	14,397,303
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	488,565		488,565	531,078
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	529,624		529,624	879,300
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	2,239		2,239	2,073
9. General expenses due or accrued .....	981,777		981,777	445,415
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	17,692		17,692	
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 \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	351,358		351,358	1,519,455
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	140,850		140,850	
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....	6,605		6,605	1,216
24. TOTAL Liabilities (Lines 1 to 23) .....	16,938,905		16,938,905	17,775,839
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	29,536,235	24,786,235
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	(16,879,528)	(16,602,627)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	12,656,707	8,183,608
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	29,595,611	25,959,447
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat Liability Medicare .....	6,605		6,605	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) .....	6,605		6,605	1,216
2501. .....	XXX	XXX		
2502. .....	XXX	XXX		
2503. .....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX		
3001. .....	XXX	XXX		
3002. .....	XXX	XXX		
3003. .....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	88,897	73,213
1. Member Months .....	XXX	88,897	73,213
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	78,501,105	59,868,611
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. TOTAL Revenues (Lines 2 to 7) .....	XXX	78,501,105	59,868,611
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		44,251,508	36,951,661
10. Other professional services .....		9,098,448	7,092,629
11. Outside referrals .....			
12. Emergency room and out-of-area .....		3,537,665	2,209,750
13. Prescription drugs .....		8,121,887	6,607,487
14. Aggregate write-ins for other hospital and medical .....		1,448,579	1,948,536
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Lines 9 to 15) .....		66,458,087	54,810,063
<b>Less:</b>			
17. Net reinsurance recoveries .....		54,460	
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		66,403,627	54,810,063
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....1,149,274 cost containment expenses .....		4,638,412	3,773,833
21. General administrative expenses .....		6,495,797	3,775,343
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			(1,494,665)
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		77,537,835	60,864,573
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	963,269	(995,962)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		65,788	27,368
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....		65,788	27,368
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....242,804)] .....		(242,804)	(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) .....	XXX	786,253	(972,263)
31. Federal and foreign income taxes incurred .....	XXX	17,692	
32. Net income (loss) (Lines 30 minus 31) .....	XXX	768,561	(972,263)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		
1401. DME .....		1,296,749	1,781,340
1402. Hearing Hardware .....		50,454	68,616
1403. Transportation Costs .....		101,377	98,580
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		1,448,579	1,948,536
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	8,183,608	4,225,104
34. Net income or (loss) from Line 32 .....	768,561	(972,263)
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 .....	(1,045,462)	(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 .....	4,750,000	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) .....	4,473,099	3,958,504
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	12,656,707	8,183,608
<b>DETAILS OF WRITE-INS</b>		
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 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	76,578,999	60,471,998
2.	Net investment income .....	101,316	6,857
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	76,680,315	60,478,855
5.	Benefit and loss related payments .....	67,732,112	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 .....	10,513,550	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) .....	78,245,662	50,685,798
11.	Net cash from operations (Line 4 minus Line 10) .....	(1,565,347)	9,793,057
<b>Cash from Investments</b>			
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 (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....	4,750,000	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) .....	(1,219,103)	1,596,418
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	3,530,897	6,596,418
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,965,549	16,389,475
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	22,037,177	5,647,702
19.2	End of year (Line 18 plus Line 19.1) .....	24,002,726	22,037,177

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

20.0001	.....	.....	.....
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**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income .....	78,501,105						78,501,105			
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....									XXX	
4. Risk revenue .....									XXX	
5. Aggregate write-ins for other health care related revenues .....									XXX	
6. Aggregate write-ins for other non-health care related revenues .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6) .....	78,501,105						78,501,105			
8. Hospital/medical benefits .....	44,251,508						44,251,508			XXX
9. Other professional services .....	9,098,448						9,098,448			XXX
10. Outside referrals .....									XXX	
11. Emergency room and out-of-area .....	3,537,665						3,537,665			XXX
12. Prescription drugs .....	8,121,887						8,121,887			XXX
13. Aggregate write-ins for other hospital and medical .....	1,448,579						1,448,579			XXX
14. Incentive pool, withhold adjustments and bonus amounts .....									XXX	
15. Subtotal (Lines 8 to 14) .....	66,458,087						66,458,087			XXX
16. Net reinsurance recoveries .....	54,460						54,460			XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	66,403,627						66,403,627			XXX
18. Non-health claims (net) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....1,149,274 cost containment expenses .....	4,638,412						4,638,412			
20. General administrative expenses .....	6,495,797						6,495,797			
21. Increase in reserves for accident and health contracts .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts .....										
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	77,537,835						77,537,835			
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	963,269						963,269			
<b>DETAILS OF WRITE-INS</b>										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. DME .....	1,296,749						1,296,749			XXX
1302. Hearing Hardware .....	50,454						50,454			XXX
1303. Transportation Costs .....	101,377						101,377			XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	1,448,579						1,448,579			XXX

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	78,668,506	.....	167,401	78,501,105
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8) .....	78,668,506	.....	167,401	78,501,105
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11) .....	78,668,506	.....	167,401	78,501,105

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	67,766,816						67,766,816			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	34,704						34,704			
1.4 Net	67,732,112						67,732,112			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	14,420,194						14,420,194			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	14,420,194						14,420,194			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	1,331,620						1,331,620			
7. Amounts recoverable from reinsurers December 31, current year	19,756						19,756			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	14,397,303						14,397,303			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	14,397,303						14,397,303			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	66,458,087						66,458,087			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	54,460						54,460			
12.4 Net	66,403,627						66,403,627			
13. Incurred medical incentive pools and bonuses										

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	1,626,837						1,626,837			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....	1,626,837						1,626,837			
2. Incurred but Unreported:										
2.1 Direct .....	12,793,357						12,793,357			
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	12,793,357						12,793,357			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	14,420,194						14,420,194			
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	14,420,194						14,420,194			

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	10,468,379	57,243,977	279,313	14,140,882	10,747,691	14,397,303
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	10,468,379	57,243,977	279,313	14,140,882	10,747,691	14,397,303
10. Healthcare receivables (a) .....	972,140	791,881	.....	869,027	972,140	1,301,428
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	9,496,238	56,452,096	279,313	13,271,855	9,775,551	13,095,875

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Grand Total**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	4,934	6,545
5. 2015 .....	XXX	XXX	XXX	.....	40,481
6. 2016 .....	XXX	XXX	XXX	XXX	54,611

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	6,614	6,562
5. 2015 .....	XXX	XXX	XXX	.....	54,862
6. 2016 .....	XXX	XXX	XXX	XXX	68,752

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2014 .....	7,523	6,249	2,993	47.891	9,242	122.844	.....	.....	9,242	122.844
4. 2015 .....	59,869	52,547	4,111	7.823	56,657	94.636	279	9	56,946	95.118
5. 2016 .....	78,501	54,611	3,881	7.106	58,492	74.511	14,141	479	73,112	93.135

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . . . NONE

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

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

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

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

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

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

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

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

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Title XVIII - Medicare**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	4,934	6,545
5. 2015 .....	XXX	XXX	XXX	.....	40,481
6. 2016 .....	XXX	XXX	XXX	XXX	54,611

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	6,614	6,562
5. 2015 .....	XXX	XXX	XXX	.....	54,862
6. 2016 .....	XXX	XXX	XXX	XXX	68,752

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2014 .....	7,523	6,249	2,993	47.891	9,242	122.844	.....	.....	9,242	122.844
4. 2015 .....	59,869	52,547	4,111	7.823	56,657	94.636	279	9	56,946	95.118
5. 2016 .....	78,501	54,611	3,881	7.106	58,492	74.511	14,141	479	73,112	93.135

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

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

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

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

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

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Additional policy reserves (a) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....	529,624	.....	.....	.....	.....	.....	529,624	.....	.....
5. Aggregate write-ins for other policy reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. TOTALS (Gross) .....	529,624	.....	.....	.....	.....	.....	529,624	.....	.....
7. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. TOTALS (Net) (Page 3, Line 4) .....	529,624	.....	.....	.....	.....	.....	529,624	.....	.....
9. Present value of amounts not yet due on claims .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Aggregate write-ins for other claim reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. TOTALS (Gross) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. TOTALS (Net) (Page 3, Line 7) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>									
0501. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0502. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0503. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1101. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	16,779	50,941	60,495		128,216
2. Salaries, wages and other benefits	432,242	1,312,265	1,558,362		3,302,869
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			2,249,857		2,249,857
4. Legal fees and expenses	3,908	11,863	14,088		29,858
5. Certifications and accreditation fees	575	1,745	2,072		4,391
6. Auditing, actuarial and other consulting services	47,235	143,404	170,297		360,936
7. Traveling expenses	7,240	21,982	26,104		55,326
8. Marketing and advertising	17,584	53,384	63,395		134,363
9. Postage, express and telephone	14,366	43,614	51,793		109,774
10. Printing and office supplies	26,548	80,599	95,714		202,862
11. Occupancy, depreciation and amortization	19,768	60,013	71,268		151,049
12. Equipment	16,664	50,592	60,080		127,337
13. Cost or depreciation of EDP equipment and software	6,206	18,841	22,375		47,422
14. Outsourced services including EDP, claims, and other services	500,854	1,520,566	1,805,728		3,827,148
15. Boards, bureaus and association fees	6,896	20,935	24,861		52,691
16. Insurance, except on real estate	2,758	8,374	9,944		21,077
17. Collection and bank service charges				29,580	29,580
18. Group service and administration fees			37,703		37,703
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	29,651	90,020	106,902		226,573
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere				8,661	8,661
25. Aggregate write-ins for expenses			64,757		64,757
26. TOTAL Expenses Incurred (Lines 1 to 25)	1,149,274	3,489,138	6,495,796	38,241	(a) 11,172,449
27. Less expenses unpaid December 31, current year		488,565	978,485	3,292	1,470,342
28. Add expenses unpaid December 31, prior year		531,078	443,222	2,193	976,492
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,149,274	3,531,651	5,960,533	37,143	10,678,600

**DETAILS OF WRITE-INS**

2501. Miscellaneous Expenses			64,757		64,757
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			64,757		64,757

(a) Includes management fees of \$.....8,628,165 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	31,686	44,206
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....	.....
1.2 Other bonds (unaffiliated) .....	(a) .....	.....	.....
1.3 Bonds of affiliates .....	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans .....	(c) .....	.....	.....
4. Real estate .....	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) .....	57,399	59,823
7. Derivative instruments .....	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL Gross investment income .....	89,085	.....	104,029
11. Investment expenses .....	(g) .....	38,241	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	.....	.....
13. Interest expense .....	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets .....	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	38,241	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	65,788

**DETAILS OF WRITE-INS**

0901. ....	.....	.....	.....
0902. ....	.....	.....	.....
0903. ....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. ....	.....	.....	.....
1502. ....	.....	.....	.....
1503. ....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....0 accrual of discount less \$.....8,252 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

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

**N O N E**

0901. ....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Invested income due and accrued .....			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	184,365	77,793	(106,572)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....	1,141,019	191,529	(949,490)
25. Aggregate write-ins for other than invested assets .....	23,721	34,322	10,601
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,349,106	303,644	(1,045,462)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. TOTAL (Lines 26 and 27) .....	1,349,106	303,644	(1,045,462)
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. Prepaid Assets .....		32,072	32,072
2502. Miscellaneous A/R .....	23,721	2,250	(21,471)
2503. Employee Advances .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	23,721	34,322	10,601

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	7,344	7,098	7,378	7,694	7,780	88,897
2. Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations .....	.....	.....	.....	.....	.....	.....
4. Point of Service .....	.....	.....	.....	.....	.....	.....
5. Indemnity Only .....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7. TOTAL .....	7,344	7,098	7,378	7,694	7,780	88,897
<b>DETAILS OF WRITE-INS</b>						
0601. .....	.....	.....	.....	.....	.....	.....
0602. .....	.....	.....	.....	.....	.....	.....
0603. .....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

# Notes to Financial Statements

## 1. Summary of Significant Accounting Policies

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

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

		SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME						
(1) State basis (Page 4, Line 32, Columns 2 & 3)					\$768,561	(\$972,263)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:						
(201)						
(299) Total						
(3) State Permitted Practices that increase/(decrease) NAIC SAP:						
(301)						
(399) Total						
(4) NAIC SAP (1-2-3=4)					\$768,561	(\$972,263)
SURPLUS						
(5) State basis (Page 3, Line 33, Columns 3 & 4)					\$12,656,707	\$8,183,608
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:						
(601)						
(699) Total						
(7) State Permitted Practices that increase/(decrease) NAIC SAP:						
(701)						
(799) Total						
(8) NAIC SAP (5-6-7=8)					\$12,656,707	\$8,183,608

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

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

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

## **Notes to Financial Statements**

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

In addition, GHPOI uses the following accounting policies:

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

D. Going Concern – None

**2. Accounting Changes and Corrections of Errors**

Not Applicable

**3. Business Combinations and Goodwill**

Not Applicable

**4. Discontinued Operations**

Not Applicable

**5. Investments**

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

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

## **Notes to Financial Statements**

(including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains) – Not Applicable.

