



Document Code: 201

QUARTERLY STATEMENT AS OF MARCH 31, 2017 OF THE CONDITION AND AFFAIRS OF THE Gateway Health Plan of Ohio, Inc.

NAIC Group Code 0812 , 0812 NAIC Company Code 12325 Employer's ID Number 30-0282076
(Current Period) (Prior Period)

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

Incorporated/Organized 11/05/2004 Commenced Business 09/01/2005

Statutory Home Office Four Gateway Center, 444 Liberty Avenue, Ste 2100 , Pittsburgh, PA, US 15222-1222
(Street and Number) (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 (412)255-4640
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Four Gateway Center, 444 Liberty Avenue, Ste 2100 , Pittsburgh, PA, US 15222-1222
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records c/o CT Corporation System, 1300 East 9th Street
(Street and Number)

Cleveland, OH, US 44114 (216)802-2121
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.gatewayhealthplan.com

Statutory Statement Contact Emil James Hynek, Jr. (412)255-1313
(Name) (Area Code)(Telephone Number)(Extension)

jhynek@gatewayhealthplan.com (412)255-1313
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Patricia Joan Darnley	President and CEO
Anne Bridget Shearon	Assistant Secretary #
Sharon Marsonек Kelley	Treasurer
Emil James Hynek Jr.	Assistant Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Nanette Paden DeTurk	Jean n/m/n Rush
David Arthur Blandino M.D.	Benjamin Ryland Carter
Susan Rita Croushore	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 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)
Anne Bridget Shearon
(Printed Name)
2.
Assistant Secretary
(Title)

(Signature)
Sharon Marsonек 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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	1,198,958		1,198,958	1,201,050
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....12,458,664), cash equivalents (\$.....0) and short-term investments (\$.....21,131,746)	33,590,410		33,590,410	24,002,726
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	34,789,368		34,789,368	25,203,776
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	23,627		23,627	27,681
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,054,081	207,542	846,539	136,536
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 (\$.....0) and contracts subject to redetermination (\$.....2,967,002)	2,967,002		2,967,002	1,649,242
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	507		507	19,756
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				786,333
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	131,671		131,671	249,122
24. Health care (\$.....1,708,942) and other amounts receivable	2,327,826	618,884	1,708,942	1,523,164
25. Aggregate write-ins for other-than-invested assets	7,458	7,458		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	41,301,540	833,884	40,467,656	29,595,611
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	41,301,540	833,884	40,467,656	29,595,611
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Miscellaneous A/R OHOH	7,458	7,458		
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)	7,458	7,458		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	15,766,110		15,766,110	14,420,194
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	519,056		519,056	488,565
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	529,624
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	9,710,006		9,710,006	2,239
9. General expenses due or accrued	864,779		864,779	981,777
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	17,692		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	820,117		820,117	351,358
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	292,328		292,328	140,850
23. Aggregate write-ins for other liabilities (including \$.....0 current)	8,337		8,337	6,605
24. Total liabilities (Lines 1 to 23)	28,528,048		28,528,048	16,938,904
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	29,536,235	29,536,235
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(17,596,627)	(16,879,528)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	11,939,608	12,656,707
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	40,467,656	29,595,611
DETAILS OF WRITE-INS				
2301. Escheat Liability Medicare	8,337		8,337	6,605
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)	8,337		8,337	6,605
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	26,897	21,088	88,897
2. Net premium income (including \$.....0 non-health premium income)	X X X	24,791,940	18,442,331	78,501,105
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	24,791,940	18,442,331	78,501,105
Hospital and Medical:				
9. Hospital/medical benefits		15,143,108	9,839,946	44,251,508
10. Other professional services		3,394,699	1,719,512	9,098,448
11. Outside referrals				
12. Emergency room and out-of-area		958,283	572,710	3,537,665
13. Prescription drugs		2,465,322	2,133,236	8,121,887
14. Aggregate write-ins for other hospital and medical		558,130	358,409	1,448,580
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		22,519,543	14,623,813	66,458,088
Less:				
17. Net reinsurance recoveries		(22,574)		54,460
18. Total hospital and medical (Lines 16 minus 17)		22,542,117	14,623,813	66,403,628
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....409,226 cost containment expenses		1,078,687	1,256,722	4,638,412
21. General administrative expenses		2,392,665	1,135,667	6,495,797
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		26,013,469	17,016,202	77,537,836
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(1,221,529)	1,426,129	963,268
25. Net investment income earned		25,292	22,727	65,788
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		25,292	22,727	65,788
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....36,084)]		(36,084)	(1,962)	(242,804)
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(1,232,320)	1,446,894	786,252
31. Federal and foreign income taxes incurred	X X X			17,692
32. Net income (loss) (Lines 30 minus 31)	X X X	(1,232,320)	1,446,894	768,560
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. DME		508,959	316,787	1,296,749
1402. Hearing Hardware		18,962	18,887	50,454
1403. Transportation Costs		30,209	22,735	101,377
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		558,130	358,409	1,448,580
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	12,656,707	8,183,608	8,183,608
34. Net income or (loss) from Line 32	(1,232,320)	1,446,894	768,560
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	515,221	(282,031)	(1,045,462)
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
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)	(717,099)	1,164,863	4,473,098
49. Capital and surplus end of reporting period (Line 33 plus 48)	11,939,608	9,348,471	12,656,707
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	32,448,767	16,415,960	76,578,999
2. Net investment income	31,685	56,780	101,316
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	32,480,451	16,472,740	76,680,315
5. Benefit and loss related payments	20,840,595	15,549,634	67,732,112
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	2,656,377	668,194	10,513,550
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)	23,496,972	16,217,828	78,245,662
11. Net cash from operations (Line 4 minus Line 10)	8,983,480	254,912	(1,565,347)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)			
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			4,750,000
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)	604,204	(707,115)	(1,219,103)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	604,204	(707,115)	3,530,897
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	9,587,683	(452,203)	1,965,550
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	24,002,726	22,037,177	22,037,177
19.2 End of period (Line 18 plus Line 19.1)	33,590,410	21,584,974	24,002,726

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,780							7,780		
2. First Quarter	9,098							9,098		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	26,897							26,897		
Total Member Ambulatory Encounters for Period:										
7. Physician	19,191							19,191		
8. Non-Physician	11,178							11,178		
9. Total	30,369							30,369		
10. Hospital Patient Days Incurred	441							441		
11. Number of Inpatient Admissions	873							873		
12. Health Premiums Written (a)	24,814,266							24,814,266		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	24,814,266							24,814,266		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,868,405							20,868,405		
18. Amount Incurred for Provision of Health Care Services	22,519,543							22,519,543		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....24,814,266.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,777,966	15,807		26,752		1,820,525
0499999 Subtotals	1,777,966	15,807		26,752		1,820,525
0599999 Unreported claims and other claim reserves						13,945,585
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						15,766,110
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	8,557,944	12,333,034	2,670,404	13,095,706	11,228,348	14,420,195
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	8,557,944	12,333,034	2,670,404	13,095,706	11,228,348	14,420,195
10. Healthcare receivables (a)	1,306,015			1,021,811	1,306,015	2,633,049
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	7,251,929	12,333,034	2,670,404	12,073,895	9,922,333	11,787,146

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

		SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(\$1,232,320)	\$768,561
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$0	\$0
(4)	NAIC SAP (1-2-3=4)				(\$1,232,320)	\$768,561
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				\$11,939,608	\$12,565,707
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$0	\$0
(8)	NAIC SAP (5-6-7=8)				\$11,939,608	\$12,656,707

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

No Material Change

C. Accounting Policy

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

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

Notes to Financial Statement

No Material Change

4. Discontinued Operations

None

5. Investments

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

B. Debt Restructuring – No Material Change

C. Reverse Mortgages – No Material Change

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

E. Repurchase Agreements and/or Securities Lending Transactions

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

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

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

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

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

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

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

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

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

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

F. Real Estate – No Material Change

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

H. Restricted Assets - No Material Change

I. Working Capital Finance Investments

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

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

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

J. Offsetting and Netting of Assets and Liabilities - None

K. Structured Notes - No Material Change

L. 5* Securities – No Material Change

M. Short Sales – No Material Change

N. Prepayment Penalty and Acceleration Fees – No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

Notes to Financial Statement

8. Derivative Instruments

No Material Change

9. Income Taxes

No Material Change

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

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

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

E. Guarantees - No Material Change

F. Material management contracts – No Material Change

G. Common Control - No Material Change

H. Deductions in Value - No Material Change

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

J. Impaired SCAs - No Material Change

K. Foreign Subsidiary - No Material Change

L. Downstream Noninsurance Holding Company - No Material Change

M. SCA Balance Sheet Amount – No Material Change

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

11. Debt

A. Outstanding Debt – No Material Change

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

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

A. Defined Benefit Plan

(1) Change in benefit obligation – No Material Change

(2) Change in plan assets- No Material Change

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost - None

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

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

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

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

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

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

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

Notes to Financial Statement

(13) Regulatory contribution requirements - No Material Change

(14) – (21) - No Material Change

B. Narrative Description of Investment Policies and Strategies – No Material Change

C. Fair Value of Plan Assets – No Material Change

D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – No Material Change

E. Defined Contribution Plans - No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

H. Post-Employment Benefits and Compensated Absences – No Material Change

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

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

No Material Change

14. Contingencies

No Material Change

15. Leases

A. Lessee Operating Lease – No Material Change

B. Lessor Leases – No Material Change

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

No Material Change

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

A. Transfers of Receivables reported as Sales – No Material Change

B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – No Material Change

(2) Servicing Assets and Liabilities

a. Risks inherent in servicing assets and servicing liabilities – None

b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None

c. Assumptions used to estimate the fair value – None

(3) Servicing assets and servicing liabilities are subsequently measured at fair value – No Material Change

