



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
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[X] | | Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] | | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[] | |
| 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 | # |
|---------------------------------------|---------------------|---|
| Cain-Aten Hayes | President | # |
| Frances Ann Woodward | Secretary | |
| Heather Leigh Heather Leigh Tamborino | Treasurer | # |
| Christopher Michael Cogan | Assistant Treasurer | # |

OTHERS

DIRECTORS OR TRUSTEES

| | |
|----------------------------|----------------------|
| Peter J. Schied # | Karen Lynn Hanlon # |
| David Arthur Blandino M.D. | Stuart M. Kilpinen # |
| Susan Rita Croushore | Tony G. Farah M.D. # |

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) |
| Cain-Aten Hayes | Heather Leigh Tamborino | Frances Ann Woodward |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| President | Treasurer | Secretary |
| (Title) | (Title) | (Title) |

| | | |
|--|--------------------------------|--------------|
| Subscribed and sworn to before me this | a. Is this an original filing? | Yes[X] No[] |
| day of , 2019 | b. If no, | |
| | 1. State the amendment number | |
| | 2. Date filed | |
| | 3. Number of pages attached | |

(Notary Public Signature)

ASSETS

| | | Current Year | | | Prior Year |
|----------------------|--|--------------|--------------------|--------------------------------|---------------------|
| | | 1 | 2 | 3 | 4 |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols.1-2) | Net Admitted Assets |
| 1. | Bonds (Schedule D) | 1,183,589 | | 1,183,589 | 1,192,484 |
| 2. | Stocks (Schedule D): | | | | |
| 2.1 | Preferred stocks | | | | |
| 2.2 | Common Stocks | | | | |
| 3. | Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 | First liens | | | | |
| 3.2 | Other than first liens | | | | |
| 4. | Real estate (Schedule A): | | | | |
| 4.1 | Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 | Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 | Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. | Cash (\$.....1,866,353, Schedule E Part 1), cash equivalents (\$.....21,037,707, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA) | 22,904,060 | | 22,904,060 | 31,718,844 |
| 6. | Contract loans (including \$.....0 premium notes) | | | | |
| 7. | Derivatives (Schedule DB) | | | | |
| 8. | Other invested assets (Schedule BA) | | | | |
| 9. | Receivables for securities | | | | |
| 10. | Securities Lending Reinvested Collateral Assets (Schedule DL) | | | | |
| 11. | Aggregate write-ins for invested assets | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 24,087,648 | | 24,087,648 | 32,911,328 |
| 13. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 54,927 | | 54,927 | 41,554 |
| 15. | Premiums and considerations: | | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 459,379 | 112,416 | 346,963 | 204,784 |
| 15.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) | | | | |
| 15.3 | Accrued retrospective premiums (\$.....1,402,939) and contracts subject to redetermination (\$.....0) | 1,402,939 | | 1,402,939 | 2,092,149 |
| 16. | Reinsurance: | | | | |
| 16.1 | Amounts recoverable from reinsurers | | | | |
| 16.2 | Funds held by or deposited with reinsured companies | | | | |
| 16.3 | Other amounts receivable under reinsurance contracts | | | | |
| 17. | Amounts receivable relating to uninsured plans | 933,310 | 41,639 | 891,672 | 46,689 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | 8,846 | | 8,846 | 6,827 |
| 18.2 | Net deferred tax asset | 8,846 | | 8,846 | 14,459 |
| 19. | Guaranty funds receivable or on deposit | | | | |
| 20. | Electronic data processing equipment and software | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | 114,678 | | 114,678 | 37,436 |
| 24. | Health care (\$.....2,127,318) and other amounts receivable | 3,389,193 | 1,261,875 | 2,127,318 | 2,135,060 |
| 25. | Aggregate write-ins for other than invested assets | 51,075 | 51,075 | | |
| 26. | TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 30,510,841 | 1,467,004 | 29,043,837 | 37,490,285 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | TOTAL (Lines 26 and 27) | 30,510,841 | 1,467,004 | 29,043,837 | 37,490,285 |
| DETAILS OF WRITE-INS | | | | | |
| 1101. | ..... |  |  |  |  |
| 1102. | ..... |  |  |  |  |
| 1103. | ..... |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | Miscellaneous A/R | 51,075 | 51,075 | | |
| 2502. | ..... |  |  |  |  |
| 2503. | ..... |  |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 51,075 | 51,075 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Year | | | Prior Year |
|----------------------|--|--------------|----------------|--------------|--------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.....0 reinsurance ceded) | 13,030,335 | | 13,030,335 | 13,200,608 |
| 2. | Accrued medical incentive pool and bonus amounts | | | | |
| 3. | Unpaid claims adjustment expenses | 432,812 | | 432,812 | 409,370 |
| 4. | Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act | 77,109 | | 77,109 | 4,979,821 |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserves | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | 264,528 | | 264,528 | 1,480 |
| 9. | General expenses due or accrued | 48,940 | | 48,940 | 117,441 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | 1,127,993 | | 1,127,993 | 1,538,687 |
| 16. | Derivatives | | | | |
| 17. | Payable for securities | | | | |
| 18. | Payable for securities lending | | | | |
| 19. | Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) | | | | |
| 20. | Reinsurance in unauthorized and certified (\$.....0) companies | | | | |
| 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. | Liability for amounts held under uninsured plans | | | | 986,438 |
| 23. | Aggregate write-ins for other liabilities (including \$.....0 current) | 14,584 | | 14,584 | 11,720 |
| 24. | TOTAL Liabilities (Lines 1 to 23) | 14,996,301 | | 14,996,301 | 21,245,565 |
| 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 | 36,536,235 | 36,536,235 |
| 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 | (22,488,699) | (20,291,515) |
| 32. | Less treasury stock, at cost: | | | | |
| 32.1 |0 shares common (value included in Line 26 \$.....0) | X X X | X X X | | |
| 32.2 |0 shares preferred (value included in Line 27 \$.....0) | X X X | X X X | | |
| 33. | TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) | X X X | X X X | 14,047,536 | 16,244,719 |
| 34. | TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) | X X X | X X X | 29,043,837 | 37,490,285 |
| DETAILS OF WRITE-INS | | | | | |
| 2301. | Escheat Liability Medicare | 14,584 | | 14,584 | 11,720 |
| 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) | 14,584 | | 14,584 | 11,720 |
| 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 | | Prior Year |
|-----------------------|--|----------------|-------------|-------------|
| | | 1 Uncovered | 2 Total | 3 Total |
| 1. | Member Months | X X X | 125,769 | 115,902 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 109,247,325 | 106,470,504 |
| 3. | Change in unearned premium reserves and reserve 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 | 109,247,325 | 106,470,504 |
| Hospital and Medical: | | | | |
| 9. | Hospital/medical benefits | | 69,233,476 | 62,845,856 |
| 10. | Other professional services | | 10,438,897 | 13,031,040 |
| 11. | Outside referrals | | | |
| 12. | Emergency room and out-of-area | | 5,436,379 | 4,764,270 |
| 13. | Prescription drugs | | 9,148,906 | 11,260,630 |
| 14. | Aggregate write-ins for other hospital and medical | | 2,947,039 | 2,982,354 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | |
| 16. | Subtotal (Lines 9 to 15) | | 97,204,698 | 94,884,150 |
| Less: | | | | |
| 17. | Net reinsurance recoveries | | 774 | 162,920 |
| 18. | TOTAL Hospital and Medical (Lines 16 minus 17) | | 97,203,924 | 94,721,230 |
| 19. | Non-health claims (net) | | | |
| 20. | Claims adjustment expenses, including \$.....2,646,107 cost containment expenses | | 5,076,353 | 4,388,639 |
| 21. | General administrative expenses | | 11,199,114 | 9,077,923 |
| 22. | Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | (2,438,784) | 2,438,784 |
| 23. | TOTAL Underwriting Deductions (Lines 18 through 22) | | 111,040,607 | 110,626,576 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | (1,793,283) | (4,156,072) |
| 25. | Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 384,679 | 167,750 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | | 384,679 | 167,750 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....56,459)] | | (56,459) | (55,580) |
| 29. | Aggregate write-ins for other income or expenses | | | |
| 30. | Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | (1,465,062) | (4,043,902) |
| 31. | Federal and foreign income taxes incurred | X X X | (8,846) | |
| 32. | Net income (loss) (Lines 30 minus 31) | X X X | (1,456,217) | (4,043,902) |
| 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 (Line 0701 through 0703 plus 0798) (Line 7 above) | X X X | | |
| 1401. | DME | | 2,759,037 | 2,778,237 |
| 1402. | Hearing Hardware | | 76,950 | 75,541 |
| 1403. | Transportation Costs | | 111,052 | 128,577 |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | 2,947,039 | 2,982,354 |
| 2901. | ..... |  |  |  |
| 2902. | ..... |  |  |  |
| 2903. | ..... |  |  |  |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | | |
| 2999. | TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 |
|---------------------------|--|--------------|-------------|
| | | Current Year | Prior Year |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. | Capital and surplus prior reporting year | 16,244,719 | 12,656,707 |
| 34. | Net income or (loss) from Line 32 | (1,456,217) | (4,043,902) |
| 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 | (7,678) | 16,524 |
| 39. | Change in nonadmitted assets | (733,289) | 615,391 |
| 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 | | 7,000,000 |
| 45.2 | Transferred to capital (Stock Dividend) | | |
| 45.3 | Transferred from capital | | |
| 46. | Dividends to stockholders | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | |
| 48. | Net change in capital and surplus (Lines 34 to 47) | (2,197,184) | 3,588,012 |
| 49. | Capital and surplus end of reporting year (Line 33 plus 48) | 14,047,536 | 16,244,719 |
| 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 |
|---|---|--------------|-------------|
| | | Current Year | Prior Year |
| Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | 107,540,846 | 109,033,366 |
| 2. | Net investment income | 383,691 | 161,788 |
| 3. | Miscellaneous income | | |
| 4. | TOTAL (Lines 1 through 3) | 107,924,537 | 109,195,154 |
| 5. | Benefit and loss related payments | 97,965,857 | 97,024,328 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 18,253,535 | 12,879,782 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | (6,827) | 24,519 |
| 10. | TOTAL (Lines 5 through 9) | 116,212,565 | 109,928,629 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (8,288,028) | (733,475) |
| 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 (decrease) in contract loans and premium notes | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 minus 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 | | 7,000,000 |
| 16.3 | Borrowed funds | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 | Dividends to stockholders | | |
| 16.6 | Other cash provided (applied) | (526,756) | 1,449,593 |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (526,756) | 8,449,593 |
| 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) | (8,814,784) | 7,716,118 |
| 19. | Cash, cash equivalents and short-term investments: | | |
| 19.1 | Beginning of year | 31,718,844 | 24,002,726 |
| 19.2 | End of year (Line 18 plus Line 19.1) | 22,904,060 | 31,718,844 |

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

| | | | |
|---------|-------|--|--|
| 20.0001 | | | |
|---------|-------|--|--|

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------|--|-------------|---|------------------------|----------------|----------------|---|----------------------------|--------------------------|-----------------|---------------------|
| | | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. | Net premium income | 109,247,325 | | | | | | 109,247,325 | | | |
| 2. | Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | |
| 3. | Fee-for-service (net of \$.....0 medical expenses) | | | | | | | | | | X X X |
| 4. | Risk revenue | | | | | | | | | | X X X |
| 5. | Aggregate write-ins for other health care related revenues | | | | | | | | | | X X X |
| 6. | Aggregate write-ins for other non-health care related revenues | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 7. | TOTAL Revenues (Lines 1 to 6) | 109,247,325 | | | | | | 109,247,325 | | | |
| 8. | Hospital/medical benefits | 69,233,476 | | | | | | 69,233,476 | | | X X X |
| 9. | Other professional services | 10,438,897 | | | | | | 10,438,897 | | | X X X |
| 10. | Outside referrals | | | | | | | | | | X X X |
| 11. | Emergency room and out-of-area | 5,436,379 | | | | | | 5,436,379 | | | X X X |
| 12. | Prescription drugs | 9,148,906 | | | | | | 9,148,906 | | | X X X |
| 13. | Aggregate write-ins for other hospital and medical | 2,947,039 | | | | | | 2,947,039 | | | X X X |
| 14. | Incentive pool, withhold adjustments and bonus amounts | | | | | | | | | | X X X |
| 15. | Subtotal (Lines 8 to 14) | 97,204,698 | | | | | | 97,204,698 | | | X X X |
| 16. | Net reinsurance recoveries | 774 | | | | | | 774 | | | X X X |
| 17. | TOTAL Hospital and Medical (Lines 15 minus 16) | 97,203,924 | | | | | | 97,203,924 | | | X X X |
| 18. | Non-health claims (net) | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 19. | Claims adjustment expenses including \$.....2,646,107 cost containment expenses | 5,076,353 | | | | | | 5,076,353 | | | |
| 20. | General administrative expenses | 11,199,114 | | | | | | 11,199,114 | | | |
| 21. | Increase in reserves for accident and health contracts | (2,438,784) | | | | | | (2,438,784) | | | X X X |
| 22. | Increase in reserves for life contracts | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 23. | TOTAL Underwriting Deductions (Lines 17 to 22) | 111,040,607 | | | | | | 111,040,607 | | | |
| 24. | Net underwriting gain or (loss) (Line 7 minus Line 23) | (1,793,283) | | | | | | (1,793,283) | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 0501. | ..... |  |  |  |  |  |  |  |  |  | X X X |
| 0502. | ..... |  |  |  |  |  |  |  |  |  | X X X |
| 0503. | ..... |  |  |  |  |  |  |  |  |  | X X X |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | X X X |
| 0599. | TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | X X X |
| 0601. | ..... |  | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 0602. | ..... |  | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 0603. | ..... |  | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 1301. | DME | 2,759,037 | | | | | | 2,759,037 | | | X X X |
| 1302. | Hearing Hardware | 76,950 | | | | | | 76,950 | | | X X X |
| 1303. | Transportation | 111,052 | | | | | | 111,052 | | | X X X |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | X X X |
| 1399. | TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) | 2,947,039 | | | | | | 2,947,039 | | | X X X |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