**E. Repurchase Agreements and/or Securities Lending Transactions**

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

**F. Real Estate – Not Applicable.**

**G. Low Income Housing Tax Credits – Not Applicable.**

**H. Restricted Assets**

- (1) Restricted Assets (Including Pledged): GHPOI has \$1,201,050 in Restricted Assets.

Restricted Asset Category	1	2	3	4	5	6	7
Gross Deferred Tax Assets	Total Gross (Admitted and Nonadmitted) Restricted from Current Year	Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	Increase /(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets (a))	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under options contracts							
h. Letter stock or securities restricted as to sale							
i. FHLB Capital Stock							
j. On deposit with states	\$1,201,050	\$1,209,302	(\$8,252)		\$1,201,050	3.88%	4.06%
k. On deposit with other regulatory bodies							
l. Pledges collateral to FHLB							
m. Pledged as collateral							

## **Notes to Financial Statements**

	not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$1,201,050	\$1,209,302	(\$8,252)		\$1,201,050	3.88%	4.06%

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories - Not Applicable
- (3) Detail of Other Restricted Assets - Not Applicable
- (4) Collateral Received and Reflected as Assets Within the Financial Statements - Not Applicable

### I. Working Capital Finance Investment

- 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 – Not Applicable
- 2. Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs - Not Applicable
- 3. Events of default of working capital finance investments during the reporting period – Not Applicable

### J. Offsetting and Netting of Assets and Liabilities – Not Applicable

- K. Structured Notes – Not Applicable
- L. 5\* Securities – Not Applicable

### 6. Joint Ventures, Partnerships and Limited Liability Companies

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

### 7. Investment Income

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

### 8. Derivative Instruments

Not applicable

### 9. Income Taxes

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

	Description	12/31/2016			12/31/2015			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Gross Deferred Tax Assets	7,467,165		7,467,165	5,631,455		5,631,455	1,835,710		1,835,710
b.	Statutory Valuation Allowance Adjustments	7,467,165		7,467,165	5,631,455		5,631,455	1,835,710		1,835,710
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	0	0	0	0	0	0	0	0	0
d.	Deferred Tax Assets Non-admitted	0	0	0	0	0	0	0	0	0
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	0	0	0	0	0	0	0	0	0
f.	Deferred Tax Liabilities	0	0	0	0	0	0	0	0	0
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	0	0	0	0	0	0	0	0	0

**Notes to Financial Statements**

	Description	12/31/2016			12/31/2015			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	0	0	0	0	0	0	0	0	0
b	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)	0	0	0	0	0	0	0	0	0
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0	0	0	0	0	0	0
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	1,898,506	XXX	XXX	1,227,541	XXX	XXX	670,965
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	0	0	0	0	0	0	0	0	0
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c)	0	0	0	0	0	0	0	0	0

3.

	Description	2016	2015
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	415.499%	309.925%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	12,656,707	8,183,608

## 4. Impact of Tax Planning Strategies

For the years ending December 31, 2016 and 2015, GHPOI has not employed any tax planning strategies to admit deferred tax assets.

B. For the years ending December 31, 2016 and 2015, GHPOI does not have situations where DTL's are not recognized for amounts described in paragraph 31 of FAS 109.

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

	Description	1 12/31/2016	2 12/31/2015	3 (Col. 1 – 2) Change
1.	Current Income Tax	17,692	0	17,692
a.	Federal	0	0	0
b.	Foreign	0	0	0
c.	Subtotal	17,692	0	17,692
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	0	0
g.	Federal and foreign income taxes incurred	17,692	0	17,692
2.	Deferred Tax Assets:	0	0	0
a.	Ordinary	0	0	0
1.	Discounting of unpaid losses	39,082	42,108	(3,026)

**Notes to Financial Statements**

2.	Unearned premium reserve	0	0	0
3.	Policyholder reserves	0	0	0
4.	Investments	0	0	0
5.	Deferred acquisition costs	0	0	0
6.	Policyholder dividends accrual	0	0	0
7.	Fixed assets	0	0	0
8.	Compensation and benefits accrual	0	0	0
9.	Pension accrual	0	0	0
10.	Receivables – nonadmitted	462,211	91,900	370,311
11.	Net operating loss carry-forward	6,928,644	5,446,961	1,481,683
12.	Tax credit carry-forward	17,692	0	17,692
13.	Other (including items < 5% of total ordinary tax assets)	19,536	50,486	(30,950)
99.	Subtotal	7,467,165	5,631,455	1,835,710
b.	Statutory valuation allowance adjustment	7,467,165	5,631,455	1,835,710
c.	Nonadmitted	0	0	0
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	0	0	0
e.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Net capital loss carry-forward	0	0	0
3.	Real estate	0	0	0
4.	Other (including items < 5% of total capital tax assets)	0	0	0
99.	Subtotal	0	0	0
f.	Statutory valuation allowance adjustment	0	0	0
g.	Nonadmitted	0	0	0
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	0	0	0
i.	Admitted deferred tax assets (2d + 2h)	0	0	0
3.	Deferred Tax Liabilities:	0	0	0
a.	Ordinary	0	0	0
1.	Investments	0	0	0
2.	Fixed assets	0	0	0
3.	Deferred and uncollected premium	0	0	0
4.	Policyholder reserves	0	0	0
5.	Other (including items < 5% of total ordinary tax liabilities)	0	0	0
99.	Subtotal	0	0	0
b.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Real estate	0	0	0
3.	Other (including items < 5% of total capital tax liabilities)	0	0	0
99.	Subtotal	0	0	0
c.	Deferred tax liabilities (3a99 + 3b99)	0	0	0
4.	Net deferred tax assets/liabilities (2i – 3c)	0	0	0

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

	<u>2016</u>	<u>2015</u>	<u>Change</u>
Adjusted gross deferred tax assets	-	-	-
Total deferred tax liabilities	-	-	-
Net deferred tax assets / (liabilities)	-	-	-
Tax effect of unrealized gains / (losses)			-
Change in net deferred income tax			-

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

	<u>2016</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	267,326	34%
<i>Other</i>		
Change in Valuation Allowance	1,873,823	238%
Change in temporary differences recorded		
to surplus	(355,457)	-45%

## **Notes to Financial Statements**

Relationship mgmt/support services	<u>(1,768,000)</u>	-225%
	<u>\$ 17,692</u>	2%
Federal and foreign income taxes incurred	\$ 17,692	2%
Change in net deferred income taxes	- -	0%
Total statutory income taxes	<u>\$ 17,692</u>	2%

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

- (1) At December 31, 2016, GHPOI has \$20,378,366 net operating loss carryforwards, \$0 capital loss carry forwards, \$0 charitable contribution carryforwards, and \$17,692 AMT Tax Credit carryforwards.
- (2) The following is income tax expense for 2016, 2015 and 2014 that is available for recoupment in the event of future net losses:

<b>Year</b>	<b>Ordinary</b>	<b>Capital</b>	<b>Total</b>
2014	-	-	-
2015	-	-	-
2016	<u>17,692</u>	-	<u>17,692</u>
	<u>17,692</u>	-	<u>17,692</u>

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

**F. GHPOI is not included in a consolidated federal income tax return with any other entities.**

**G. GHPOI does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2017.**

**10. Information Concerning Parent, Subsidiaries and Affiliates**

- A. GHPOI is a non-profit corporation and a wholly-owned subsidiary of Gateway Health Plan, LP (“GHPLP”). GHPLP is a Pennsylvania limited partnership with the following partnership interests: Mercy Health Plan (“Mercy”), a subsidiary of Mercy Health System of Southeastern Pennsylvania (“MHS”) as 49% limited partner and 1% general partner; Highmark Inc. (“Highmark”) as 49% limited partner; and Highmark Ventures Inc. (“HVI”), a subsidiary of Highmark as 1% general partner. Highmark Health, a Pennsylvania non-profit corporation, is the parent corporation of Highmark. Trinity Health Corporation (“Trinity Health”), an Indiana non-profit corporation, is the parent corporation of MHS.

These partnership interests are shown on the organizational chart attached as Schedule Y. GHPOI files its annual and quarterly financial statements under Highmark’s NAIC group code (0812).

- B&C. GHP, LP made capital contributions to GHPOI in the amount of \$1,750,000 on June 30, 2016 and \$3,000,000 on December 29, 2016.
- D. An inter-company (payable)/ receivable between GHPOI and Gateway Health Plan, Inc. (“GHPI”) totaled \$249,122 at December 31, 2016 and \$211,983 at December 31, 2015. The balance represents inter-company activity in the normal course of business. An inter-company (payable)/receivable between GHPOI and GHP, LP totaled (\$351,358) at December 31, 2016 and (\$1,519,455) at December 31, 2015. The balance represents inter-company activity in the normal course of business.
- E. GHPOI has no guarantees or undertakings for the benefit of any affiliate or related party
- F. GHP, LP operates under a Program Services Agreement (“PSA”) with GHPOI.

## **Notes to Financial Statements**

- G. GHP, LP is a limited partnership with general partners Highmark Ventures Inc. (a subsidiary of Highmark) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan. GHP,LP is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation.
- H. GHPOI has no ownership in upstream entities.
- I. GHPOI has no investments in SCA entities.
- J. GHPOI has no investments in SCA entities.
- K. GHPOI has no foreign insurance subsidiary.
- L. GHPOI has no investments in downstream non-insurance holding companies.
- M. GHPOI has no investments in SCA entities.
- N. GHPOI has no investments in SCA entities.

### **11. Debt**

- A. GHPOI has no capital note obligations.
- B. GHPOI has no FHLB (Federal Home Loan Bank) agreements.

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

- A. Defined Benefit Plan:
  - (1) Reconciliation of the beginning Change in benefit obligation – Not Applicable
  - (2) Change in plan assets – Not Applicable
  - (3) Funded Status – Not Applicable
  - (4) Components of net periodic benefit cost – Not Applicable
  - (5) The net gain or loss and net prior service cost or credit recognized in unassigned funds (surplus) for the period and reclassification adjustments of unassigned funds (surplus) – Not Applicable
  - (6) The amount included in unassigned funds (surplus) for the period expected to be recognized as components of net periodic benefit cost over the fiscal year that follows the most recent annual statement of financial position presented – Not Applicable
  - (7) The amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost – Not Applicable
  - (8) Weighted-average assumptions used to determine net period benefit cost – Not Applicable
  - (9) The Amount of the accumulated benefit obligation for defined benefit pension plans – Not Applicable
  - (10) Assumed Health care cost trend rate for the next year used to measure the expected cost of benefit covered by the plan – Not Applicable
  - (11) Effect of one percentage point increase and decrease in the assumed health cost trend rates – Not Applicable
  - (12) The benefits expected to be paid in each of the five fiscal years, and in the aggregate for the five fiscal years thereafter. – Not Applicable
  - (13) Regulatory contribution requirements – Not Applicable
  - (14) Amounts and types of securities of the employer and related parties included in the plan assets – Not Applicable
  - (15) Alternative amortization – Not Applicable
  - (16) Substantive commitment – Not Applicable
  - (17) Cost of providing special or contractual termination benefits – Not Applicable
  - (18) Explanation of any significant change in benefit obligations or plan assets – Not Applicable
  - (19) The amount and timing of any plan assets expected to be returned to the employer during the 12-month period – Not Applicable
  - (20) The accumulated postretirement and pension benefit obligation and the fair value of plan assets for the defined postretirement and pension benefit plans in the first reporting date after the effective date of this standard and in each subsequent reporting period – Not Applicable
  - (21) Disclosure of the full transition surplus impact – Not Applicable
- B. Narrative Description of Investment Policies and Strategies – Not Applicable
- C. Fair Value of Plan Assets – Not Applicable
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multi-Employer Plan – Not Applicable
- G. Consolidated/Holding Company Plans – Not Applicable
- H. Post-Employment Benefits and Compensated Absences – Not Applicable

## **Notes to Financial Statements**

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – Not Applicable

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

- (1) GHPOI is a non-profit organization and, as such, does not have stock authorized or outstanding.
- (2) GHPOI has no preferred stock outstanding.
- (3) There are no restrictions placed on GHPOI's surplus, except risk-based capital requirements imposed by the NAIC, the Department, and GHPOI's regulatory agreement.
- (4) No dividends paid in 2016.
- (5) Ordinary Dividend Restrictions – Not Applicable
- (6) There were no restrictions placed on the GHPOI's surplus, including for whom the surplus is being held.
- (7) GHPOI has no advances of surplus not repaid nor does GHPOI hold stock of affiliated companies for specific reasons.
- (8) The amount of stock held by the GHPOI for special purposes is \$0.
- (9) There were no changes in the balance of special surplus funds from the prior year.
- (10) Unassigned funds (surplus) were not changed by unrealized gains and losses.
- (11) GHPOI has no surplus notes.
- (12) No quasi-reorganizations have taken place as of December 31, 2016.
- (13) No quasi-reorganizations have taken place as of December 31, 2016.

**14. Liabilities, Contingencies and Assessments**

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

**15. Leases**

GHPOI has no leases.

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

Not applicable.