(4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

a. Each income statement presented – None

b. Each statement of financial position presented, regardless of when the transfer occurred – None

(5) Transfers of financial assets accounted for as secured borrowing value – No Material Change

(6) Transfers of receivables with recourse – No Material Change

(7) Securities underlying repurchase and reverse repurchase agreements – No Material Change

C. Wash Sales – None

Notes to Financial Statement

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

No Material Change

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

No Material Change

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date – None
2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
3. GHPOI's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
4. In accordance with SSAP No. 100, financial assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Input levels, as defined by NAIC SAP, are as follows:

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

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

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

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

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

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

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

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended March 31, 2017 that were material to the statutory financial statements.

5. Derivative assets and liabilities – None

Notes to Financial Statement

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

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$1,318,927	\$1,198,958	\$1,318,927			
Short-term Investments	\$21,131,747	\$21,131,747	\$21,131,747			

D. Not Practicable to Estimate Fair Value – None

21. Other Items

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

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through May 12, 2017.

None

Type II – Non-recognized Subsequent Events

Subsequent events have been considered through May 12, 2017.

None

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

D. GHPOI has no medical loss ratio rebates required pursuant to the Public Health Service Act.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – None

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (Yes/No)?

No

2. Impact of Risk-Sharing Provision of the Affordable Care Act - None

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

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2016 were \$14,908,760. As of March 31, 2017, \$9,746,284 was paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$2,803,137 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$2,359,339 favorable prior-year development since December 31, 2016 to March 31, 2017. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

Notes to Financial Statement

No Material Change

28. Health Care Receivables

A. Pharmacy Rebate Receivable

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

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2017	\$1,708,943				
12/31/2016	\$1,906,319	\$880,832	\$48,794		
9/30/2016	\$1,407,140	\$855,062	\$831,948	\$18,693	
6/30/2016	\$1,285,452	\$809,163	\$762,438	\$45,456	
3/31/2016	\$1,164,693	\$691,004	\$677,742	\$11,835	
12/31/2015	\$1,111,176	\$679,613	\$678,860	\$3	
9/30/2015	\$1,066,986	\$593,612	\$573,854	\$18,465	
6/30/2015	\$784,406	\$529,172	\$458,849	\$65,105	
3/31/2015	\$409,888	\$377,679	\$334,908	\$42,345	
12/31/2014	\$125,688	\$85,520	\$84,562	\$172	
09/30/2014	\$77,609	\$58,415	\$51,641	\$6,000	
06/30/2014	\$59,657	\$32,389	\$32,191	(\$140)	

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

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

B. Risk Sharing Receivables - No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
Mount Carmel College of Nursing, Health Innovations Ohio LLC, Treasure Valley Healthnet, Inc., MRI LP Interest MRI Center LP, Idaho ASC Holding, LLC, HPC Co-Owners Association, Saint Mary's Health Management, Priority Plus of California dba Priority Health Services, Mercy LIFE of Birmingham, Saint Joseph of the Pines Foundation, Life Care Physicians LLC, Johnson Memorial Medical Center, Johnson Health Care, Inc. were removed. St. Ann's Medical Office Building III, LLC, Saint Alphonsus Medical Center Nampa Medical Staff, Saint Alphonsus Regional Medical Center Auxiliary, Inc., Life Flight Network LLC, Emergency Medical Plazas of Idaho, LLC, EMP Idaho Nampa, LLC, EMP Idaho Boise, LLC, EMP Idaho Eagle, LLC, EMP Idaho Twin Falls, LLC, Saint Alphonsus Medical Center Ontario Volunteers, Saint Alphonsus Foundation - Ontario, Inc., Eastern Oregon Coordinated Care Organization, LLC, McAuley Clinic Corporation, THRE Services LLC, Affinia Physician Network, LLC, Mercy Health Saint Mary's, Saint Mary's Foundation, Advantage Health St. Mary's Care Network, Advantage Health St. Mary's Medical Group, Mercy Hospital Cadillac Foundation, Parkprop, LLC, 1440 East Sherman, LLC, Trinity Health - Warde Lab LLC, Hospice of Muskegon County, Inc., Mercy Accountable Care, LLC, Lifecare Physicians Professional Corporation, Trinity Health - New England Physician Network Organization, Southern New England Health Care Organization, LLC were added.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/20/2016
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[X] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page \$ 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes No
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 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
Susan Payden, Trinity Health	A
Kevin Marpoe, Highmark	A

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No
- 17.6 For those firms or individuals listed in the table for 17.5 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 .....	.....	.....	NO
.....	W. Dennis Cronin .....	.....	.....	NO
.....	Susan Payden .....	.....	.....	NO
.....	Kevin Marpoe .....	.....	.....	NO

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

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 92.576%
1.2 A&H cost containment percent	..... 1.651%
1.3 A&H expense percent excluding cost containment expenses	..... 12.351%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

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

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	L		5,683,539					5,683,539	
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		8,284,517					8,284,517	
35. North Dakota (ND)	N								
36. Ohio (OH)	L		10,846,211					10,846,211	
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		24,814,266					24,814,266	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 3		24,814,266					24,814,266	
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.

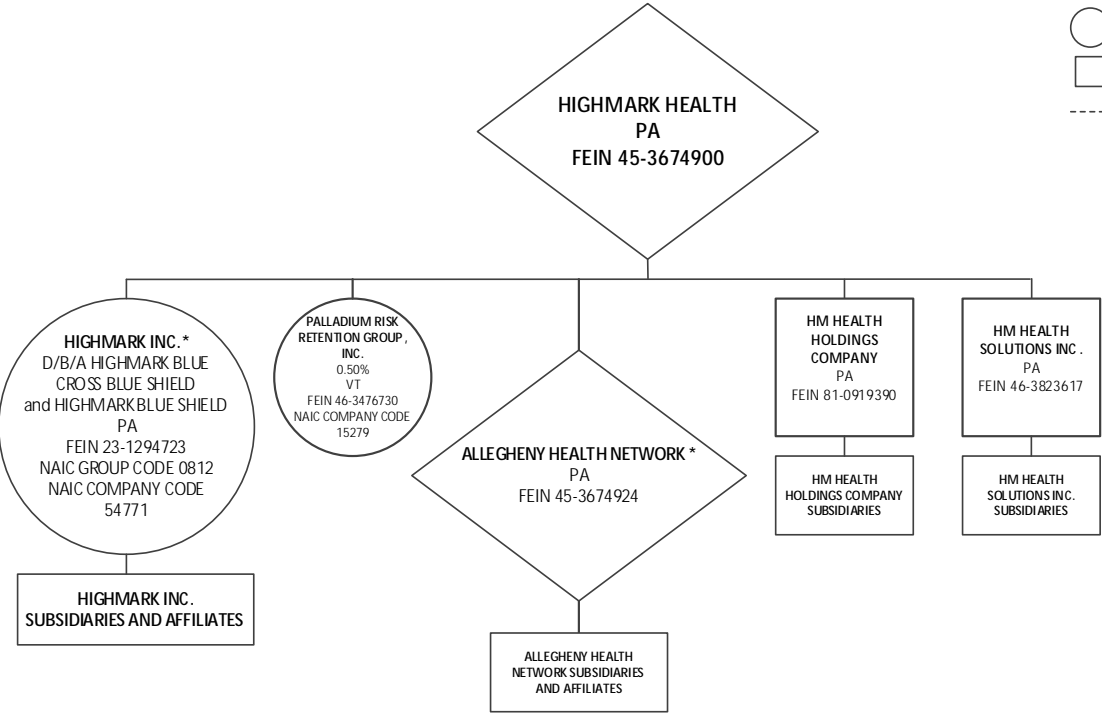
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

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

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



* Highmark Health maintains control 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

