



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE
Gateway Health Plan of Ohio, Inc.

| | | | | | | |
|---------------------------------------|--|------------------------|--|------------|--|------------|
| NAIC Group Code | 0812 (Current Period) | 0812 (Prior Period) | NAIC Company Code | 12325 | Employer's ID Number | 30-0282076 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | OH | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | | Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] | | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X] | |
| Incorporated/Organized | 11/05/2004 | | Commenced Business | 09/01/2005 | | |
| Statutory Home Office | Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number) | | Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number) | | | | | |
| | Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code) | | (412)255-4640 (Area Code) (Telephone Number) | | | |
| Mail Address | Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number or P.O. Box) | | Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | c/o CT Corporation System, 1300 East 9th Street (Street and Number) | | | | | |
| | Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code) | | (216)802-2121 (Area Code) (Telephone Number) | | | |
| Internet Web Site Address | www.gatewayhealthplan.com | | | | | |
| Statutory Statement Contact | Christopher Michael Cogan (Name) | | (412)255-4693 (Area Code)(Telephone Number)(Extension) | | | |
| | ccogan@gatewayhealthplan.com (E-Mail Address) | | (412)255-4693 (Fax Number) | | | |

OFFICERS

| Name | Title |
|------------------------|-----------------------|
| Patricia Joan Darnley | President and CEO |
| Anne Bridget Shearon | Assistant Secretary # |
| Emil James Hynek Jr. | Assistant Treasurer |
| Sharon Marsonek Kelley | 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 Marsonek Kelley (Printed Name) 3. Treasurer (Title) |
| Subscribed and sworn to before me this _____ day of _____, 2017 | a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached | Yes[X] No[] _____ _____ _____ |
| (Notary Public Signature) | | |

ASSETS

| | | Current Statement Date | | | 4 |
|----------------------|--|------------------------|--------------------|-----------------------------------|--|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 1,194,665 | | 1,194,665 | 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 (\$.....3,922,575), cash equivalents (\$.....0) and short-term investments (\$.....20,459,351) | 24,381,926 | | 24,381,926 | 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) | 25,576,591 | | 25,576,591 | 25,203,776 |
| 13. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 26,206 | | 26,206 | 27,681 |
| 15. | Premiums and considerations: | | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 236,150 | 47,060 | 189,090 | 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 (\$.....4,118,440) | 4,118,440 | | 4,118,440 | 1,649,242 |
| 16. | Reinsurance: | | | | |
| 16.1 | Amounts recoverable from reinsurers | 17,303 | | 17,303 | 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 | 354,036 | | 354,036 | 786,333 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | 7,308 | | 7,308 | |
| 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 | 14,272,050 | | 14,272,050 | 249,122 |
| 24. | Health care (\$.....1,761,867) and other amounts receivable | 2,269,402 | 507,536 | 1,761,866 | 1,523,164 |
| 25. | Aggregate write-ins for other-than-invested assets | 23,420 | 23,420 | | |
| 26. | TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 46,900,906 | 578,016 | 46,322,890 | 29,595,610 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | TOTAL (Lines 26 and 27) | 46,900,906 | 578,016 | 46,322,890 | 29,595,610 |
| 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. | Accounts Receivable | 18,029 | 18,029 | | |
| 2502. | Miscellaneous A/R OH | 5,391 | 5,391 | | |
| 2503. | ..... |  |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 23,420 | 23,420 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|----------------------|--|----------------|----------------|--------------|--------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.00 reinsurance ceded) | 16,378,925 | | 16,378,925 | 14,420,194 |
| 2. | Accrued medical incentive pool and bonus amounts | | | | |
| 3. | Unpaid claims adjustment expenses | 536,203 | | 536,203 | 488,565 |
| 4. | Aggregate health policy reserves, including the liability of \$.00 for medical loss ratio rebate per the Public Health Service Act | 1,929,624 | | 1,929,624 | 529,624 |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserve | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | 13,681,040 | | 13,681,040 | 2,239 |
| 9. | General expenses due or accrued | 1,443 | | 1,443 | 981,777 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.00 on realized gains (losses)) | | | | 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 \$.00 current) and interest thereon \$.00 (including \$.00 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | | | | 351,358 |
| 16. | Derivatives | | | | |
| 17. | Payable for securities | | | | |
| 18. | Payable for securities lending | | | | |
| 19. | Funds held under reinsurance treaties with (\$.00 authorized reinsurers, \$.00 unauthorized reinsurers and \$.00 certified reinsurers) | | | | |
| 20. | Reinsurance in unauthorized and certified (\$.00) companies | | | | |
| 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. | Liability for amounts held under uninsured plans | 473,921 | | 473,921 | 140,850 |
| 23. | Aggregate write-ins for other liabilities (including \$.00 current) | 10,999 | | 10,999 | 6,605 |
| 24. | Total liabilities (Lines 1 to 23) | 33,012,155 | | 33,012,155 | 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 | 31,536,235 | 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 | (18,225,500) | (16,879,528) |
| 32. | Less treasury stock, at cost: | | | | |
| 32.1 | .00 shares common (value included in Line 26 \$.00) | X X X | X X X | | |
| 32.2 | .00 shares preferred (value included in Line 27 \$.00) | X X X | X X X | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | X X X | X X X | 13,310,735 | 12,656,707 |
| 34. | Total Liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 46,322,890 | 29,595,611 |
| DETAILS OF WRITE-INS | | | | | |
| 2301. | Escheat Liability Medicare | 10,999 | | 10,999 | 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) | 10,999 | | 10,999 | 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 | 84,836 | 65,642 | 88,897 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 78,088,101 | 58,399,660 | 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 | 78,088,101 | 58,399,660 | 78,501,105 |
| Hospital and Medical: | | | | | |
| 9. | Hospital/medical benefits | | 47,357,462 | 32,685,452 | 44,251,508 |
| 10. | Other professional services | | 10,474,864 | 6,363,510 | 9,098,448 |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | 3,374,728 | 2,517,513 | 3,537,665 |
| 13. | Prescription drugs | | 7,459,521 | 6,902,972 | 8,121,887 |
| 14. | Aggregate write-ins for other hospital and medical | | 2,010,072 | 1,105,466 | 1,448,580 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. | Subtotal (Lines 9 to 15) | | 70,676,647 | 49,574,912 | 66,458,088 |
| Less: | | | | | |
| 17. | Net reinsurance recoveries | | 31,528 | 41,688 | 54,460 |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 70,645,119 | 49,533,225 | 66,403,628 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$.....1,373,095 cost containment expenses | | 3,269,253 | 4,407,173 | 4,638,412 |
| 21. | General administrative expenses | | 6,164,638 | 3,982,648 | 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) | | 80,079,010 | 57,923,045 | 77,537,837 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | (1,990,909) | 476,615 | 963,268 |
| 25. | Net investment income earned | | 108,276 | 54,866 | 65,788 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. | Net investment gains or (losses) (Lines 25 plus 26) | | 108,276 | 54,866 | 65,788 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....234,428)] | | (234,428) | (4,497) | (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 | (2,117,061) | 526,984 | 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 | (2,117,061) | 526,984 | 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 | | 1,862,084 | 992,545 | 1,296,749 |
| 1402. | Hearing Hardware | | 53,925 | 41,872 | 50,454 |
| 1403. | Transportation Costs | | 94,063 | 71,049 | 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) | | 2,010,072 | 1,105,466 | 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 | 12,656,706 | 8,183,608 | 8,183,608 |
| 34. | Net income or (loss) from Line 32 | (2,117,061) | 526,984 | 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 | 771,090 | (917,829) | (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 | 2,000,000 | 1,750,000 | 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) | 654,029 | 1,359,155 | 4,473,098 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 13,310,735 | 9,542,763 | 12,656,706 |
| DETAILS OF WRITE-INS | | | | |
| 4701. | ..... | ..... | ..... | ..... |
| 4702. | ..... | ..... | ..... | ..... |
| 4703. | ..... | ..... | ..... | ..... |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page ..... | ..... | ..... | ..... |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) ..... | ..... | ..... | ..... |

CASH FLOW

| | | 1 | 2 | 3 |
|---|---|--------------|-------------|-------------|
| | | Current | Prior | Prior |
| | | Year | Year | Year Ended |
| | | To Date | To Date | December 31 |
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 90,782,455 | 65,895,477 | 76,578,999 |
| 2. | Net investment income | 116,136 | 99,033 | 101,316 |
| 3. | Miscellaneous income | | | |
| 4. | TOTAL (Lines 1 to 3) | 90,898,591 | 65,994,510 | 76,680,315 |
| 5. | Benefit and loss related payments | 68,289,154 | 50,729,476 | 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 | 9,835,647 | 8,244,824 | 10,513,550 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | 25,000 | | |
| 10. | TOTAL (Lines 5 through 9) | 78,149,801 | 58,974,300 | 78,245,662 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 12,748,790 | 7,020,210 | (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 | 2,000,000 | 1,750,000 | 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) | (14,369,591) | (8,831,032) | (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) | (12,369,591) | (7,081,032) | 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) | 379,199 | (60,822) | 1,965,550 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 24,002,727 | 22,037,177 | 22,037,177 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 24,381,926 | 21,976,355 | 24,002,727 |

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 | 9,513 | | | | | | | 9,513 | | |
| 4. Third Quarter | 10,048 | | | | | | | 10,048 | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 84,836 | | | | | | | 84,836 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 62,002 | | | | | | | 62,002 | | |
| 8. Non-Physician | 34,811 | | | | | | | 34,811 | | |
| 9. Total | 96,813 | | | | | | | 96,813 | | |
| 10. Hospital Patient Days Incurred | 21,228 | | | | | | | 21,228 | | |
| 11. Number of Inpatient Admissions | 2,737 | | | | | | | 2,737 | | |
| 12. Health Premiums Written (a) | 78,158,849 | | | | | | | 78,158,849 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 78,158,849 | | | | | | | 78,158,849 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 68,354,271 | | | | | | | 68,354,271 | | |
| 18. Amount Incurred for Provision of Health Care Services | 70,676,648 | | | | | | | 70,676,648 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....78,158,849.

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 | 1,268,421 | | | | | 1,268,421 |
| 0499999 Subtotals | 1,268,421 | | | | | 1,268,421 |
| 0599999 Unreported claims and other claim reserves | | | | | | 15,110,504 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 16,378,925 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1+3) | 6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year |
|------------------------|---|--|---|--|---|---|--|
| | | 1 | 2 | 3 | 4 | | |
| | | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. | Comprehensive (hospital & medical) ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | Medicare Supplement ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | Dental only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | Vision only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | Federal Employees Health Benefits Plan ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | Title XVIII - Medicare | 10,165,997 | 58,156,745 | 265,683 | 16,113,242 | 10,431,680 | 14,420,194 |
| 7. | Title XIX - Medicaid ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | Other health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | Health subtotal (Lines 1 to 8) | 10,165,997 | 58,156,745 | 265,683 | 16,113,242 | 10,431,680 | 14,420,194 |
| 10. | Healthcare receivables (a) | 494,544 | 12,957 | ..... | 1,761,901 | 494,544 | 2,633,049 |
| 11. | Other non-health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 12. | Medical incentive pools and bonus amounts ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 13. | Totals (Lines 9 - 10 + 11 + 12) | 9,671,453 | 58,143,787 | 265,683 | 14,351,341 | 9,937,136 | 11,787,146 |

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

| | | SSAP # | F/S Page | F/S Line # | 2017 | 2016 |
|-------|--|-----------|-------------|---------------|---------------|--------------|
| | | | | | | |
| | NET INCOME | | | | | |
| | | | | | | |
| (1) | State basis (Page 4, Line 32, Columns 2 & 3) | | | | (\$2,117,061) | \$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) | | | | (\$2,117,061) | \$768,561 |
| | | | | | | |
| | SURPLUS | | | | | |
| | | | | | | |
| (5) | State basis (Page 3, Line 33, Columns 3 & 4) | | | | \$13,310,735 | \$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) | | | | \$13,310,735 | \$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

On July 31, 2017, Gateway Health Plan, LP. made a \$2 million capital contribution to Gateway Health Plan of Ohio, Inc.