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

- A. Transfers of Receivables reported as Sales – Not Applicable
- B. Transfer and Servicing of Financial Assets
  - (1) Description of loaned securities – Not Applicable
  - (2) Servicing Assets and Liabilities
    - a. Risks inherent in servicing assets and servicing liabilities – Not Applicable
    - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – Not Applicable
    - c. Assumptions used to estimate the fair value – Not Applicable
  - (3) Servicing assets and servicing liabilities are subsequently measured at fair value – Not Applicable
  - (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

## **Notes to Financial Statements**

- a. Each income statement presented – Not Applicable
- b. Each statement of financial position presented, regardless of when the transfer occurred – Not Applicable
- (5) Transfers of financial assets accounted for as secured borrowing value – Not Applicable
- (6) Transfers of receivables with recourse – Not Applicable
- (7) Securities underlying repurchase and reverse repurchase agreements – Not Applicable

C. Wash Sales – GHPOI had no wash sales as of 12/31/2016.

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

- A) ASO Plans – Not Applicable
- B) ASC Plans – Not Applicable
- C) Medicare or Similarly Structured Cost Based Reimbursement Contract
  - a. Revenue from the Company's Medicare Part D cost based reimbursement portion of the contract for the year 2016, consisted of \$6,278,637 for reinsurance subsidy, \$6,933,364 for low-income cost sharing subsidy and \$258,106 for GAP discount coverage.
  - b. As of December 31, 2016, The Company has recorded receivables whose account balance is greater than 10% of the Company's amounts receivable from uninsured accident and health plans of \$786,333.
  - c. As of December 31, 2016, the Company recorded \$140,850 in Medicare Part D allowances and reserves or adjustment of recorded revenues.
  - d. GHPOI has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**  
Not Applicable.

**20. Fair Value Measurements**

(A)

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

## **Notes to Financial Statements**

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

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

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

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

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended December 31, 2016 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 Account Pronouncements – None

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	1,307,707	1,201,050	1,307,707			
Short Term	9,828,016	9,828,016	9,828,016			

D. Not Practicable to Estimate Fair Value – None

**21. Other Items**

## **Notes to Financial Statements**

- A. Unusual or Infrequent Items – Not Applicable
- B. Troubled Debt Restructuring Debtors – Not Applicable
- C. Other Disclosures – Not Applicable
- D. Business Interruption Insurance Recoveries – Not Applicable
- E. State Transferable Tax Credit – Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure – Not Applicable
- G. Retained Assets – Not Applicable
- H. Proceeds of Insurance-Linked Securities (ILS) – Not Applicable

### **22. Events Subsequent**

#### Type I. – Recognized Subsequent Events

Subsequent events have been considered through 2/26/2017 for the statutory statement issued on December 31, 2016.

None

#### Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through 2/26/2017 for the statutory statement issued on December 31, 2016.

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

### **23. Reinsurance**

#### A. Reinsurance Ceded

##### Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( )                    No (x)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( )                    No (x)

##### Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( )                    No (x)

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

Yes ( )                    No (x)

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

#### B. Uncollectible Reinsurance – Not Applicable

#### C. Commutation of Ceded Reinsurance - Not Applicable

#### D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not Applicable

### **24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A. The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMA and actuarial estimates.
- B. The company records accrued retrospective premium as an adjustment to earned premium.

## **Notes to Financial Statements**

- C. The amount of net premiums written by the Company as of December 31, 2016 that is subject to retrospective rating features was \$9,366,166, that represented 12% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.
- D. GHPOI has no medical loss ratio rebates required pursuant to the Public Health Service Act.
- E. Risk-Sharing Provisions of the Affordable Care Acct (ACA) – Not Applicable

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

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2015 were \$14,928,382. As of December 31, 2016, \$12,172,264 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$292,041 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$2,464,076 favorable prior-year development since December 31, 2015 and December 31, 2016. These changes are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**26. Inter-company Pooling Arrangements**

Not Applicable

**27. Structured Settlements**

Not applicable for Health entities.

**28. Healthcare Receivables**

**A. Pharmacy Rebate Receivable**

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

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2016	\$1,523,164				
09/30/2016	\$1,407,140	\$855,062	\$61,113		
06/30/2016	\$1,285,452	\$809,163	\$762,438	\$45,456	
03/31/2016	\$1,164,693	\$691,004	\$677,742	\$11,835	
12/31/2015	\$1,111,176	\$679,613	\$678,860	\$3	
09/30/2015	\$1,066,986	\$593,612	\$573,854	\$18,465	
06/30/2015	\$784,406	\$529,172	\$458,849	\$65,105	
03/31/2014	\$409,888	\$377,679	\$334,908	\$42,345	
12/31/2014	\$125,688	\$85,520	\$84,562	\$172	
09/30/2014	\$77,609	\$58,415	\$51,641	\$6,000	
06/30/2014	\$59,657	\$32,389	\$32,191	\$(140)	
03/31/2014	\$32,096	\$24,585	\$23,726	\$268	\$80

\*Estimated Pharmacy Rebates as Reported on Financial Statements represents the admitted rebate

**Notes to Financial Statements**

receivable as reported on the financial statements.

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

B. Risk Sharing Receivables - Not Applicable

**29. Participating Policies**

Not Applicable.

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$ (1)
2. Date of the most recent evaluation of this liability	<u>0</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>12/31/2016</u>

**31. Anticipated Salvage and Subrogation**

Not Applicable

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[ ]

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

1.3 State Regulating? .....

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

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016.....

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

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/20/2016.....

3.4 By what department or departments?  
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[ ] No[ ] N/A[X]  
Yes[ ] No[X] N/A[ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with?

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

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

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

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]

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

1 Nationality	2 Type of Entity
.....	.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PriceWaterhouse Coopers, LLP USX Tower, 600 Grant Street, Pittsburgh, PA 15219

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)

**GENERAL INTERROGATORIES (Continued)**

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes [ ]  No [X] \$ 0

12.11 Name of real estate holding company  
12.12 Number of parcels involved  
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  Yes [ ]  No [ ]  N/A [X]

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

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

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes [ ]  No [ ]  N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [X]  No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).  Yes [ ]  No [X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  Yes [ ]  No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?  Yes [ ]  No [X]

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

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

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?  Yes [X]  No [ ]

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

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

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Yes [ ]  No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.11 To directors or other officers  
20.12 To stockholders not officers  
20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.21 To directors or other officers  
20.22 To stockholders not officers  
20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?  Yes [ ]  No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

21.21 Rented from others  
21.22 Borrowed from others  
21.23 Leased from others  
21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?  Yes [ ]  No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment  
22.22 Amount paid as expenses  
22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [X]  No [ ] \$ 0

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

### INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)  Yes [X]  No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?  Yes [ ]  No [ ]  N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

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

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?  Yes [ ]  No [ ]  N/A [X]

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

**GENERAL INTERROGATORIES (Continued)**

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?  Yes [ ]  No [ ]  N/A [X]

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ ..... 0
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ ..... 0
24.103 Total payable for securities lending reported on the liability page.	\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).  Yes[X]  No [ ]

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

25.21 Subject to repurchase agreements	\$ ..... 0
25.22 Subject to reverse repurchase agreements	\$ ..... 0
25.23 Subject to dollar repurchase agreements	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements	\$ ..... 0
25.25 Placed under option agreements	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ ..... 0
25.27 FHLB Capital Stock	\$ ..... 0
25.28 On deposit with states	\$ ..... 1,201,050
25.29 On deposit with other regulatory bodies	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ ..... 0
25.32 Other	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?  Yes [ ]  No[X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  Yes [ ]  No [ ]  N/A [X]

26.2 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?  Yes[X]  No[X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ ..... 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?  Yes[X]  No [ ]

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?  Yes [ ]  No[X]

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

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

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Dina L. Richard, Trinity Health .....	A .....
W. Dennis Cronin, Highmark .....	A .....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?  Yes [ ]  No[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?  Yes [ ]  No[X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

**GENERAL INTERROGATORIES (Continued)**

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	Dina L. Richard W. Dennis Cronin			NO NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[ ] No[X]

29.2 If yes, complete the following schedule:

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

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

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

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

1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	1,201,050	1,317,707
30.2 Preferred stocks .....		
30.3 Totals .....	1,201,050	1,317,707

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

Rates were obtained from Custodian's Year End Reports

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[ ] N/A[ ]

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

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]

32.2 If no, list exceptions:

**OTHER**

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ ..... 0

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

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement. \$ ..... 18,451

1 Name	2 Amount Paid
Clark Hill Buchanan Ingersoll, PC	6,484 10,259

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ ..... 0

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

## **GENERAL INTERROGATORIES (Continued)**

1 Name	2 Amount Paid
.....	.....

**GENERAL INTERROGATORIES (Continued)****PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]	
1.2 If yes, indicate premium earned on U.S. business only:	\$ .....	\$ .....	0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ .....	\$ .....	0
1.31 Reason for excluding:			
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ .....	\$ .....	0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$ .....	\$ .....	0
1.6 Individual policies - Most current three years:			
1.61 TOTAL Premium earned	\$ .....	\$ .....	0
1.62 TOTAL Incurred claims	\$ .....	\$ .....	0
1.63 Number of covered lives			0
All years prior to most current three years:			
1.64 TOTAL Premium earned	\$ .....	\$ .....	0
1.65 TOTAL Incurred claims	\$ .....	\$ .....	0
1.66 Number of covered lives			0
1.7 Group policies - Most current three years:			
1.71 TOTAL Premium earned	\$ .....	\$ .....	0
1.72 TOTAL Incurred claims	\$ .....	\$ .....	0
1.73 Number of covered lives			0
All years prior to most current three years:			
1.74 TOTAL Premium earned	\$ .....	\$ .....	0
1.75 TOTAL Incurred claims	\$ .....	\$ .....	0
1.76 Number of covered lives			0

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	78,501,105	59,868,611
2.2 Premium Denominator	78,501,105	59,868,611
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	14,949,818	15,276,603
2.5 Reserve Denominator	14,949,818	15,276,603
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

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

Yes [ ] No [X]

3.2 If yes, give particulars:

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

Yes [X] No [ ]

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$ .....	625,000
5.32 Medical Only	\$ .....	0
5.33 Medicare Supplement	\$ .....	0
5.34 Dental & Vision	\$ .....	0
5.35 Other Limited Benefit Plan	\$ .....	0
5.36 Other	\$ .....	0

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

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

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

Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	24,382
8.2 Number of providers at end of reporting year	.....	26,682

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

Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....	0
9.22 Business with rate guarantees over 36 months	.....	0

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

Yes [ ] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$ .....	0
10.22 Amount actually paid for year bonuses	\$ .....	0
10.23 Maximum amount payable withhold	\$ .....	0
10.24 Amount actually paid for year withhold	\$ .....	0

11.1 Is the reporting entity organized as:

Yes [ ] No [X]

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes [ ] No [X]

Yes [ ] No [X]

Yes [ ] No [ ]

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

\$ .....

1,700,000

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

11.4 If yes, show the amount required.

\$ .....

1,700,000

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

Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation.

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

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

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

Yes [ ] No [X]

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

\$ .....

0

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

Yes [ ] No [X]

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

\$ .....

0

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

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

**GENERAL INTERROGATORIES (Continued)**

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

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

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

15.1 Direct Premium Written

\$ ..... 0

15.2 Total incurred claims

\$ ..... 0

15.2 Number of covered lives

..... 0

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

**FIVE-YEAR HISTORICAL DATA**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28)	29,595,611	25,959,447	9,030,758	8,290,977	2,401,520
2. TOTAL Liabilities (Page 3, Line 24)	16,938,905	17,775,839	4,805,654	5,763,497	14,111
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	12,656,707	8,183,608	4,225,104	2,527,480	2,387,409
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8)	78,501,105	59,868,611	7,523,245		
6. TOTAL Medical and Hospital Expenses (Line 18)	66,403,627	54,810,063	6,613,518	168	54
7. Claims adjustment expenses (Line 20)	4,638,412	3,775,833	3,060,333		
8. TOTAL Administrative Expenses (Line 21)	6,495,797	3,775,343	2,936,792	7,110,749	1,663
9. Net underwriting gain (loss) (Line 24)	963,269	(995,962)	(6,582,063)	(7,110,917)	(1,717)
10. Net investment gain (loss) (Line 27)	65,788	27,368	14,099	988	1,428
11. TOTAL Other Income (Lines 28 plus 29)	(242,804)	(3,669)			
12. Net income or (loss) (Line 32)	768,561	(972,263)	(6,567,964)	(7,109,929)	(289)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(1,565,347)	9,793,057	(3,863,892)	(7,081,438)	3,271
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital	12,656,707	8,183,608	4,225,104	2,527,480	2,387,409
15. Authorized control level risk-based capital	3,044,803	2,640,514	660,055	11,310	2,528
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7)	7,780	7,344	1,068		
17. TOTAL Members Months (Column 6, Line 7)	88,897	73,213	7,660		
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	84.6	91.6	87.9		
20. Cost containment expenses	1.5	0.6	5.7		
21. Other claims adjustment expenses	4.4	5.7	35.0		
22. TOTAL Underwriting Deductions (Line 23)	98.8	101.7	187.5		
23. TOTAL Underwriting Gain (Loss) (Line 24)	1.2	(1.7)	(87.5)		
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	9,775,551	1,490,693		168	54
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	13,095,875	1,542,385			
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain::