| | | 1 | 2 | 3 | 4 |
|------------------|--|--------------------|------------------------|----------------------|---|
| | | Direct Business | Reinsurance Assumed | Reinsurance Ceded | Net Premium Income (Columns 1 + 2 - 3) |
| Line of Business | | | | | |
| 1. | Comprehensive (hospital and medical) ..... | ..... | ..... | ..... | ..... |
| 2. | Medicare Supplement ..... | ..... | ..... | ..... | ..... |
| 3. | Dental only ..... | ..... | ..... | ..... | ..... |
| 4. | Vision only ..... | ..... | ..... | ..... | ..... |
| 5. | Federal Employees Health Benefits Plan ..... | ..... | ..... | ..... | ..... |
| 6. | Title XVIII - Medicare | 109,340,271 | ..... | 92,947 | 109,247,325 |
| 7. | Title XIX - Medicaid ..... | ..... | ..... | ..... | ..... |
| 8. | Other health ..... | ..... | ..... | ..... | ..... |
| 9. | Health subtotal (Lines 1 through 8) | 109,340,271 | ..... | 92,947 | 109,247,325 |
| 10. | Life ..... | ..... | ..... | ..... | ..... |
| 11. | Property/casualty ..... | ..... | ..... | ..... | ..... |
| 12. | TOTALS (Lines 9 to 11) | 109,340,271 | ..... | 92,947 | 109,247,325 |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|--|------------------------|----------------|----------------|---|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 97,966,630 | | | | | | 97,966,630 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | 774 | | | | | | 774 | | | |
| 1.4 Net | 97,965,857 | | | | | | 97,965,857 | | | |
| 2. Paid medical incentive pools and bonuses | | | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 13,030,335 | | | | | | 13,030,335 | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | 13,030,335 | | | | | | 13,030,335 | | | |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | |
| 5. Accrued medical incentive pools and bonuses, current year | | | | | | | | | | |
| 6. Net healthcare receivables (a) | 591,659 | | | | | | 591,659 | | | |
| 7. Amounts recoverable from reinsurers December 31, current year .. | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 13,200,608 | | | | | | 13,200,608 | | | |
| 8.2 Reinsurance assumed | | | | | | | | | | |
| 8.3 Reinsurance ceded | | | | | | | | | | |
| 8.4 Net | 13,200,608 | | | | | | 13,200,608 | | | |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | | | | | | | | | | |
| 9.2 Reinsurance assumed | | | | | | | | | | |
| 9.3 Reinsurance ceded | | | | | | | | | | |
| 9.4 Net | | | | | | | | | | |
| 10. Accrued medical incentive pools and bonuses, prior year | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | | | | | | | | | | |
| 12. Incurred benefits: | | | | | | | | | | |
| 12.1 Direct | 97,204,698 | | | | | | 97,204,698 | | | |
| 12.2 Reinsurance assumed | | | | | | | | | | |
| 12.3 Reinsurance ceded | 774 | | | | | | 774 | | | |
| 12.4 Net | 97,203,924 | | | | | | 97,203,924 | | | |
| 13. Incurred medical incentive pools and bonuses | | | | | | | | | | |

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|---|------------------------|----------------|----------------|---|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Compre- hensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 1,848,999 | | | | | | 1,848,999 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | |
| 1.4 Net | 1,848,999 | | | | | | 1,848,999 | | | |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 11,181,336 | | | | | | 11,181,336 | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | |
| 2.4 Net | 11,181,336 | | | | | | 11,181,336 | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | |
| 4. TOTALS | | | | | | | | | | |
| 4.1 Direct | 13,030,335 | | | | | | 13,030,335 | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | 13,030,335 | | | | | | 13,030,335 | | | |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| | | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|------------------------|--|---|--|---|--|--|---|
| | | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| Line of Business | | | | | | | |
| 1. | Comprehensive (hospital and medical) ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | Medicare Supplement ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | Dental only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | Vision only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | Federal Employees Health Benefits Plan ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | Title XVIII - Medicare | 7,413,234 | 90,552,623 | 122,061 | 12,908,274 | 7,535,295 | 13,200,608 |
| 7. | Title XIX - Medicaid ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | Other health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | Health subtotal (Lines 1 to 8) | 7,413,234 | 90,552,623 | 122,061 | 12,908,274 | 7,535,295 | 13,200,608 |
| 10. | Healthcare receivables (a) | 1,261,880 | 2,127,313 | ..... | ..... | 1,261,880 | 2,797,534 |
| 11. | Other non-health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 12. | Medical incentive pool and bonus amounts ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 13. | TOTALS (Lines 9 - 10 + 11 + 12) | 6,151,354 | 88,425,310 | 122,061 | 12,908,274 | 6,273,415 | 10,403,075 |

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|---------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | 4,934 | 6,545 | 6,249 | 6,052 | 6,052 |
| 3. | 2015 | X X X | 40,481 | 52,547 | 51,990 | 51,974 |
| 4. | 2016 | X X X | X X X | 54,611 | 68,420 | 68,221 |
| 5. | 2017 | X X X | X X X | X X X | 82,886 | 93,311 |
| 6. | 2018 | X X X | X X X | X X X | X X X | 87,163 |

Section B - Incurred Health Claims

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---------------------------------------|-------------|---|-----------|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | 6,614 | 6,562 | 6,249 | 6,052 | 6,052 |
| 3. | 2015 | X X X | 54,862 | 52,826 | 51,990 | 51,974 |
| 4. | 2016 | X X X | X X X | 68,752 | 68,587 | 68,221 |
| 5. | 2017 | X X X | X X X | X X X | 95,919 | 93,793 |
| 6. | 2018 | X X X | X X X | X X X | X X X | 99,712 |

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

| Years in Which Premiums were Earned and Claims were Incurred | | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8) | 10 (Col. 9/1) Percent |
|---|------------|-----------------------------|-----------------------------|---|--------------------------------|---|--------------------------------|---------------------------|--|---|---------------------------------|
| 1. | 2014 | | 6,052 | 3,001 | 49.587 | 9,053 | | | | 9,053 | |
| 2. | 2015 | 59,869 | 51,974 | 3,302 | 6.353 | 55,276 | 92.327 | | | 55,276 | 92.327 |
| 3. | 2016 | 78,501 | 68,221 | 4,677 | 6.855 | 72,898 | 92.863 | | | 72,898 | 92.863 |
| 4. | 2017 | 106,471 | 93,311 | 5,190 | 5.562 | 98,501 | 92.514 | 482 | 15 | 98,998 | 92.981 |
| 5. | 2018 | 109,247 | 87,163 | 4,336 | 4.974 | 91,499 | 83.754 | 12,549 | 417 | 104,464 | 95.622 |

12 Grand Total

| | | | |
|----|---|-------|------|
| 12 | Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical | .... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical | ... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical | ... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement | .... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement | ... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement | ... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP | ..... | NONE |
| 12 | Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP | ..... | NONE |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|---------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | 4,934 | 6,545 | 6,249 | 6,052 | 6,052 |
| 3. | 2015 | X X X | 40,481 | 52,547 | 51,990 | 51,974 |
| 4. | 2016 | X X X | X X X | 54,611 | 68,420 | 68,221 |
| 5. | 2017 | X X X | X X X | X X X | 82,886 | 93,311 |
| 6. | 2018 | X X X | X X X | X X X | X X X | 87,163 |

Section B - Incurred Health Claims

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---------------------------------------|-------------|---|-----------|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | 6,614 | 6,562 | 6,249 | 6,052 | 6,052 |
| 3. | 2015 | X X X | 54,862 | 52,826 | 51,990 | 51,974 |
| 4. | 2016 | X X X | X X X | 68,752 | 68,587 | 68,221 |
| 5. | 2017 | X X X | X X X | X X X | 95,919 | 93,793 |
| 6. | 2018 | X X X | X X X | X X X | X X X | 99,712 |

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

| Years in Which Premiums were Earned and Claims were Incurred | | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8) | 10 (Col. 9/1) Percent |
|---|------------|-----------------------------|-----------------------------|---|--------------------------------|---|--------------------------------|---------------------------|--|---|---------------------------------|
| 1. | 2014 | | 6,052 | 3,001 | 49.587 | 9,053 | | | | 9,053 | |
| 2. | 2015 | 59,869 | 51,974 | 3,302 | 6.353 | 55,276 | 92.327 | | | 55,276 | 92.327 |
| 3. | 2016 | 78,501 | 68,221 | 4,677 | 6.855 | 72,898 | 92.863 | | | 72,898 | 92.863 |
| 4. | 2017 | 106,471 | 93,311 | 5,190 | 5.562 | 98,501 | 92.514 | 482 | 15 | 98,998 | 92.981 |
| 5. | 2018 | 109,247 | 87,163 | 4,336 | 4.974 | 91,499 | 83.754 | 12,549 | 417 | 104,464 | 95.622 |

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|--------|---|------------------------|----------------|----------------|---|----------------------------|--------------------------|-------|
| | Total | Compre- hensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 1. Unearned premium reserves | | | | | | | | | |
| 2. Additional policy reserves (a) | | | | | | | | | |
| 3. Reserve for future contingent benefits | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) | 77,109 | | | | | | 77,109 | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | |
| 6. TOTALS (Gross) | 77,109 | | | | | | 77,109 | | |
| 7. Reinsurance ceded | | | | | | | | | |
| 8. TOTALS (Net) (Page 3, Line 4) | 77,109 | | | | | | 77,109 | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | |
| 12. TOTALS (Gross) | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | |
| 14. TOTALS (Net) (Page 3, Line 7) | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. | | | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | |
| 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .. | | | | | | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .. | | | | | | | | | |

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

| | | Claim Adjustment Expenses | | 3 | 4 | 5 |
|----------------------|--|---------------------------|---------------------------------|---------------------------------|---------------------|----------------|
| | | 1 | 2 | | | |
| | | Cost Containment Expenses | Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. | Rent (\$.....0 for occupancy of own building) | 33,870 | 31,107 | 96,341 | | 161,318 |
| 2. | Salaries, wages and other benefits | 1,054,738 | 968,696 | 3,000,111 | | 5,023,545 |
| 3. | Commissions (less \$.....0 ceded plus \$.....0 assumed) | | | 2,715,462 | | 2,715,462 |
| 4. | Legal fees and expenses | 18,258 | 16,769 | 51,934 | | 86,961 |
| 5. | Certifications and accreditation fees | 794 | 729 | 2,258 | | 3,781 |
| 6. | Auditing, actuarial and other consulting services | 197,929 | 181,782 | 562,991 | | 942,702 |
| 7. | Traveling expenses | 19,052 | 17,498 | 54,192 | | 90,741 |
| 8. | Marketing and advertising | 42,073 | 38,641 | 119,673 | | 200,387 |
| 9. | Postage, express and telephone | 27,520 | 25,275 | 78,277 | | 131,071 |
| 10. | Printing and office supplies | 35,193 | 32,322 | 100,104 | | 167,620 |
| 11. | Occupancy, depreciation and amortization | 44,984 | 41,314 | 127,953 | | 214,251 |
| 12. | Equipment | | | | | |
| 13. | Cost or depreciation of EDP equipment and software | | | | | |
| 14. | Outsourced services including EDP, claims, and other services | 1,088,079 | 999,317 | 3,094,946 | | 5,182,342 |
| 15. | Boards, bureaus and association fees | 10,055 | 9,235 | 28,601 | | 47,891 |
| 16. | Insurance, except on real estate | 7,938 | 7,291 | 22,580 | | 37,809 |
| 17. | Collection and bank service charges | | | | 9,461 | 9,461 |
| 18. | Group service and administration fees | | | 64,901 | | 64,901 |
| 19. | Reimbursements by uninsured plans | | | | | |
| 20. | Reimbursements from fiscal intermediaries | | | | | |
| 21. | Real estate expenses | | | | | |
| 22. | Real estate taxes | | | | | |
| 23. | Taxes, licenses and fees: | | | | | |
| 23.1 | State and local insurance taxes | | | | | |
| 23.2 | State premium taxes | | | | | |
| 23.3 | Regulatory authority licenses and fees | | | | | |
| 23.4 | Payroll taxes | 65,623 | 60,270 | 186,660 | | 312,554 |
| 23.5 | Other (excluding federal income and real estate taxes) | | | | | |
| 24. | Investment expenses not included elsewhere | | | | 12,634 | 12,634 |
| 25. | Aggregate write-ins for expenses | | | 892,132 | | 892,132 |
| 26. | TOTAL Expenses Incurred (Lines 1 to 25) | 2,646,107 | 2,430,246 | 11,199,114 | 22,095 | (a) 16,297,562 |
| 27. | Less expenses unpaid December 31, current year | | 432,812 | 42,815 | 6,125 | 481,752 |
| 28. | Add expenses unpaid December 31, prior year | | 409,370 | 114,807 | 2,635 | 526,812 |
| 29. | Amounts receivable relating to uninsured plans, prior year | | | | | |
| 30. | Amounts receivable relating to uninsured plans, current year | | | | | |
| 31. | TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 2,646,107 | 2,406,804 | 11,271,106 | 18,605 | 16,342,622 |
| DETAILS OF WRITE-INS | | | | | | |
| 2501. | Miscellaneous Expenses | | | 892,132 | | 892,132 |
| 2502. | ..... |  |  |  |  |  |
| 2503. | ..... |  |  |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | 892,132 | | 892,132 |