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

Notes to Financial Statement

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

(13) Regulatory contribution requirements - No Material Change

(14) – (21) - No Material Change

- B. Narrative Description of Investment Polices 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

Notes to Financial Statement

C. Wash Sales – None

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

No Material Change

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

No Material Change

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

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

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

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

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

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

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

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

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

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended September 30, 2017 that were material to the statutory financial statements.

Notes to Financial Statement

5. Derivative assets and liabilities – None

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 | \$1,328,543 | \$1,194,665 | \$1,1328,543 | | | |
| Short-term Investments | \$20,459,351 | \$20,459,351 | \$20,459,351 | | | |

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-None

Subsequent events have been considered through November 14, 2017

Type II – Non-recognized Subsequent Events-None

Subsequent events have been considered through November 14, 2017

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

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

No
2. Impact of Risk-Sharing Provision of the Affordable Care Act - None
3. Roll-forward of prior year ACA risk-sharing provision - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2016 were \$14,908,760. As of September 30, 2017, \$12,311,173 paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$276,652 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$2,320,934 favorable prior-year development since December 31, 2016 to September 30, 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

Notes to Financial Statement

No Material Change

27. Structured Settlements

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 |
|------------|---|--|---|--|--|
| 9/30/2017 | \$1,761,866 | | | | |
| 6/30/2017 | \$1,829,202 | \$1,675,377 | \$1,668,866 | | |
| 3/31/2017 | \$1,708,942 | \$1,365,386 | \$1,599,891 | | |
| 12/31/2016 | \$1,906,319 | \$880,832 | \$827,159 | \$50,894 | |
| 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 | |

*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

Notes to Financial Statement

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:

Holy Cross Health Centers, LLC, Mercy Community Hospital Group, LLC, Loyola Medicine Home Care and Hospice, SMMC Liquidation Corp, SJC Liquidation Corp, CAC Liquidation Corp, UHPC Liquidation Corp, Trinity Health -Of New England Corporation, Inc., Trinity Health -Of New England Provider Network Organization, Inc, and Northeast Regional Radiation Oncology Network, Inc. were added. Mercy Care Connections, LLC, Trinity Health - Warde Lab LLC, One Thousand Corporation, Saint Michael's Medical Center, Inc., Saint James Care, Inc., Columbus Acquisition Corp, University Heights Property Company, Inc., Trinity Health - New England, Inc., Total Laundry Collaborative, LLC, Collins Medical Associates, 2 P.C., Saint Francis Medical Group, Inc., Trinity Health-New England Physician Network Organization, Connecticut Surgical Center, LLC, Northeast Regional Radiation Oncology Associates, and Saint Mary's Indemnity Company, LLC were removed.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

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

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

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

Yes[] No[X] N/A[]
- 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 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|--------------|--------------|--------------|--------------|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

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:

\$..... 530,273

INVESTMENT

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

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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[X]

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

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[X]

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[X]

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 | 92.227% |
| 1.2 A&H cost containment percent | 1.758% |
| 1.3 A&H expense percent excluding cost containment expenses | 10.323% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |

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

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

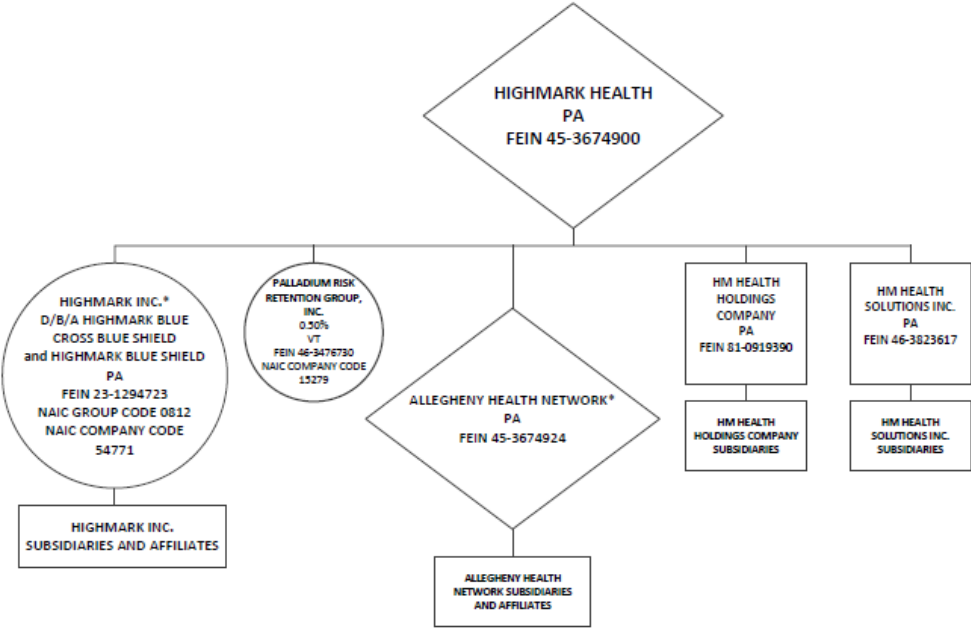
| | | 1 | Direct Business Only | | | | | | | |
|----------------------|---|---------------|------------------------------|----------------------|--------------------|--|--|-----------------------------|---------------------------|------------------------|
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| State, Etc. | | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. | Alabama (AL) | N | | | | | | | | |
| 2. | Alaska (AK) | N | | | | | | | | |
| 3. | Arizona (AZ) | N | | | | | | | | |
| 4. | Arkansas (AR) | N | | | | | | | | |
| 5. | California (CA) | N | | | | | | | | |
| 6. | Colorado (CO) | N | | | | | | | | |
| 7. | Connecticut (CT) | N | | | | | | | | |
| 8. | Delaware (DE) | N | | | | | | | | |
| 9. | District of Columbia (DC) | N | | | | | | | | |
| 10. | Florida (FL) | N | | | | | | | | |
| 11. | Georgia (GA) | N | | | | | | | | |
| 12. | Hawaii (HI) | N | | | | | | | | |
| 13. | Idaho (ID) | N | | | | | | | | |
| 14. | Illinois (IL) | N | | | | | | | | |
| 15. | Indiana (IN) | N | | | | | | | | |
| 16. | Iowa (IA) | N | | | | | | | | |
| 17. | Kansas (KS) | N | | | | | | | | |
| 18. | Kentucky (KY) | L | | 18,559,885 | | | | | 18,559,885 | |
| 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 | | 27,600,981 | | | | | 27,600,981 | |
| 35. | North Dakota (ND) | N | | | | | | | | |
| 36. | Ohio (OH) | L | | 31,997,983 | | | | | 31,997,983 | |
| 37. | Oklahoma (OK) | N | | | | | | | | |
| 38. | Oregon (OR) | N | | | | | | | | |
| 39. | Pennsylvania (PA) | N | | | | | | | | |
| 40. | Rhode Island (RI) | N | | | | | | | | |
| 41. | South Carolina (SC) | N | | | | | | | | |
| 42. | South Dakota (SD) | N | | | | | | | | |
| 43. | Tennessee (TN) | N | | | | | | | | |
| 44. | Texas (TX) | N | | | | | | | | |
| 45. | Utah (UT) | N | | | | | | | | |
| 46. | Vermont (VT) | N | | | | | | | | |
| 47. | Virginia (VA) | N | | | | | | | | |
| 48. | Washington (WA) | N | | | | | | | | |
| 49. | West Virginia (WV) | N | | | | | | | | |
| 50. | Wisconsin (WI) | N | | | | | | | | |
| 51. | Wyoming (WY) | N | | | | | | | | |
| 52. | American Samoa (AS) | N | | | | | | | | |
| 53. | Guam (GU) | N | | | | | | | | |
| 54. | Puerto Rico (PR) | N | | | | | | | | |
| 55. | U.S. Virgin Islands (VI) | N | | | | | | | | |
| 56. | Northern Mariana Islands (MP) | N | | | | | | | | |
| 57. | Canada (CAN) | N | | | | | | | | |
| 58. | Aggregate other alien (OT) | X X X | | | | | | | | |
| 59. | Subtotal | X X X | | 78,158,849 | | | | | 78,158,849 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | Total (Direct Business) | (a).....3 | | 78,158,849 | | | | | 78,158,849 | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | ..... | X X X | | | | | | | | |
| 58002. | ..... | X X X | | | | | | | | |
| 58003. | ..... | X X X | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | X X X | | | | | | | | |
| 58999. | TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | X X X | | | | | | | | |

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

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

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

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.

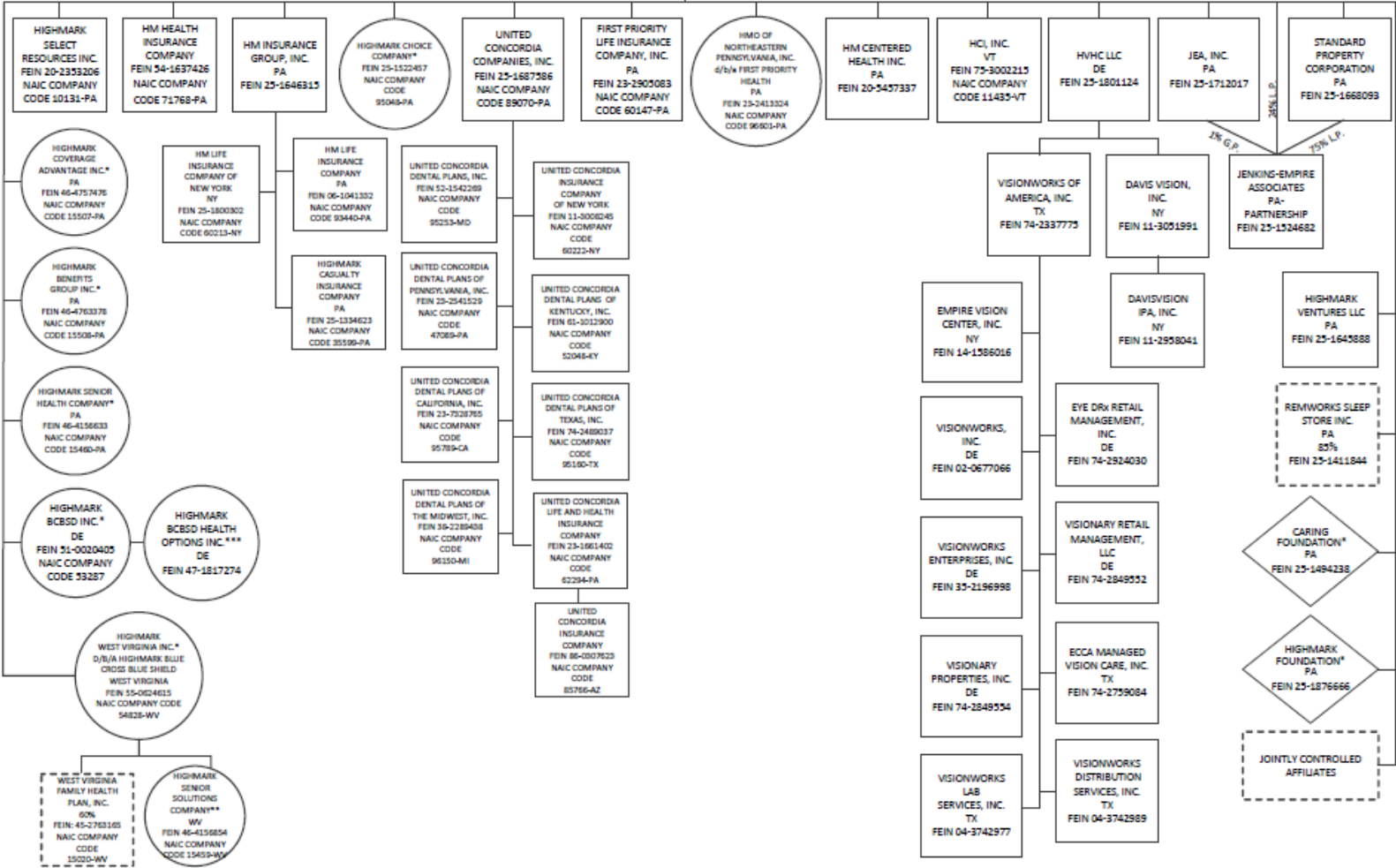
** Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.

