



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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 Website 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	
Frances Ann Woodward	Secretary	#
Sharon Marsonek Kelley	Treasurer	
Emil James Hynek Jr.	Assistant Treasurer	

OTHERS

DIRECTORS OR TRUSTEES

Nanette Paden DeTurk	Jean n/m/n Rush
David Arthur Blandino M.D.	Benjamin Ryland Carter
Susan Rita Croushore	Brian Robert Burgess

State of Pennsylvania
County of Allegheny ss

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

(Signature)	(Signature)	(Signature)
Patricia Joan Darnley	Frances Ann Woodward	Sharon Marsonek Kelley
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2018	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	51,351	5,777	45,657	161,785	59,785	204,784
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	51,351	5,777	45,657	161,785	59,785	204,784

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	2,135,088	6,316		11,616	17,902	2,135,060
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,135,088	6,316		11,616	17,902	2,135,060
0299998 Claim Overpayment Receivables - Not Individually Listed	(35,788)	(15,134)	454	625,781	575,313	
0299999 Subtotal - Claim Overpayment Receivables	(35,788)	(15,134)	454	625,781	575,313	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	24,956	33		44,271	69,259	
0699999 Subtotal - Other Receivables	24,956	33		44,271	69,259	
0799999 Gross health care receivables	2,124,256	(8,785)	454	681,668	662,474	2,135,060

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	1,667,581	5,164,209		2,152,962	1,667,581	1,660,908
2. Claim overpayment receivables	972,140	10,967,730		575,313	972,140	972,140
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	490		1,309	67,950	1,799	1,799
7. TOTALS (Lines 1 through 6)	2,640,211	16,131,939	1,309	2,796,225	2,641,520	2,634,847

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,568,529					1,568,529
0499999 Subtotals	1,568,529					1,568,529
0599999 Unreported claims and other claim reserves						11,632,079
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						13,200,608
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Gateway Heath Plan, Inc.	37,436					37,436	
0199999 Total - Individually listed receivables	37,436					37,436	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	37,436					37,436	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Gateway Health Plan, LP.	Management Services	1,538,687	1,538,687	
0199999 Total - Individually Listed Payables	X X X	1,538,687	1,538,687	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	1,538,687	1,538,687	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups			115,902	1,109.535		
2. Intermediaries	600,728	0.624	115,902	1,109.535	600,728	
3. All other providers	131,634	0.137	115,902	1,109.535		131,634
4. TOTAL Capitation Payments	732,362	0.761	347,706	3,328.604	600,728	131,634
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	95,466,600	99.239	X X X	X X X	27,899	95,438,701
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	95,466,600	99.239	X X X	X X X	27,899	95,438,701
13. TOTAL (Line 4 plus Line 12)	96,198,962	100.000	X X X	X X X	628,627	95,570,335

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	Davis Vision	146,565	12,214		
89070	UNITED CONCORDIA COMPANIES INC	454,163	37,847	340,842,522	56,456,425
9999999 TOTALS		600,728	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,940							1,940		
2. First Quarter	2,290							2,290		
3. Second Quarter	2,394							2,394		
4. Third Quarter	2,533							2,533		
5. Current Year	2,651							2,651		
6. Current Year Member Months	29,226							29,226		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	26,647							26,647		
8. Non-Physician	10,156							10,156		
9. TOTAL	36,803							36,803		
10. Hospital Patient Days Incurred	5,456							5,456		
11. Number of Inpatient Admissions	849							849		
12. Health Premiums Written (b)	25,509,066							25,509,066		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	25,509,066							25,509,066		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	24,848,321							24,848,321		
18. Amount Incurred for Provision of Health Care Services	24,526,677							24,526,677		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....25,509,066



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0812		REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR								NAIC Company Code 12325	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8			9	10
			2	3				Federal Employees Health Benefits Plan			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:											
1.	Prior Year	2,693							2,693		
2.	First Quarter	3,252							3,252		
3.	Second Quarter	3,420							3,420		
4.	Third Quarter	2,625							2,625		
5.	Current Year	3,771							3,771		
6.	Current Year Member Months	41,665							41,665		
TOTAL Member Ambulatory Encounters for Year:											
7.	Physician	32,412							32,412		
8.	Non-Physician	11,790							11,790		
9.	TOTAL	44,202							44,202		
10.	Hospital Patient Days Incurred	8,758							8,758		
11.	Number of Inpatient Admissions	1,221							1,221		
12.	Health Premiums Written (b)	37,797,313							37,797,313		
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	37,797,313							37,797,313		
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	33,243,029							33,243,029		
18.	Amount Incurred for Provision of Health Care Services	33,376,874							33,376,874		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....37,797,313