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

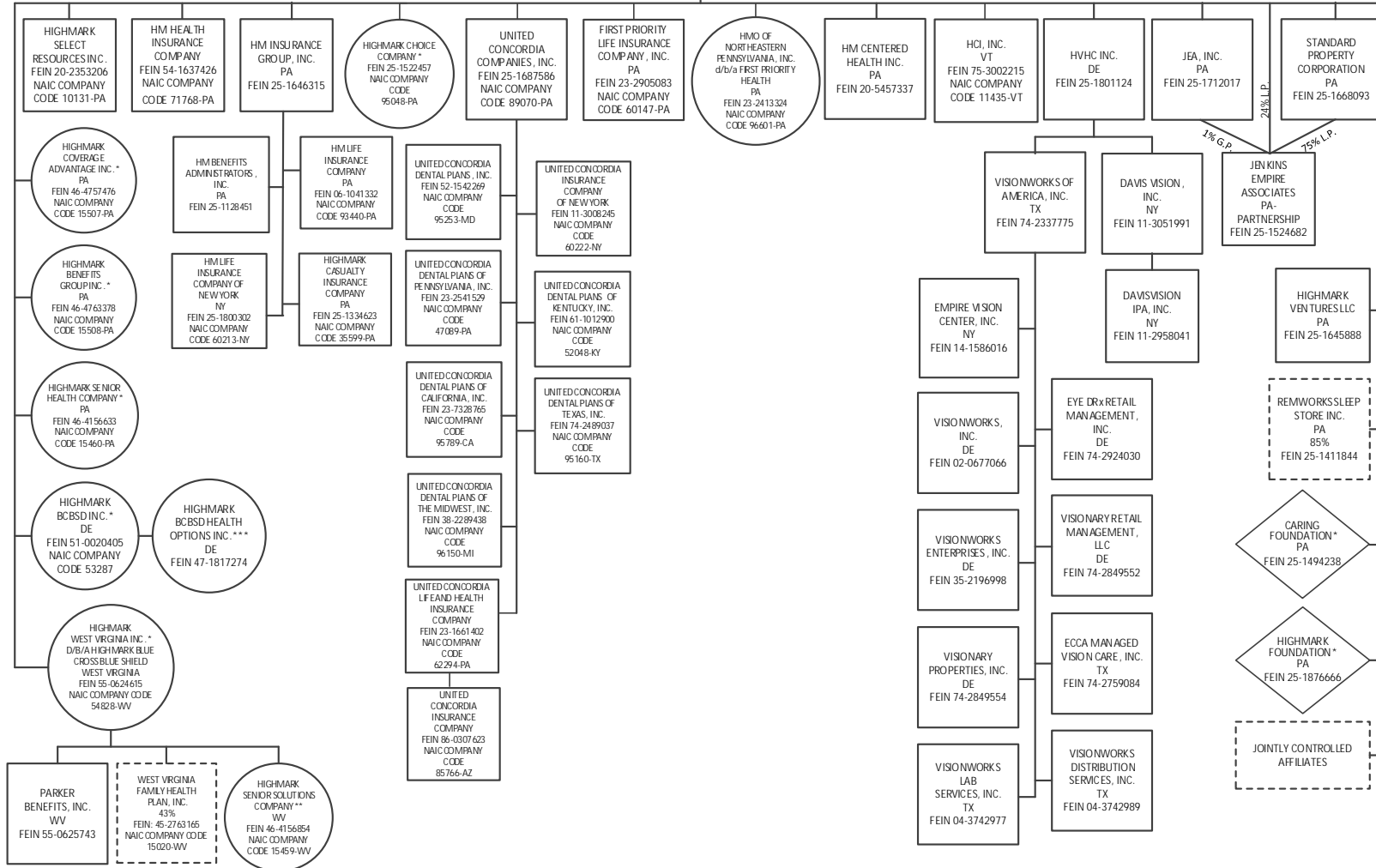
** Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member .