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

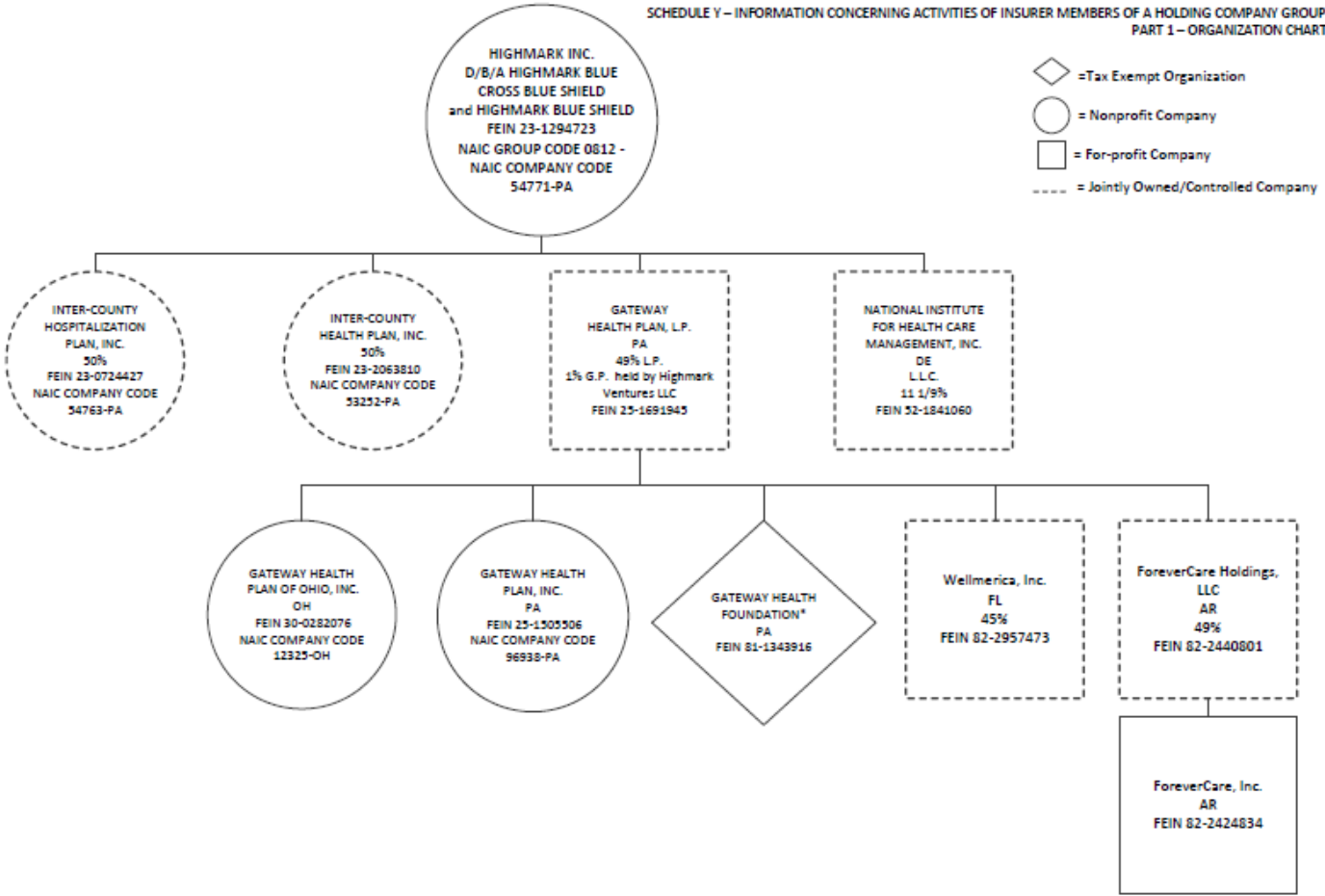


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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

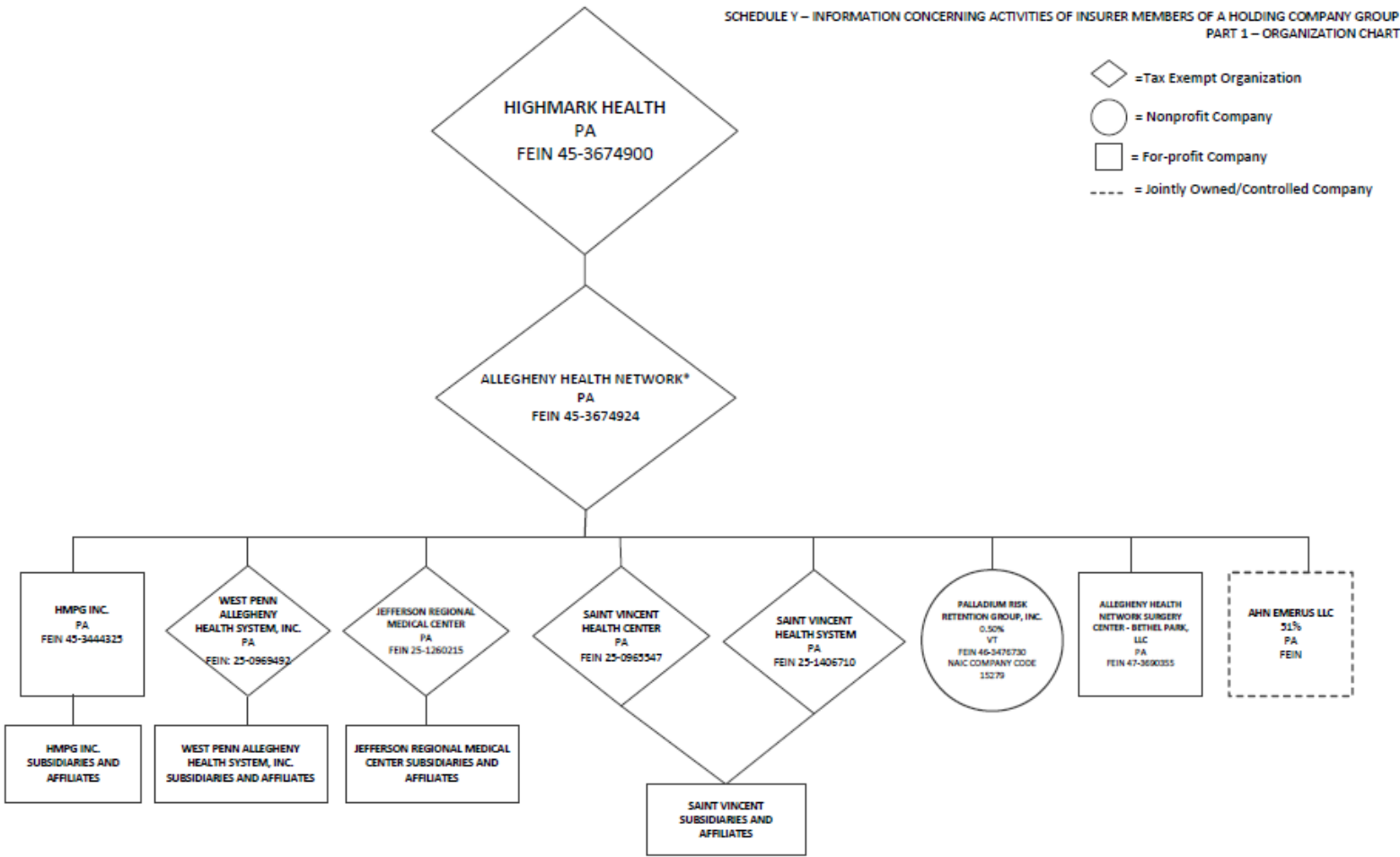


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



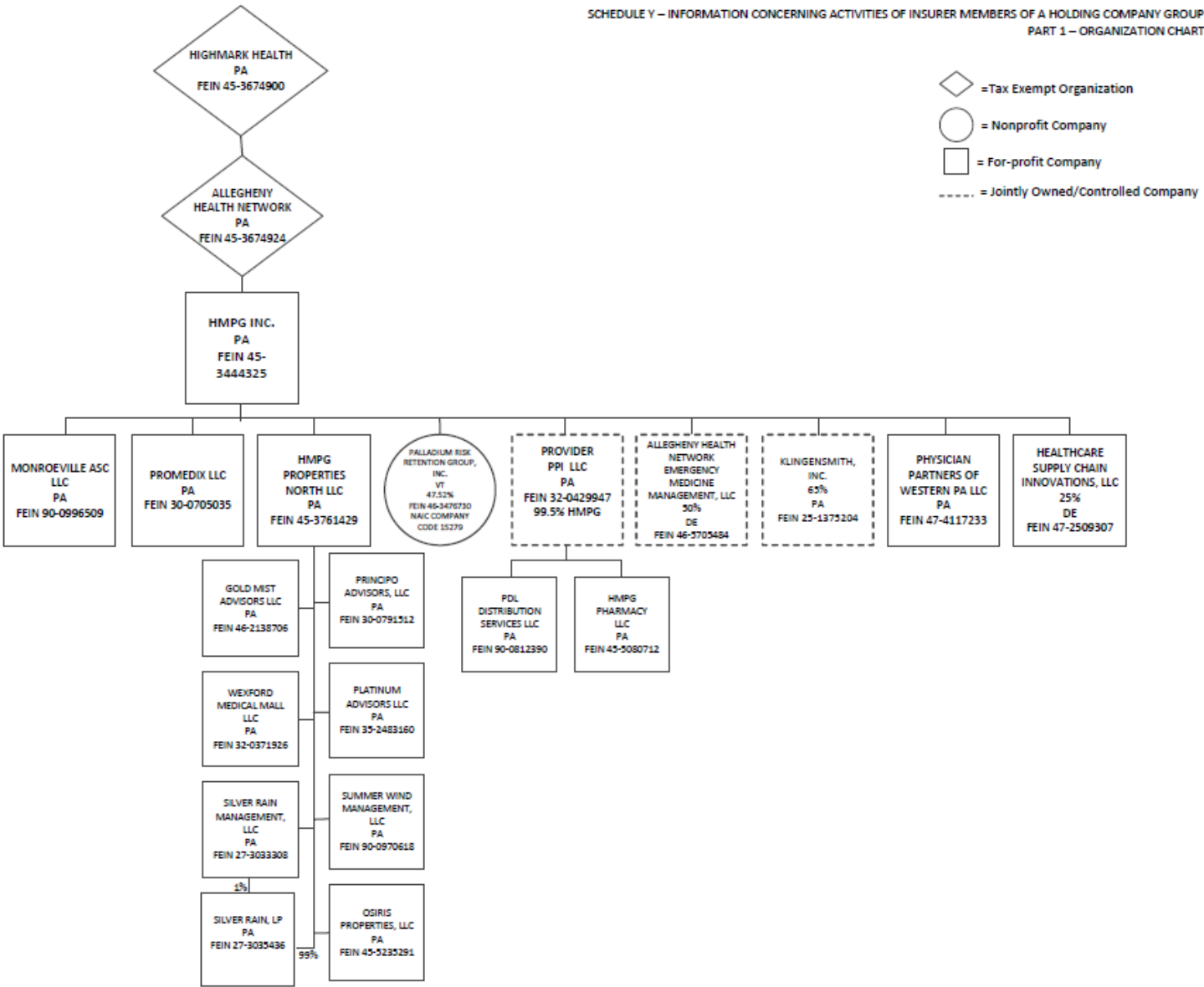
* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