(a) Includes management fees of \$.....13,412,968 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | | 1 | 2 |
|---|---|--------------------------|-----------------------|
| | | Collected During Year | Earned During Year |
| 1. | U.S. Government bonds | (a)..... 43,544 | 43,544 |
| 1.1 | Bonds exempt from U.S. tax | (a)..... | ..... |
| 1.2 | Other bonds (unaffiliated) | (a)..... | ..... |
| 1.3 | Bonds of affiliates | (a)..... | ..... |
| 2.1 | Preferred stocks (unaffiliated) | (b)..... | ..... |
| 2.11 | Preferred stocks of affiliates | (b)..... | ..... |
| 2.2 | Common stocks (unaffiliated) ..... | ..... | ..... |
| 2.21 | Common stocks of affiliates ..... | ..... | ..... |
| 3. | Mortgage loans | (c)..... | ..... |
| 4. | Real estate | (d)..... | ..... |
| 5. | Contract loans ..... | ..... | ..... |
| 6. | Cash, cash equivalents and short-term investments | (e)..... 349,833 | 363,207 |
| 7. | Derivative instruments | (f)..... | ..... |
| 8. | Other invested assets ..... | ..... | ..... |
| 9. | Aggregate write-ins for investment income ..... | ..... | ..... |
| 10. | TOTAL gross investment income | 393,377 | 406,751 |
| 11. | Investment expenses ..... | ..... | (g)..... 22,072 |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes ..... | ..... | (g)..... |
| 13. | Interest expense ..... | ..... | (h)..... |
| 14. | Depreciation on real estate and other invested assets ..... | ..... | (i)..... |
| 15. | Aggregate write-ins for deductions from investment income ..... | ..... | ..... |
| 16. | TOTAL Deductions (Lines 11 through 15) ..... | ..... | ..... 22,072 |
| 17. | Net Investment income (Line 10 minus Line 16) ..... | ..... | ..... 384,679 |
| DETAILS OF WRITE-INS | | | |
| 0901. | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... |
| 0903. | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page ..... | ..... | ..... |
| 0999. | TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) ..... | ..... | ..... |
| 1501. | ..... | ..... | ..... |
| 1502. | ..... | ..... | ..... |
| 1503. | ..... | ..... | ..... |
| 1598. | Summary of remaining write-ins for Line 15 from overflow page ..... | ..... | ..... |
| 1599. | TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) ..... | ..... | ..... |
| (a) Includes \$.....0 accrual of discount less \$.....8,895 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | | |
| (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases. | | | |
| (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | | |
| (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances. | | | |
| (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | | |
| (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium. | | | |
| (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts. | | | |
| (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes. | | | |
| (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets. | | | |

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | | 1 | 2 | 3 | 4 | 5 |
|----------------------|--|---|-------------------------------|---|--|--|
| | | Realized Gain (Loss) on Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. | U.S. Government bonds ..... | ..... | ..... | ..... | ..... | ..... |
| 1.1 | Bonds exempt from U.S. tax ..... | ..... | ..... | ..... | ..... | ..... |
| 1.2 | Other bonds (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 1.3 | Bonds of affiliates ..... | ..... | ..... | ..... | ..... | ..... |
| 2.1 | Preferred stocks (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 2.11 | Preferred stocks of affiliates ..... | ..... | ..... | ..... | ..... | ..... |
| 2.2 | Common stocks (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 2.21 | Common stocks of affiliates ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | Mortgage loans ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | Real estate ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | Contract loans ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | Cash, cash equivalents and short-term investments ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | Derivative instruments ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | Other invested assets ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | Aggregate write-ins for capital gains (losses) ..... | ..... | ..... | ..... | ..... | ..... |
| 10. | TOTAL Capital gains (losses) ..... | ..... | ..... | ..... | ..... | ..... |
| DETAILS OF WRITE-INS | | | | | | |
| 0901. | ..... | ..... | ..... | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... | ..... | ..... | ..... |
| 0903. | ..... | ..... | ..... | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page ..... | ..... | ..... | ..... | ..... | ..... |
| 0999. | TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) ..... | ..... | ..... | ..... | ..... | ..... |

EXHIBIT OF NONADMITTED ASSETS

| | | 1 | 2 | 3 |
|----------------------|---|--|--|--|
| | | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
| 1. | Bonds (Schedule D) | | | |
| 2. | Stocks (Schedule D): | | | |
| 2.1 | Preferred stocks | | | |
| 2.2 | Common stocks | | | |
| 3. | Mortgage loans on real estate (Schedule B): | | | |
| 3.1 | First liens | | | |
| 3.2 | Other than first liens | | | |
| 4. | Real estate (Schedule A): | | | |
| 4.1 | Properties occupied by the company | | | |
| 4.2 | Properties held for the production of income | | | |
| 4.3 | Properties held for sale | | | |
| 5. | Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) | | | |
| 6. | Contract loans | | | |
| 7. | Derivatives (Schedule DB) | | | |
| 8. | Other invested assets (Schedule BA) | | | |
| 9. | Receivables for securities | | | |
| 10. | Securities lending reinvested collateral assets (Schedule DL) | | | |
| 11. | Aggregate write-ins for invested assets | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | | |
| 13. | Title plants (for Title insurers only) | | | |
| 14. | Invested income due and accrued | | | |
| 15. | Premium and considerations: | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 112,416 | 59,785 | (52,630) |
| 15.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due | | | |
| 15.3 | Accrued retrospective premiums and contracts subject to redetermination | | | |
| 16. | Reinsurance: | | | |
| 16.1 | Amounts recoverable from reinsurers | | | |
| 16.2 | Funds held by or deposited with reinsured companies | | | |
| 16.3 | Other amounts receivable under reinsurance contracts | | | |
| 17. | Amounts receivable relating to uninsured plans | 41,639 | | (41,639) |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | |
| 18.2 | Net deferred tax asset | | 2,065 | 2,065 |
| 19. | Guaranty funds receivable or on deposit | | | |
| 20. | Electronic data processing equipment and software | | | |
| 21. | Furniture and equipment, including health care delivery assets | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | |
| 24. | Health care and other amounts receivable | 1,261,875 | 662,474 | (599,401) |
| 25. | Aggregate write-ins for other than invested assets | 51,075 | 9,390 | (41,684) |
| 26. | TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 1,467,004 | 733,715 | (733,289) |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 28. | TOTAL (Lines 26 and 27) | 1,467,004 | 733,715 | (733,289) |
| DETAILS OF WRITE-INS | | | | |
| 1101. | ..... |  |  |  |
| 1102. | ..... |  |  |  |
| 1103. | ..... |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | |
| 1199. | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | |
| 2501. | Miscellaneous AR | 51,075 | 9,390 | (41,684) |
| 2502. | ..... |  |  |  |
| 2503. | ..... |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 51,075 | 9,390 | (41,684) |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | | Total Members at End of | | | | | 6 |
|----------------------|--|-------------------------|-----------------------|------------------------|-----------------------|----------------------|----------------------------------|
| | | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | Current Year Member Months |
| 1. | Health Maintenance Organizations | 10,446 | 10,609 | 10,583 | 10,477 | 9,944 | 125,769 |
| 2. | Provider Service Organizations | | | | | | |
| 3. | Preferred Provider Organizations | | | | | | |
| 4. | Point of Service | | | | | | |
| 5. | Indemnity Only | | | | | | |
| 6. | Aggregate write-ins for other lines of business | | | | | | |
| 7. | TOTAL | 10,446 | 10,609 | 10,583 | 10,477 | 9,944 | 125,769 |
| DETAILS OF WRITE-INS | | | | | | | |
| 0601. | ..... |  |  |  |  |  |  |
| 0602. | ..... |  |  |  |  |  |  |
| 0603. | ..... |  |  |  |  |  |  |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | | | | | | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | | | | | | |

Notes to Financial Statements

1. Summary of Significant Accounting Policies

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

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

| | | SSAP # | F/S Page | F/S Line # | 2018 | 2017 |
|------------|---|-----------|-------------|---------------|---------------|---------------|
| | | | | | | |
| NET INCOME | | | | | | |
| | | | | | | |
| (1) | State basis (Page 4, Line 32, Columns 2 & 3) | | | | (\$1,465,062) | (\$4,043,902) |
| | | | | | | |
| (2) | State Prescribed Practices that increase/(decrease) NAIC SAP: | | | | | |
| (201) | | | | | | |
| (299) | Total | | | | | |
| | | | | | | |
| (3) | State Permitted Practices that increase/(decrease) NAIC SAP: | | | | | |
| (301) | | | | | | |
| (399) | Total | | | | | |
| | | | | | | |
| (4) | NAIC SAP (1-2-3=4) | | | | (\$1,465,062) | (\$4,043,902) |
| | | | | | | |
| SURPLUS | | | | | | |
| | | | | | | |
| (5) | State basis (Page 3, Line 33, Columns 3 & 4) | | | | \$14,047,536 | \$16,244,719 |
| | | | | | | |
| (6) | State Prescribed Practices that increase/(decrease) NAIC SAP: | | | | | |
| (601) | | | | | | |
| (699) | Total | | | | | |
| | | | | | | |
| (7) | State Permitted Practices that increase/(decrease) NAIC SAP: | | | | | |
| (701) | | | | | | |
| (799) | Total | | | | | |
| | | | | | | |
| (8) | NAIC SAP (5-6-7=8) | | | | \$14,047,536 | \$16,244,719 |
| | | | | | | |

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

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

GHPOI provides Medicare managed care services under a contract with Centers for Medicare and Medicaid Services (“CMS”). GHPOI recognizes premiums per capita fixed payments made by CMS on behalf of enrolled program beneficiaries and recognizes premiums received for members as revenue in the period for which healthcare coverage relates. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

Notes to Financial Statements

In addition, GHPOI uses the following accounting policies:

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

D. Going Concern – Not Applicable.

2. Accounting Changes and Corrections of Errors
Not Applicable

3. Business Combinations and Goodwill
Not Applicable

4. Discontinued Operations
Not Applicable

5. Investments

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

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

Notes to Financial Statements

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable
- J. Real Estate – Not Applicable
- K. Low Income Housing Tax Credits – Not Applicable
- L. Restricted Assets

(1) Restricted Assets (Including Pledged): GHPOI has \$1,183,589 in Restricted Assets.

| Restricted Asset Category | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------------|--|---|--|----------------------------------|---|--|--|--|
| | Gross Deferred Tax Assets | Total Gross (Admitted and Nonadmitted) Restricted from Current Year | Total Gross (Admitted and Nonadmitted) Restricted from Prior Year | Increase /(Decrease) (1 minus 2) | Total Current Year Nonadmitted Restricted | Total Current Year Admitted Restricted (1 minus 4) | Gross (Admitted & Nonadmitted Restricted to Total Assets (a) | Admitted Restricted to Total Admitted Assets (b) |
| a. | Subject to contractual obligation for which liability is not shown | | | | | | | |
| b. | Collateral held under security lending agreements | | | | | | | |
| c. | Subject to repurchase agreements | | | | | | | |
| d. | Subject to reverse repurchase agreements | | | | | | | |
| e. | Subject to dollar repurchase agreements | | | | | | | |
| f. | Subject to dollar reverse repurchase agreements | | | | | | | |
| g. | Placed under options contracts | | | | | | | |
| h. | Letter stock or securities restricted as to sale | | | | | | | |
| i. | FHLB Capital Stock | | | | | | | |
| j. | On deposit with states | \$1,183,589 | \$1,192,484 | (\$8,895) | | \$1,183,589 | 3.88% | 4.08% |
| k. | On deposit with other regulatory bodies | | | | | | | |
| l. | Pledges collateral to FHLB | | | | | | | |
| m. | Pledged as collateral not captured in other categories | | | | | | | |
| n. | Other restricted assets | | | | | | | |
| o. | Total Restricted Assets | \$1,183,589 | \$1,192,484 | (\$8,895) | | \$1,183,589 | 3.88% | 4.08% |

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

- M. Working Capital Finance Investment - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities – Not Applicable
- O. Structured Notes – Not Applicable
- P. 5GI Securities – Not Applicable
- Q. Short Sales – Not Applicable
- R. Prepayment Penalty and Acceleration Fee – Not Applicable