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

State, Etc.	1 Active Status	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
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 .....	18,088,092						18,088,092	
19. Louisiana (LA) .....	N .....								
20. Maine (ME) .....	N .....								
21. Maryland (MD) .....	N .....								
22. Massachusetts (MA) .....	N .....								
23. Michigan (MI) .....	N .....								
24. Minnesota (MN) .....	N .....								
25. Mississippi (MS) .....	N .....								
26. Missouri (MO) .....	N .....								
27. Montana (MT) .....	N .....								
28. Nebraska (NE) .....	N .....								
29. Nevada (NV) .....	N .....								
30. New Hampshire (NH) .....	N .....								
31. New Jersey (NJ) .....	N .....								
32. New Mexico (NM) .....	N .....								
33. New York (NY) .....	N .....								
34. North Carolina (NC) .....	L .....	17,331,463						17,331,463	
35. North Dakota (ND) .....	N .....								
36. Ohio (OH) .....	L .....	43,248,952						43,248,952	
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) .....	XXX .....								
59. Subtotal .....	XXX .....	78,668,506						78,668,506	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. TOTAL (Direct Business) .....	(a) 3 .....	78,668,506						78,668,506	

**DETAILS OF WRITE-INS**

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

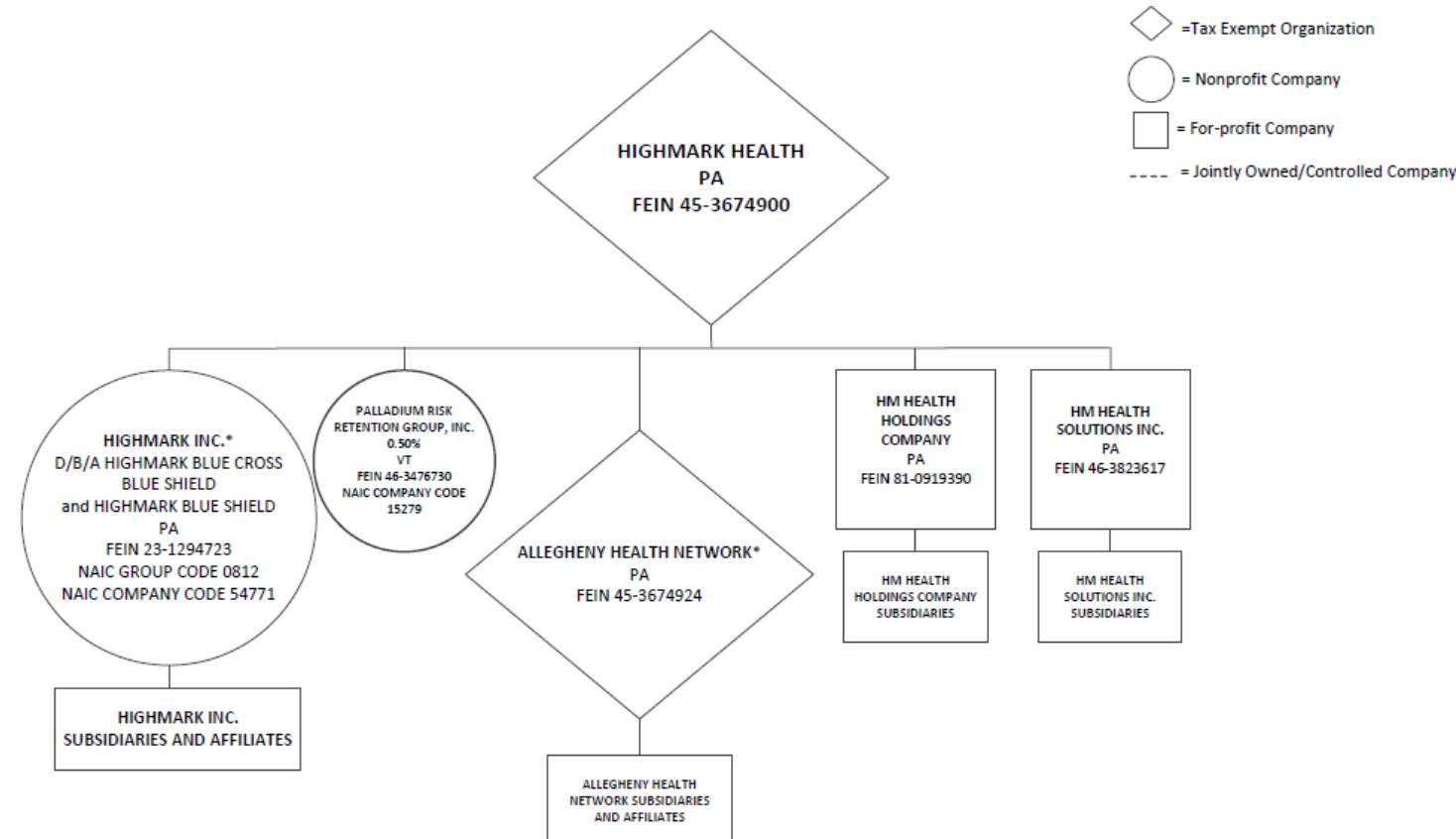
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

Explanation of basis of allocation by state, premiums by state, etc.: Premiums are allocated based on situs of contract.

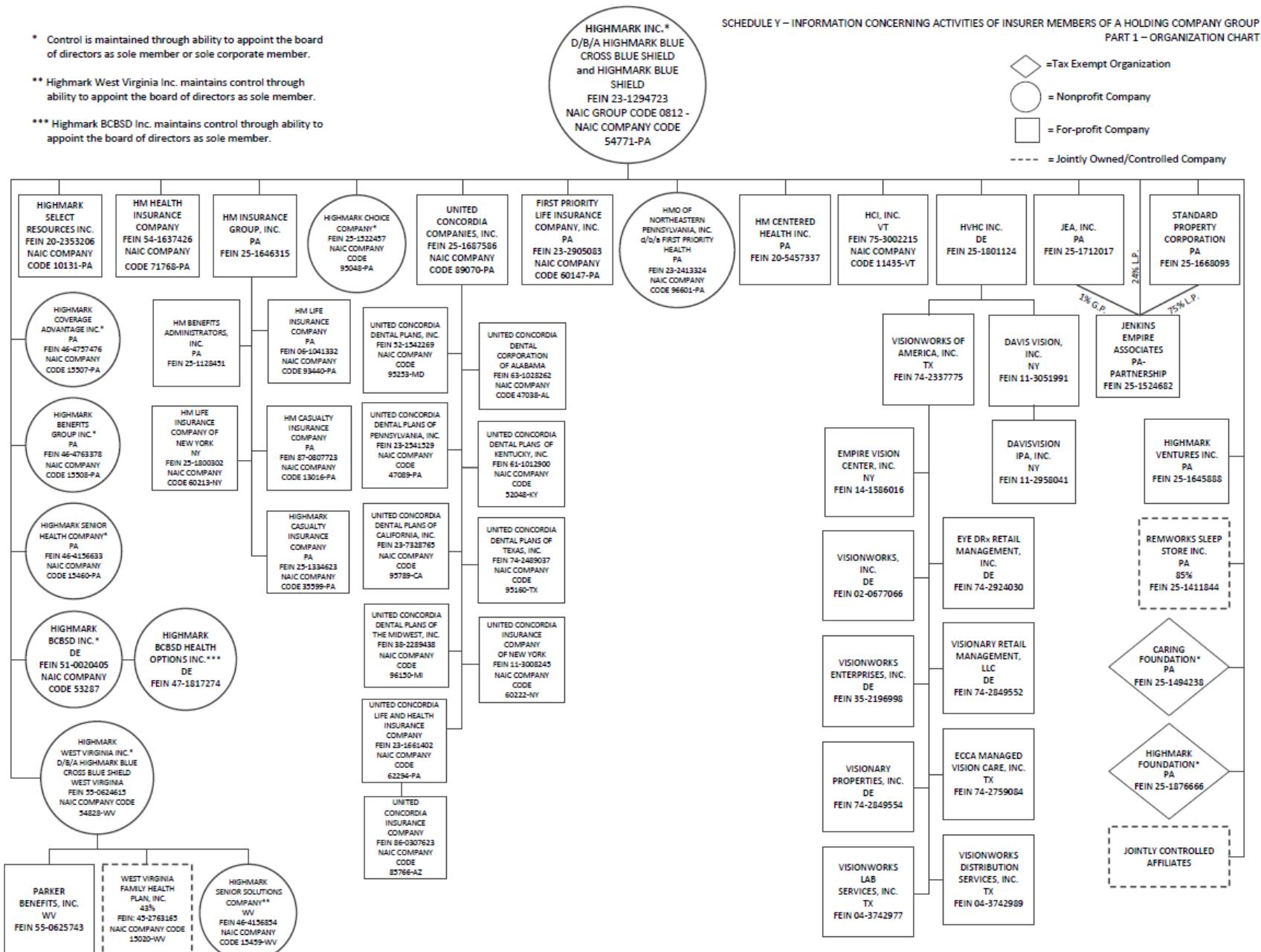
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

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



# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

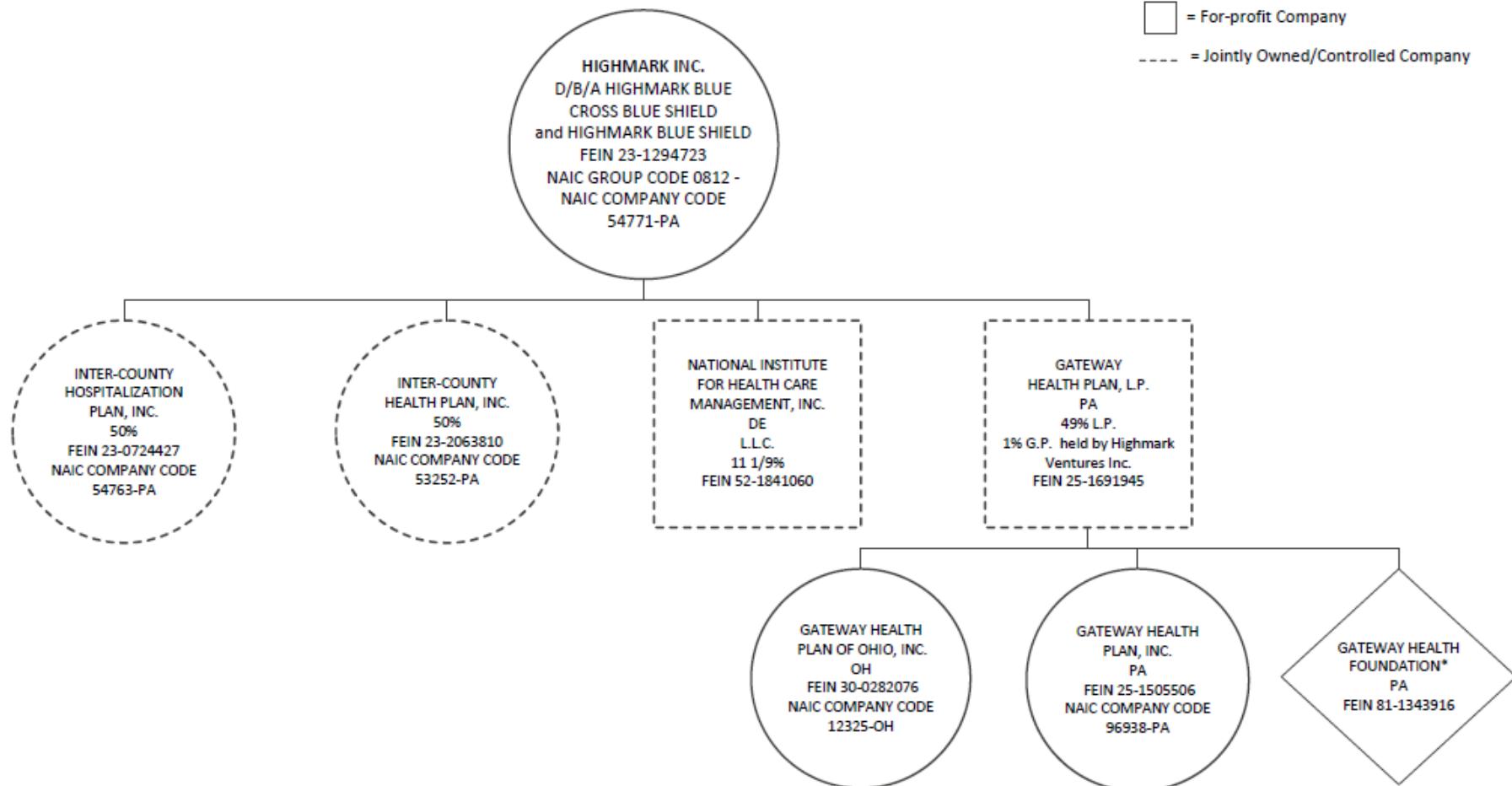
- \* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.
- \*\* Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.
- \*\*\* Highmark BCBSD Inc. maintains control through ability to 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