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

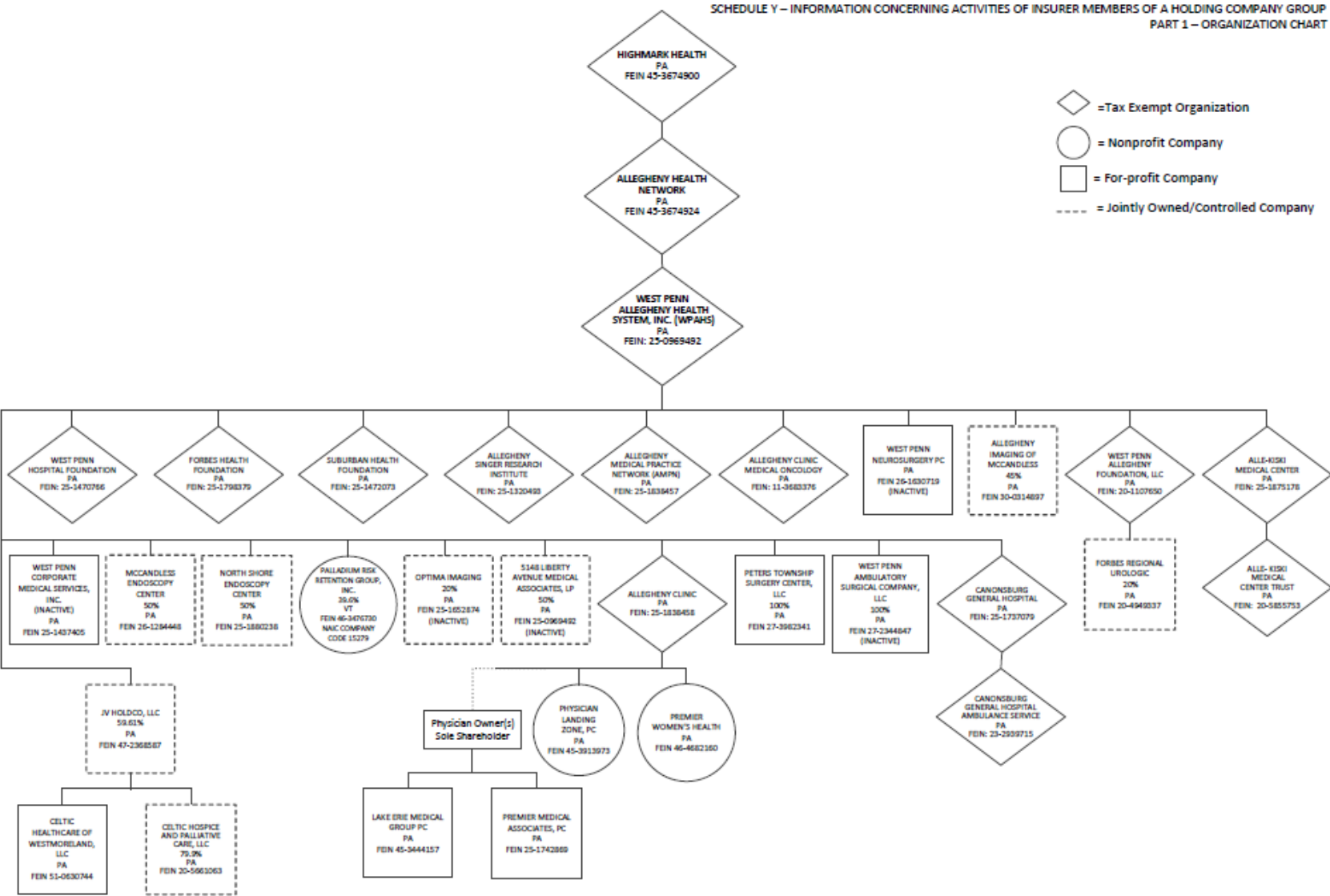


* Highmark Health maintains control through ability to appoint the board of directors as sole member.

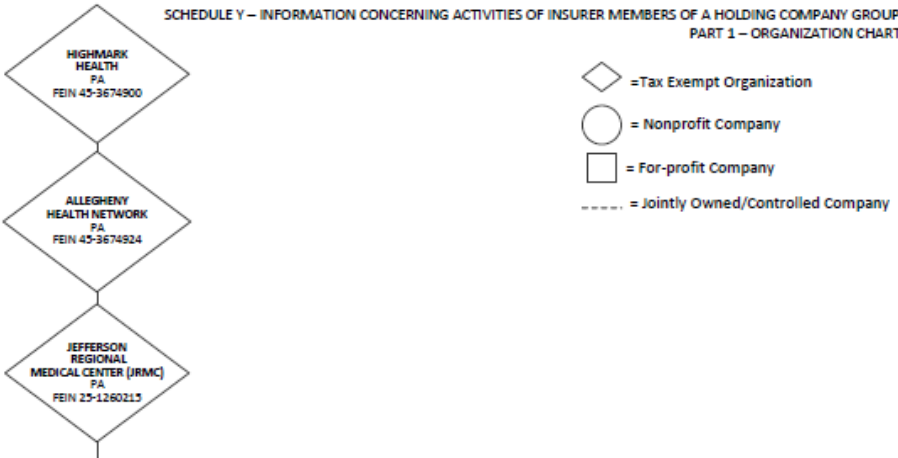
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



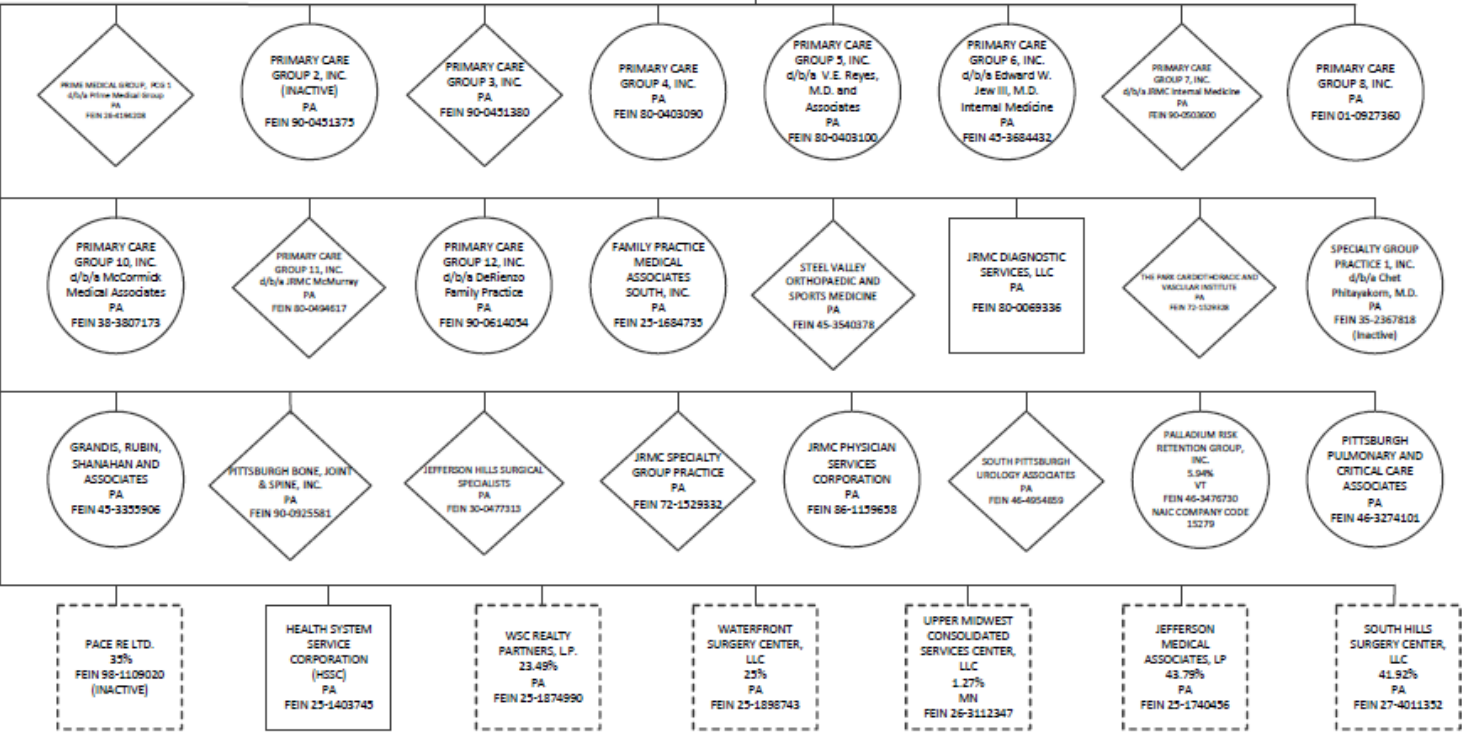
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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