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	3,147							3,147		
2. First Quarter	3,556							3,556		
3. Second Quarter	3,699							3,699		
4. Third Quarter	3,880							3,880		
5. Current Year	4,024							4,024		
6. Current Year Member Months	45,011							45,011		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	26,582							26,582		
8. Non-Physician	26,517							26,517		
9. TOTAL	53,099							53,099		
10. Hospital Patient Days Incurred	13,687							13,687		
11. Number of Inpatient Admissions	1,616							1,616		
12. Health Premiums Written (b)	43,260,840							43,260,840		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	43,260,840							43,260,840		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	38,107,612							38,107,612		
18. Amount Incurred for Provision of Health Care Services	36,980,599							36,980,599		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....43,260,840



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0812 NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	7,780							7,780		
2. First Quarter	9,098							9,098		
3. Second Quarter	9,513							9,513		
4. Third Quarter	9,038							9,038		
5. Current Year	10,446							10,446		
6. Current Year Member Months	115,902							115,902		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	85,641							85,641		
8. Non-Physician	48,463							48,463		
9. TOTAL	134,104							134,104		
10. Hospital Patient Days Incurred	27,901							27,901		
11. Number of Inpatient Admissions	3,686							3,686		
12. Health Premiums Written (b)	106,567,219							106,567,219		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	106,567,219							106,567,219		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	96,198,962							96,198,962		
18. Amount Incurred for Provision of Health Care Services	94,884,150							94,884,150		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....106,567,219

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
0799999 Total - General Account - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93440	06-1041332	10/01/2016	HM LIFE INS CO	PA	SSL/A/I	MR	43,667	.....	.....	.....	.....	.....	.....
93440	06-1041332	10/01/2016	HM LIFE INS CO	PA	SSL/A/I	MR	53,047	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							96,715	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates							96,715	.....	.....	.....	.....	.....	.....
1199999 Total - General Account Authorized							96,715	.....	.....	.....	.....	.....	.....
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1899999 Total - General Account - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2999999 Total - General Account - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
3399999 Total - General Account - Certified .....							.....	.....	.....	.....	.....	.....	.....
3499999 Total - General Account - Authorized, Unauthorized and Certified							96,715	.....	.....	.....	.....	.....	.....
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4199999 Total - Separate Accounts - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
4599999 Total - Separate Accounts - Authorized .....							.....	.....	.....	.....	.....	.....	.....
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5299999 Total - Separate Accounts - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5699999 Total - Separate Accounts - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6399999 Total - Separate Accounts - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6699999 Total - Separate Accounts - Certified - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6799999 Total - Separate Accounts - Certified .....							.....	.....	.....	.....	.....	.....	.....
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified .....							.....	.....	.....	.....	.....	.....	.....
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							96,715	.....	.....	.....	.....	.....	.....
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....							.....	.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 3499999 and 6899999)							96,715	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	97	167	179		
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	163				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses		20			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	32,911,328		32,911,328
2. Accident and health premiums due and unpaid (Line 15)	2,296,933		2,296,933
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	2,282,024		2,282,024
6. TOTAL Assets (Line 28)	37,490,285		37,490,285
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	13,200,608		13,200,608
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	1,480		1,480
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	8,043,477		8,043,477
15. TOTAL Liabilities (Line 24)	21,245,565		21,245,565
16. TOTAL Capital and Surplus (Line 33)	16,244,719	X X X	16,244,719
17. TOTAL Liabilities, Capital and Surplus (Line 34)	37,490,285		37,490,285
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