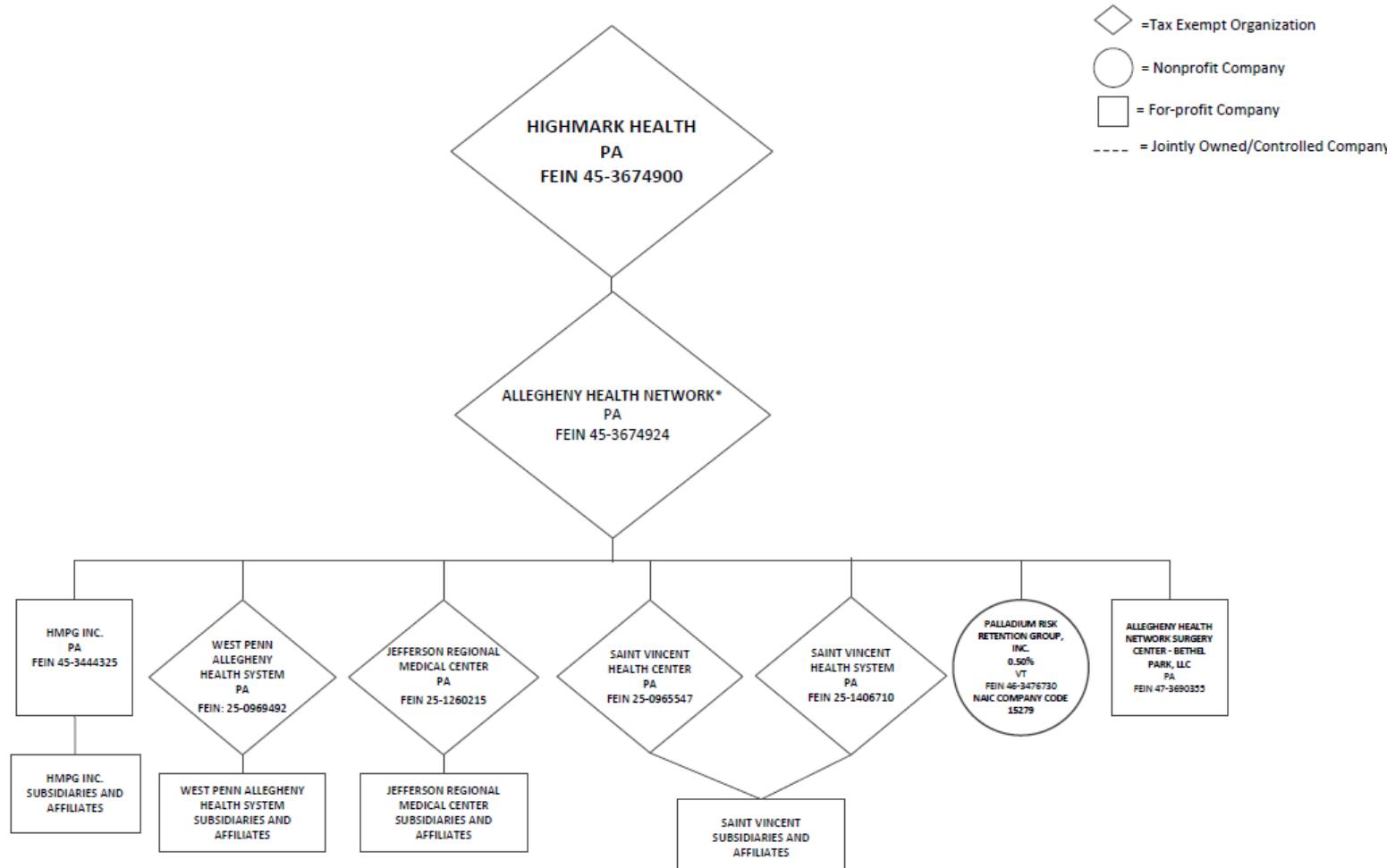
### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATION CHART

\* Control is maintained through ability to appoint the board of directors as sole member or sole corporate 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 – ORGANIZATION CHART

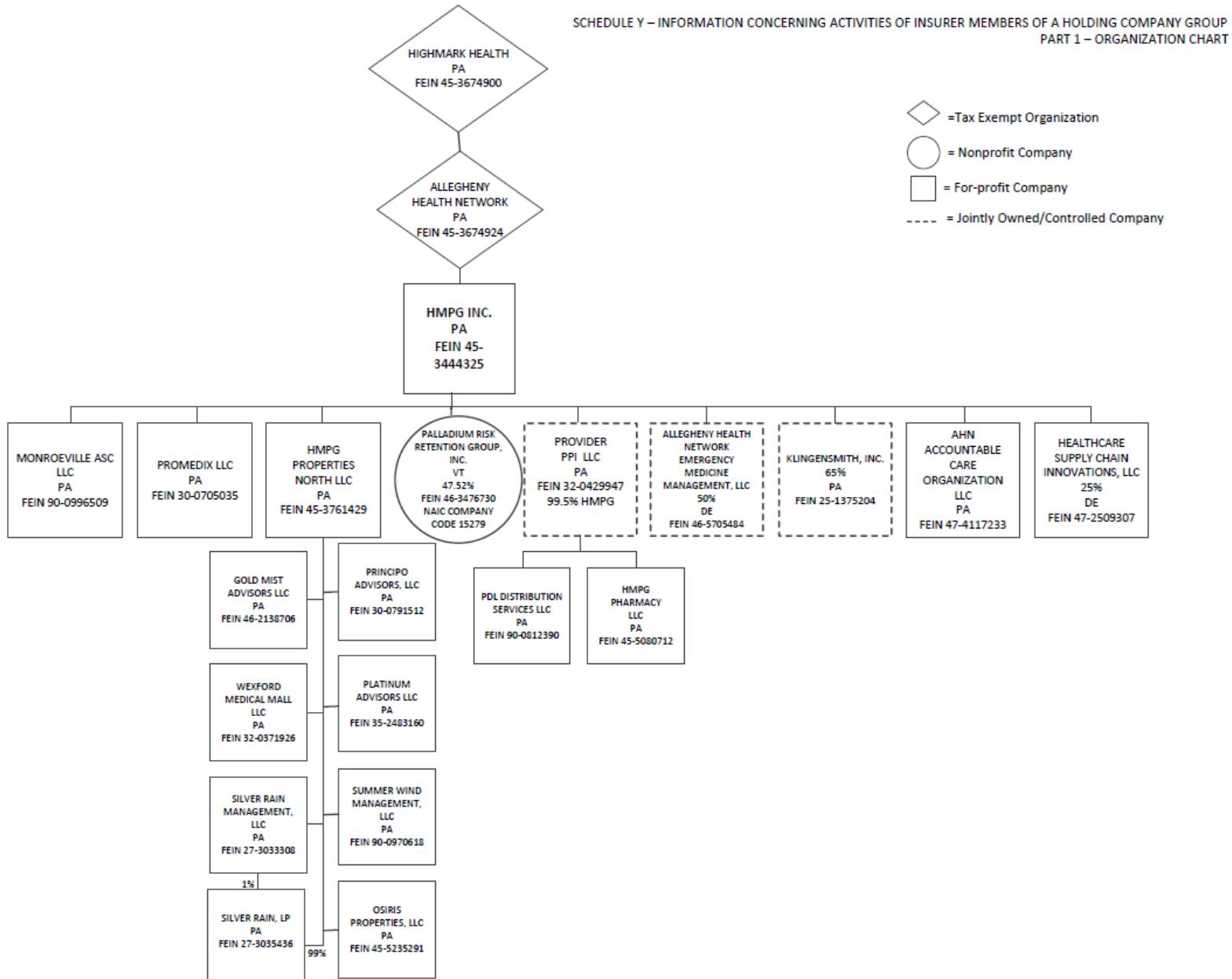


\* Highmark Health maintains control through ability  
to appoint the board of directors as sole member.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

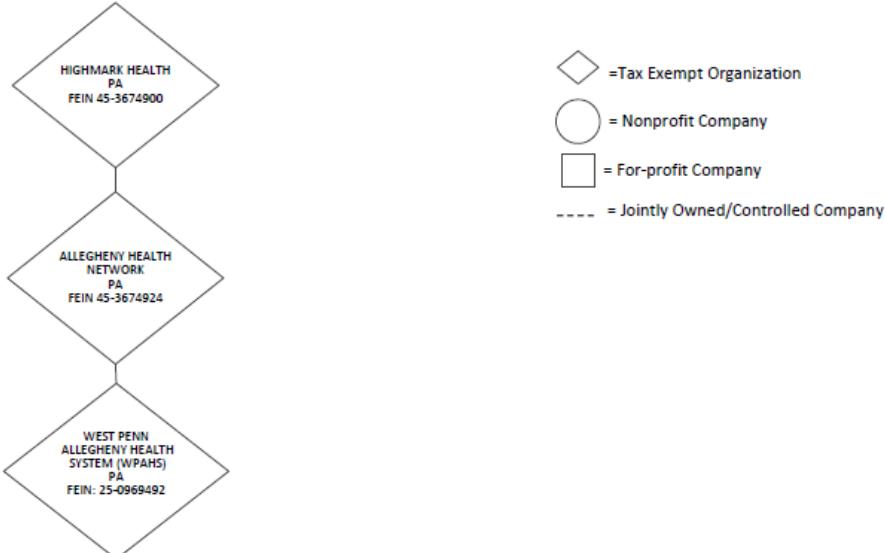
## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

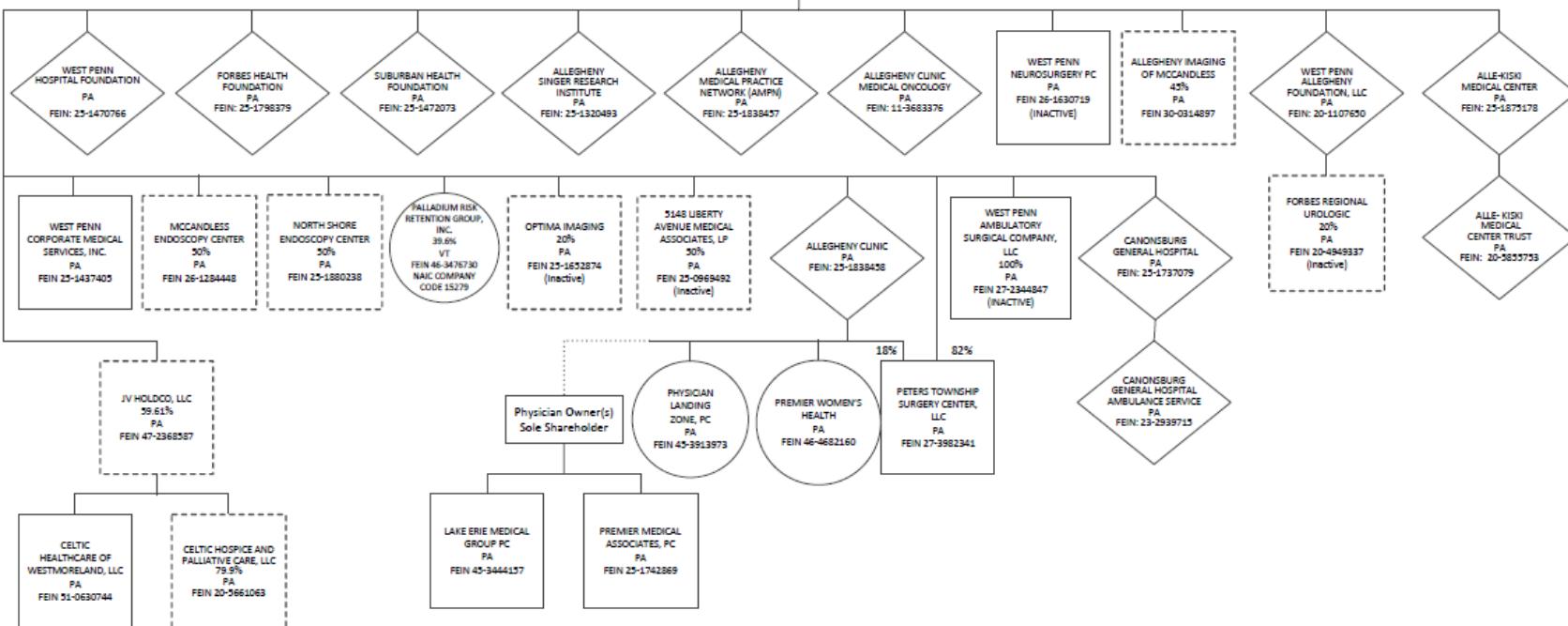


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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