*** 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 - ORGANIZATION CHART

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

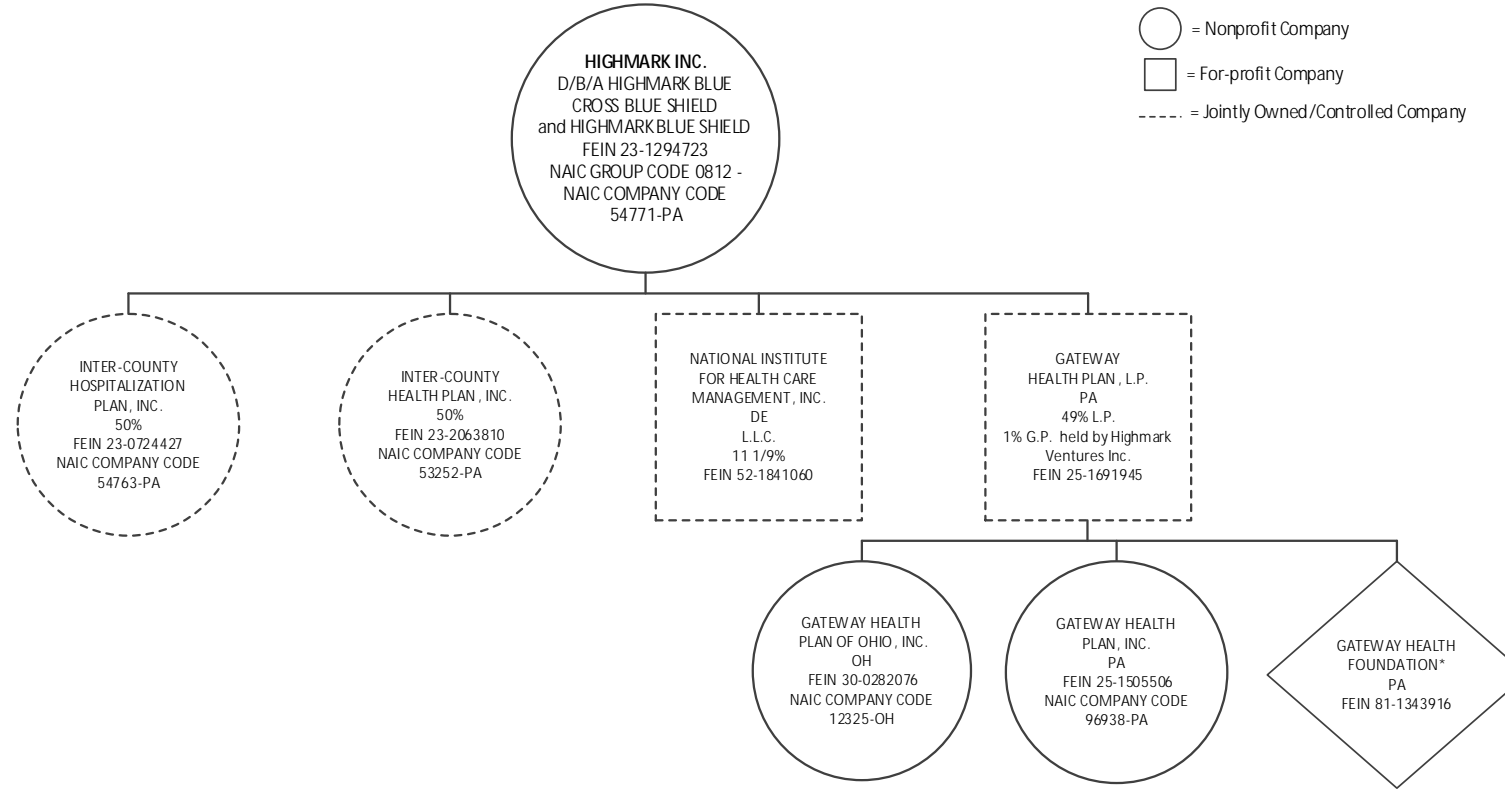


Q15.1

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

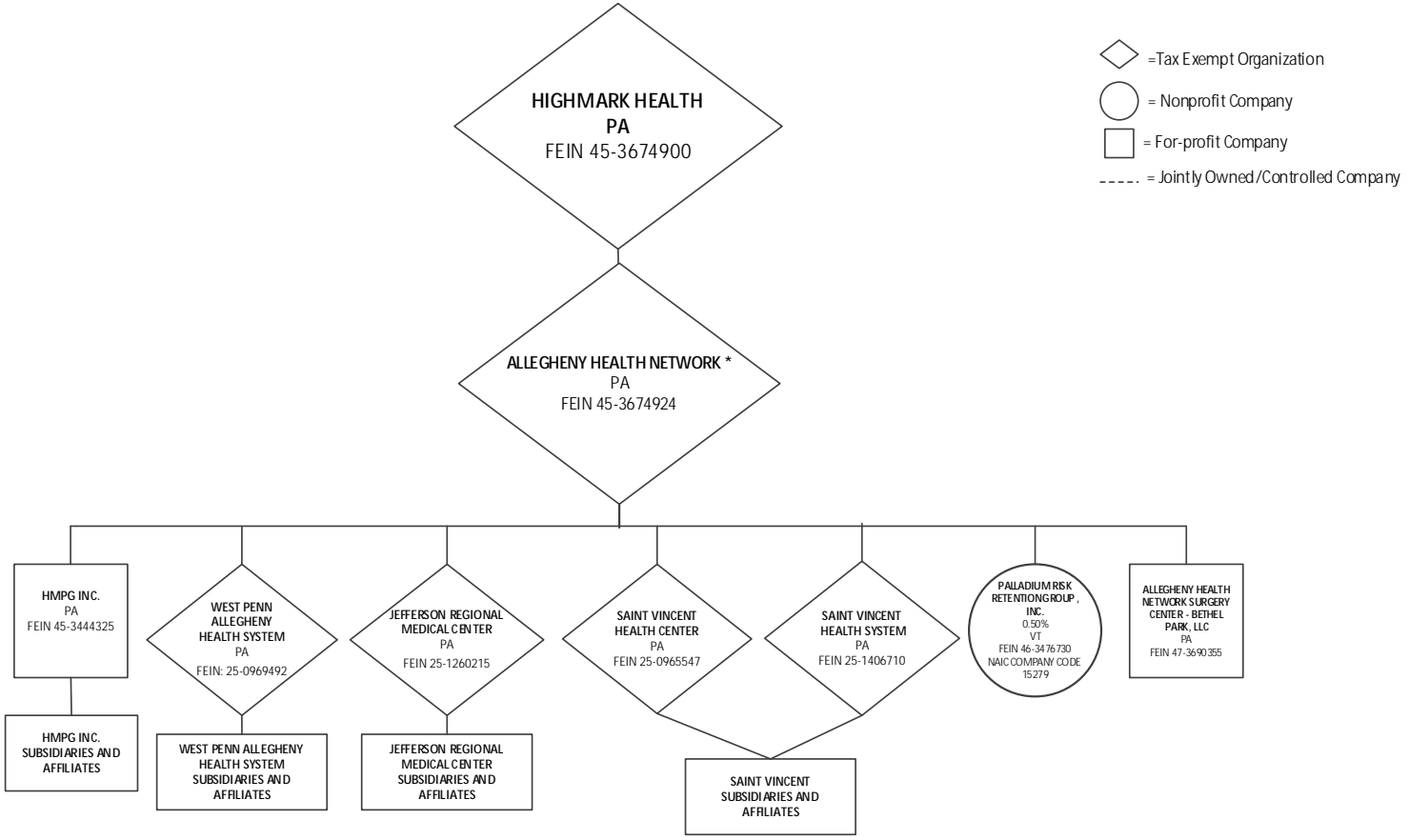
- ◊ = Tax Exempt Organization
- = Nonprofit Company
- = For-profit Company
- = Jointly Owned/Controlled Company



* 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






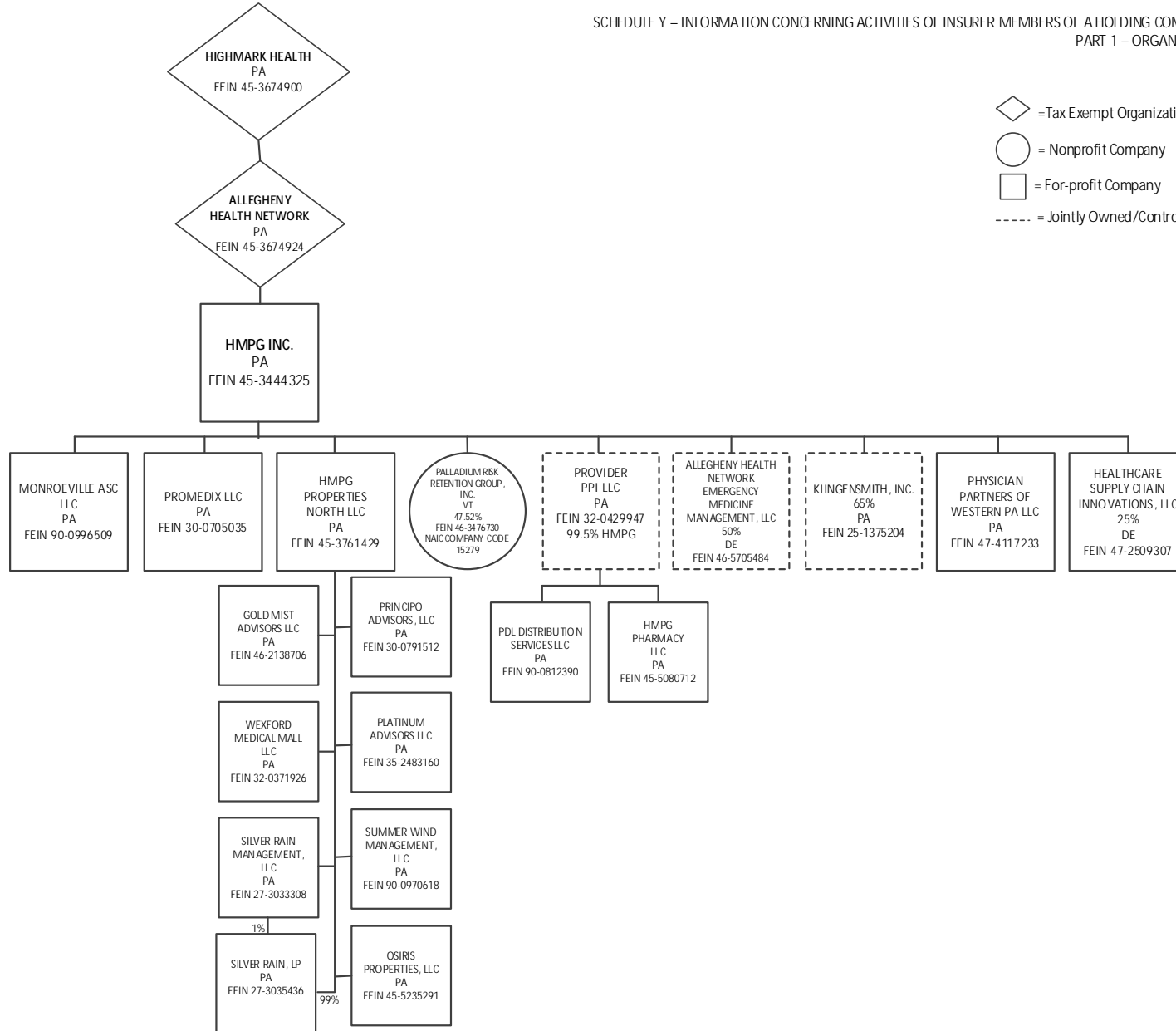
Q15.3

* 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
PART 1 – ORGANIZATION CHART

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






Q15.4

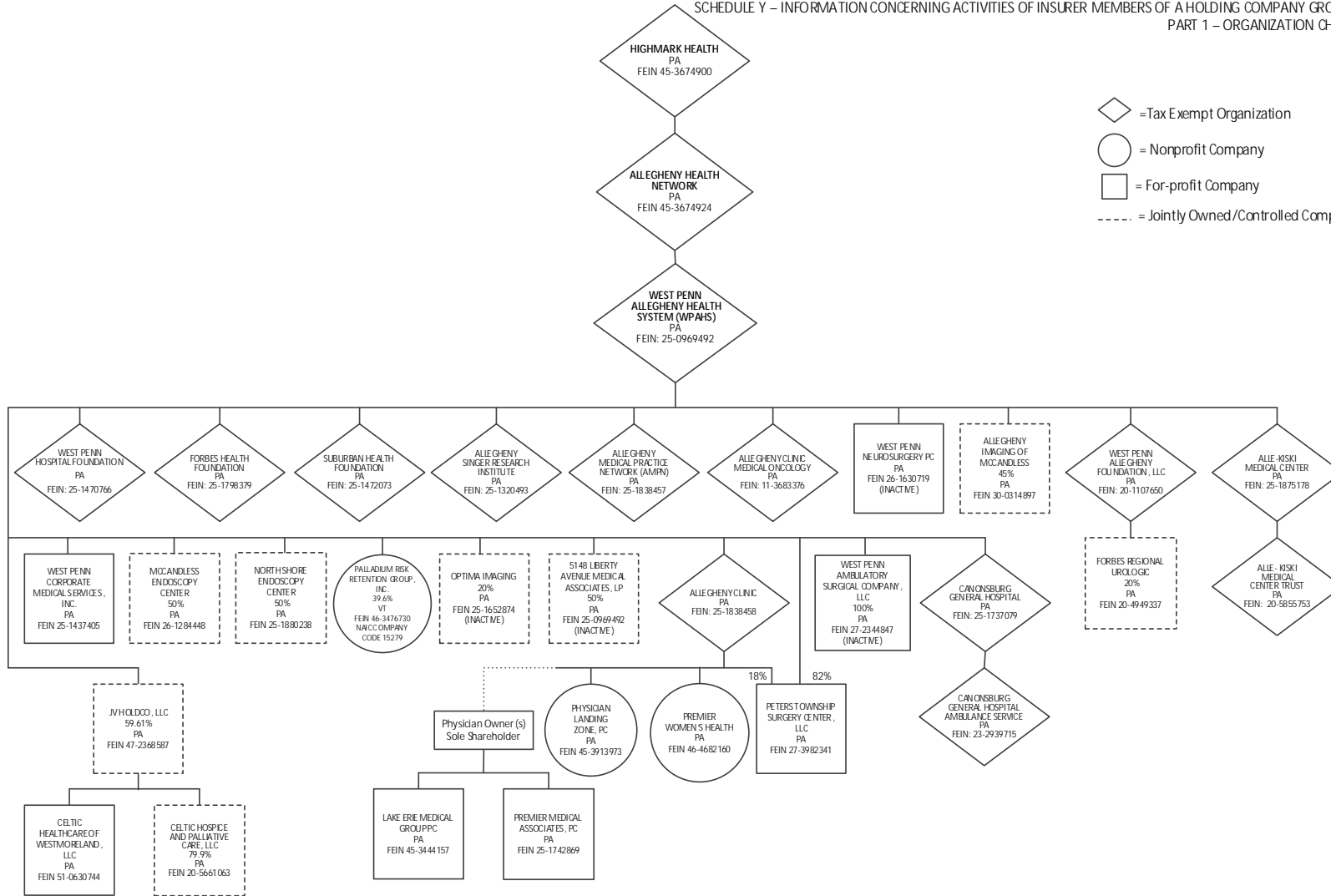
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