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

1	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	000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	45-3674924	000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812		54771	23-1294723	000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-3823617	000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-3769205	000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1825706	000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	10.5	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	45-3444157	000000000	0000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	000000000	0000000000		PHYSICIAN LANDING ZONE PC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1742869	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-4682160	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3444325	000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1260215	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3655381	000000000	0000000000		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.0	HIGHMARK HEALTH	N	
0000		00000	47-3690355	000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0965547	000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969492	000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3438685	000000000	0000000000		MIMICOL LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	20-5855753	000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1533746	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	23-2939715	000000000	0000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1017545	000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	27-3459870	000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	05-0591755	000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
0000		00000	05-0544042	000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	80.0	HIGHMARK HEALTH	N	
0000		00000	23-2919277	000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N	
0000		00000	23-3099689	000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	N	

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

4.1.1

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)	*
0000 0812	HIGHMARK INC	00000 12325	03-0477182 30-0282076	0000000000 0000000000	0000000000 0000000000		VANTAGE HOLDING COMPANY, LLC GATEWAY HEALTH PLAN OF OHIO, INC.	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	N	
0812 0000 0000 0000 0812 0000	HIGHMARK INC	96938 00000 00000 00000 00000 00000	25-1505506 81-1343916 82-2957473 82-2440801 82-2424834 47-1817274	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000		GATEWAY HEALTH PLAN, INC. GATEWAY HEALTH FOUNDATION WELLMERICA, INC. FOREVERCARE HOLDINGS, LLC FOREVERCARE, INC. HIGHMARK BCBSO HEALTH OPTIONS INC.	OH PA PA FL AR AR	IA IA NIA NIA NIA IA	GATEWAY HEALTHPLAN, L.P. GATEWAY HEALTHPLAN, L.P. GATEWAY HEALTHPLAN, L.P. GATEWAY HEALTHPLAN, L.P. GATEWAY HEALTHPLAN, L.P. FOREVERCARE HOLDINGS, LLC	Board of Directors Board of Directors Board of Directors Ownership Ownership Ownership		HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH	N N N N N N	
0000 0812	HIGHMARK INC	00000 60147	25-1494238 23-2905083	0000000000 0000000000	0000000000 0000000000		CARING FOUNDATION FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	DE PA	NIA NIA	HIGHMARK BCBSO INC. HIGHMARK INC.	Board of Directors Board of Directors		HIGHMARK HEALTH HIGHMARK HEALTH	N N	
0000 0812 0812 0812 0812	HIGHMARK INC	00000 11435 53287 15508 15507	25-1691945 75-3002215 51-0020405 46-4763378 46-4757476	0000000000 0000000000 0000000000 0000000000 0000000000	0000000000 0000000000 0000000000 0000000000 0000000000		GATEWAY HEALTH PLAN, L.P. HCI, INC. HIGHMARK BCBSO INC. HIGHMARK BENEFITS GROUP INC HIGHMARK COVERAGE ADVANTAGE INC	PA VT DE PA	IA NIA IA IA	HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC.	Ownership Ownership Ownership Board of Directors Board of Directors	100.0 49.0 100.0	HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH	N N Y N N	0000003
0000 0812 0812	HIGHMARK INC	00000 10131 15460	25-1876666 20-2353206 46-4156633	0000000000 0000000000 0000000000	0000000000 0000000000 0000000000		HIGHMARK FOUNDATION HIGHMARK SELECT RESOURCES INC. HIGHMARK SENIOR HEALTH COMPANY	PA PA PA	IA NIA IA	HIGHMARK INC. HIGHMARK INC. HIGHMARK INC.	Board of Directors Board of Directors Ownership		HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH	N N N	
0000 0812 0000 0812 0000 0812	HIGHMARK INC	00000 54828 00000 71768 00000 96601	25-1645888 55-0624615 20-5457337 54-1637426 25-1646315 23-2413324	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000		HIGHMARK VENTURES LLC HIGHMARK WEST VIRGINIA INC. HM CENTERED HEALTH, INC HM HEALTH INSURANCE COMPANY HM INSURANCE GROUP, INC. HMO OF NORTHEASTERN PENNSYLVANIA, INC	PA PA WV PA PA PA	IA NIA IA IA NIA IA	HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC.	Board of Directors Ownership Board of Directors Ownership Ownership Ownership	100.0	HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH	N N N N N Y	0000003
0000 0936	INDEPENDENCE HEALTH GROUP INC.	00000 53252	25-1801124 23-2063810	0000000000 0000000000	0000000000 0000000000		HVHC LLC INTER-COUNTY HEALTH PLAN, INC.	PA DE	IA NIA	HIGHMARK INC. HIGHMARK INC.	Ownership Ownership	100.0 100.0	HIGHMARK HEALTH HIGHMARK HEALTH	N N	
0936 0000 0000 0000 0812 0000	INDEPENDENCE HEALTH GROUP INC.	54763 00000 00000 00000 95048 00000	23-0724427 25-1712017 25-1524682 25-1522457 52-1841060	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC. JEA, INC. JENKINS-EMPIRE ASSOCIATES HIGHMARK CHOICE COMPANY NATIONAL INSTITUTE FOR HEALTHCARE MANAGEMENT LLC	PA PA PA PA DE	IA NIA NIA IA NIA	HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC. HIGHMARK INC.	Board of Directors Ownership Ownership Board of Directors Board of Directors		HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH HIGHMARK HEALTH	N N N N N	0000002
0000 0000 0812 0000	HIGHMARK INC	00000 95048 00000	25-1411844 25-1668093	0000000000 0000000000	0000000000 0000000000		REMWORKS SLEEP STORE INC. STANDARD PROPERTY CORPORATION	PA PA	NIA NIA	HIGHMARK INC. HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH HIGHMARK HEALTH	N N	
0812	HIGHMARK INC	89070	25-1687586	0000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0000 0812	HIGHMARK INC	00000 15459	25-1691945 46-4156854	0000000000 0000000000	0000000000 0000000000		GATEWAY HEALTH PLAN, L.P. HIGHMARK SENIOR SOLUTIONS COMPANY	PA WV	IA IA	HIGHMARK INC. HIGHMARK VENTURES LLC	Ownership Ownership	100.0 1.0	HIGHMARK HEALTH HIGHMARK HEALTH	N N	0000003
0812	HIGHMARK INC	15020	45-2763165	0000000000	0000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	N	
							HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	60.0	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)	*
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	74-2337775	000000000	0000000000	.....	VISIONWORKS OF AMERICA, INC.	TX	NIA	HVHC LLC	Ownership	80.0	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