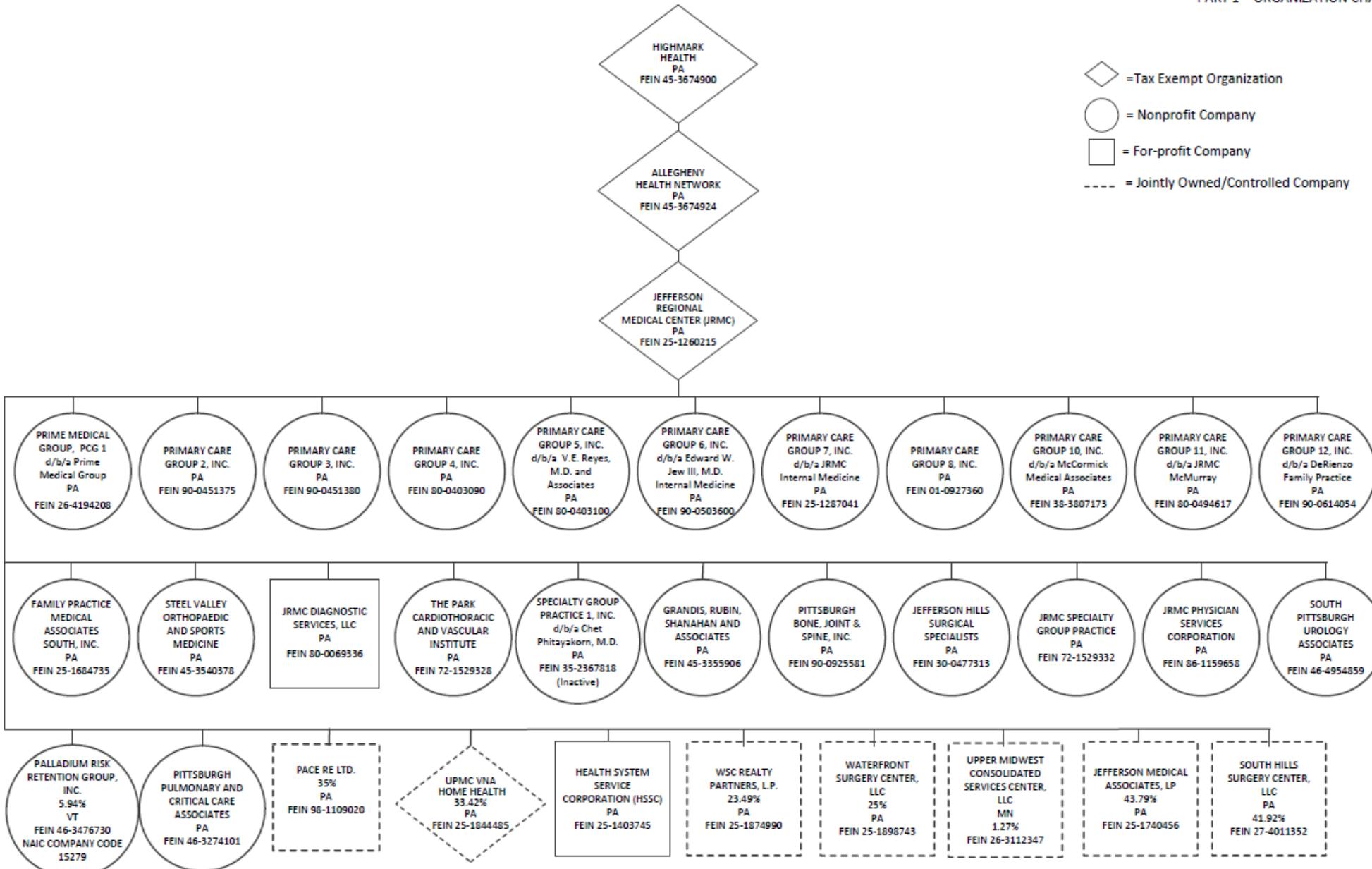


- ◇ = Tax Exempt Organization
- = Nonprofit Company
- = For-profit Company
- = Jointly Owned/Controlled Company

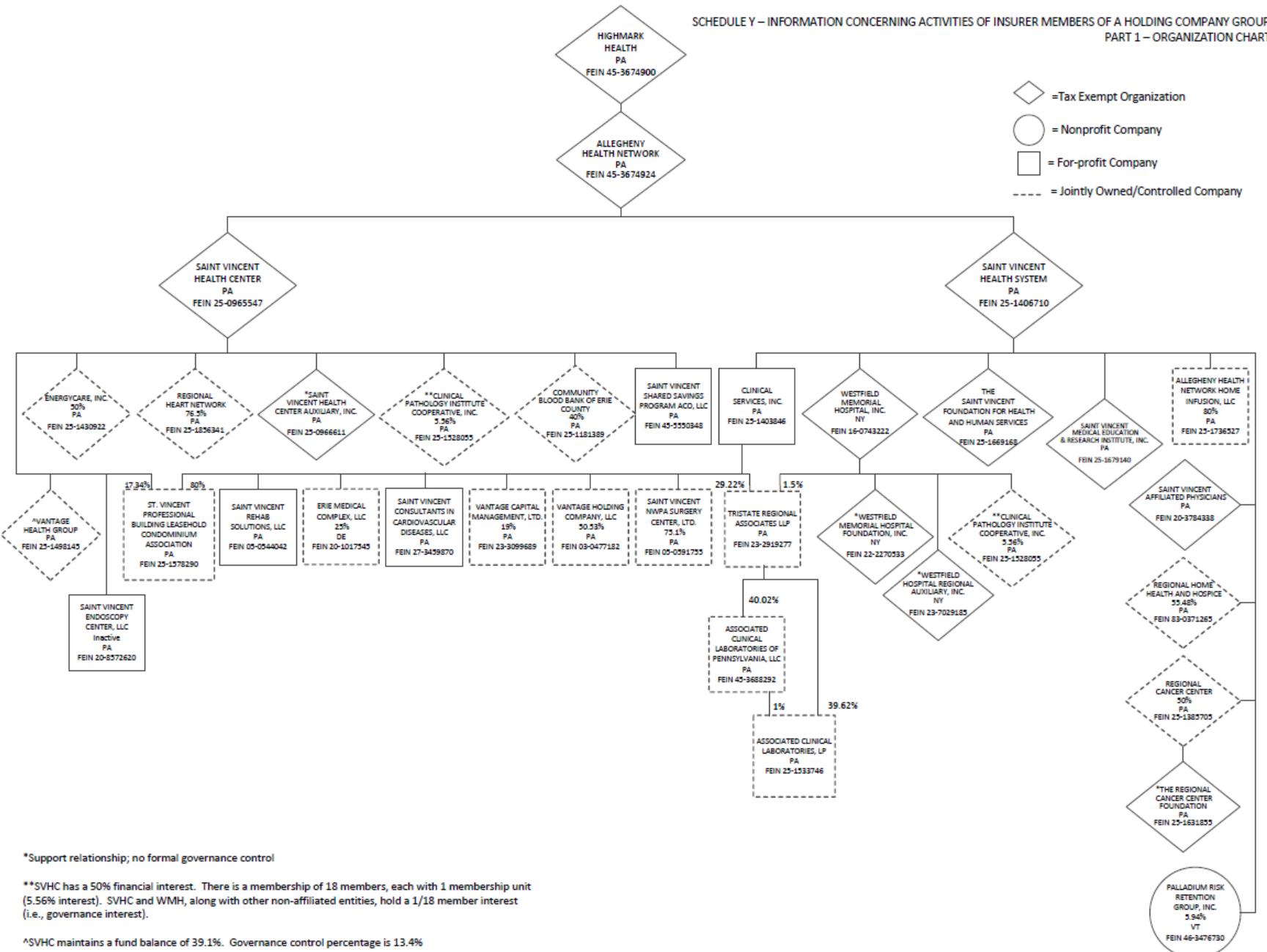


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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



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



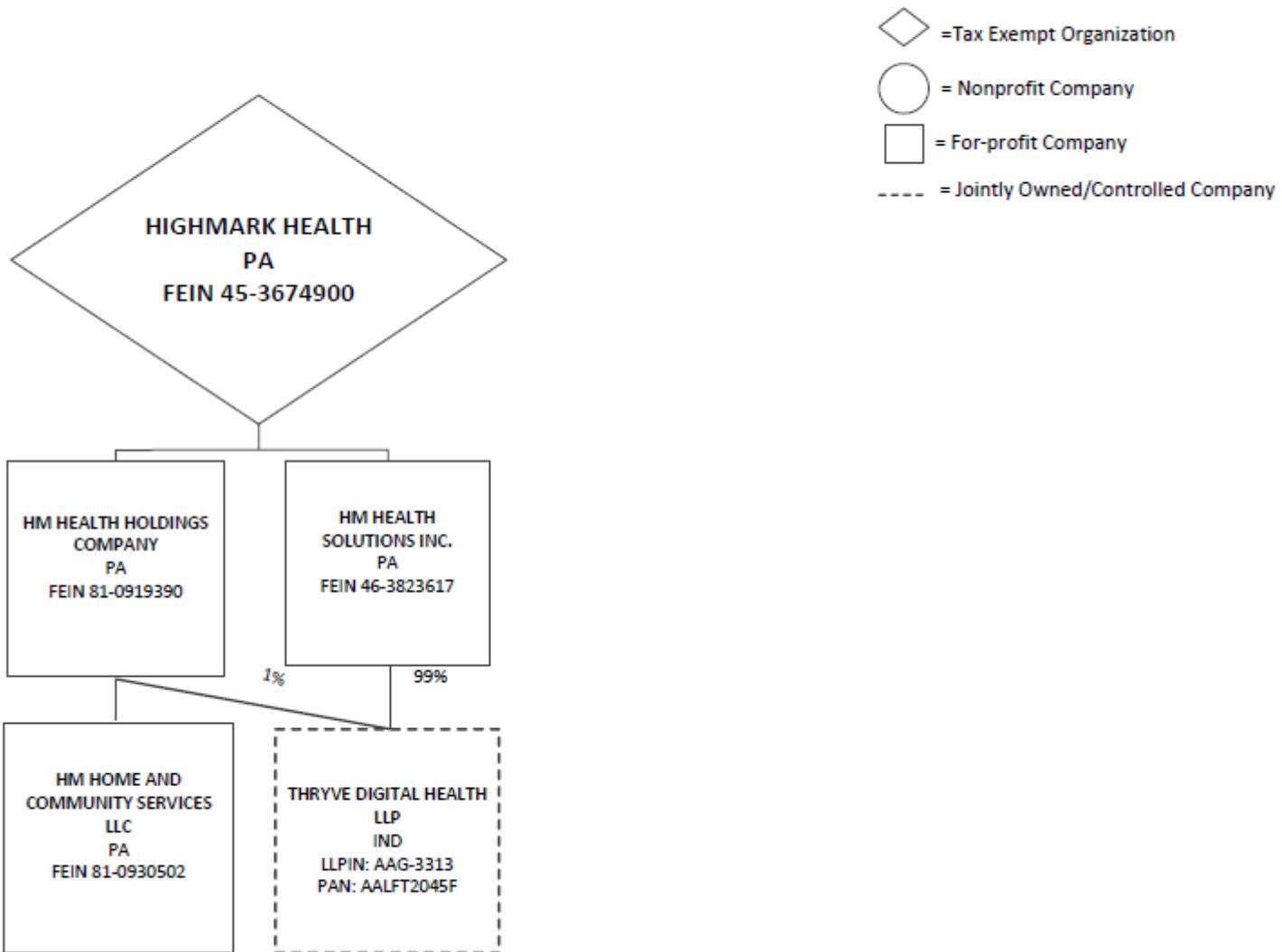
\*Support relationship; no formal governance control

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

<sup>^</sup>SVHC maintains a fund balance of 39.1%. Governance control percentage is 13.4%

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

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



## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

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

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

Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel Care Continuum Services Corporation (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel Urgent Care (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel College of Nursing (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

Mount Carmel Sleep Medicine (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)

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 dba Columbus Connection; 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 Health Partners, LLC; FEIN: 47-1139205 (100% Ownership by Immediate Parent)

Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Ownership by Immediate Parent)

Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; 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)

St Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.5% Ownership by Immediate Parent)

Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Ownership by Immediate Parent)

MCHS Big Run Condominium Association; FEIN: 31-1571567 (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)

Eye Center of Columbus LLC; FEIN: 01-0702725 (2.694% Ownership by Immediate Parent)

Health Innovations Ohio LLC; FEIN: 46-0902510 (25% Ownership by Immediate Parent)

New Albany Surgery Center LLC; FEIN: 45-1617821 (35% Ownership by Immediate Parent)

MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% 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 dba Trinity Home Health; FEIN: 26-2729300 (50% Ownership by Immediate Parent)

Eastwind Surgical, LLC; FEIN: 90-0739342 (30% Ownership by Immediate Parent)

Healthcare Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

Mount Carmel EHN, LLC; FEIN: 36-4836987 (49.9% Ownership by Immediate Parent)

HealthSouth Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation, in Partnership with HealthSouth, LLC; FEIN: 47-4200156 (20.4% Ownership Interest held by Immediate Parent)

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

Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Ownership by Immediate Parent)

Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Ownership by Immediate Parent)

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 (25% Ownership by Immediate Parent)

Maryland Care - Medicare, Inc.; FEIN: 20-4771530 (25% 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]

Wheaton Franciscan Healthcare - Iowa, Inc.; FEIN: 42-1177001 (100% owned by MHN)

N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% ownership by Immediate Parent)

Mercy Hospital of Franciscan Sister, Inc.; FEIN: 42-1178403 (100% ownership by Immediate Parent)

Covenant Medical Center, Inc.; FEIN: 42-1264647 (100% ownership by Immediate Parent)

Covenant Foundation, Inc.; FEIN: 42-1295784 (100% ownership by Immediate Parent)

Santori Memorial Hospital, Inc.; FEIN: 42-0758901 (100% ownership by Immediate Parent)

Santori Health Care Foundation, Inc.; FEIN: 42-1240996 (100% ownership by Immediate Parent)

Cedar Valley Community Healthcare - Wheaton Iowa, LLC; FEIN: 26-4634545 (100% ownership by Immediate Parent)