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

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



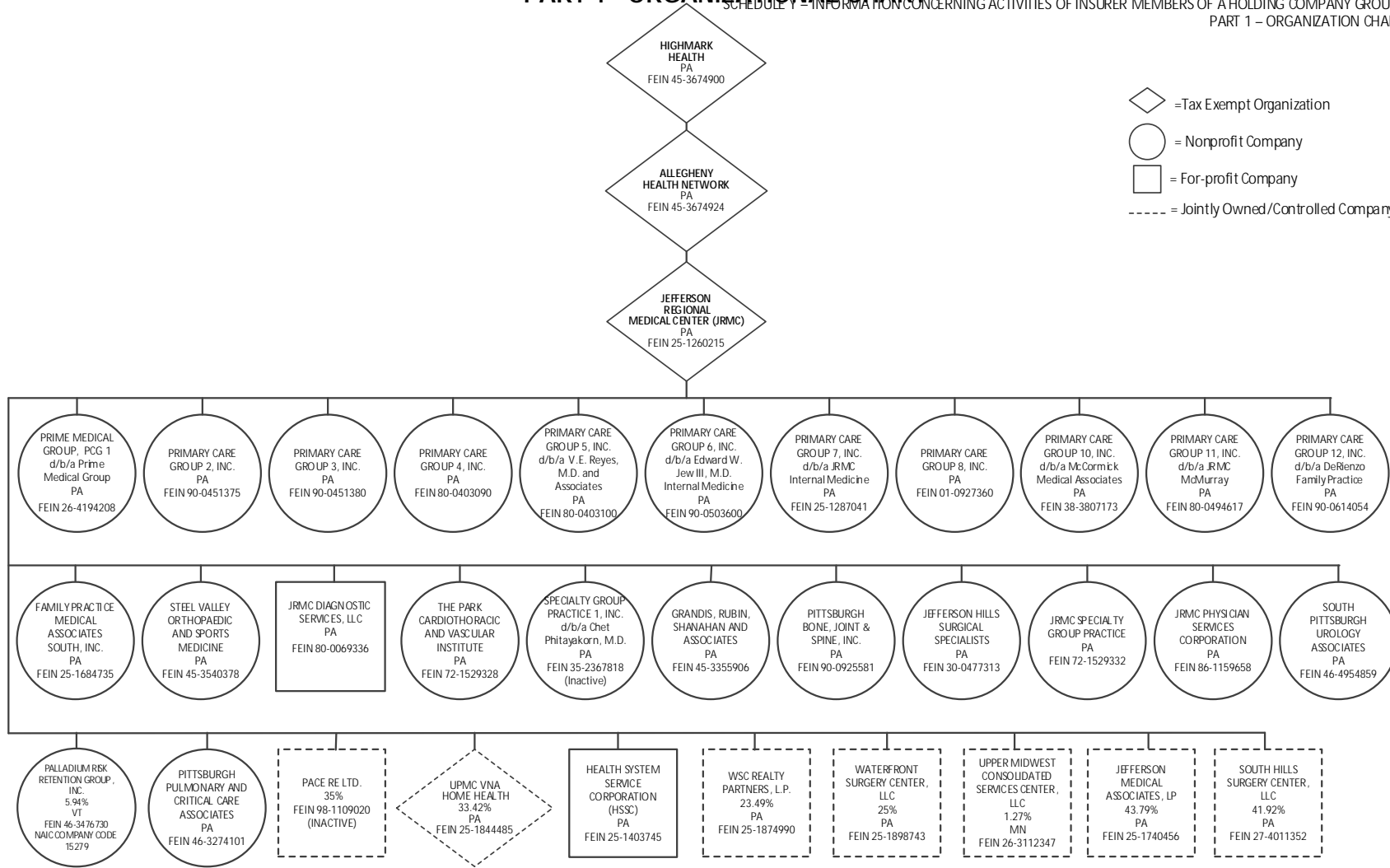
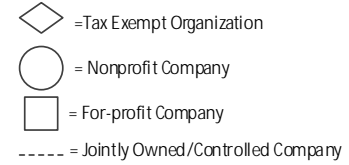
Q15.5

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



Q15.6

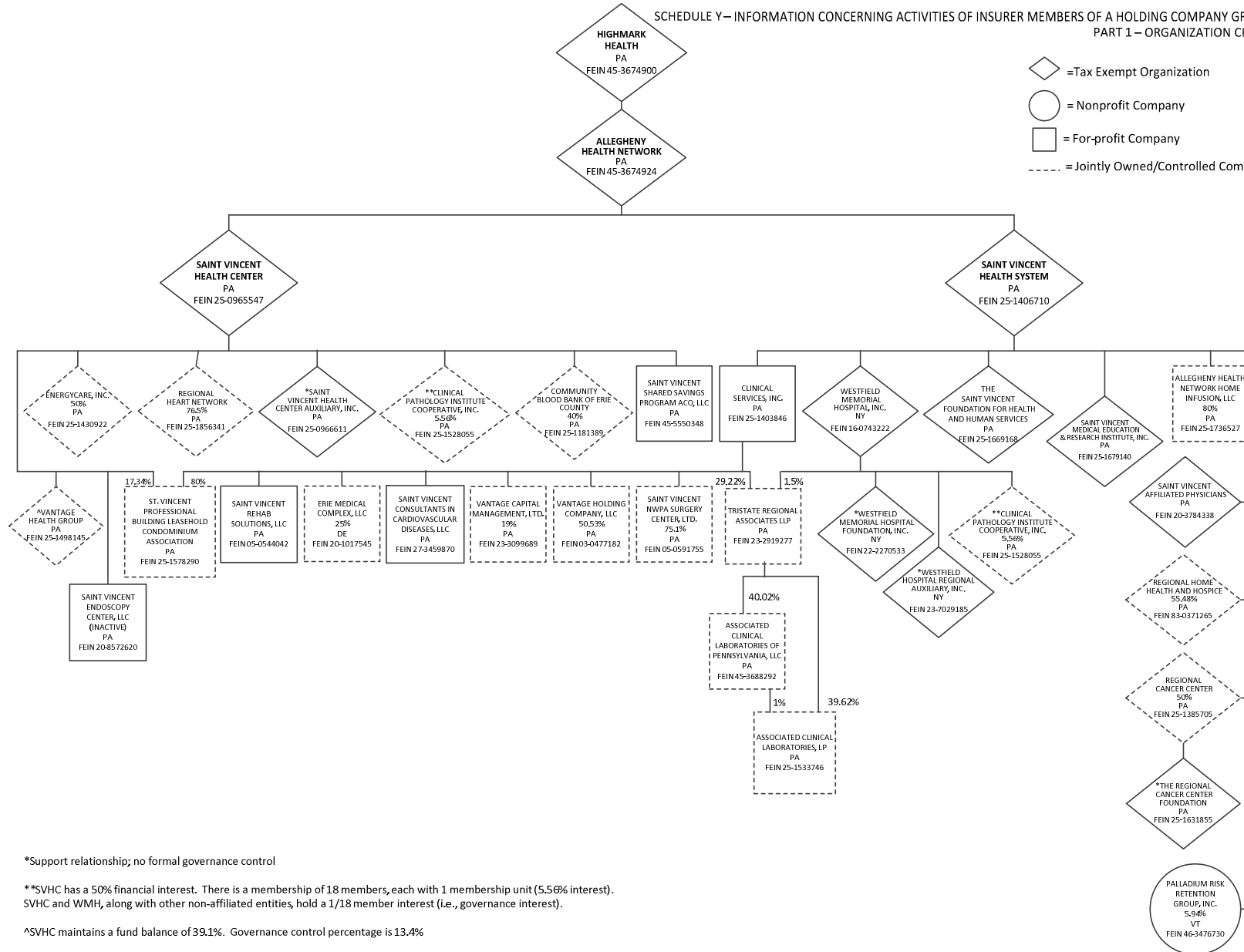
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