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)	*
41.3	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

41.4

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		00000	25-1528055	0000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE								
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		EMERGYCARE, 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	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership		HIGHMARK HEALTH	N	
0000		00000	83-0371265	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	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	25-0969488	0000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	16-0743222	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	27-3035436	0000000000	0000000000		THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3035436	0000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1524682	0000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	45-3688292	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	HIGHMARK INC	95789	23-7328765	0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	47089	23-2541529	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	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	HIGHMARK INC	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	HIGHMARK INC	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	
							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)	*
41.5	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	85766	86-0307623	000000000	0000000000	.....	UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC. ...	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	.....
	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	.....

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	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	11-3683376	0000000000	0000000000	.....	ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	.....
0000		00000	27-2344847	0000000000	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	0000000000	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	0000000000	0000000000	.....	WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	.....
0000		00000	26-1630719	0000000000	0000000000	.....	WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	.....
0000		00000	25-1528055	0000000000	0000000000	.....	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors		HIGHMARK HEALTH	N	.....
0000		00000	23-2919277	0000000000	0000000000	.....	TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership	1.5	HIGHMARK HEALTH	N	.....
0000		00000	23-7029185	0000000000	0000000000	.....	WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors		HIGHMARK HEALTH	N	.....
0000		00000	22-2270533	0000000000	0000000000	.....	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors		HIGHMARK HEALTH	N	.....