Notes to Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

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

8. Derivative Instruments

Not applicable

9. Income Taxes

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

| Description | | 12/31/2018 | | | 12/31/2017 | | | Change | | |
|-------------|---|---------------|--------------|----------------------------|---------------|--------------|----------------------------|-------------------------------|---------------------------------|----------------------------|
| | | 1 Ordinary | 2 Capital | 3 (Col. 1 + 2) Total | 4 Ordinary | 5 Capital | 6 (Col. 4 + 5) Total | 7 (Col. 1 – 4) Ordinary | 8 (Col. 2 – 5) Capital | 9 (Col. 7 + 8) Total |
| a. | Gross Deferred Tax Assets | 7,316,619 | | 7,316,619 | 6,422,971 | | 6,422,971 | 893,648 | | 893,648 |
| b. | Statutory Valuation Allowance Adjustments | 7,287,419 | | 7,287,419 | 6,406,447 | | 6,406,447 | 880,972 | | 880,972 |
| c. | Adjusted Gross Deferred Tax Assets (1a – 1b) | 29,200 | | 29,200 | 16,524 | | 16,524 | 12,676 | | 12,676 |
| d. | Deferred Tax Assets Non- admitted | | | | 2,065 | | 2,065 | (2,065) | | (2,065) |
| e. | Subtotal Net Admitted Deferred Tax Asset (1c – 1d) | 29,200 | | 29,200 | 14,459 | | 14,459 | 14,741 | | 14,741 |
| f. | Deferred Tax Liabilities | 20,354 | | 20,354 | | | | 20,354 | | 20,354 |
| g. | Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f) | 8,846 | | 8,846 | 14,459 | | 14,459 | (5,613) | | (5,613) |

Notes to Financial Statements

2.

| Description | | 12/31/2018 | | | 12/31/2017 | | | Change | | |
|-------------|--|---------------|--------------|----------------------------|---------------|--------------|----------------------------|-------------------------------|------------------------------|-------------------------|
| | | 1 Ordinary | 2 Capital | 3 (Col. 1 + 2) Total | 4 Ordinary | 5 Capital | 6 (Col. 4 + 5) Total | 7 (Col. 1 – 4) Ordinary | 8 (Col. 2 – 5) Capital | 9 (Col. 7 + 8) Total |
| a. | Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks | | | | | | | | | |
| b | Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below) | 8,846 | | 8,846 | 14,459 | | 14,459 | (5,613) | | (5,613) |
| b1. | Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date | | | | 14,459 | | 14,459 | 8,846 | | 14,459 |
| b2. | Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold | XXX | XXX | 2,107,130 | XXX | XXX | 2,434,539 | XXX | XXX | (327,409) |
| c. | Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities | 20,354 | | 20,354 | | | | 20,354 | | 20,354 |
| d. | Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c) | 29,200 | | 29,200 | 14,459 | | 14,459 | 14,741 | | 14,741 |

The ratios used to determine applicable period used for determining the amount of adjusted gross DTA, expected to be realized and the amount of adjusted capital and surplus used to determine the percentage threshold limitation at December 31 were:

3.

| | Description | 2018 | 2017 |
|----|--|------------|------------|
| a. | Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount | 320.831% | 387.909% |
| b. | Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above | 14,038,690 | 16,230,261 |

4. Impact of Tax Planning Strategies

For the years ending December 31, 2018 and 2017, the Corporation has not employed any tax planning strategies to admit DTAs.

B. Regarding Deferred Tax Liabilities that are not recognized:

For the years ending December 31, 2018 and 2017, the Corporation does not have situations where DTL’s are not recognized for amounts described in SSAP 101.

Notes to Financial Statements

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

| | Description | 1 | 2 | 3 |
|-----|--|------------|------------|------------------------|
| | | 12/31/2018 | 12/31/2017 | (Col. 1 – 2) Change |
| 1. | Current Income Tax | | | |
| a. | Federal | (8,846) | 0 | (8,846) |
| b. | Foreign | 0 | 0 | 0 |
| c. | Subtotal | (8,846) | 0 | (8,846) |
| d. | Federal income tax on net capital gains | 0 | 0 | 0 |
| e. | Utilization of capital loss carry-forwards | 0 | 0 | 0 |
| f. | Other | 0 | 0 | 0 |
| g. | Federal and foreign income taxes incurred | (8,846) | 0 | (8,846) |
| 2. | Deferred Tax Assets: | 0 | 0 | 0 |
| a. | Ordinary | 0 | 0 | 0 |
| 1. | Discounting of unpaid losses | 43,427 | 20,638 | 22,789 |
| 2. | Unearned premium reserve | 0 | 0 | 0 |
| 3. | Policyholder reserves | 0 | 0 | 0 |
| 4. | Investments | 0 | 0 | 0 |
| 5. | Deferred acquisition costs | 0 | 0 | 0 |
| 6. | Policyholder dividends accrual | 0 | 0 | 0 |
| 7. | Fixed assets | 0 | 0 | 0 |
| 8. | Compensation and benefits accrual | 0 | 0 | 0 |
| 9. | Pension accrual | 0 | 0 | 0 |
| 10. | Receivables – nonadmitted | 308,071 | 153,647 | 154,424 |
| 11. | Net operating loss carry-forward | 6,950,607 | 5,709,966 | 1,240,641 |
| 12. | Tax credit carry-forward | 8,846 | 17,692 | (8,846) |
| 13. | Other (including items < 5% of total ordinary tax assets) | 5,668 | 521,028 | (515,360) |
| 99. | Subtotal | 7,316,619 | 6,247,812 | 893,648 |
| b. | Statutory valuation allowance adjustment | 7,287,419 | 6,406,477 | 880,972 |
| c. | Nonadmitted | 0 | 2,065 | (2,065) |
| d. | Admitted ordinary deferred tax assets (2a99 – 2b – 2c) | 29,200 | 14,459 | 14,741 |
| e. | Capital: | 0 | 0 | 0 |
| 1. | Investments | 0 | 0 | 0 |
| 2. | Net capital loss carry-forward | 0 | 0 | 0 |
| 3. | Real estate | 0 | 0 | 0 |
| 4. | Other (including items < 5% of total capital tax assets) | 0 | 0 | 0 |
| 99. | Subtotal | 0 | 0 | 0 |
| f. | Statutory valuation allowance adjustment | 0 | 0 | 0 |
| g. | Nonadmitted | 0 | 0 | 0 |
| h. | Admitted capital deferred tax assets (2e99 – 2f – 2g) | 0 | 0 | 0 |
| i. | Admitted deferred tax assets (2d + 2h) | 29,200 | 14,459 | 14,741 |
| 3. | Deferred Tax Liabilities: | 0 | 0 | 0 |
| a. | Ordinary | 0 | 0 | 0 |
| 1. | Investments | 0 | 0 | 0 |
| 2. | Fixed assets | 0 | 0 | 0 |
| 3. | Deferred and uncollected premium | 0 | 0 | 0 |
| 4. | Policyholder reserves | 0 | 0 | 0 |
| 5. | Other (including items < 5% of total ordinary tax liabilities) | 20,354 | 0 | 20,354 |
| 99. | Subtotal | 0 | 0 | 0 |
| b. | Capital: | 0 | 0 | 0 |
| 1. | Investments | 0 | 0 | 0 |
| 2. | Real estate | 0 | 0 | 0 |
| 3. | Other (including items < 5% of total capital tax liabilities) | 0 | 0 | 0 |
| 99. | Subtotal | 0 | 0 | 0 |
| c. | Deferred tax liabilities (3a99 + 3b99) | 0 | 0 | 0 |
| 4. | Net deferred tax assets/liabilities (2i – 3c) | 8,846 | 14,459 | (5,613) |

Notes to Financial Statements

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

| | 2018 | 2017 | Change |
|---|--------|--------|---------|
| Adjusted gross deferred tax assets | 29,200 | 16,524 | 12,676 |
| Total deferred tax liabilities | 20,354 | - | 20,354 |
| Net deferred tax liabilities | 8,846 | 16,524 | (7,678) |
| Net deferred tax assets / (liabilities) | | - | (7,678) |
| Tax effect of unrealized gains / (losses) | | | |
| Change in net deferred income tax | | | (7,678) |

D. Rate Recognition

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

| | 2018 | Effective Tax Rate |
|---|------------|--------------------|
| Provision computed at statutory rate | (307,663) | 21% |
| Other | (52) | 0% |
| Change in Valuation Allowance | 880,972 | -60% |
| Change in temporary differences recorded to surplus | (154,425) | 11% |
| Relationship mgmt/support services | (420,000) | 29% |
| | \$ (1,168) | 0% |
| Federal and foreign income taxes incurred | \$ (8,846) | 1% |
| Change in net deferred income taxes | 7,678 | -1% |
| Total statutory income taxes | \$ (1,168) | 0% |

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

- (1) At December 31, 2018, GHPOI has \$33,098,127 net operating loss carryforwards, \$0 capital loss carry forwards, \$0 charitable contribution carryforwards, and \$8,846 AMT Tax Credit carryforwards.
- (2) The following is income tax expense for 2018, 2017 and 2016 that is available for recoupment in the event of future net losses:

| Year | Ordinary | Capital | Total |
|------|----------|---------|-------|
| 2016 | - | - | - |
| 2017 | - | - | - |
| 2018 | - | - | - |
| | - | - | - |

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

F. Consolidation of Federal Return

The Corporation is not included in a consolidated federal income tax return with any other entities.

G. Significant Increase or Decrease to Income Tax Loss Contingencies

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2019.

Notes to Financial Statements

SSAP 101 provides that deferred tax assets ("DTA's") are reduced by a statutory valuation allowance if, based on the weight of all available evidence, it's more likely than not that some or all of the DTA will not be realized. The Corporation considered all available evidence, both positive and negative, including projected future taxable income, tax planning strategies and recent core earnings from financial operations. Based on this evidence, a full valuation allowance was recognized against the Corporation's DTA's. However, a DTA was recognized for the AMT credit carryforwards described below for which collection is substantially certain. Management will continue to monitor the Corporation's financial performance and assess the need for the valuation allowance in the future.

Tax reform legislation ("The Tax Cuts and Jobs Act of 2017") was signed into law on December 22, 2017. The legislation is highlighted by a reduction in the corporate income tax rate from 35% to 21% effective January 1, 2018. Most provisions of the law took effect on January 1, 2018 and therefore were reflected in the Corporation's federal & foreign income taxes incurred in 2018. Disclosures and estimates (including those for discount on unpaid losses and discount on secondary unpaid bond discount), as appropriate, consistent with Staff Accounting Bulletin No 118, as interpreted and adopted on February 8, 2018 by NAIC Statutory Accounting Principles Working Group Interpretation 18-01, were included for year ended December 31, 2017. As a result of tax reform legislation, the Corporation recorded an increase in surplus of approximately \$14,459 in 2017. Upon further analysis of certain aspects of the TCJA and refinement of calculations during the year ended December 31, 2018, the Corporation adjusted its provision amount by \$1,168. Except as otherwise described here, the Corporation has completed its account for all the enactment date tax effect of the Tax Cuts and Job Act.

H. Repatriation Transition Tax (RTT) – Not Applicable

I. Alternative Minimum Tax (AMT) Credit

AMT credits not expected to be returned with the filing of the current year federal income tax return were recorded as a DTA as follows

| | AMOUNT |
|--|--------|
| (1) Gross AMT Credit Recognized as: | |
| a. Current year recoverable | 8,846 |
| b. DTA | 8,846 |
| (2) Beginning Balance of AMT Credit Carryforward | 17,692 |
| (3) Amounts Recovered | - |
| (4) Adjustments | - |
| (5) Ending Balance of AMT Credit Carryforward | 17,692 |
| (6) Reduction for Sequestration | - |
| (7) Non-Admitted by Reporting Entity | - |
| (8) Reporting Entity Ending Balance | 17,692 |

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. GHPOI is a non-profit corporation and a wholly-owned subsidiary of Gateway Health Plan, LP ("GHPLP"). GHPLP is a Pennsylvania limited partnership with the following partnership interests: Mercy Health Plan ("Mercy"), a subsidiary of Mercy Health System of Southeastern Pennsylvania ("MHS") as 49% limited partner and 1% general partner; Highmark Inc. ("Highmark") as 49% limited partner; and Highmark Ventures Inc. ("HVI"), a subsidiary of Highmark as 1% general partner. Highmark Health, a Pennsylvania non-profit corporation, is the parent corporation of Highmark. Trinity Health Corporation ("Trinity Health"), an Indiana non-profit corporation, is the parent corporation of MHS. These partnership interests are shown on the organizational chart attached as Schedule Y. GHPOI files its annual and quarterly financial statements under Highmark's NAIC group code (0812).
- B&C. GHP, LP made no capital contributions to GHPOI in 2018.

Notes to Financial Statements

- D. An inter-company (payable)/ receivable between GHPOI and Gateway Health Plan, Inc. (“GHPI”) totaled \$114,678 at December 31, 2018 and \$37,436 at December 31, 2017. The balance represents inter-company activity in the normal course of business. An inter-company (payable)/receivable between GHPOI and GHP, LP totaled (\$1.127, 973) at December 31, 2018 and (\$1,538,687) at December 31, 2017. The balance represents inter-company activity in the normal course of business.
- E. GHPOI has no guarantees or undertakings for the benefit of any affiliate or related party
- F. GHP, LP operates under a Program Services Agreement (“PSA”) with GHPOI.
- G. GHP, LP is a limited partnership with general partners Highmark Ventures Inc. (a subsidiary of Highmark) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan. GHP,LP is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation.
- H. GHPOI has no ownership in upstream entities.
- I. GHPOI has no investments in SCA entities.
- J. GHPOI has no investments in SCA entities.
- K. GHPOI has no foreign insurance subsidiary.
- L. GHPOI has no investments in downstream non-insurance holding companies.
- M. GHPOI has no investments in SCA entities.
- N. GHPOI has no investments in SCA entities.
- O. GHPOI has no loss tracking in SCA entities.