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

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



*Support relationship; no formal governance control

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




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

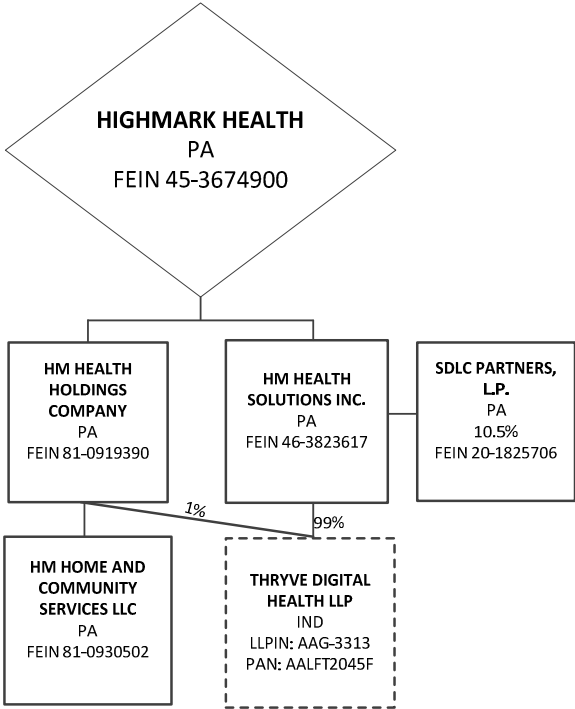
Q15.7

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

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



Q15.8

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

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

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

Mount Carmel 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 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 Heath 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 HeathProviders 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 (38.14% Ownership by Immediate Parent; 6.27% Ownership by Mt. Carmel Health Providers, Inc.)

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)

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

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)
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)
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; 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)

Q15.10

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

- 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)
 - 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)

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

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 Heath Information Network, LLC; FEIN: 35-2050128 (33.33% ownership by Immediate Parent)
 Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% ownership by Immediate Parent)
 Advantage Heath Solutions, Inc.; FEIN: 35-2093565 (15.5% ownership by Immediate Parent)
 Edison Lakes ROC, LLC ; FEIN: 27-1778694 (30% ownership by Immediate Parent)
 Saint Joseph Regional Medical Center - South Bend Campus, Inc.; FEIN: 35-0868157 (100% owned by Immediate Parent)
 Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% owned by Immediate Parent)
 SJPMC Holding, Inc.; FEIN: 47-4763735 (100% ownership by Immediate Parent)

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

- Michiana Urgent Care Management, LLC; FEIN: 47-427986 (40% ownership by Immediate Parent)
- Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% ownership by Trinity Health)
- Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% ownership by Immediate Parent)
- MedNow Inc.; FEIN: 82-0389927 (100% ownership by Immediate Parent)
- Saint Alphonsus Medical Center Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% ownership by Immediate Parent)
- Saint Alphonsus Medical Center Nampa Medical Staff (an Unincorporated Nonprofit Association); FEIN: 46-1123092
- Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% ownership by Immediate Parent)
- Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Ownership by Immediate Parent)
- Life Flight Network LLC; FEIN: 20-5016802 (25% ownership by Immediate Parent) (32% ownership)
- Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% ownership by Immediate Parent)
 - Emergency Medical Plazas of Idaho, LLC; FEIN: 81-4098266 (50% Ownership by Immediate Parent)
 - EMP Idaho Nampa, LLC; (100% Ownership by Immediate Parent)
 - EMP Idaho Boise, LLC; (100% Ownership by Immediate Parent)
 - EMP Idaho Eagle, LLC; (100% Ownership by Immediate Parent)
 - EMP Idaho Twin Falls, LLC; (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)
- Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% 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)
- Saint Alphonsus Medical Center - Ontario Inc.; FEIN: 27-1789847 (100% ownership by Immediate Parent)
- Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Ownership by Immediate Parent)
- Saint Alphonsus Foundation - Ontario, Inc. ; FEIN: 20-2683560 (100% Ownership by Immediate Parent)
- Saint Alphonsus Medical Center - Baker City Inc.; FEIN: 27-1790052 (100% ownership by Immediate Parent)
- Saint Alphonsus Foundation, Baker City, Inc.; FEIN: 94-3164869 (100% ownership by Immediate Parent)

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

Eastern Oregon Coordinated Care Organization, LLC; (10% Ownership by Saint Alphonsus Health System, Inc.)
Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Ownership by Saint Alphonsus Health System, Inc.)
Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Ownership by Saint Alphonsus Health System, Inc.)
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; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
The Saint Joseph Mercy Health Partners Clinically Integrated Network, LLC; FEIN: 47-1340852 (100% ownership by Immediate Parent)
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% ownership by Immediate Parent)
Mission Health Corporation ; FEIN: 38-3181557 (50% ownership by Immediate Parent)
Center for Digestive Care, LLC; FEIN: 03-0447062 (51% ownership by Immediate Parent)
Huron Arbor Corporation; FEIN: 38-2475644 (100% ownership by Immediate Parent)
Probility Therapy Services; FEIN: 20-2020239 (100% ownership by Immediate Parent)
SJ-UM LLC; FEIN: 46-2847401 (100% ownership by Immediate Parent)
Woodland Imaging Center, LLC dba Avant Imaging ; FEIN: 76-0820959 (51% ownership by Immediate Parent);
IHA Health Services Corporation ; FEIN: 38-3316559 (100% ownership by Immediate Parent)
Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% ownership by Immediate Parent)
McAuley Clinic Corporation; FEIN: 38-2561013 (100% Ownership by Immediate Parent)
St. Mary Mercy Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
The Care Alliance, LLC; FEIN: 46-5648536 (100% Ownership by Immediate Parent)
Western Care Alliance, LLC; FEIN: 46-5620128 (100% ownership by Immediate Parent)
St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
Oakland Health Partners; FEIN: 47-2105093 (100% Ownership by Immediate Parent)
Oakland Accountable Care, LLC; FEIN: 45-5589234 (100% Ownership by Immediate Parent)
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (100% ownership by Immediate Parent)
Tri-Hospital Emergency Medical Services; FEIN: 38-2485700 (33.33% ownership by Immediate Parent)
Tri-Hospital MRI Center d/b/a Advanced MRI; FEIN: 38-2884297 (55% ownership by Immediate Parent)
Trinity Assurance, LTD (Cayman Island) (100% Ownership by Trinity Health-Michigan)

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

THRE Services LLC; FEIN: 45-2603654 (100% Ownership by Immediate Parent)

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 Health 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)

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)

Affinia Physician Network, LLC; (100% ownership by Immediate Parent)

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

Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100 % Ownership by Immediate Parent)
 Saint Mary's Foundation; FEIN: 38-1779602 (100% 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; FEIN: 27-2491974 (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)
Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% ownership by Immediate Parent)
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)
Sixty Fourth Street LLC; FEIN: 20-2443646 (51% ownership by Immediate Parent)
Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Ownership by Immediate Parent)
Parkprop, LLC; FEIN:(100% Ownership by Immediate Parent)
1440 East Sherman, LLC; FEIN:(100% Ownership by Immediate Parent)
Trinity Health - Warde Lab LLC; (100% Ownership by Immediate Parent)
Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Ownership by Trinity Health Corporation)
Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)
Loyola Physicians Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent)
Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Ownership by Immediate Parent)
 Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Ownership by Immediate Parent)
 Gottlieb Community Health Services Corporation; FEIN: 36-3332852 (100% Ownership by Immediate Parent)
 Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Ownership by Immediate Parent)
Loyola University Medical Center; FEIN: 36-4015560 (100% Ownership by Immediate Parent)
 Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)
 Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Ownership by Immediate Parent)
 RMLHP Corporation; FEIN: 36-4160869 (50% Ownership by Immediate Parent)
 RML Health Providers Limited Partnership; FEIN: 36-4113692 (49.5% Ownership by Immediate Parent; 1% Ownership by RMLHP)
 Loyola Medicine Transport, LLC; FEIN 47-4147171 (51% Ownership by Immediate Parent)