41.6

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.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	45-3674900	HIGHMARK HEALTH					254,807,302			428,600,676	683,407,978	
54771	23-1294723	HIGHMARK INC	1,029,280,633				398,973,220	(197,041,359)		(972,224,007)	258,988,487	(332,304,963)
00000	46-3823617	HM HEALTH SOLUTIONS INC.					99,061,708				99,061,708	(636,165)
00000	45-3913973	PHYSICIAN LANDING ZONE PC								72,350,000	72,350,000	
00000	25-0969492	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.								375,329,030	375,329,030	
12325	30-0282076	GATEWAY HEALTH PLAN OF OHIO, INC.		7,000,000							7,000,000	(20,510)
96938	25-1505506	GATEWAY HEALTH PLAN, INC.	(15,000,000)				(298,810,008)				(313,810,008)	
00000	25-1691945	GATEWAY HEALTH PLAN, L.P.	15,000,000	(13,000,000)			285,584,799				287,584,799	
00000	82-2440801	FOREVERCARE HOLDINGS LLC										
16300	82-2424834	FOREVERCARE, INC.		6,000,000							6,000,000	
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.										23,510,570
11435	75-3002215	HCI, INC.										
53287	51-0020405	HIGHMARK BCBSD INC.					(98,633,163)				(98,633,163)	
00000	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS					(91,708,335)				(91,708,335)	
15508	46-4763378	HIGHMARK BENEFITS GROUP INC										11,425,838
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC										856,940
10131	20-2353206	HIGHMARK SELECT RESOURCES INC.										344,435
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY					(193,595,149)	107,093,334			(86,501,815)	140,537,100
00000	25-1645888	HIGHMARK VENTURES LLC										
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.					(62,582,315)				(62,582,315)	(3,235,295)
00000	20-5457337	HM CENTERED HEALTH, INC.										
71768	54-1637426	HM HEALTH INSURANCE COMPANY					(64,480,033)	89,948,025			25,467,992	44,842,043
00000	25-1646315	HM INSURANCE GROUP, INC.		(20,000,000)							(20,000,000)	
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA, INC.										13,678,845
00000	25-1801124	HVHC LLC	(1,003,920,633)								(1,003,920,633)	
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.										(149,330)
54763	23-0724427	INTER-COUNTY HOSPITALIZATION PLAN, INC.										
00000	32-0371926	WEXFORD MEDICAL MALL LLC								95,944,301	95,944,301	
00000	74-2337775	VISIONWORKS OF AMERICA, INC.										
00000	25-1524682	JENKINS-EMPIRE ASSOCIATES	(360,000)								(360,000)	
95048	25-1522457	HIGHMARK CHOICE COMPANY					(178,986,353)				(178,986,353)	93,602,022
00000	25-1411844	REMWORKS SLEEP STORE INC.										
00000	25-1668093	STANDARD PROPERTY CORPORATION										
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC.	2,000,000				29,602,053				31,602,053	
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY										7,313,004
15020	45-2763165	WEST VIRGINIA FAMILY HEALTH PLAN, INC										
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY										7,482,234
93440	06-1041332	HM LIFE INSURANCE COMPANY		20,000,000							20,000,000	(7,246,768)
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NEW YORK										
00000	11-3051991	DAVIS VISION INC.										
00000	25-1128451	HM BENEFITS ADMINISTRATORS, INC.										

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95789 47089	23-7328765 23-2541529	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC. UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC	(2,000,000)								(2,000,000)	
95160 96150	74-2489037 38-2289438	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC. UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.										
95253 60222 85766	52-1542269 11-3008245 86-0307623	UNITED CONCORDIA DENTAL PLANS, INC. UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK UNITED CONCORDIA INSURANCE COMPANY	(25,000,000)				(79,233,726)				(25,000,000) (79,233,726)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

12325201736000002017Document Code: 360

Schedule SIS

12325201742000002017Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5

12325201737000002017Document Code: 370

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

123252017224000002017Document Code: 224

Approval for Relief related to Require. for Audit Committees

123252017226000002017Document Code: 226

Health Life Supplement

123252017205000002017Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

123252017371000002017Document Code: 371

Medicare Part D Coverage Supplement

123252017365000002017Document Code: 365

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

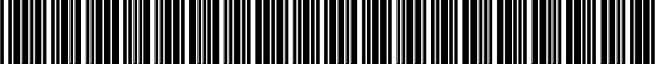
123252017225000002017Document Code: 225

LTC Supplemental Interrogatories

123252017306000002017Document Code: 306

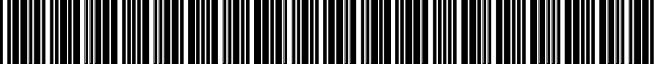
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



12325201721100000 2017 Document Code: 211

Management's Report of Internal Control over Financial Reporting



12325201722300000 2017 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

N O N E

**INDEX TO HEALTH
ANNUAL STATEMENT**

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14