11. Debt

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

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

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

Notes to Financial Statements

- B. Narrative Description of Investment Policies and Strategies – Not Applicable
- C. Fair Value of Plan Assets – Not Applicable
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multi-Employer Plan – Not Applicable
- G. Consolidated/Holding Company Plans – Not Applicable
- H. Post-Employment Benefits and Compensated Absences – Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – Not Applicable

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

- (1) GHPOI is a non-profit organization and, as such, does not have stock authorized or outstanding.
- (2) GHPOI has no preferred stock outstanding.
- (3) There are no restrictions placed on GHPOI’s surplus, except risk-based capital requirements imposed by the NAIC, the Department, and GHPOI’s regulatory agreement.
- (4) No dividends paid in 2018.
- (5) Ordinary Dividend Restrictions – Not Applicable
- (6) There were no restrictions placed on the GHPOI’s surplus, including for whom the surplus is being held.
- (7) GHPOI has no advances of surplus not repaid nor does GHPOI hold stock of affiliated companies for specific reasons.
- (8) The amount of stock held by the GHPOI for special purposes is \$0.
- (9) There were no changes in the balance of special surplus funds from the prior year.
- (10) Unassigned funds (surplus) were not changed by unrealized gains and losses.
- (11) GHPOI has no surplus notes.
- (12) No quasi-reorganizations have taken place as of December 31, 2018.
- (13) No quasi-reorganizations have taken place as of December 31, 2018.

14. Liabilities, Contingencies and Assessments

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

15. Leases

GHPOI has no leases.

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

Not applicable.

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

- A. Transfers of Receivables reported as Sales – Not Applicable
- B. Transfer and Servicing of Financial Assets – Not Applicable
- C. Wash Sales – GHPOI had no wash sales as of 12/31/2018.

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

- A) ASO Plans – Not Applicable
- B) ASC Plans – Not Applicable

Notes to Financial Statements

C) Medicare or Similarly Structured Cost Based Reimbursement Contract

- a. Revenue from the Company’s Medicare Part D cost based reimbursement portion of the contract for the year 2018, consisted of \$12,005,743 for reinsurance subsidy, \$10,656,224 for low-income cost sharing subsidy and \$209,047 for GAP discount coverage.
- b. As of December 31, 2018, The Company has recorded receivables whose account balance is greater than 10% of the Company’s amounts receivable from uninsured accident and health plans of \$891,672.
- c. As of December 31, 2018, the Company recorded nothing in Medicare Part D allowances and reserves or adjustment of recorded revenues.
- d. GHPOI has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. Fair Value at Reporting Date

(1) The Level of the fair value hierarchy within which the fair value measurements are categorized in their entirety (Level 1, 2 or 3)

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|--|--------------|-----------|-----------|-----------------------|--------------|
| a. Assets at fair value | | | | | |
| Cash Equivalents | \$21,307,707 | | | | \$21,307,707 |

(2) Fair Value Measurements in (Level 3) of the Fair Value – Not Applicable.

(3) GHPOI’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period. - Not Applicable.

(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.

Notes to Financial Statements

Short-term securities – Short-term securities include 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 exempt money market funds, 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. Effective as of December 31, 2017 the Corporation adopted revisions to SSAP No. 2R to change the classification of money market mutual funds from short-term investments to cash equivalents. The adoption of revision was prospective and therefore money market mutual funds are reported as cash equivalents as of December 31, 2017.

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended December 31, 2018 that were material to the statutory financial statements.

(5) Derivative assets and liabilities - Not Applicable

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – Not Applicable
C.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|-----------|-----------|-----------------------|----------------------------------|
| Bonds | \$1,270,618 | \$1,183,589 | \$1,270,618 | | | | |
| Cash Equivalents | \$21,037,707 | \$21,037,707 | \$21,037,707 | | | | |

D. Not Practicable to Estimate Fair Value – Not Applicable

E. Additional information for investments measured using the NAV practical expedient pursuant to SSAP No.100: Not Applicable

21. Other Items

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

Notes to Financial Statements

H. Proceeds of Insurance-Linked Securities (ILS) – Not Applicable

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through 2/26/2019 for the statutory statement issued on December 31, 2018.

Type II. – Nonrecognized Subsequent Events8Subsequent events have been considered through 2/26/2019 for the statutory statement issued on December 31, 2018.

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

23. Reinsurance

A. Reinsurance Ceded

Section 1 – General Interrogatories

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

Yes () No (x)

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

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (x)

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

Yes () No (x)

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

B. Uncollectible Reinsurance – Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMA and actuarial estimates.

B. The company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company as of December 31, 2018 that is subject to retrospective rating features was \$8,769,247 that represented 8% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.

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

E. Risk-Sharing Provisions of the Affordable Care Acct (ACA) – Not Applicable

No

2. Impact of Risk-Sharing Provision of the Affordable Care Act - Not Applicable

3. Roll-forward of prior year ACA risk-sharing provision - Not Applicable

4. Roll-Forward of Risk Corridors Assets and Liability Balances by Program Benefit Year – Not

Notes to Financial Statements

Applicable

5. ACA Risk Corridors Receivables as of Reporting Date – Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$13,609,978. As of December 31, 2018, \$9,831,365 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$127,361 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$3,651,252 favorable prior-year development since December 31, 2017 and December 31, 2018. These changes are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Inter-company Pooling Arrangements

Not Applicable

27. Structured Settlements

Not applicable for Health entities.

28. Healthcare Receivables

A. Pharmacy Rebate Receivable

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

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

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements* | Pharmacy Rebates Billed or Otherwise Confirmed** | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|---|--|---|--|--|
| 12/31/2018 | \$2,127,318 | | | | |
| 09/30/2018 | \$2,165,660 | \$2,331,563 | \$2,078,774 | | |
| 06/30/2018 | \$2,156,841 | \$2,256,829 | \$2,120,718 | | |
| 03/31/2018 | \$1,875,977 | \$2,069,954 | \$2,125,696 | | |
| 12/31/2017 | \$2,135,060 | \$2,227,274 | \$2,051,088 | | |
| 09/30/2017 | \$1,761,866 | \$2,015,818 | \$1,895,452 | \$(16,167) | |
| 06/30/2017 | \$1,829,202 | \$1,675,377 | \$1,668,866 | | \$(7,663) |
| 03/31/2017 | \$1,708,942 | \$1,365,386 | \$1,599,891 | | \$(13,196) |
| 12/31/2016 | \$1,906,319 | \$880,832 | \$827,159 | \$50,894 | |
| 09/30/2016 | \$1,407,140 | \$855,062 | \$831,948 | \$18,693 | |
| 06/30/2016 | \$1,285,452 | \$809,163 | \$762,438 | \$45,456 | |
| 03/31/2016 | \$1,164,693 | \$691,004 | \$677,742 | \$11,835 | |

*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 - Not Applicable

29. Participating Policies

Not Applicable.

30. Premium Deficiency Reserves

Notes to Financial Statements

| | |
|--|------------|
| 1. Liability carried for premium deficiency reserves | \$ (1) |
| 2. Date of the most recent evaluation of this liability | - |
| | 12/31/2018 |
| 3. Was anticipated investment income utilized in the calculation? (Yes / No) | No |

31. Anticipated Salvage and Subrogation
Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
Ohio
Yes[] No[X]
- 1.3 State Regulating?
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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: 12/31/2016
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/24/2018
- 3.4 By what department or departments? Ohio Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[X] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Table with 3 columns: 1 Name of Entity, 2 NAIC Company Code, 3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

Table with 2 columns: 1 Nationality, 2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

Table with 6 columns: 1 Affiliate Name, 2 Location (City, State), 3 FRB, 4 OCC, 5 FDIC, 6 SEC

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PriceWaterhouse Coopers, LLP USX Tower, 600 Grant Street, Pittsburgh, PA 15219
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[] No[X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved

\$ 0
- 12.13 Total book/adjusted carrying value

\$ 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

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

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

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

Yes[X] No[]
- 14.1a Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1b Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1c Compliance with applicable governmental laws, rules and regulations;
- 14.1d The prompt internal reporting of violations of an appropriate person or persons identified in the code; and
- 14.1e Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

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

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

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers

\$ 0
- 20.12 To stockholders not officers

\$ 0
- 20.13 Trustees, supreme or grand (Fraternal only)

\$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers

\$ 0
- 20.22 To stockholders not officers

\$ 0
- 20.23 Trustees, supreme or grand (Fraternal only)

\$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others

\$ 0
- 21.22 Borrowed from others

\$ 0
- 21.23 Leased from others

\$ 0
- 21.24 Other

\$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment

\$ 0
- 22.22 Amount paid as expenses

\$ 0
- 22.23 Other amounts paid

\$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

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

\$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[] No[] N/A[X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

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

\$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

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

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

Yes[] No[] N/A[X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

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 |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

29.2 If yes, complete the following schedule:

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

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

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

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|--|------------------------|--|
| 30.1 Bonds | 1,183,589 | 1,270,618 | 87,028 |
| 30.2 Preferred stocks ..... | ..... | ..... | ..... |
| 30.3 Totals | 1,183,589 | 1,270,618 | 87,028 |

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

Rates were obtained from Custodian's Year End Reports.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

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

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

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

Yes[X] No[]

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities?

Yes[] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

OTHER

35.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 0

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

| 1 Name | 2 Amount Paid |
|---------------|------------------|
| | |

36.1 Amount of payments for legal expenses, if any?

\$..... 0

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

GENERAL INTERROGATORIES (Continued)

| 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$.....0

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

| 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

\$ 0

1.62 TOTAL Incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 TOTAL Premium earned

\$ 0

1.65 TOTAL Incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

\$ 0

1.72 TOTAL Incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 TOTAL Premium earned

\$ 0

1.75 TOTAL Incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

| | | 1 | 2 |
|-----|---------------------------------|--------------|-------------|
| | | Current Year | Prior Year |
| 2.1 | Premium Numerator | 109,247,325 | 106,470,504 |
| 2.2 | Premium Denominator | 109,247,325 | 106,470,504 |
| 2.3 | Premium Ratio (2.1 / 2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | 13,107,444 | 18,180,429 |
| 2.5 | Reserve Denominator | 13,107,444 | 18,180,429 |
| 2.6 | Reserve Ratio (2.4 / 2.5) | 1.000 | 1.000 |

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

Yes[] No[X]

3.2 If yes, give particulars:

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

Yes[X] No[]

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 625,000

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Reinsurance agreement includes continuation of coverage in event of company insolvency-aggregate max

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

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 27,375

8.2 Number of providers at end of reporting year

..... 50,967

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

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

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

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 0

10.22 Amount actually paid for year bonuses

\$ 0

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[] No[X]

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

Yes[X] No[]

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

11.4 If yes, show the amount required.

\$ 1,700,000

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

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

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

| 1 |
|--------------------------------|
| Name of Service Area |
| State of Ohio |
| State of North Carolina |
| Commonwealth of Kentucky |

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

Yes[] No[X]

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

\$ 0

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

Yes[] No[X]

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

\$ 0

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

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

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

GENERAL INTERROGATORIES (Continued)