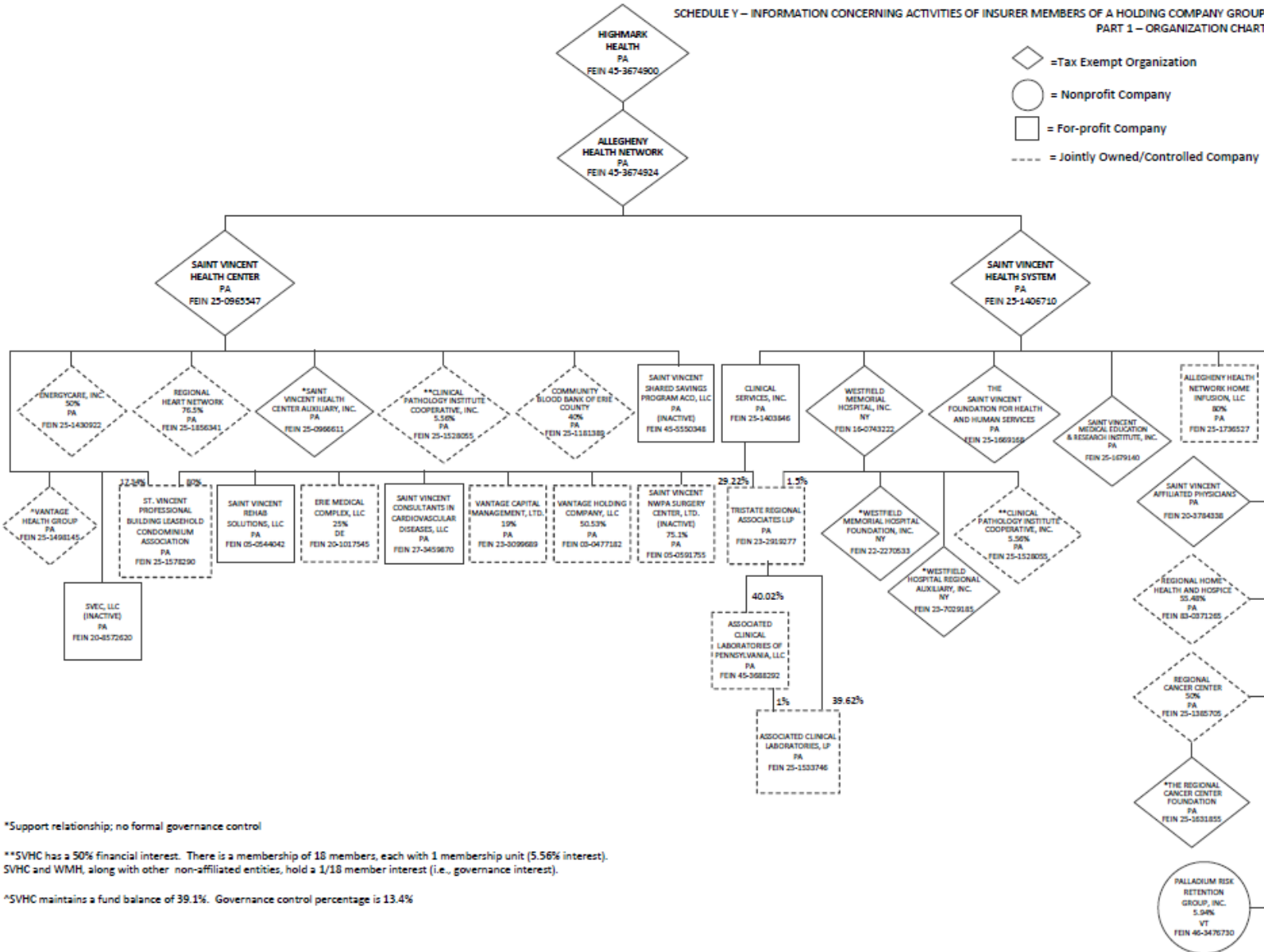
- = Tax Exempt Organization
- = Nonprofit Company
- = For-profit Company
- = Jointly Owned/Controlled Company



Q15.6

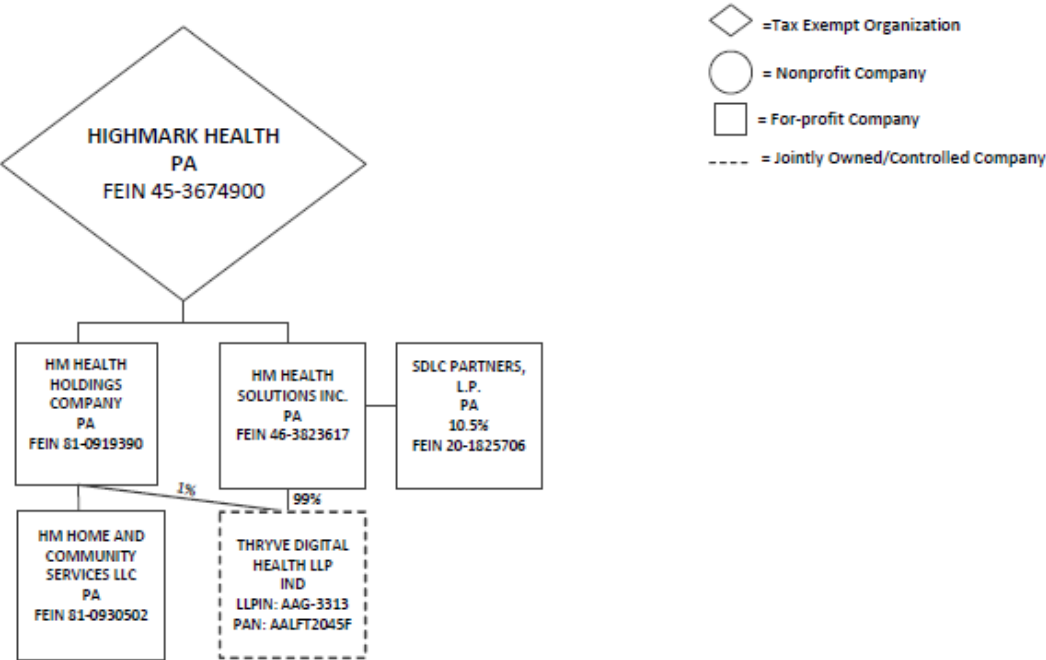
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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



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)
 - Columbus Cyberknife LLC; FEIN: 27-0865251 (35% Ownership by Immediate Parent)

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

- 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)
- Health 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 MCO; FEIN:22-3476498 (25% Ownership by Immediate Parent)
 - Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Ownership by Immediate Parent)
 - The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Ownership by Immediate Parent)
 - Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% ownership by Immediate Parent)
 - Holy Cross Health Partners, LLC; FEIN 82-2391212(100% 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)

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

PART 1 - ORGANIZATIONAL CHART

- Mercy Hospital of Franciscan Sister, Inc.; FEIN: 42-1178403 (100% ownership by Immediate Parent)
- Covenant Medical Center, Inc.; FEIN:42-1264647 (100% ownership by Immediate Parent)
 - Covenant Foundation, Inc.; FEIN: 42-1295784 (100% ownership by Immediate Parent)
- Santori Memorial Hospital, Inc,; FEIN: 42-0758901 (100% ownership by Immediate Parent)
 - Santori Health Care Foundation, Inc.; FEIN:42-1240996 (100% ownership by Immediate Parent)
- Cedar Valley Community Healthcare - Wheaton Iowa, LLC; FEIN: 26-4634545 (100% ownership by Immediate Parent)
 - Cedar Valley Community Healthcare LLC ; FEIN 26-1642558 (4% ownership by Immediate Parent and 13% ownership by CVCH-W Iowa)
- Mercy Health Services - Iowa Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% ownership by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)
 - Mercy Medical Center - Clinton Inc.; FEIN: 42-1336618 (100% ownership by Immediate Parent)
 - Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% ownership by Immediate Parent)
 - Clinton Imaging Services LLC; FEIN: 41-2044739 (65% ownership by Immediate Parent)
 - Stereotactic Biopsy Services LC; FEIN: 42-1448735 (11.11% ownership by Immediate Parent)
 - Mercy Healthcare Foundation Clinton; FEIN: 42-1316126 (100% Ownership by Immediate Parent)
 - Mercy Medical Center - Dyersville (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080)
 - Mercy Medical Center - Dubuque (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080)
 - Dubuque Mercy Health Foundation, Inc.; FEIN: 26-2227941 (100% ownership by Immediate Parent)
 - United Clinical Laboratories, Inc.; FEIN: 42-1268486 (33.33% 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 Mercy Medical Center - Dubuque (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))
 - 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)
 - Mercy Medical Center - New Hampton (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080)
 - Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080)
 - Forest Park Imaging LLC; FEIN: 13-4365966 (52.89% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))
 - Surgical Center Building Associates LLC; FEIN: 31-1373080 (35% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))
 - YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))
 - Magnetic Resonance Services LLC; FEIN: 42-1328388 (49% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

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

Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Mercy Heart Center Outpatient Services LLC; FEIN: 13-4237594 (51% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Iowa Falls Clinic; FEIN: 42-1467712 (50% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Mercy Medical Center Foundation - North Iowa; FEIN: 42-1229151 (100% ownership by Immediate Parent)

Mercy Community Hospital Group, LLC (formerly Mercy Care Connections, LLC); FEIN: 35-2473948 (100% ownership by Immediate Parent)

Hospice of North Iowa; FEIN: 42-1173708 (100% ownership by Immediate Parent)

North Iowa Community Healthcare, LLC; FEIN: 45-2878353 (19.25% ownership by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080)

Hawarden Regional Healthcare Clinic, LLC; FEIN: 42-6005851 (50% ownership by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

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 Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

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 Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Siouxland Surgery Center LLP; FEIN: 46-0423353 (55.54% ownership by Immediate Parent)

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)

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)

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

- 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)
 - 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)
 - 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; FEIN: (100% Ownership by Immediate Parent)
 - EMP Idaho Boise, LLC; FEIN: (100% Ownership by Immediate Parent)
 - EMP Idaho Eagle, LLC; FEIN: (100% Ownership by Immediate Parent)
 - EMP Idaho Twin Falls, LLC; FEIN: (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)

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

- 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)
- Eastern Oregon Coordinated Care Organization, LLC; FEIN: (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)

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

PART 1 - ORGANIZATIONAL CHART

- Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% ownership by Immediate Parent)
- St. Mary Mercy Hospital (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)
- 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 Heath Project; FEIN: 91-1932918 (100% ownership by Immediate Parent)
 - Muskegon SC LLC; FEIN: 20-3244346 (35.7% ownership by Immediate Parent)
 - West Shore Professional Building Condominium Association; FEIN: 38-2700166 (70% ownership by Immediate Parent)
 - 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)

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

PART 1 - ORGANIZATIONAL CHART

- 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; FEIN: (100% ownership by Immediate Parent)
- 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)
- 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)

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

- Loyola Physicians Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent)
- Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Ownership by Immediate Parent)
 - Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Ownership by Immediate Parent)
 - Gottlieb Community Health Services Corporation; FEIN: 36-3332852 (100% Ownership by Immediate Parent)
 - Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Ownership by Immediate Parent)
- Loyola University Medical Center; FEIN: 36-4015560 (100% Ownership by Immediate Parent)
 - Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)
 - Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Ownership by Immediate Parent)
 - RMLHP Corporation; FEIN: 36-4160869 (50% Ownership by Immediate Parent)
 - RML Health Providers Limited Partnership; FEIN: 36-4113692 (49.5% Ownership by Immediate Parent; 1% Ownership by RMLHP)
 - Loyola Medicine Transport, LLC; FEIN 47-4147171 (51% Ownership by Immediate Parent)
- Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)
- Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Ownership by Trinity Health)
 - Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Ownership by Immediate Parent)
 - Mercy Advanced MRI LLC; FEIN:26-2116721 (50% Ownership by Immediate Parent)
 - Mercy Foundation Inc. ; FEIN:36-3227350 (100% Ownership by Immediate Parent)
 - Mercy Services Corporation; FEIN: 36-3227348 (100% owned by Immediate Parent)
 - Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% ownership by Immediate Parent)
 - Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% ownership by Immediate Parent)
- Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% ownership by Trinity Health)
 - Saint Agnes Health Partners LLC; FEIN: 38-3880220 (50% ownership by Immediate Parent) (50% ownership)
 - Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; 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)
 - California Healthcare Management Partners, Inc.; FEIN: 82-0961647 (66.6% Ownership by Immediate Parent)
 - Central Valley Health Plan, Inc.; FEIN: 61-1846844 (100% 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)

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

- 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)
 - 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 Heath 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 General Health Partners, Amicare Homecare dba North Ottawa at Home; 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)
 - Loyola Medicine Home Care and Hospice; FEIN: (100% Ownership by Immediate Parent)
- Trinity Health PACE; FEIN: 47-3073124 (100% ownership by Immediate Parent) (multistate operation - incorporated in Michigan)

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

- 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)
 - 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)