Cedar Valley Community Healthcare LLC; FEIN 26-1642558 (4% ownership by Immediate Parent and 13% ownership by CVCH-W Iowa)

#### Mercy Health Services - Iowa Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% ownership by Trinity Health Corporation; Subject to Mercy

Health Network, Inc. JOA) 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, LLC; FEIN: 35-2473948 (100% ownership by Immediate Parent)

United Clinical Laboratories, Inc.; FEIN: 42-1268486 (33.3% ownership by Immediate Parent)

Preferred Health Choices LLC; FEIN: 90-0139311 (50% ownership by Immediate Parent) Health

Management Services LLC; FEIN: 46-1861361 (50% ownership by Immediate Parent)

Tri-State Surgery Center, LLC; FEIN: 91-1900559 (100% Ownership by Immediate Parent)

Medical Associates/Mercy Family Care Network, LLC; FEIN: 42-1478444 (100% Ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

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: 31-1373080 (35% ownership by Immediate Parent)  
YMCA and Rehabilitation Center; 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; 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; 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. Nylen 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 L.L.C. d/b/a Dunes Surgical Hospital; 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)  
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 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 Health 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 Health Solutions, Inc.; FEIN: 35-2093565 (15.5% 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)  
SJRMC Holdings, Inc.; FEIN: 47-4763735 (100% ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% ownership by Immediate Parent)

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

Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% ownership by Immediate Parent)

MedNow Inc.; FEIN: 82-0389927 (100% ownership by Immediate Parent)

Treasure Valley Healthnet, Inc.; FEIN: 84-1375309 (50% ownership by Immediate Parent)

Saint Alphonsus Medical Center Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% ownership by Immediate Parent)

Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% ownership by Immediate Parent)

Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% ownership by Immediate Parent)

Southern Idaho Regional Laboratory LLC dba Treasure Valley Lab; FEIN: 82-0511819 (50% ownership by Immediate Parent)

Idaho Cytogenetics Diagnostic Laboratory LLC; FEIN: 33-1012210 (50% ownership by Immediate Parent)

Intermountain Medical Imaging LLC; FEIN: 82-0514422 (50% ownership by Immediate Parent)

Saint Alphonsus Caldwell Cancer Treatment Center, LLC; FEIN: 82-0526861 (80% ownership by Immediate Parent)

Eagle ED Real Estate LLC ; FEIN: 20-8836798 (50% ownership by Immediate Parent)

Life Flight Network LLC; FEIN: 20-5016802 (32% ownership by Immediate Parent) (32% ownership)

MRI LP Interest MRI Center LP; FEIN: 82-0423387 (14.175% ownership by Immediate Parent)

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)

St. Joseph Mercy Chelsea Hospital and Chelsea Community Hospital (dbas of Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)

St. Joseph Mercy Hospital, Ann Arbor; (dba of Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)

Saint Joseph Mercy Livingston Hospital (dba of 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)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% ownership by Immediate Parent)  
St. Mary Mercy Hospital (dba of Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)  
The Care Alliance, LLC; FEIN: 46-5648536 (100% Ownership by Immediate Parent)  
Western Care Alliance, LLC; FEIN: 46-5620128 (100% ownership by Immediate Parent)  
St. Joseph Mercy Oakland (dba of 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)  
Trinity Assurance, LTD (Cayman Island) (100% Ownership by Trinity Health-Michigan)  
Mercy Health Partners; FEIN: 38-2589966 (100% ownership by Immediate Parent)  
Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)  
Mercy Health General Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)  
Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)  
Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)  
Westshore Health Network dba Lakeshore Health Network dba Lakeshore Health Network; FEIN: 38-3280200 (100% ownership by Immediate Parent)  
MRI Mobile Services of West Michigan; FEIN: 38-3073745 (100% ownership by Immediate Parent)  
Muskegon Community Heath Project; FEIN: 91-1932918 (100% ownership by Immediate Parent) Muskegon SC LLC; FEIN: 20-3244346 (35.7% ownership by Immediate Parent)  
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (70% ownership by Immediate Parent)  
HPC Co-Owners Association; FEIN: 27-0734448 (100% ownership by Immediate Parent)  
Professional Med Team; FEIN: 38-2638284 (100% ownership by Immediate Parent)  
Mobile Health Resources LLC; FEIN: 38-3285823 (14.3% ownership by Immediate Parent)  
Hackley Life Counseling dba Mercy Health Partners - Life Counseling and dba Mercy Health Partners Work Life Services; FEIN: 38-1386362 (100% ownership by Immediate Parent)  
HPCN; FEIN: 30-0207909 (100% ownership by Immediate Parent)  
PACE Program dba Life Circles; FEIN: 26-0170498 (25.5% ownership by Immediate Parent)  
Mercy Health Clinically Integrated Network LLC; FEIN: 47-2070753 (100% ownership by Immediate Parent)  
Western Michigan Associates JV; FEIN: 38-2960292 ( 9.82% ownership by Immediate Parent)  
Western Michigan Shared Hospital Laundry; FEIN: 38-2026913 (9.82% ownership by Immediate Parent)  
Hackley Health Ventures Inc.; FEIN: 38-2589959 (100% ownership by Immediate Parent)  
H.E.F. Inc.; FEIN: 38-3086401 (100% ownership by Immediate Parent)  
Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc.; FEIN: 38-2961814 (100% ownership by Immediate Parent)  
Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp; FEIN: 38-2578569 (100% ownership by Immediate Parent)  
Hackley Healthcare Equipment Corp. dba Mercy Health Partners-Healthcare Equipment and Pharmacy; FEIN: 38-2578569 (100% ownership by Immediate Parent)  
Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids); FEIN: 38-2578569 (100% ownership by Immediate Parent)  
Hackley Professional Pharmacy Inc. dba Mercy Health Partners-Pharmacy Inc.; FEIN: 38-244870 (100% ownership by Immediate Parent)  
Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (100% ownership by Immediate Parent)  
Together Health Network, LLC; FEIN: 47-1573173 (50% ownership by Immediate Parent)  
CLR Investments, LLC; FEIN: 32-0008631 (100% ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

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)

**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)  
Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)

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

Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Ownership by Immediate Parent) Mercy  
Advanced MRI LLC; FEIN: 26-2116721 (50% Ownership by Immediate Parent)  
Mercy Foundation Inc.; FEIN: 36-3227350 (100% Ownership by Immediate Parent)  
Mercy Services Corporation; FEIN: 36-3227348 (100% owned by Immediate Parent)  
Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% ownership by Immediate Parent)  
Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% ownership by Immediate Parent)

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

Saint Agnes Health Partners LLC; FEIN: 38-3880220 (50% ownership by Immediate Parent) (50% ownership)  
Saint Agnes Medical Foundation; FEIN: 94-2839324 (100% 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 licensed physicians appointed by SAMC - No Ownership by SAMC)  
California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Ownership by Immediate Parent)

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

Mercy LIFE of Birmingham; FEIN: 46-1261093 (100% Ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

##### Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% owned by Trinity Health)

Mercy Life Center Corporation; FEIN: 25-1604115 (100% Ownership by Immediate Parent)  
McAuley Ministries; FEIN: 94-3436142 (100% Ownership by Immediate Parent)  
Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Ownership by Immediate Parent)  
Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (50% Ownership by Immediate Parent)

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

Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% owned by Trinity Continuing Care Services/Trinity Health)  
Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% ownership by Immediate Parent)  
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% ownership by Immediate Parent)  
Mercy Services for Aging Housing Corporation; FEIN: 38-2719605(100% ownership by Immediate Parent)  
Trinity Continuing Care Services - Indiana; FEIN: 93-09070475 (100% ownership by Immediate Parent)  
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% ownership by Immediate Parent)  
Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% ownership by Immediate Parent)  
LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% ownership by Immediate Parent)  
Saint Joseph of the Pines Foundation; FEIN: 56-0694200 (100% Ownership by Immediate Parent)  
Mercy Community Health; FEIN: 06-1492707 (100% ownership by Immediate Parent)  
Saint Mary Home, Inc.; FEIN: 06-0646843 (100% ownership by Immediate Parent)  
The McAuley Center; FEIN: 06-1058086 (100% ownership by Immediate Parent)  
Mount St. Joseph; FEIN: 01-0274998 (100% ownership by Immediate Parent)  
Glacier Hills, Inc.; FEIN: 38-1891500 (100% ownership by Immediate Parent)  
Caring Partners Home Health, Inc.; FEIN: 20-1681131 (100% ownership by Immediate Parent)  
Glacier Hills Foundation; FEIN: 20-8072723 (100% ownership by Immediate Parent)

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

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)  
Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% ownership by Immediate Parent)  
Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% ownership by Immediate Parent)

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

Saint Joseph PACE; FEIN: 47-3129127 (100% ownership by Immediate Parent)  
Trinity Health LIFE Pennsylvania, Inc.; FEIN: 47-5244984 (100% Ownership)  
Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Ownership by Immediate Parent)

##### Trinity Health Partners, L.L.C. ; FEIN: 47-2798085 (100% owned by Trinity Health)

Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% ownership by Immediate Parent)  
Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% ownership by Immediate Parent)  
Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% ownership by Immediate Parent)  
Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% ownership by Immediate Parent)

##### Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% owned by Trinity Health)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

Trinity Integrated Care, L.L.C.; FEIN: 81-2772183 (100% ownership by Immediate Parent)

Trinity Accountable Care, Inc.; FEIN: 81-2780900 (100% ownership by Immediate Parent)

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

Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Ownership by Immediate Parent)

Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Ownership by Immediate Parent)

Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Ownership by Mercy Health System of Southeastern Pennsylvania)

Mercy Philadelphia Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Ownership by Mercy Health System of Southeastern Pennsylvania)

Mercy Suburban Hospital, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Owned 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)

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. (Inactive - Assets Sold 2/1/2016 but entity remains); 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)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

SMMC MOB II, Limited Partnership; 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 Rehabilitation Hospital; FEIN: 27-3938747 (59% Ownership by SMMC)

Heart Institute at St. Mary, LLC; FEIN: 45-4903701 (10% Ownership by SMMC)

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)

St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Ownership by Immediate Parent)

St. Mary's Highland Hills Village, Inc.; FEIN: 58-2276801 (100% Ownership by Immediate Parent)

St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Ownership by Immediate Parent)

St. Mary's Highland Hills, Inc.; FEIN: 02-0576648 (100% Ownership by Immediate Parent)

Athens Residential Properties, LLC; FEIN: Not Issued (100% Ownership by Immediate Parent)

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

St. Francis Foundation; FEIN: 51-0374158 (100% Ownership by Immediate Parent)

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

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

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

Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Ownership by Trinity Health)

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)

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)

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)

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

Our Lady of Lourdes Hospital 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)

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] (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); 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 (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); FEIN: 26-2616230 (100% Ownership by Immediate Parent)

Columbus Acquisition Corp (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); 26-2616342 (100% Ownership by Immediate Parent)

LIFE at Saint Michael's, Inc. (Excluded from APA Transaction 5/1/16 - Entity Remains) (100% Ownership by Immediate Parent); FEIN: Not yet issued - PACE Program has not yet opened

Saint Michael's Foundation, Inc. (Excluded from APA Transaction 5/1/16 - Entity Remains); 22-3311976 (100% Ownership by Immediate Parent)

University Heights Property Company, Inc., a NJ Nonprofit Corp. (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); FEIN: 22-3100162 (100% Ownership by Immediate Parent)

Chestnut Risk Services Ltd (Excluded from APA Transaction 5/1/16 - Entity Remains); 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 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

    St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Ownership by Immediate Parent)

Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Ownership by Immediate Parent)

The Community Hospice, Inc.; FEIN: 14-1608921 (100% Ownership by Immediate Parent)

    The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Ownership by Immediate Parent)

    Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Ownership by Immediate Parent)

    Alliance for Better Care, LLC ( JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%); FEIN: 47-2920659

    Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Ownership by Immediate Parent)

    Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Ownership by Immediate Parent)

    The Northeast Health Foundation, Inc.; 22-2743478 (100% Ownership by Immediate Parent)

    Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Ownership by Immediate Parent)

    Sunnyview Hospital and Rehabilitation Center, Inc.; FEIN: 14-1338386 (100% Ownership by Immediate Parent)

    Sunnyview Hospital and Rehabilitation Foundation, Inc.; FEIN: 22-2505127 (100% Ownership by Immediate Parent)

    LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Ownership by Immediate Parent)  
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 Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Ownership by Immediate Parent)  
Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Ownership by Immediate Parent)  
The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885 (100% Ownership by Immediate Parent)  
Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Ownership by Immediate Parent)  
Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Ownership by Immediate Parent)  
Empire Home Infusion Services, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Ownership by Immediate Parent)  
Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Ownership by Immediate Parent)  
Affiliated Management Services, Corp.; FEIN: 14-1668024 (100% Ownership by Immediate Parent)  
Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Ownership by Immediate Parent)  
Seton Health Foundation, Inc.; FEIN: 22-02345416 (100% Ownership by Immediate Parent)  
Seton Auxiliary, Inc.; FEIN: 14-1505031 (100% Ownership by Immediate Parent)  
Seton IPA, LLC (100% Ownership by Immediate Parent); FEIN: 14-1776186  
St. James Mercy Health System (New York); FEIN: 22-3127184 (100% owned by Trinity Health)  
SJM Properties, Inc.; FEIN: 16-1294991 (100% Ownership by Immediate Parent)