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

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

15.2 Total incurred claims

15.2 Number of covered lives
- \$

\$
- 0

0

0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?
- Yes[X] No[]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|--|-------------|-------------|-------------|------------|-------------|
| BALANCE SHEET (Pages 2 and 3) | | | | | |
| 1. TOTAL Admitted Assets (Page 2, Line 28) | 29,043,837 | 37,490,285 | 29,595,611 | 25,959,447 | 9,030,758 |
| 2. TOTAL Liabilities (Page 3, Line 24) | 14,996,301 | 21,245,565 | 16,938,905 | 17,775,839 | 4,805,654 |
| 3. Statutory minimum capital and surplus requirement | 1,700,000 | 1,700,000 | 1,700,000 | 1,700,000 | 1,700,000 |
| 4. TOTAL Capital and Surplus (Page 3, Line 33) | 14,047,536 | 16,244,719 | 12,656,707 | 8,183,608 | 4,225,104 |
| INCOME STATEMENT (Page 4) | | | | | |
| 5. TOTAL Revenues (Line 8) | 109,247,325 | 106,470,504 | 78,501,105 | 59,868,611 | 7,523,245 |
| 6. TOTAL Medical and Hospital Expenses (Line 18) | 97,203,924 | 94,721,230 | 66,403,627 | 54,810,063 | 6,613,518 |
| 7. Claims adjustment expenses (Line 20) | 5,076,353 | 4,388,639 | 4,638,412 | 3,773,833 | 3,060,333 |
| 8. TOTAL Administrative Expenses (Line 21) | 11,199,114 | 9,077,923 | 6,495,797 | 3,775,343 | 2,936,792 |
| 9. Net underwriting gain (loss) (Line 24) | (1,793,283) | (4,156,072) | 963,269 | (995,962) | (6,582,063) |
| 10. Net investment gain (loss) (Line 27) | 384,679 | 167,750 | 65,788 | 27,368 | 14,099 |
| 11. TOTAL Other Income (Lines 28 plus 29) | (56,459) | (55,580) | (242,804) | (3,669) | |
| 12. Net income or (loss) (Line 32) | (1,456,217) | (4,043,902) | 768,561 | (972,263) | (6,567,964) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (8,288,028) | (733,475) | (1,565,347) | 9,793,057 | (3,863,892) |
| RISK-BASED CAPITAL ANALYSIS | | | | | |
| 14. TOTAL Adjusted Capital | 14,047,536 | 16,244,719 | 12,656,707 | 8,183,608 | 4,225,104 |
| 15. Authorized control level risk-based capital | 4,378,478 | 4,187,770 | 3,044,803 | 2,640,514 | 660,055 |
| ENROLLMENT (Exhibit 1) | | | | | |
| 16. TOTAL Members at End of Period (Column 5, Line 7) | 9,944 | 10,446 | 7,780 | 7,344 | 1,068 |
| 17. TOTAL Members Months (Column 6, Line 7) | 125,769 | 115,902 | 88,897 | 73,213 | 7,660 |
| OPERATING PERCENTAGE (Page 4) | | | | | |
| (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) | 89.0 | 89.0 | 84.6 | 91.6 | 87.9 |
| 20. Cost containment expenses | 2.4 | 1.9 | 1.5 | 0.6 | 5.7 |
| 21. Other claims adjustment expenses | 2.2 | 2.2 | 4.4 | 5.7 | 35.0 |
| 22. TOTAL Underwriting Deductions (Line 23) | 101.6 | 103.9 | 98.8 | 101.7 | 187.5 |
| 23. TOTAL Underwriting Gain (Loss) (Line 24) | (1.6) | (3.9) | 1.2 | (1.7) | (87.5) |
| UNPAID CLAIMS ANALYSIS | | | | | |
| (U&I Exhibit, Part 2B) | | | | | |
| 24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) | 6,273,415 | 10,014,183 | 9,775,551 | 1,490,693 | |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] | 10,403,075 | 11,787,146 | 13,095,875 | 1,542,385 | |
| INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) | | | | | |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) | | | | | |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) | | | | | |
| 29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) | | | | | |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. TOTAL of Above Lines 26 to 31 | | | | | |
| 33. TOTAL Investment in Parent Included in Lines 26 to 31 above | | | | | |

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

If no, please explain:

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

| | | 1 | Direct Business Only | | | | | | | |
|----------------------|---|-------------------|---------------------------------|---------------------------|-------------------------|--|---|----------------------------------|--------------------------------|-------------------------------|
| State, Etc. | | Active Status (a) | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Plan Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit - Type Contracts |
| 1. | Alabama (AL) | N | | | | | | | | |
| 2. | Alaska (AK) | N | | | | | | | | |
| 3. | Arizona (AZ) | N | | | | | | | | |
| 4. | Arkansas (AR) | N | | | | | | | | |
| 5. | California (CA) | N | | | | | | | | |
| 6. | Colorado (CO) | N | | | | | | | | |
| 7. | Connecticut (CT) | N | | | | | | | | |
| 8. | Delaware (DE) | N | | | | | | | | |
| 9. | District of Columbia (DC) | N | | | | | | | | |
| 10. | Florida (FL) | N | | | | | | | | |
| 11. | Georgia (GA) | N | | | | | | | | |
| 12. | Hawaii (HI) | N | | | | | | | | |
| 13. | Idaho (ID) | N | | | | | | | | |
| 14. | Illinois (IL) | N | | | | | | | | |
| 15. | Indiana (IN) | N | | | | | | | | |
| 16. | Iowa (IA) | N | | | | | | | | |
| 17. | Kansas (KS) | N | | | | | | | | |
| 18. | Kentucky (KY) | L | | 28,699,873 | | | | | 28,699,873 | |
| 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 | | 44,332,561 | | | | | 44,332,561 | |
| 35. | North Dakota (ND) | N | | | | | | | | |
| 36. | Ohio (OH) | L | | 36,307,837 | | | | | 36,307,837 | |
| 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 | | 109,340,271 | | | | | 109,340,271 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | TOTAL (Direct Business) | X X X | | 109,340,271 | | | | | 109,340,271 | |
| 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 | | | | | | | | |

(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
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

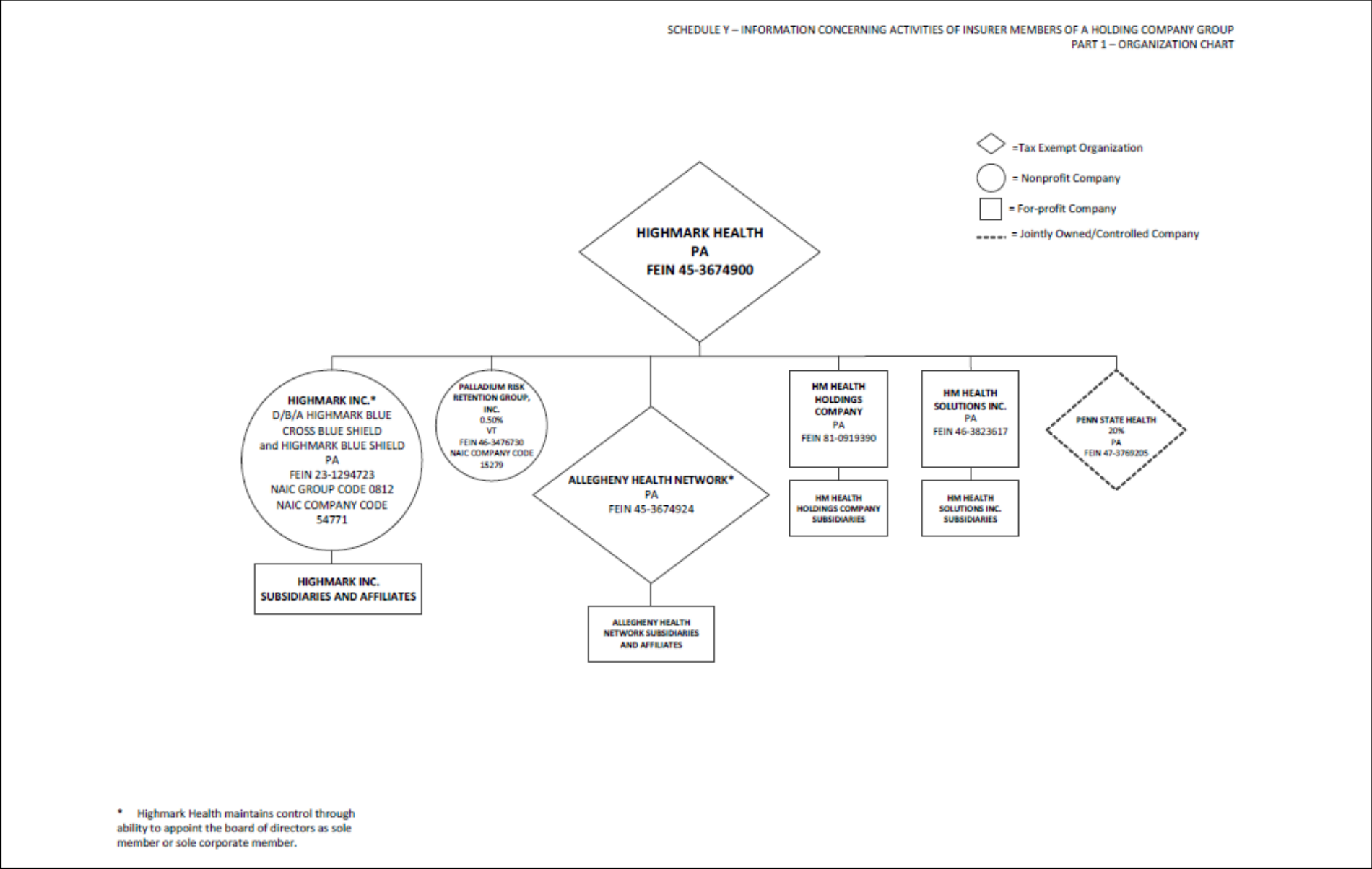
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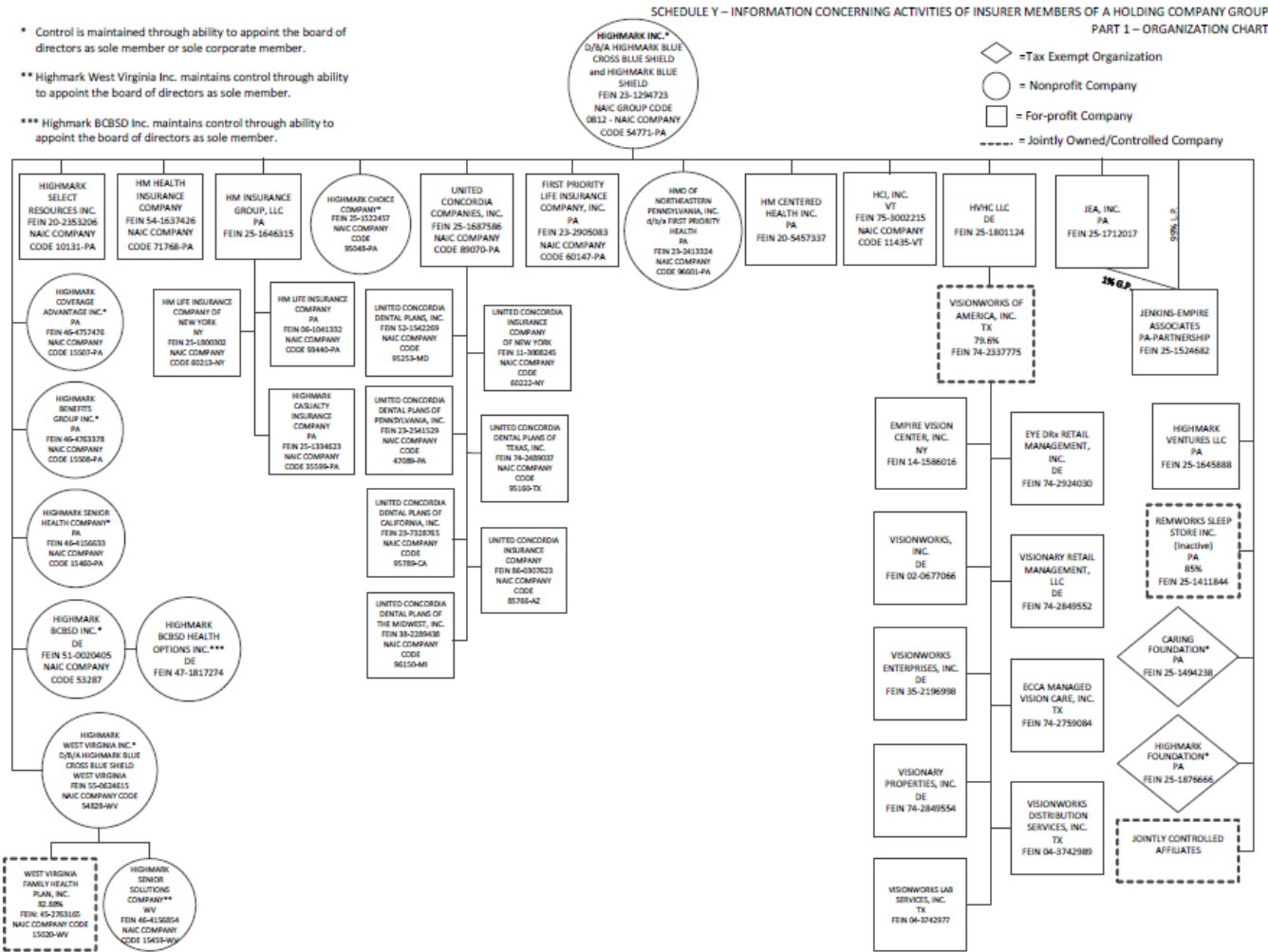
R - Registered - Non-domiciled RRGs
Q - Qualified - Qualified or accredited reinsurer