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

- Gateway Health Plan of Ohio, Inc.; FEIN: 30-0282076 (100% Ownership by Immediate Parent)
- Mercy Home Health Services; FEIN: 23-2325058 (100% Ownership by Immediate Parent)
 - Mercy Home Health; FEIN: 23-1352099 (100% Ownership by Immediate Parent)
 - Mercy Family Support; FEIN: 23-2325059 (100% Ownership by Immediate Parent)
- Mercy Physician Network; FEIN: 46-1187365 (100% Ownership by Immediate Parent)
 - Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Ownership by Immediate Parent)
 - N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Ownership by Immediate Parent)
 - East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Ownership by Immediate Parent)
 - Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Ownership by Immediate Parent)
 - Mercy/Manor Partnership (50% ownership by Immediate Parent); FEIN: 52-1931012
- Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Ownership by Immediate Parent)
- St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% owned by Trinity Health)
 - Langhorne Physician Services; FEIN: 23-2571699 (100% Ownership by Immediate Parent)
 - St. Mary Medical Center Foundation; FEIN: 23-2567468 (100% Ownership by Immediate Parent)
 - LIFE St Mary; FEIN: 26-2976184 (100% Ownership by Immediate Parent)
 - St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Ownership by Immediate Parent)
 - St. Mary Building and Development; FEIN: 46-1827502 (100% Ownership by Immediate Parent)
 - Langhorne Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)
 - Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent)
 - Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)
 - Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Ownership by Immediate Parent)
 - The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Ownership by Immediate Parent)
 - 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] dba St. Mary's Hospital; FEIN: 58-0566223 (100% owned by Trinity Health)

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

- St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Ownership by Immediate Parent)
- St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; 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. dba St. Mary's Good Samaritan Hospital; 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. dba St. Mary's Highland Hills Village and dba Highland Hills Village; FEIN: 02-0576648 (100% Ownership by Immediate Parent)
- Athens Residential Properties, LLC; FEIN: Not Issued (100% Ownership by Immediate Parent)
- St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% owned by Trinity Health)
 - St. Francis Foundation; FEIN: 51-0374158 (100% Ownership by Immediate Parent)
 - LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Ownership by Immediate Parent)
 - Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Ownership by Immediate Parent)
 - Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Ownership by Immediate Parent)
- Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Ownership by Trinity Health)
 - St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% owned by Maxis Health System [PA] which is 100% owned by Trinity Health)
 - St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Ownership by Immediate Parent)
 - LIFE St Francis, a New Jersey 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

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

PART 1 - ORGANIZATIONAL CHART

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)
SMMC Liquidation Corp. (formerly 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)
SJC Liquidation Corp. (formerly 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)
CAC Liquidation Corp. (formerly 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)
UHPC Liquidation Corp. (formerly 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

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

- St. Peter's Health Partners Medical Associates, PC; FEIN: 46-1177336 (100% Ownership by Immediate Parent)
- St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Ownership by Immediate Parent)
 - Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Ownership by Immediate Parent)
 - St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
 - St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Ownership by Immediate Parent)
 - Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Ownership by Immediate Parent)
- The Community Hospice, Inc.; FEIN: 14-1608921 (100% Ownership by Immediate Parent)
 - The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Ownership by Immediate Parent)
- Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Ownership by Immediate Parent)
 - Alliance for Better Care, LLC (JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%); FEIN: 47-2920659
 - Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Ownership by Immediate Parent)
- Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Ownership by Immediate Parent)
- The Northeast Health Foundation, Inc.; 22-2743478 (100% Ownership by Immediate Parent)
- Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Ownership by Immediate Parent)
- Sunnyview Hospital and Rehabilitation Center, Inc.; FEIN: 14-1338386 (100% Ownership by Immediate Parent)
 - Sunnyview Hospital and Rehabilitation Foundation, Inc.; FEIN: 22-2505127 (100% Ownership by Immediate Parent)
- LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Ownership by Immediate Parent)
 - 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)

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

PART 1 - ORGANIZATIONAL CHART

- Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Ownership by Immediate Parent)
- Empire Home Infusion Services, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Ownership by Immediate Parent)
- Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Ownership by Immediate Parent)
- Affiliated Management Services, Corp.; FEIN: 14-1668024 (100% Ownership by Immediate Parent)
- Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Ownership by Immediate Parent)
- Seton Health Foundation, Inc.; FEIN: 22-02345416 (100% Ownership by Immediate Parent)
- Seton Auxiliary, Inc.; FEIN: 14-1505031 (100% Ownership by Immediate Parent)
- Seton IPA, LLC (100% Ownership by Immediate Parent); FEIN: 14-1776186
- St. James Mercy Health System (New York); FEIN: 22-3127184 (100% owned by Trinity Health)
- SJM Properties, Inc.; FEIN: 16-1294991 (100% Ownership by Immediate Parent)
- Catholic Health System, Inc. (JOA - One Third ownership by Trinity Health) [New York]; FEIN: 22-2565278
- Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Ownership by Immediate Parent)
- Sisters Hospital Foundation; FEIN: 22-2283077 (100% Ownership by Immediate Parent)
- Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Ownership by Immediate Parent)
- Kenmore Mercy Foundation; FEIN: 16-1162971 (100% Ownership by Immediate Parent)
- KMH Homes, Inc.; FEIN: 16-1387890 (100% Ownership by Immediate Parent)
- Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Ownership by Immediate Parent)
- Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Ownership by Immediate Parent)
- Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Ownership by Immediate Parent)
- Alsace Abbott Corporation; FEIN: 16-1355092 (100% Ownership by Immediate Parent)
- Aurora Mercy Corp.; FEIN: 16-1354302 (100% Ownership by Immediate Parent)
- Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital Foundation; FEIN: 16-1360884 (100% Ownership by Immediate Parent)
- Mount St. Mary's Hospital Child Care Center; FEIN: 16-1523352 (100% Ownership by Immediate Parent)
- The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Ownership by Immediate Parent)
- The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Ownership by Immediate Parent)
- Niagara Medicine, PC; FEIN:45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)
- Nazareth, Inc.; FEIN: 16-0813142 (100% Ownership by Immediate Parent)

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

Western New York Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Ownership by Immediate Parent); FEIN: 16-1434368
Niagara Homemaker Services; FEIN: 16-1317960 (100% Ownership by Immediate Parent)
St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Ownership by Immediate Parent)
St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Ownership by Immediate Parent)
McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Ownership by Immediate Parent)
St. Francis Buffalo; FEIN: 16-1523535 (100% Ownership by Immediate Parent)
 St. Clare Apartments (50% ownership by Immediate Parent); FEIN: 16-0782647
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Ownership by Immediate Parent)
Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Ownership by Immediate Parent)
 Catholic Health Home Respiratory, LLC (50% ownership by Immediate Parent); FEIN: 45-4134007
Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Ownership by Immediate Parent)
Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Ownership by Immediate Parent)
 Our Lady of Victory Housing Development Fund Corp. (100% Ownership by Immediate Parent); FEIN: 14-1930644
 Smithtown GP, LLC (100% Ownership by Immediate Parent); FEIN: 57-3192758
 Victory Ridge Apartments, LP (80% Ownership by Immediate Parent); FEIN: 57-1219731
McAuley Mercy Corporation (Inactive as of 1/28/2015); FEIN: 16-1279834 (100% Ownership by Immediate Parent)
Trinity Medical WNY, PC; FEIN: 27-2576645 (100% Ownership by Immediate Parent)
St. Francis Home of Williamsville, NY (Inactive); FEIN: 16-0743153 (100% Ownership by Immediate Parent)
Baycare Health System (JOA - 50.4% ownership by Trinity Health, not all facilities owned; Other Parties to the JOA
include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) [Florida]; FEIN: 59-2796965
 Baycare Physician Partners; FEIN: 45-2908908 (100% Ownership by Immediate Parent)
 Baycare Physician Partners ACO, LLC; FEIN: 46-5720072 (Members are Baycare Health System and 2 individuals)
 Community Health Alliance, Inc.; FEIN: 59-3631620 (100% Ownership by Immediate Parent)
 BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc.); FEIN: 59-3140335 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)
St Joseph's Hospital, Inc.. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

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

- 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 - 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)

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

PART 1 - ORGANIZATIONAL CHART

- 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 Outpatient Services, Inc.; FEIN: 46-5421068 (100% Ownership by Immediate Parent)
 - Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Ownership by Immediate Parent)
 - Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Ownership by Immediate Parent)
 - Physicians Outpatient Surgery Center, LLC (JV with Physician Members - HCH ownership 71%); FEIN: 35-2325646
 - Atlantic Coast Health Network, Inc. (JV with Atlantic Coast Holdings, Inc. - HCH ownership 50%); FEIN: 47-4756582
- St. Joseph's Health, Inc. [New York]; FEIN: 47-4754987 (100% owned by Trinity Health)
 - St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Ownership by Immediate Parent)
 - S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Ownership by Immediate Parent)
 - SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650
 - St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Ownership by Immediate Parent)
 - SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Ownership by Immediate Parent)
 - 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)

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

- CNY AIM, LLC; FEIN: 81-1461678 (100% Ownership by Immediate Parent)
- St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (100% Ownership by Immediate Parent)
- St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Ownership by Immediate Parent)
- St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Ownership by Immediate Parent)
- Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-1892799
- Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Ownership by Immediate Parent)
 - Cedar Bay Properties, LLC (44% Franciscan Associates; 11% Cashflo, LLC; 11% FJP Properties, LLC,; 34% Burdick Street Properties, LLC); FEIN: 14-1844259
 - FHS Services, Inc. d/b/a Oneida Lifeline , Franciscan Lifeline; FEIN: 27-2995699 (100% Ownership by Immediate Parent)
 - Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Ownership by Immediate Parent)
 - St. Elizabeth Health Support Services, Inc. (60% FMS, 40% St. Elizabeth Medical Center); FEIN: 16-1540486
 - Lourdes Health Support, LLC (40% FMS, 60% Lourdes Health System); FEIN: 16-1611707
 - CNY Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710
 - Kinney-Franciscan Pharmacy, LLC (49% FMS, 51% Kinney Drugs); FEIN: 20-4352398
 - Loretto Health Support, LLC (Inactive - 100% FMS); FEIN: 16-1569460
 - Franciscan Health Support, Inc. ; FEIN: 16-1236354 (100% Ownership by Immediate Parent)
 - Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Ownership by Immediate Parent)
 - Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Ownership by Immediate Parent)
- Embracing Age, Inc.; FEIN: 46-1051881 (100% Ownership by Immediate Parent)
 - Oswego Home Health, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-2463736
- St. Joseph's Physician Health, PC; FEIN: 16-1516863 (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 Of New England Corporation, Inc. (formerly Trinity Health - New England, 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)
 - 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)

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

- 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
- 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)
- Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Ownership by Immediate Parent)
- SFH/FF, LLC (49% MSRH); FEIN: 06-1489749
- Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization ; FEIN: 06-1450168 (100% Ownership by Immediate Parent)
- Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Ownership by Immediate Parent)
- Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Ownership by THNE)
- Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Ownership by Immediate Parent)
- Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257
- Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)
- Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)
- 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 Occupational Medicine Partners, LLC; FEIN: 06-1586674 (20% Ownership by THNE; 20% Ownership by JMMC)
- Johnson Memorial Hospital, Inc.; FEIN: 06-0646696 (100% Ownership by Immediate Parent)
- Tolland Imaging Center, LLC; FEIN: 20-8688982 (15% Ownership by Immediate Parent)
- Northeast Regional Radiation Oncology Network, Inc.; FEIN: 06-1426856 (25% 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. dba Breast Care Center; dba MercyCare - Forest Park; dba Providence Prenatal Center of Holyoke; FEIN: 04-3029929 (100% Ownership by Immediate Parent)
- System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Ownership by Immediate Parent)