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

Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)
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)
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)
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)
Mercy Community Health; FEIN: 06-1492707 (100% ownership by Immediate Parent)

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

- 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)
- Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Ownership by Trinity Home Health Services)
- 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)
- 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)

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

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 Accountable Care, LLC; FEIN: 46-2774097 (100% Ownership by Immediate Parent)

Mercy Health Plan; FEIN: 22-2483605 (100% Ownership by Immediate Parent)

Gateway Health Plan, LP (50% ownership by Immediate Parent); FEIN: 25-1691945

Gateway Health Plan, Inc.; FEIN: 25-1505506 (100% Ownership by Immediate Parent)

Gateway 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)

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

- LIFE St Mary; FEIN: 26-2976184 (100% Ownership by Immediate Parent)
- St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Ownership by Immediate Parent)
- St. Mary Building and Development; FEIN: 46-1827502 (100% Ownership by Immediate Parent)
- Langhorne Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)
- Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent)
- Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)
- Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Ownership by Immediate Parent)
- The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Ownership by Immediate Parent)
- SMMC 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, Inc.; 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)

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

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 Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Ownership by Immediate Parent)
Lifecare Physicians Professional Corporation (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, P.C.; FEIN: 27-4357794 (100% Ownership by Immediate Parent)
Lourdes Ancillary Services, Inc.; FEIN: 22-2568525 (100% Ownership by Immediate Parent)
Health Management Services Organization, Inc.; FEIN: 22-3366580 (100% Ownership by Immediate Parent)
South Jersey Vascular Management, LLC JV (50% ownership by Immediate Parent); 20-2273476
Lourdes Specialty Hospital of Southern New Jersey LLC JV (20% ownership by Immediate Parent); FEIN: 86-1139477
Tyler Dialysis, LLC JV (19% ownership by Immediate Parent); FEIN: 45-4079716
Lourdes Medical Associates, P.A.; 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)

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

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)

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

- Sunnyview Hospital and Rehabilitation Foundation, Inc.; FEIN: 22-2505127 (100% Ownership by Immediate Parent)
- LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Ownership by Immediate Parent)
- The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Ownership by Immediate Parent)
- 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)

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

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)
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)

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

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)

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 -

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

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)

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

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

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

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

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

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

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

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

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

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

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

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

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

Laboratory Alliance of Central New York, LLC (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)

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

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 (Captive PC)

St. Joseph's Medical, PC; FEIN: 27-3899821 (Captive PC)

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)

Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Ownership by Immediate Parent)

One Thousand Corporation; FEIN: 06-0922325 (100% Ownership by Immediate Parent)

Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Ownership by Immediate Parent)

Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Ownership by Immediate Parent)

Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Ownership by Immediate Parent)

Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278

Greater Hartford Lithotripsy, LLC (31.8% SFHMC); FEIN: 06-1578891

Medworks, LLC (51% SFHMC); FEIN: 06-1490483

Masonicare Partners Home Health and Hospice, Inc. (35% SFHMC); FEIN: 26-0758992

Total Laundry Collaborative, LLC (86% SFHMC); FEIN: 20-8335788

Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Ownership by Immediate Parent)

Saint Francis Care Medical Group, PC (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Ownership by Immediate Parent)

Collins Medical Associates, 2, P.C. (25% SFMG); FEIN: 06-1539549

Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Ownership by Immediate Parent)

SFH/FF, LLC (49% MSRH); FEIN: 06-1489749

Trinity Health - New England Physician Network Organization (formerly 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)

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

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

Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257

Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)

Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)

Southern New England Health Care Organization, LLC (formerly 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 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)

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)

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)

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

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)

Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Ownership by Immediate Parent)

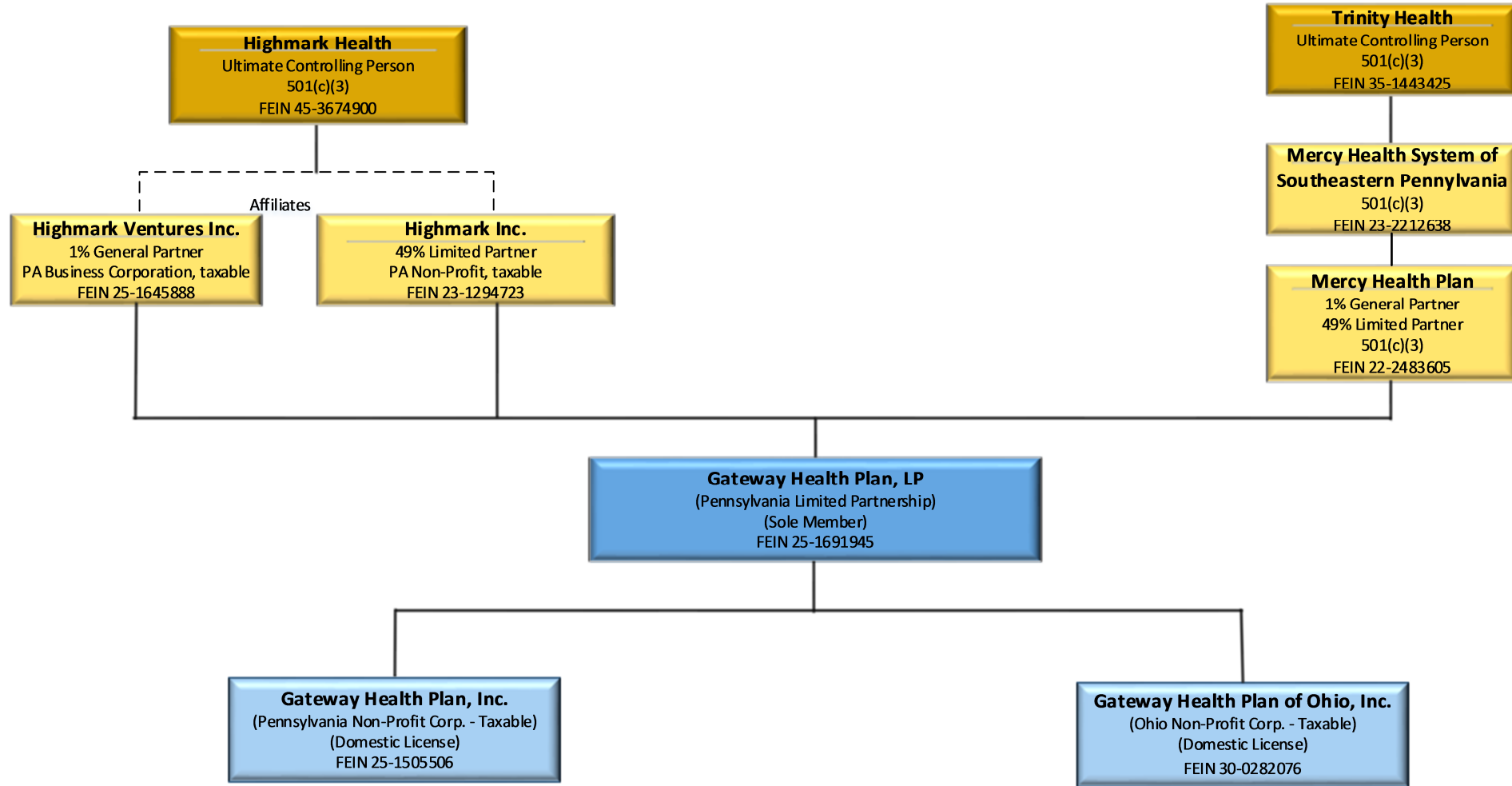
Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (80% Ownership by Immediate Parent)

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



Q15.31

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	45-3674900	000000000	000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3674924	000000000	000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	54771	23-1294723	000000000	000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	46-3823617	000000000	000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-1825706	000000000	000000000		SDLG PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	10.5	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	000000000	000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	000000000	000000000		HM HEALTH HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	45-3444157	000000000	000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-3982341	000000000	000000000		PETERS TOWNSHIP SURGERY CENTER LLC	PA	NIA	ALLEGHENY CLINIC	Ownership	18.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	000000000	000000000		PHYSICIAN LANDING ZONE PC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1742869	000000000	000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-4682160	000000000	000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3444325	000000000	000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1260215	000000000	000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3690355	000000000	000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0965547	000000000	000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	000000000	000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969492	000000000	000000000		WEST PENN ALLEGHENY HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-5855753	000000000	000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1533746	000000000	000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	23-2939715	000000000	000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1017545	000000000	000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	27-3459870	000000000	000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	05-0591755	000000000	000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
0000		00000	05-0544042	000000000	000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1578290	000000000	000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	80.0	HIGHMARK HEALTH	N	
0000		00000	23-2919277	000000000	000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N	
0000		00000	23-3099689	000000000	000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	N	
0000		00000	03-0477182	000000000	000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	N	
0000		00000	11-2958041	000000000	000000000		DAVIS VISION IPA, INC.	NY	NIA	DAVIS VISION, INC.	Ownership	100.0	HIGHMARK HEALTH	N	