#### Catholic Health System, Inc. (JOA - One Third ownership by Trinity Health) [New York]; FEIN: 22-2565278

Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Ownership by Immediate Parent)  
Sisters Hospital Foundation; FEIN: 22-2283077 (100% Ownership by Immediate Parent)  
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Ownership by Immediate Parent)  
Kenmore Mercy Foundation; FEIN: 16-1162971 (100% Ownership by Immediate Parent)  
KMH Homes, Inc.; FEIN: 16-1387890 (100% Ownership by Immediate Parent)  
Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Ownership by Immediate Parent)  
Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Ownership by Immediate Parent)  
Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Ownership by Immediate Parent)  
Alsace Abbott Corporation; FEIN: 16-1355092 (100% Ownership by Immediate Parent)  
Aurora Mercy Corp.; FEIN: 16-1354302 (100% Ownership by Immediate Parent)  
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)  
Niagara Medicine, PC; FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

Nazareth, Inc.; FEIN: 16-0813142 (100% Ownership by Immediate Parent)  
Western New York Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Ownership by Immediate Parent); FEIN: 16-1434368  
Niagara Homemaker Services; FEIN: 16-1317960 (100% Ownership by Immediate Parent)  
St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Ownership by Immediate Parent)  
St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Ownership by Immediate Parent)  
McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Ownership by Immediate Parent)  
St. Francis Buffalo; FEIN: 16-1523535 (100% Ownership by Immediate Parent)  
    St. Clare Apartments (50% ownership by Immediate Parent); FEIN: 16-0782647  
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Ownership by Immediate Parent)  
Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Ownership by Immediate Parent)  
    Catholic Health Home Respiratory, LLC (50% ownership by Immediate Parent); FEIN: 45-4134007  
Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Ownership by Immediate Parent)  
Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Ownership by Immediate Parent)  
    Our Lady of Victory Housing Development Fund Corp. (100% Ownership by Immediate Parent); FEIN: 14-1930644  
    Smithtown GP, LLC (100% Ownership by Immediate Parent); FEIN: 57-3192758  
        Victory Ridge Apartments, LP (80% Ownership by Immediate Parent); FEIN: 57-1219731  
McAuley Mercy Corporation (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)  
St. Francis Home of Williamsville, NY (Inactive); FEIN: 16-0743153 (100% Ownership by Immediate Parent)  
Baycare Health System (JOA - 50.4% ownership by Trinity Health, not all facilities owned; Other Parties to the JOA include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.)  
[Florida]; FEIN: 59-2796965  
    Baycare Physician Partners; FEIN: 45-2908908 (100% Ownership by Immediate Parent)  
    Baycare Physician Partners ACO, LLC; FEIN: 46-5720072 (Members are Baycare Health System and 2 individuals)  
    Community Health Alliance, Inc.; FEIN: 59-3631620 (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)  
St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)  
St Joseph's Hospital, Inc.. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)  
St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Ownership by Trinity Health Corporation)  
    St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Ownership by Immediate Parent)  
    John Knox Village; FEIN: 58-1377711 (100% Ownership by Immediate Parent)  
    HealthPoint Management Services, Inc.; FEIN: 65-0645457 (100% Ownership by Immediate Parent)  
    HealthPoint Medical Group, Inc.; FEIN: 59-3244268 (100% Ownership by Immediate Parent)  
    Franciscan Properties, Inc.; FEIN: 59-2822519 (100% Ownership by Immediate Parent)  
    St. Joseph's Community Care, Inc.; FEIN: 59-3152608 (100% Ownership by Immediate Parent)  
    St. Joseph's Enterprises, Inc.; FEIN: 59-2822516 (100% Ownership by Immediate Parent)  
    St. Anthony's Professional Building and Services, Inc.; FEIN: 59-2018848 (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 Hospital, Inc.; FEIN: 59-2043026 (100% Ownership by Trinity Health Corporation)

St. Anthony's Hospital Auxillary, Inc.; FEIN: 59-0201974 (100% Ownership by Immediate Parent)  
St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Ownership by Immediate Parent)  
St. Anthony's Primary Care, LLC; FEIN: 03-0575868 (100% Ownership by Immediate Parent)  
St. Anthony's Specialists, LLC; FEIN: 74-3168197 (100% Ownership by Immediate Parent)  
St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Ownership by Immediate Parent)  
Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System; Membership of this entity is a Directors Model - the members of the Board of Directors of Morton Plant Mease Health Care, Inc. are the Members of this Corporation's 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)  
Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)  
South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entity consists of 21 individuals who are members of Missionary Baptist Churches in FL. 100% Ownership by Immediate Parent)

##### Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% owned by Trinity Health)

##### Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Ownership 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. dba Mercy Care; FEIN: 58-1752700 (100% Ownership by Immediate Parent)  
Mercy Senior Care, Inc. dba Mercy Care Rome; 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

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

Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Ownership by Immediate Parent) 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

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

St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Ownership by Immediate Parent)  
S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Ownership by Immediate Parent)  
SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650  
St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Ownership by Immediate Parent)  
SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Ownership by Immediate Parent)

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

The Auxiliary of St. Joseph's Hospital Health Center; FEIN: 20-3018640 (100% Ownership by Immediate Parent)  
MDR MRI Technical Services, LLC (40% SJHHC, 60% Magnetic Diagnostic Resources of Central New York); FEIN: 16-1590982  
Plaza Corporation of Central New York, Inc. (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840  
Iroquois Nursing Home; FEIN: 16-1364582 (100% Ownership by Immediate Parent)  
Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Ownership by Immediate Parent)  
Mandorla Gardens Development Company (50% PNH, 50% Loretto Geriatric); FEIN: 27-3993174  
Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Ownership by Immediate Parent)  
Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Ownership by Immediate Parent)  
Laboratory Alliance of Central New York, LLC (50% SJHHC 50% Crouse Health Hospital, Inc.); FEIN: 16-1536202  
Loretto Independent Living Services, Inc. ; FEIN: 16-1470454 (No Ownership by Immediate Parent, but a right to one less than one half of the Board Seats)  
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 - 100% FMS); FEIN: 16-1569460  
Franciscan Health Support, Inc. ; FEIN: 16-1236354 (100% Ownership by Immediate Parent)  
Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Ownership by Immediate Parent)  
Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Ownership by Immediate Parent)  
Embracing Age, Inc.; FEIN: 46-1051881 (100% Ownership by Immediate Parent)  
Oswego Home Health, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-2463736  
St. Joseph's Physician Health, PC; FEIN: 16-1516863 (100% Ownership by Immediate Parent)  
St. Joseph's Medical, PC; FEIN: 27-3899821 (100% Ownership by Immediate Parent)  
St. Joseph's Imaging, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293  
Trinity Health - New England, Inc. (formerly Saint Francis Care, Inc. (Connecticut); FEIN: 06-1491191 (100% owned by Trinity Health)  
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (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

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**

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  
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  
Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Ownership by Immediate Parent)  
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; FEIN: 47-4070024 (40% Ownership by THNE)  
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Ownership by Immediate Parent)  
Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257  
Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)  
Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)  
The Connecticut Care Alliance, LLC; FEIN: 81-3460138 (100% Ownership by Immediate Parent)  
Connecticut Affiliated Physicians Purchasing Group, LLC; FEIN: 81-4362177 (100% Ownership by Immediate Parent)  
Connecticut Surgical Center, LLC; FEIN: 06-1592173 (25% Ownership by Immediate Parent)  
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (20% Ownership by THNE; 20% Ownership by JMMC)  
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 and Community Health Services, Inc.; FEIN: 06-0646620 (100% Ownership by Immediate Parent)  
The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100% Ownership by Immediate Parent)  
Providence HomeCare, Inc. dba Mercy Home Care, Inc. ; FEIN: 04-3317426 (100% Ownership by Immediate Parent)  
Mercy Inpatient Medical Associates, Inc.; FEIN: 04-3029929 (100% Ownership by Immediate Parent)  
System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Ownership by Immediate Parent)  
Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Ownership by Immediate Parent)  
Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Ownership by Immediate Parent)  
The Life Path Partners, LLC (JV with NEPA; 50% Ownership by Immediate Parent); FEIN: 26-0021080  
Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Ownership by System Coordinated Services)  
Accountable Care Organization of New England, LLC; FEIN: 45-4565187 (100% Ownership by Immediate Parent)  
Brightside, Inc.; FEIN: 04-2182395 (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)  
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)  
Physician Practice Partners, LLC; FEIN: 04-3473929 (JV with Riverbend; 50% Ownership by Immediate Parent)  
Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Ownership by Immediate Parent)  
Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Ownership by Immediate Parent)

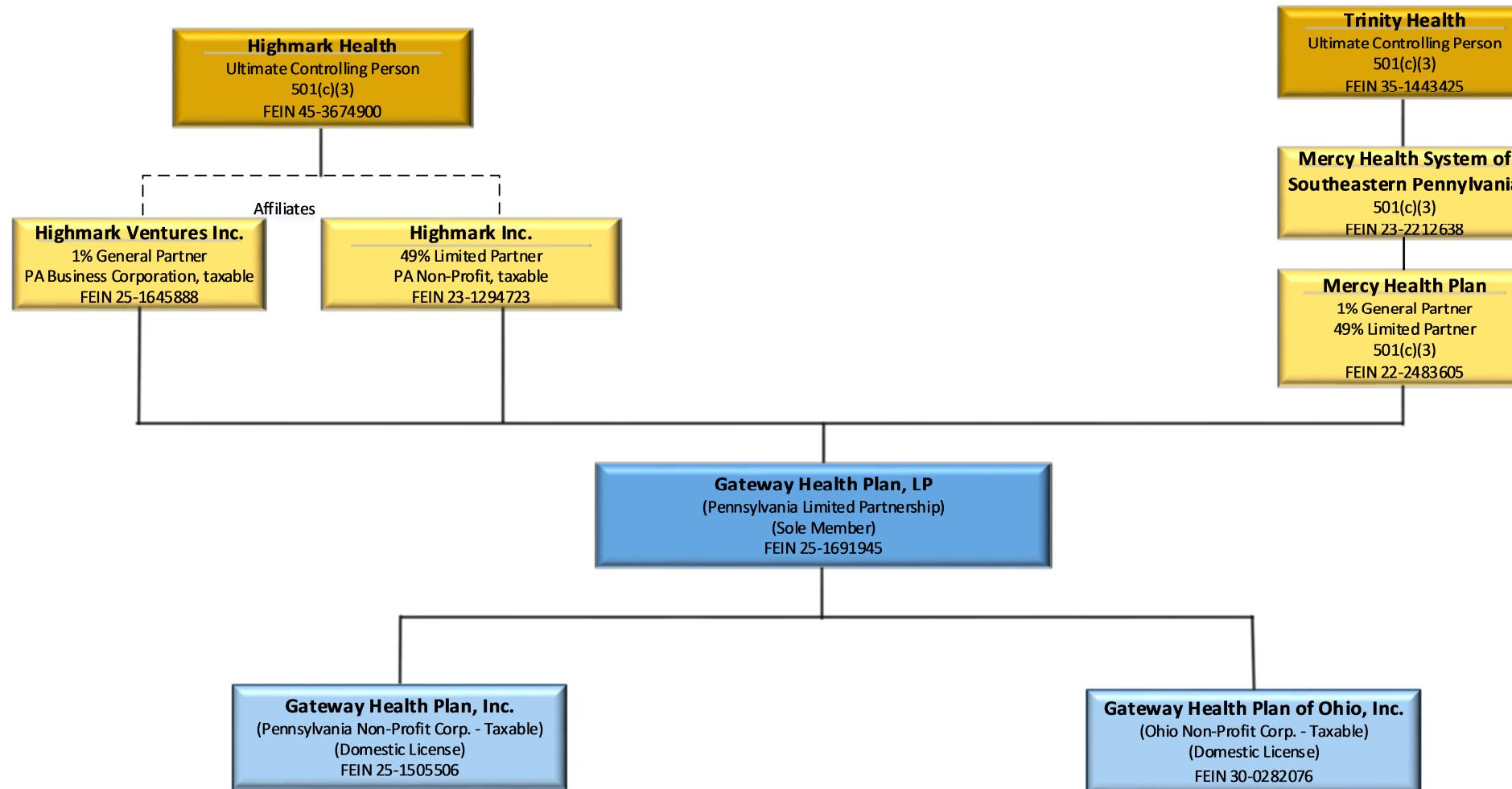
Mercy Life, Inc.; FEIN: 45-3086711 (100% Ownership by Immediate Parent)

Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Ownership by Immediate Parent)

The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Ownership by Immediate Parent)  
Heart Center of Greater Waterbury, Inc.; FEIN: 83-0416893 (50% Ownership by Immediate Parent)  
Saint Mary's Indemnity Company, LLC; FEIN: 30-0829002 (100% Ownership by Immediate Parent)  
Franklin Medical Group, PC; FEIN: 06-1470493 (100% Ownership by Immediate Parent - Nominee Shareholders of Physician Group)  
Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Ownership by Immediate Parent)  
Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (80% Ownership by Immediate Parent)  
Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Ownership by Immediate Parent)  
Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Ownership by Immediate Parent)

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

**Gateway Health Plan**  
Organization Chart



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