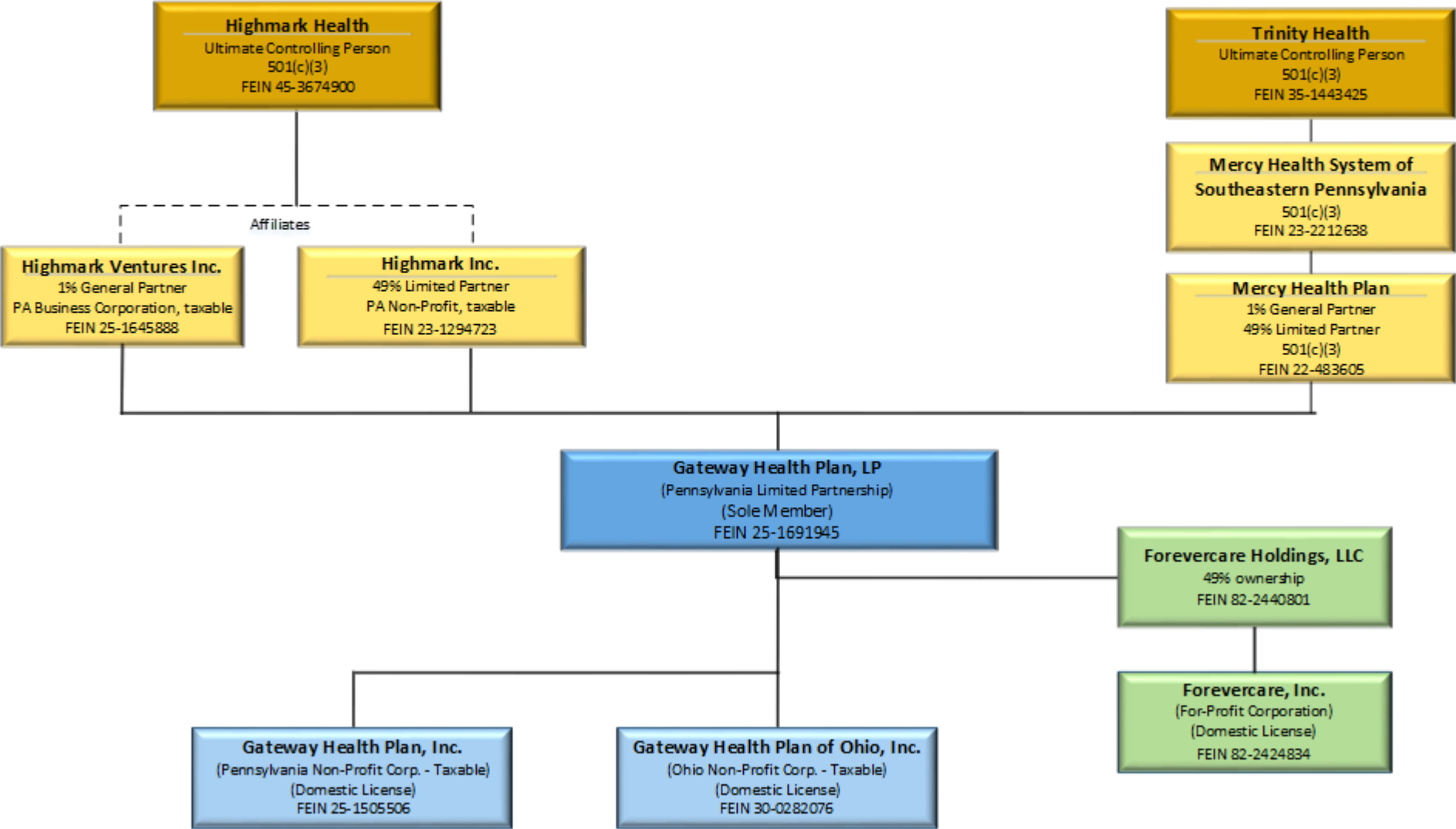
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- 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)
- Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Ownership by Immediate Parent)
- Sisters of Providence Care Centers, Inc. dba Beaven Kelly Home; dba Mount Saint Vincent Care Center; dba Saint Luke's Home; dba Mercy Adult Day Health; dba Mercy Hospice; dba Mercy Companions; 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)
- 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
Ownership & Organization Chart

Q15.31



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

016

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------|---------------------|----------------|--------------|------------|--|---|--------------------------|--|---|--|--|--|----------------------------------|---------|
| Group Code | Group Name | NAIC Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 0000 .. | HIGHMARK INC | 00000 | 45-3674900 .. | 0000000000 | 0000000000 | ..... | HIGHMARK HEALTH | PA .. | UIP .. | HIGHMARK HEALTH | Board of Directors ..... | ..... | HIGHMARK HEALTH | N | 0000123 |
| 0000 .. | | 00000 | 45-3674924 .. | 0000000000 | 0000000000 | ..... | ALLEGHENY HEALTH NETWORK | PA .. | NIA .. | HIGHMARK HEALTH | Board of Directors ..... | ..... | HIGHMARK HEALTH | N | |
| 0812 .. | | 54771 | 23-1294723 .. | 0000000000 | 0000000000 | ..... | HIGHMARK INC | PA .. | IA .. | HIGHMARK HEALTH | Board of Directors ..... | ..... | HIGHMARK HEALTH | N | |
| 0000 .. | | 00000 | 46-3823617 .. | 0000000000 | 0000000000 | ..... | HM HEALTH SOLUTIONS INC. | PA .. | NIA .. | HIGHMARK HEALTH | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 .. | | 00000 | 20-1825706 .. | 0000000000 | 0000000000 | ..... | SDLC PARTNERS, L.P. | PA .. | NIA .. | HM HEALTH SOLUTIONS INC. | Ownership | 10.5 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 15279 | 46-3476730 .. | 0000000000 | 0000000000 | ..... | PALLADIUM RISK RETENTION GROUP, INC. | VT .. | IA .. | HIGHMARK HEALTH | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 81-0919390 .. | 0000000000 | 0000000000 | ..... | HM HEALTH HOLDINGS COMPANY .. | PA .. | NIA .. | HIGHMARK HEALTH | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 81-0930502 .. | 0000000000 | 0000000000 | ..... | HM HOME AND COMMUNITY SERVICES LLC | PA .. | NIA .. | HM HEALTH HOLDINGS COMPANY .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | AAG-3313 | 0000000000 | 0000000000 | ..... | THRYVE DIGITAL HEALTH LLP | IND .. | NIA .. | HM HEALTH HOLDINGS COMPANY .. | Ownership | 1.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | AAG-3313 | 0000000000 | 0000000000 | ..... | THRYVE DIGITAL HEALTH LLP | IND .. | NIA .. | HM HEALTH SOLUTIONS INC. | Ownership | 99.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 45-3444157 .. | 0000000000 | 0000000000 | ..... | LAKE ERIE MEDICAL GROUP PC | PA .. | NIA .. | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 45-3913973 .. | 0000000000 | 0000000000 | ..... | PHYSICIAN LANDING ZONE PC | PA .. | NIA .. | ALLEGHENY CLINIC | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-1742869 .. | 0000000000 | 0000000000 | ..... | PREMIER MEDICAL ASSOCIATES, PC | PA .. | NIA .. | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 46-4682160 .. | 0000000000 | 0000000000 | ..... | PREMIER WOMEN'S HEALTH | PA .. | NIA .. | ALLEGHENY CLINIC | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 45-3444325 .. | 0000000000 | 0000000000 | ..... | HMPG INC. | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-1260215 .. | 0000000000 | 0000000000 | ..... | JEFFERSON REGIONAL MEDICAL CENTER | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | ..... | 0000000000 | 0000000000 | ..... | AHN EMERUS LLC | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Ownership | 51.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 47-3690355 .. | 0000000000 | 0000000000 | ..... | ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 15279 | 46-3476730 .. | 0000000000 | 0000000000 | ..... | PALLADIUM RISK RETENTION GROUP, INC. | VT .. | IA .. | ALLEGHENY HEALTH NETWORK | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-0965547 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT HEALTH CENTER | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-1406710 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT HEALTH SYSTEM | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-0969492 .. | 0000000000 | 0000000000 | ..... | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | PA .. | NIA .. | ALLEGHENY HEALTH NETWORK | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 20-5855753 .. | 0000000000 | 0000000000 | ..... | ALLE-KISKI MEDICAL CENTER TRUST | PA .. | NIA .. | ALLE-KISKI MEDICAL CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-1533746 .. | 0000000000 | 0000000000 | ..... | ASSOCIATED CLINICAL LABORATORIES, LP | PA .. | NIA .. | ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC | Ownership | 1.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 23-2939715 .. | 0000000000 | 0000000000 | ..... | CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE | PA .. | NIA .. | CANONSBURG GENERAL HOSPITAL | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 20-1017545 .. | 0000000000 | 0000000000 | ..... | ERIE MEDICAL COMPLEX, LLC | DE .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 25.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 27-3459870 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC .. | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 05-0591755 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT NWPA SURGERY CENTER, LTD | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 75.1 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 05-0544042 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT REHAB SOLUTIONS, LLC | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 25-1578290 .. | 0000000000 | 0000000000 | ..... | ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 80.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 23-2919277 .. | 0000000000 | 0000000000 | ..... | TRISTATE REGIONAL ASSOCIATES LLP | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 29.2 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 23-3099689 .. | 0000000000 | 0000000000 | ..... | VANTAGE CAPITAL MANAGEMENT, LTD | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 19.0 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 03-0477182 .. | 0000000000 | 0000000000 | ..... | VANTAGE HOLDING COMPANY, LLC .. | PA .. | NIA .. | CLINICAL SERVICES, INC | Ownership | 50.5 | HIGHMARK HEALTH | N ..... | ..... |
| 0000 .. | | 00000 | 11-2958041 .. | 0000000000 | 0000000000 | ..... | DAVIS VISION IPA, INC. | NY .. | NIA .. | DAVIS VISION, INC. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |

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

Q16.1

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------------|--------------------|------------|--------------|------------|--|--|------------------------|-------------------------------------|--|--|--|--|----------------------------------|---------|
| Group Code | Group Name | NAIC Comp-any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic-iliary Loca-tion | Rela-tion-ship to Report-ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | 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 | 82-2957473 | 000000000 | 0000000000 | | WELLMERICA, INC. | FL | NIA | GATEWAY HEALTHPLAN, L.P. | Ownership | 45.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-2440801 | 000000000 | 0000000000 | | FOREVERCARE HOLDINGS, LLC | AR | NIA | GATEWAY HEALTHPLAN, L.P. | Ownership | 49.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-2424834 | 000000000 | 0000000000 | | FOREVERCARE, INC. | AR | NIA | FOREVERCARE HOLDINGS, LLC | Ownership | 100.0 | 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 | |
| 0000 | | 00000 | 25-1494238 | 000000000 | 0000000000 | | CARING FOUNDATION | PA | NIA | HIGHMARK INC. | Board of Directors | | HIGHMARK HEALTH | N | |
| 0812 | HIGHMARK INC | 60147 | 23-2905083 | 000000000 | 0000000000 | | FIRST PRIORITY LIFE INSURANCE COMPANY, 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 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 | HIGHMARK INC | 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 LLC | 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 | | JEAN, 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 | |
| 0812 | HIGHMARK INC | 15020 | 45-2763165 | 000000000 | 0000000000 | | WEST VIRGINIA FAMILY HEALTH PLAN, INC | WV | IA | HIGHMARK WEST VIRGINIA INC. | Ownership | 60.0 | HIGHMARK HEALTH | N | |