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

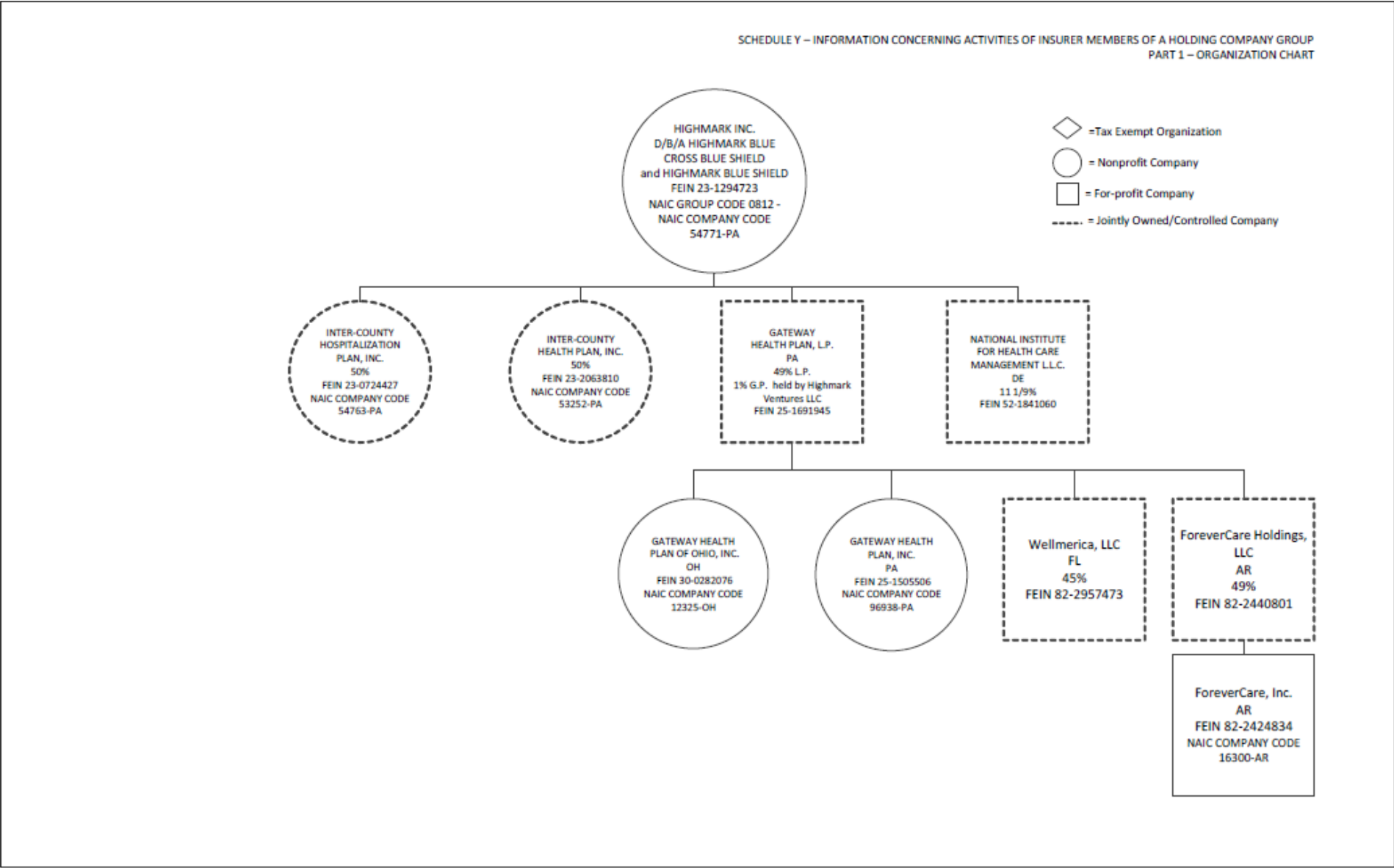
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



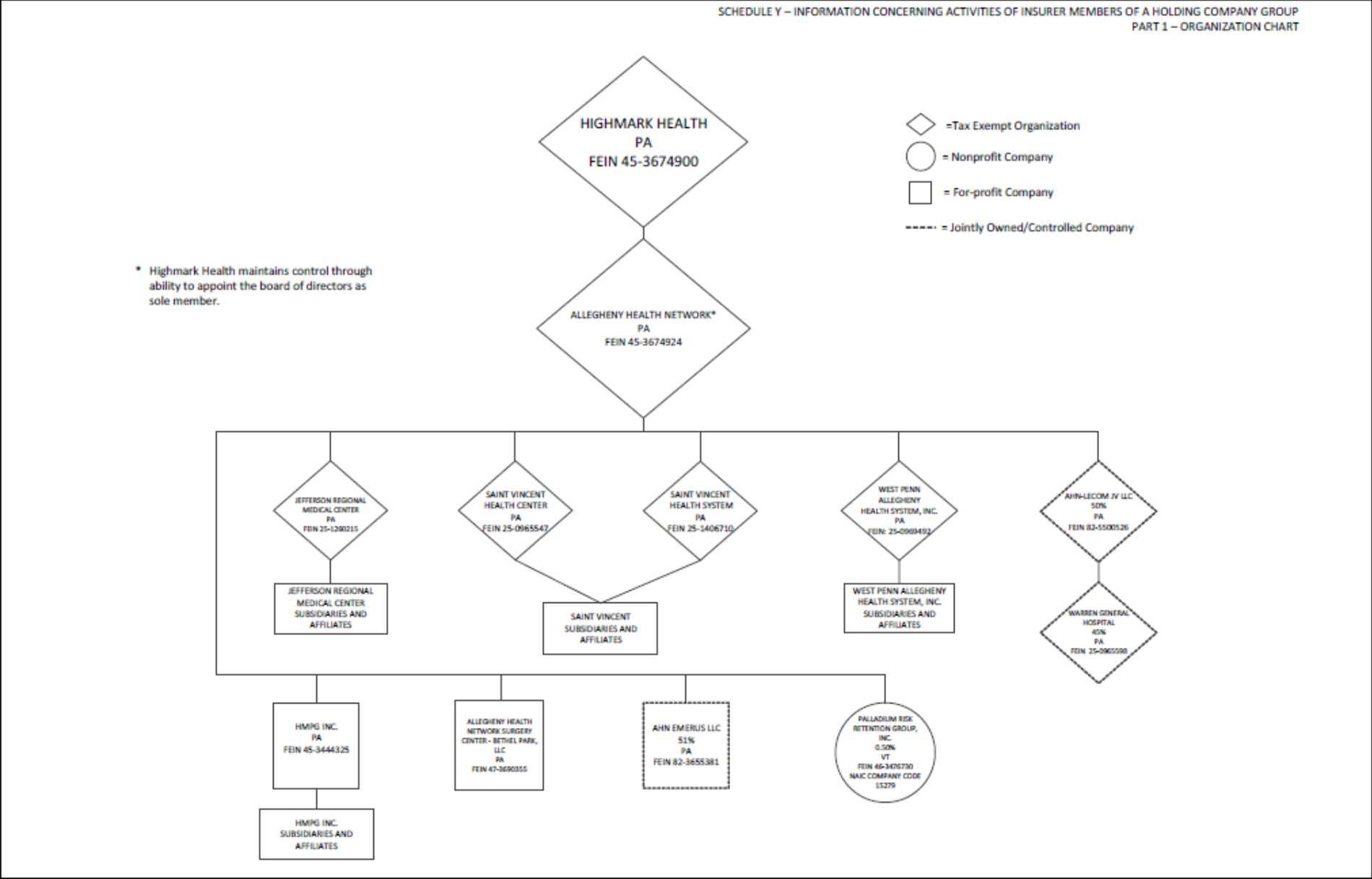
- * Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.
- ** Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.
- *** Highmark BCBSO Inc. maintains control through ability to appoint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



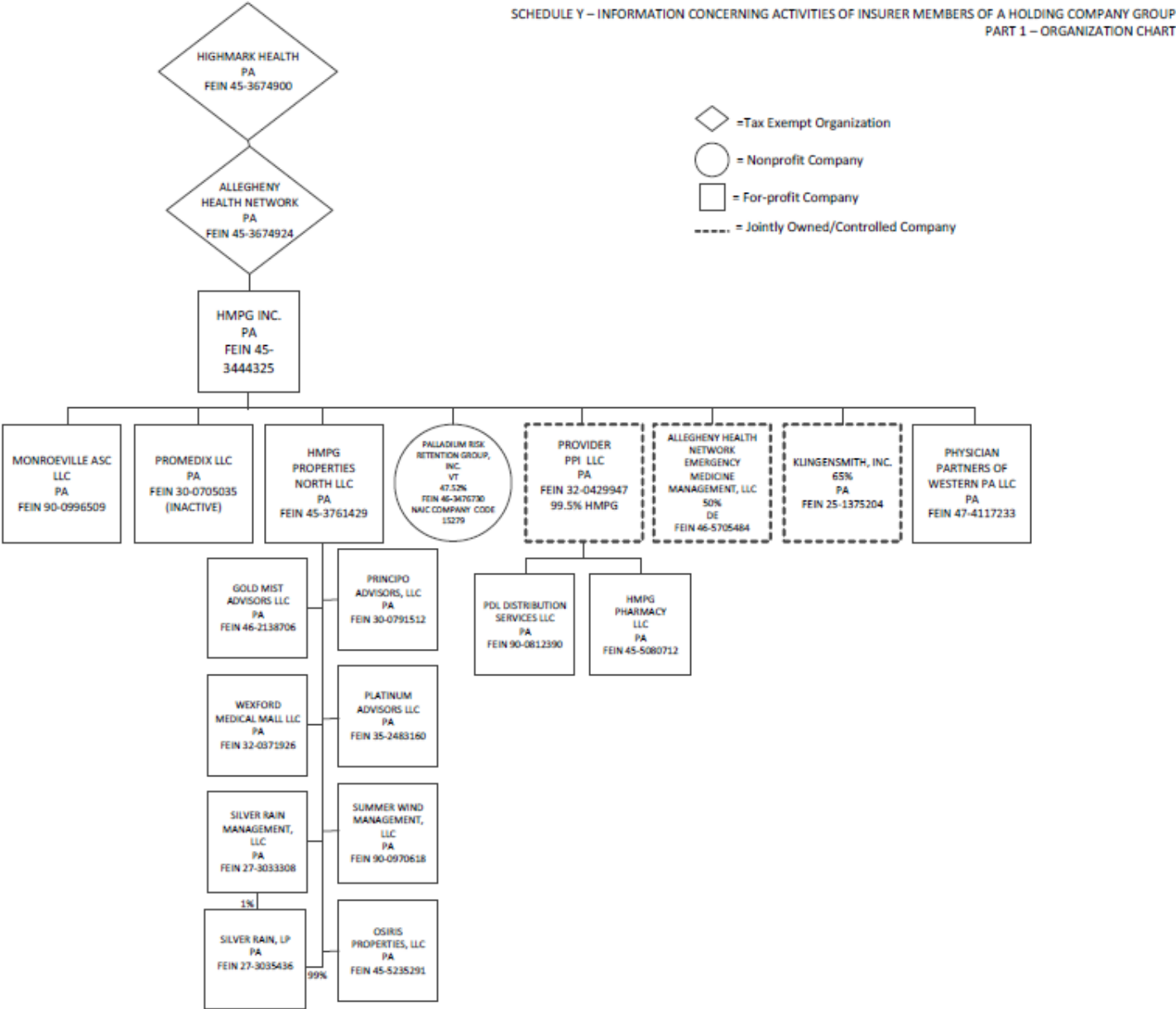
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



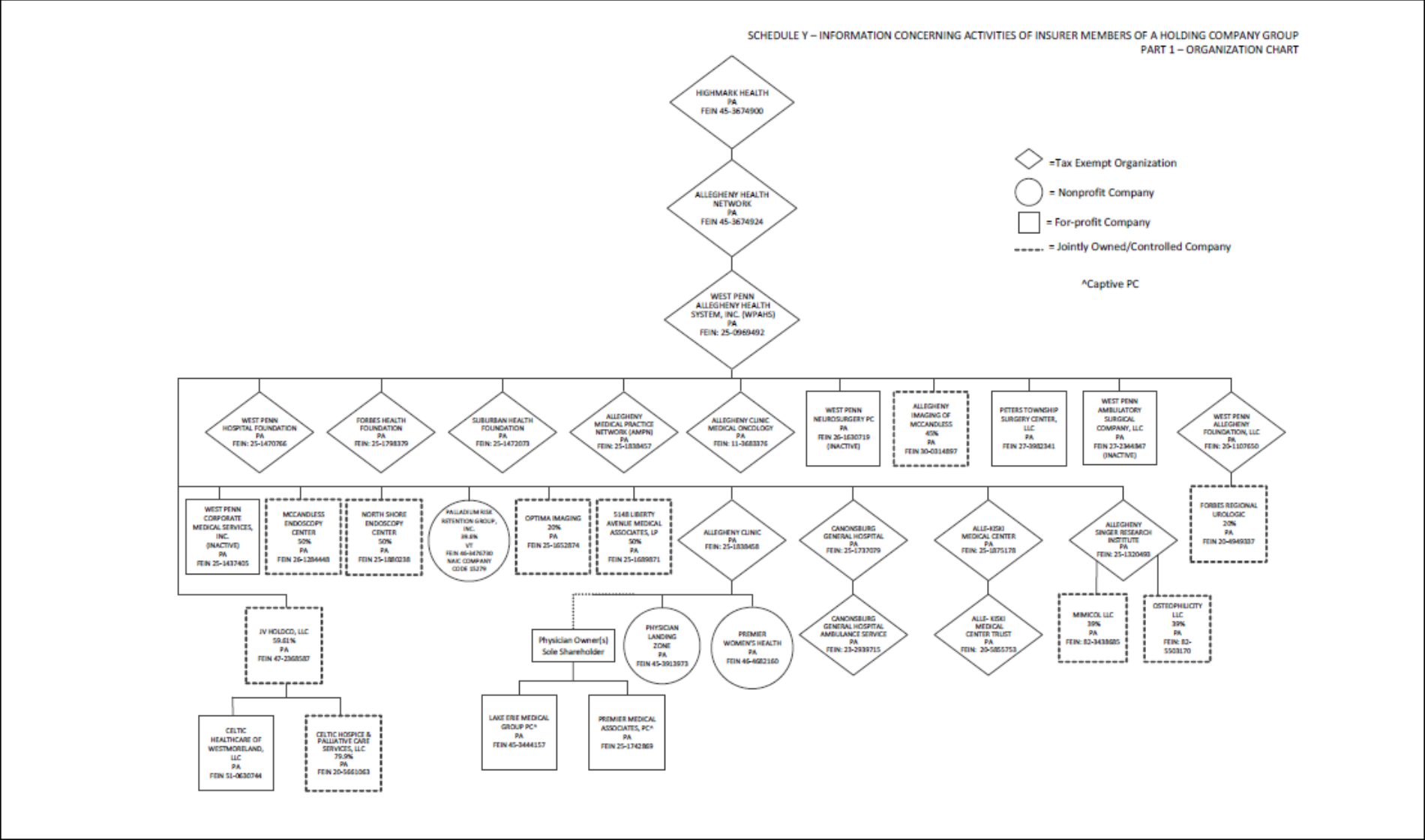
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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