016

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812	HIGHMARK INC	12325	30-0282076	000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96938	25-1505506	000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-1343916	000000000	0000000000		GATEWAY HEALTH FOUNDATION	PA	NIA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-1817274	000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60147	25-1494238	000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	23-2905083	000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	11435	75-3002215	000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0812	HIGHMARK INC	53287	51-0020405	000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15508	46-4763378	000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15507	46-4757476	000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1876666	000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	10131	20-2353206	000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15460	46-4156633	000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1645888	000000000	0000000000		HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	0000003
0812	HIGHMARK INC	54828	55-0624615	000000000	0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-5457337	000000000	0000000000		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	71768	54-1637426	000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1646315	000000000	0000000000		HM INSURANCE GROUP, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0812	HIGHMARK INC	96601	23-2413324	000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1801124	000000000	0000000000		HVHC INC.	DE	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000001
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000002
0000		00000	25-1712017	000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	24.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95048	25-1522457	000000000	0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	52-1841060	000000000	0000000000		NATIONAL INSTITUTE FOR HEALTHCARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1411844	000000000	0000000000		REMWORKS SLEEP STORE INC.	PA	NIA	HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH	N	
0000		00000	25-1668093	000000000	0000000000		STANDARD PROPERTY CORPORATION	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	89070	25-1687586	000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1691945	000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK VENTURES LLC	Ownership	1.0	HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	15459	46-4156854	000000000	0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	55-0625743	000000000	0000000000		PARKER BENEFITS, INC.	WV	NIA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0812	HIGHMARK INC	15020	45-2763165	000000000	0000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC	WV	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	43.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	35599	25-1334623	000000000	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1128451	000000000	0000000000		HM BENEFITS ADMINISTRATORS, INC.	PA	NIA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	93440	06-1041332	000000000	0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	N	

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812	HIGHMARK INC	60213	25-1800302	000000000	0000000000		HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-4117233	000000000	0000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-5705484	000000000	0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	47-2509307	000000000	0000000000		HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC	DE	NIA	HMPG INC.	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	45-3761429	000000000	0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1375204	000000000	0000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	N	
0000		00000	90-0996509	000000000	0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0705035	000000000	0000000000		PROMEDIX LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	32-0429947	000000000	0000000000		PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	N	
0000		00000	46-2138706	000000000	0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-5235291	000000000	0000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2483160	000000000	0000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	30-0791512	000000000	0000000000		PRINCIPO ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-3033308	000000000	0000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	90-0970618	000000000	0000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	32-0371926	000000000	0000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	11-3051991	000000000	0000000000		DAVIS VISION, INC.	NY	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2337775	000000000	0000000000		VISIONWORKS OF AMERICA, INC.	TX	NIA	HVHC INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	25-1684735	000000000	0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3355906	000000000	0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1403745	000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0477313	000000000	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1740456	000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	N	
0000		00000	80-0069336	000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	86-1159658	000000000	0000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529332	000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	98-1109020	000000000	0000000000		PACE RE LTD	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0925581	000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	

Q162

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	46-3274101	000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	38-3807173	000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0494617	000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0614054	000000000	0000000000		PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0451375	000000000	0000000000		PRIMARY CARE GROUP 2, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0451380	000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403090	000000000	0000000000		PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403100	000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0503600	000000000	0000000000		PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1287041	000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	01-0927360	000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-4194208	000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-4011352	000000000	0000000000		SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	N	
0000		00000	46-4954859	000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2367818	000000000	0000000000		SPECIALTY GROUP PRACTICE 1, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3540378	000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529328	000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1844485	000000000	0000000000		UPMC VNA HOME HEALTH	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-3112347	000000000	0000000000		UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC	MN	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	1.3	HIGHMARK HEALTH	N	
0000		00000	25-1898743	000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	25-1874990	000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	N	
0000		00000	51-0630744	000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-5661063	000000000	0000000000		CELTIC HOSPICE AND PALLIATIVE CARE, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	N	
0000		00000	45-5080712	000000000	0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	90-0812390	000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1631855	000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	20-8572620	000000000	0000000000		SAINT VINCENT ENDOSCOPY CENTER, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1181389	000000000	0000000000		COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1430922	000000000	0000000000		ENERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1856341	000000000	0000000000		REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0966611	000000000	0000000000		SAINT VINCENT HEALTH CENTER AUXILIARY, INC.	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-5550348	000000000	0000000000		SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	N	
0000		00000	25-1498145	000000000	0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1736527	000000000	0000000000		ALLEGHENY HEALTH NETWORK HOME FUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	N	
0000		00000	25-1403846	000000000	0000000000		CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1385705	000000000	0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	83-0371265	000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	N	
0000		00000	20-3784338	000000000	0000000000		SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1679140	000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1669168	000000000	0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	16-0743222	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	25-1524682	000000000	0000000000		JENKINS EMPIRE ASSOCIATES	PA	NIA	STANDARD PROPERTY CORPORATION	Ownership	75.0	HIGHMARK HEALTH	N	
0000		00000	45-3688292	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	N	
0000		00000	25-1533746	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95789	23-7328765	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	52048	61-1012900	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC.	KY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	47089	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95160	74-2489037	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96150	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	

Q164

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812	HIGHMARK INC	95253	52-1542269	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60222	11-3008245	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	62294	23-1661402	000000000	0000000000		UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	85766	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2759084	000000000	0000000000		ECCA MANAGED VISION CARE, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	14-1586016	000000000	0000000000		EMPIRE VISION CENTER, INC.	NY	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2924030	000000000	0000000000		EYE DRx RETAIL MANAGEMENT, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2849554	000000000	0000000000		VISIONARY PROPERTIES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2849552	000000000	0000000000		VISIONARY RETAIL MANAGEMENT, LLC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	04-3742989	000000000	0000000000		VISIONWORKS DISTRIBUTION SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2196998	000000000	0000000000		VISIONWORKS ENTERPRISES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	04-3742977	000000000	0000000000		VISIONWORKS LAB SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	02-0677066	000000000	0000000000		VISIONWORKS, INC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-4949337	000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	N	
0000		00000	25-0969492	000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1838458	000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0314897	000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	45.0	HIGHMARK HEALTH	N	
0000		00000	25-1838457	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1320493	000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1875178	000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1737079	000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1798379	000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-2368587	000000000	0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	59.6	HIGHMARK HEALTH	N	
0000		00000	26-1284448	000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1880238	000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1652874	000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3982341	000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	82.0	HIGHMARK HEALTH	N	

Q165

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	25-1472073	000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1107650	000000000	0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	11-3683376	000000000	0000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-2344847	000000000	0000000000		WEST PENN AMBULATORY SURGICAL COMPANY, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1437405	000000000	0000000000		WEST PENN CORPORATE MEDICAL SERVICES, INC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1470766	000000000	0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-1630719	000000000	0000000000		WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	23-2919277	000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	N	
0000		00000	23-7029185	000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	22-2270533	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
		00000													

Asterisk	Explanation
0000001	Inter-County Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.
0000002	Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.
0000003	Gateway Health Plan L.P.: Ownership between Highmark Ventures, LLC (1% GP), Highmark Inc. (49% LP), Mercy Health Plan (1% GP & 49% LP). Each GP elects 50% of the Board.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12325201736500001

2017

Document Code: 365

NONE

STATEMENT AS OF **March 31, 2017** OF THE **Gateway Health Plan of Ohio, Inc.**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,201,050	1,209,302
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	2,092	8,252
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,198,958	1,201,050
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,198,958	1,201,050

SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	11,029,066	22,643,443	11,339,713	(2,092)	22,330,704			11,029,066
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	11,029,066	22,643,443	11,339,713	(2,092)	22,330,704			11,029,066
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	11,029,066	22,643,443	11,339,713	(2,092)	22,330,704			11,029,066

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....21,131,747; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	21,131,746	X X X	21,131,747	16,327	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	9,828,016	21,935,370
2. Cost of short-term investments acquired	22,643,443	89,678,212
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	11,339,713	101,785,566
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,131,746	9,828,016
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	21,131,746	9,828,016

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalent) NONE

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

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
PNC Operating Medicare	Jeannette, PA					8,207,398	1,997,159	14,970,646	X X X
PNC Operating Medicaid	Jeannette, PA					49,017	49,244	20,000	X X X
PNC Medicare Timing	Jeannette, PA					(26)	(28)	1,041	X X X
PNC Medicare Claims	Jeannette, PA					(1,655,580)	(1,574,284)	(2,533,022)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			6,600,808	472,091	12,458,664	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			6,600,808	472,091	12,458,664	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			6,600,808	472,091	12,458,664	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8