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

Q162

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|--------------------|------------|--------------|------------|--|---|------------------------|-------------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Comp-any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic-iliary Loca-tion | Rela-tion-ship to Report-ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/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 | |
| 0812 | HIGHMARK INC | 93440 | 06-1041332 | 000000000 | 0000000000 | | HM LIFE INSURANCE COMPANY | PA | IA | HM INSURANCE GROUP, INC. | Ownership | 100.0 | HIGHMARK HEALTH | 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 | |

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 Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Relation- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 0000 | | 00000 | 90-0925581 | 0000000000 | 0000000000 | | PITTSBURGH BONE, JOINT & SPINE, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 46-3274101 | 0000000000 | 0000000000 | | PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 38-3807173 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 10, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 80-0494617 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 11, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 90-0614054 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 12, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 90-0451375 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 2, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 90-0451380 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 3, INC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 80-0403090 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 4, INC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 80-0403100 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 5, INC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-3684432 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 6, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 90-0503600 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 7, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 01-0927360 | 0000000000 | 0000000000 | | PRIMARY CARE GROUP 8, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 26-4194208 | 0000000000 | 0000000000 | | PRIME MEDICAL GROUP, PCG 1 | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 27-4011352 | 0000000000 | 0000000000 | | SOUTH HILLS SURGERY CENTER, LLC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 41.9 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 46-4954859 | 0000000000 | 0000000000 | | SOUTH PITTSBURGH UROLOGY ASSOCIATES | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 35-2367818 | 0000000000 | 0000000000 | | SPECIALTY GROUP PRACTICE 1, INC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-3540378 | 0000000000 | 0000000000 | | STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 72-1529328 | 0000000000 | 0000000000 | | THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 26-3112347 | 0000000000 | 0000000000 | | UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC | MN | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 1.3 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 25-1898743 | 0000000000 | 0000000000 | | WATERFRONT SURGERY CENTER, LLC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 25.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 25-1874990 | 0000000000 | 0000000000 | | WSC REALTY PARTNERS, L.P. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 23.5 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 51-0630744 | 0000000000 | 0000000000 | | CELTIC HEALTHCARE OF WESTMORELAND, LLC | PA | NIA | JV HOLDCO, LLC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 20-5661063 | 0000000000 | 0000000000 | | CELTIC HOSPICE AND PALLIATIVE CARE, LLC | PA | NIA | JV HOLDCO, LLC | Ownership | 79.9 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-5080712 | 0000000000 | 0000000000 | | HMPG PHARMACY LLC | PA | NIA | PROVIDER PPI LLC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 90-0812390 | 0000000000 | 0000000000 | | PDL DISTRIBUTION SERVICES LLC | PA | NIA | PROVIDER PPI LLC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 25-1631855 | 0000000000 | 0000000000 | | THE REGIONAL CANCER CENTER FOUNDATION | PA | NIA | REGIONAL CANCER CENTER | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 20-8572620 | 0000000000 | 0000000000 | | SVEC, LLC | PA | NIA | SAINT VINCENT HEALTH 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 Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Q164 | 0000 .. | 00000 | 25-1528055 .. | 0000000000 | 0000000000 | ..... | CLINICAL PATHOLOGY INSTITUTE | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1181389 .. | 0000000000 | 0000000000 | ..... | COOPERATIVE, INC | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1430922 .. | 0000000000 | 0000000000 | ..... | COMMUNITY BLOOD BANK OF ERIE COUNTY | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1856341 .. | 0000000000 | 0000000000 | ..... | ENERGYCARE, INC | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-0966611 .. | 0000000000 | 0000000000 | ..... | REGIONAL HEART NETWORK | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 45-5550348 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT HEALTH CENTER AUXILIARY, INC. | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1578290 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1498145 .. | 0000000000 | 0000000000 | ..... | ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Ownership | 17.3 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1736527 .. | 0000000000 | 0000000000 | ..... | VANTAGE HEALTH GROUP | PA | NIA .. | SAINT VINCENT HEALTH CENTER | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1403846 .. | 0000000000 | 0000000000 | ..... | ALLEGHENY HEALTH NETWORK | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Ownership | 80.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 15279 | 46-3476730 .. | 0000000000 | 0000000000 | ..... | HOME INFUSION, LLC | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1385705 .. | 0000000000 | 0000000000 | ..... | CLINICAL SERVICES, INC | VT | IA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 83-0371265 .. | 0000000000 | 0000000000 | ..... | PALLADIUM RISK RETENTION GROUP, INC. | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 20-3784338 .. | 0000000000 | 0000000000 | ..... | REGIONAL CANCER CENTER | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1679140 .. | 0000000000 | 0000000000 | ..... | REGIONAL HOME HEALTH AND HOSPICE | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Ownership | 55.5 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1669168 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT AFFILIATED PHYSICIANS | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 16-0743222 .. | 0000000000 | 0000000000 | ..... | SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 27-3035436 .. | 0000000000 | 0000000000 | ..... | THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1524682 .. | 0000000000 | 0000000000 | ..... | WESTFIELD MEMORIAL HOSPITAL, INC | NY | NIA .. | SAINT VINCENT HEALTH SYSTEM | Board of Directors ..... | ..... | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 45-3688292 .. | 0000000000 | 0000000000 | ..... | SILVER RAIN, LP | PA | NIA .. | SAINT VINCENT HEALTH SYSTEM | Ownership | 1.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 00000 | 0000000000 | 0000000000 | ..... | JENKINS-EMPIRE ASSOCIATES | PA | NIA .. | STANDARD PROPERTY CORPORATION .. | Ownership | 75.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0000 .. | 00000 | 25-1533746 .. | 0000000000 | 0000000000 | ..... | ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC | PA | NIA .. | TRISTATE REGIONAL ASSOCIATES LLP .. | Ownership | 40.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 95789 | 23-7328765 .. | 0000000000 | 0000000000 | ..... | ASSOCIATED CLINICAL LABORATORIES, LP | PA | NIA .. | TRISTATE REGIONAL ASSOCIATES LLP .. | Ownership | 39.6 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 52048 | 61-1012900 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC. | CA | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 47089 | 23-2541529 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS OF KENTUCKY, INC. | KY | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 95160 | 74-2489037 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC. | PA | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 96150 | 38-2289438 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC. | TX | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 95253 | 52-1542269 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC. | MI | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | HIGHMARK HEALTH | N ..... | ..... |
| | 0812 .. | 95253 | 52-1542269 .. | 0000000000 | 0000000000 | ..... | UNITED CONCORDIA DENTAL PLANS, INC. | MD | IA .. | UNITED CONCORDIA COMPANIES, INC. .. | Ownership | 100.0 | 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 Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Q16.5 | 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, INC. | Ownership | 50.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1838458 | 000000000 | 0000000000 | ..... | ALLEGHENY CLINIC | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 30-0314897 | 000000000 | 0000000000 | ..... | ALLEGHENY IMAGING OF MCCANDLESS | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 45.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1838457 | 000000000 | 0000000000 | ..... | ALLEGHENY MEDICAL PRACTICE NETWORK | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1320493 | 000000000 | 0000000000 | ..... | ALLEGHENY SINGER RESEARCH INSTITUTE | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1875178 | 000000000 | 0000000000 | ..... | ALLE-KISKI MEDICAL CENTER | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1737079 | 000000000 | 0000000000 | ..... | CANONSBURG GENERAL HOSPITAL | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1798379 | 000000000 | 0000000000 | ..... | FORBES HEALTH FOUNDATION | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 47-2368587 | 000000000 | 0000000000 | ..... | JV HOLDCO, LLC | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 59.6 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 26-1284448 | 000000000 | 0000000000 | ..... | MCCANDLESS ENDOSCOPY CENTER | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 50.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1880238 | 000000000 | 0000000000 | ..... | NORTH SHORE ENDOSCOPY CENTER | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 50.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1652874 | 000000000 | 0000000000 | ..... | OPTIMA IMAGING | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 20.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 15279 | 46-3476730 | 000000000 | 0000000000 | ..... | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 27-3982341 | 000000000 | 0000000000 | ..... | PETERS TOWNSHIP SURGERY CENTER, LLC | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 100.0 | HIGHMARK HEALTH | N | ..... |
| | 0000 | 00000 | 25-1472073 | 000000000 | 0000000000 | ..... | SUBURBAN HEALTH FOUNDATION ... | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |

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 Comp-any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic-iliary Loca-tion | Relation-ship to Report-ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 0000 .. | | 00000 | 20-1107650 . | 000000000 | 0000000000 | ..... | WEST PENN ALLEGHENY FOUNDATION, LLC | .. PA .. | ... NIA .. | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors ..... | ..... | HIGHMARK HEALTH | ... N .... | ..... |
| 0000 .. | | 00000 | 11-3683376 . | 000000000 | 0000000000 | ..... | ALLEGHENY CLINIC MEDICAL ONCOLOGY | .. PA .. | ... NIA .. | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | 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, INC. | 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, INC. | Ownership | 100.0 | HIGHMARK HEALTH | ... N .... | ..... |
| 0000 .. | | 00000 | 25-1470766 . | 000000000 | 0000000000 | ..... | WEST PENN HOSPITAL FOUNDATION | .. PA .. | ... NIA .. | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors ..... | ..... | HIGHMARK HEALTH | ... N .... | ..... |
| 0000 .. | | 00000 | 26-1630719 . | 000000000 | 0000000000 | ..... | WEST PENN NUROSURGERY PC | .. PA .. | ... NIA .. | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | 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 .... | ..... |

| 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.

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

| RESPONSE |
|----------|
| No |

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **September 30, 2017** OF THE **Gateway Health Plan of Ohio, Inc.**
SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION
Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,201,050 | 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 | 6,385 | 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) | 1,194,665 | 1,201,050 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,194,665 | 1,201,050 |

QS102

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 30,186,192 | 13,646,917 | 22,176,934 | (2,158) | 22,330,704 | 30,186,192 | 21,654,017 | 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 | 30,186,192 | 13,646,917 | 22,176,934 | (2,158) | 22,330,704 | 30,186,192 | 21,654,017 | 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 | 30,186,192 | 13,646,917 | 22,176,934 | (2,158) | 22,330,704 | 30,186,192 | 21,654,017 | 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 \$.....20,459,351; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-----------------------|---|----------------|---------------------|---|---|
| 9199999. Totals | 20,459,351 | X X X | 20,459,351 | 23,924 | |

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 | 58,081,802 | 89,678,212 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | 47,450,467 | 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) | 20,459,351 | 9,828,016 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 20,459,351 | 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 Equivalents) NONE

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|--|---------------------|--|-------|---------------------|---|---|---|-----------------|----------------|-------|
| | | | | | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 | 8 | |
| Depository | | | Code | Rate of Interest | | | First Month | Second Month | Third Month | * |
| open depositories | | | | | | | | | | |
| PNC Operating Medicaid | Jeannette, PA | | | | | | 47,522 | 50,000 | 50,000 | X X X |
| PNC Medicare Timing | Jeannette, PA | | | | | | 5,867,744 | 3,072,535 | 6,066,854 | X X X |
| PNC Medicare Claims | Jeannette, PA | | | | | | (1,928,438) | (2,631,595) | (2,194,279) | 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 | | | 3,986,827 | 490,940 | 3,922,575 | 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 | | | 3,986,827 | 490,940 | 3,922,575 | 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 | | | 3,986,827 | 490,940 | 3,922,575 | X X X |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

**INDEX TO HEALTH
QUARTERLY STATEMENT**

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

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

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

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

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

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

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

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

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

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

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

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

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

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; QSI03

 Received; Q6

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

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

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

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

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

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

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

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

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

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

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

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8