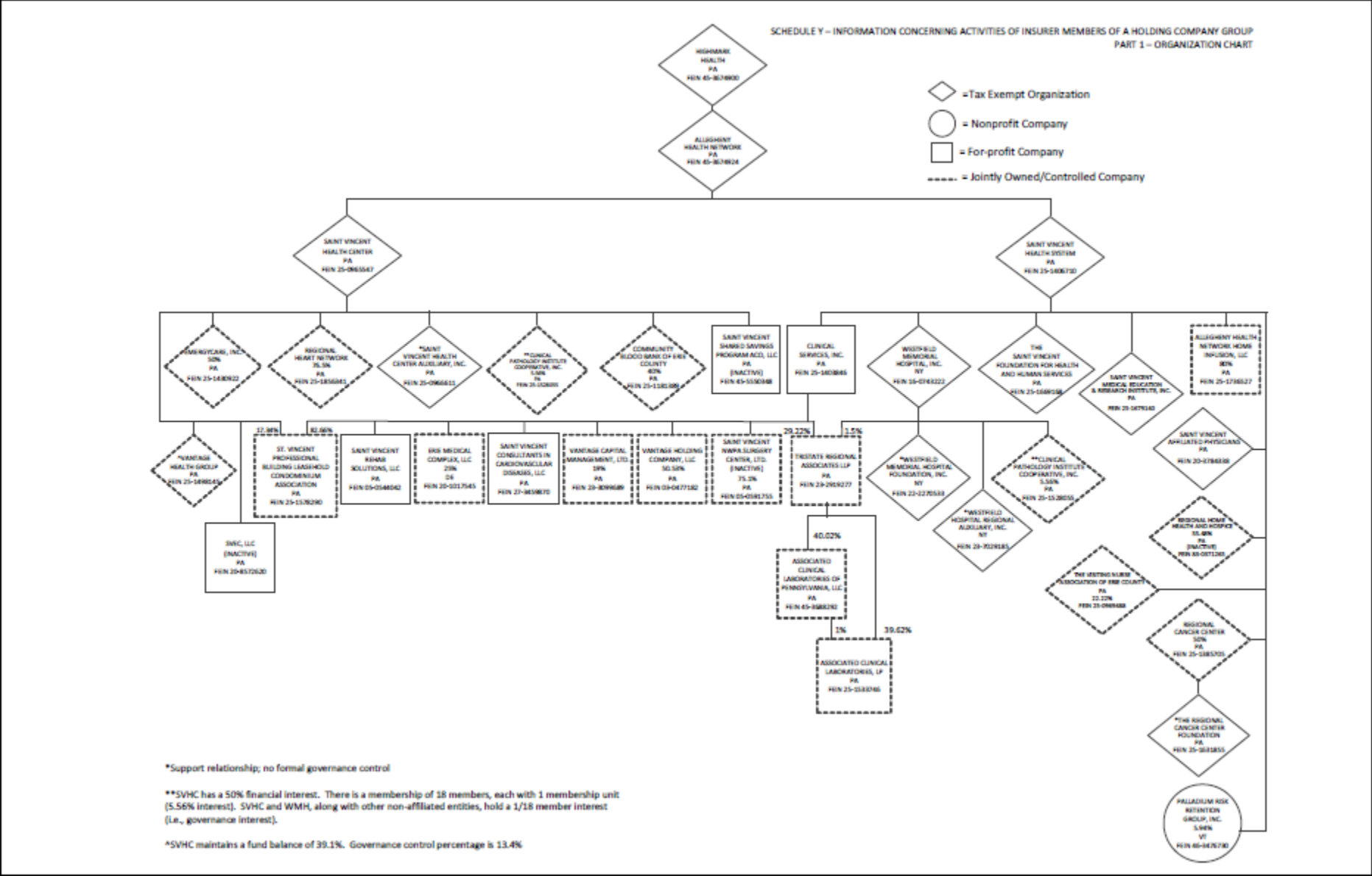
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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

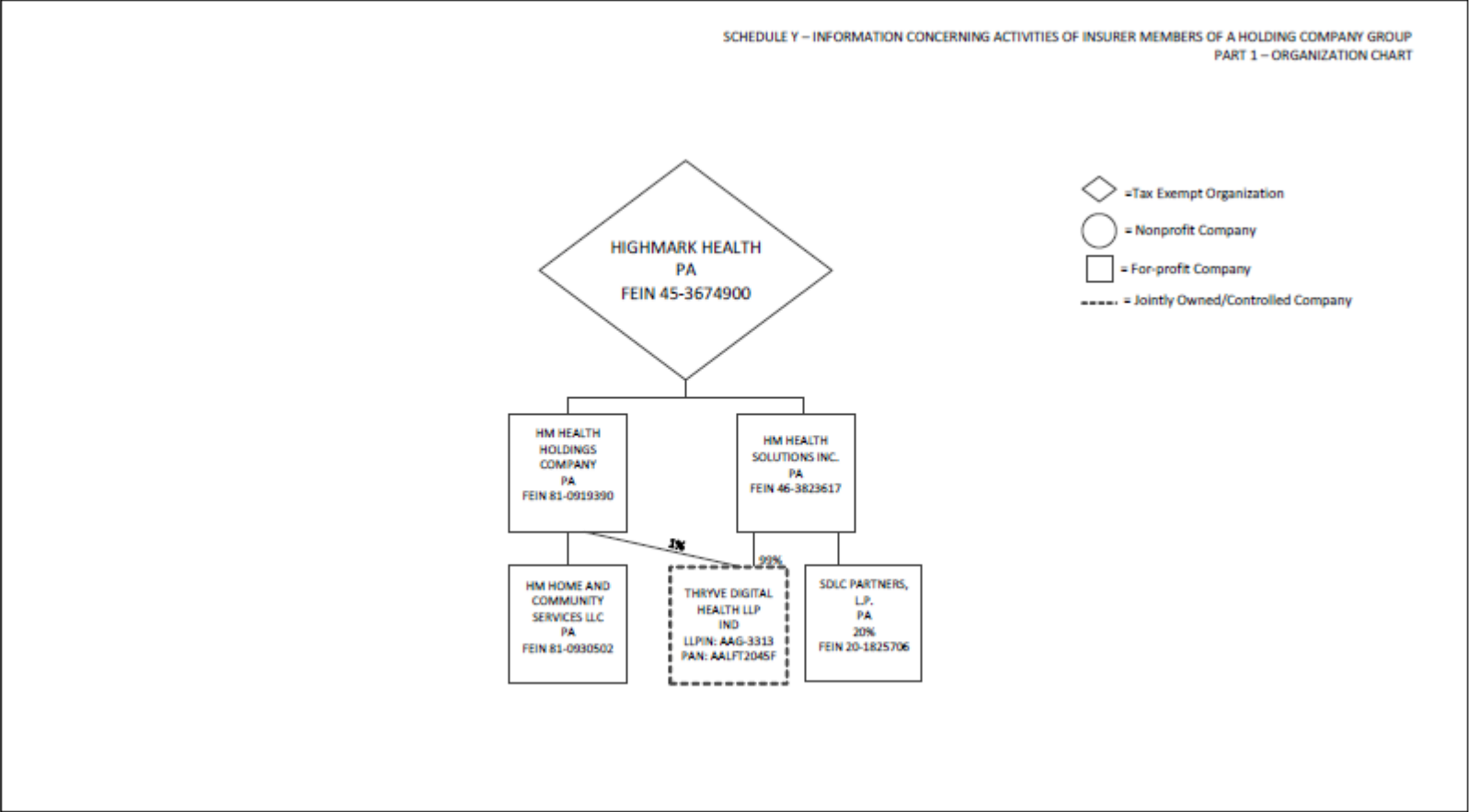
Organization Chart:

- HIGHMARK HEALTH PA FEIN 45-3674900
 - ALLEGHENY HEALTH NETWORK PA FEIN 45-3674924
 - JEFFERSON REGIONAL MEDICAL CENTER (JRM) PA FEIN 25-1260215
 - PRIME MEDICAL GROUP, P.C.I. d/b/a Prime Medical Group PA FEIN 45-338384
 - PRIMARY CARE GROUP 1, INC. PA FEIN 90-0451380
 - PRIMARY CARE GROUP 2, INC. PA FEIN 90-0403090
 - PRIMARY CARE GROUP 3, INC. d/b/a V.E. Reyes, M.D. and Associates PA FEIN 90-0403100
 - PRIMARY CARE GROUP 4, INC. d/b/a Edward W. Jewell, M.D. Internal Medicine PA FEIN 45-3684432
 - PRIMARY CARE GROUP 5, INC. d/b/a JRMC Internal Medicine PA FEIN 90-052800
 - PRIMARY CARE GROUP 6, INC. PA FEIN 01-0927360
 - PRIMARY CARE GROUP 7, INC. d/b/a McCormick Medical Associates PA FEIN 36-3807173
 - PRIMARY CARE GROUP 8, INC. d/b/a JRMC McKinstry PA FEIN 90-0494857
 - PRIMARY CARE GROUP 9, INC. d/b/a DeRienzo Family Practice PA FEIN 90-0614054
 - FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC. PA FEIN 25-1684735
 - STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE PA FEIN 45-3540375
 - JRM DIAGNOSTIC SERVICES, LLC PA FEIN 90-0069336
 - THE FINE CARDIOVASCULAR AND VASCULAR INSTITUTE PA FEIN 72-1108028
 - SPECIALTY GROUP PRACTICE I, INC. d/b/a Chet Phibbskern, M.D. PA FEIN 35-2367818 (inactive)
 - GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES PA FEIN 45-3355905
 - PITTSBURGH BONE, JOINT & SPINE, INC. PA FEIN 90-0625580
 - JEFFERSON HILLS SURGICAL SPECIALISTS PA FEIN 90-0477303
 - JRM SPECIALTY GROUP PRACTICE PA FEIN 72-1529332
 - JRM PHYSICIAN SERVICES CORPORATION PA FEIN 90-1159658
 - SOUTH PITTSBURGH UROLOGY ASSOCIATES PA FEIN 45-4558559
 - PALLADIUM RISK RETENTION GROUP, INC. S.W.N. VT FEIN 45-3426790 NAIC COMPANY CODE 15279
 - PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES PA FEIN 46-3274101
 - PAGE RE LTD. 35% FEIN 96-1109620 (inactive)
 - HEALTH SYSTEM SERVICE CORPORATION (HSSC) PA FEIN 25-3403745
 - WSC REALTY PARTNERS, L.P. 23.49% PA FEIN 25-1874990
 - WATERFRONT SURGERY CENTER, LLC 25% PA FEIN 25-1888743
 - UPPER MIDWEST CONSOLIDATED SERVICES CENTER, LLC 1.37% MN FEIN 26-3112347
 - JEFFERSON MEDICAL ASSOCIATES, LP 43.79% PA FEIN 25-1740456
 - SOUTH HILLS SURGERY CENTER, LLC 43.32% PA FEIN 27-4011352

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



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)

- Tri-Hospital Emergency Medical Services; FEIN: 38-2485700 (33.33% Controlled by Immediate Parent)
- THRE Services LLC; FEIN: 45-2603654 (100% Controlled by Immediate Parent)
- Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation)
- Michigan Co-Tenancy Laboratory (Trinity Health Corporation Partnership)
- Mount Carmel Heath System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)**
 - Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel Care Continuum Services Corporation (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel Urgent Care (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel Sleep Medicine (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
 - Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)
 - Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)
 - Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent)
 - Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent)
 - Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)
 - Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent)
 - Cornerstone Medical Services of Columbus LLC; FEIN: 26-3869158 (50% Controlled by Immediate Parent)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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PART 1 - ORGANIZATIONAL CHART

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OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)
Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent)
Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)
Mount Carmel Heath Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)
Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Controlled by Immediate Parent)
Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)
Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)
Mount Carmel HealthProviders III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)
St. Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.14% Controlled by Immediate Parent; 6.27% Controlled by Mt. Carmel Health Providers, Inc.)
Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)
MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent)
Taylor Station Surgical Center Ltd; FEIN: 31-1459910 (40% Controlled by Immediate Parent)
Columbus Cyberknife LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)
Eye Center of Columbus LLC; FEIN: 01-0702725 (2.694% Controlled by Immediate Parent)
New Albany Surgery Center LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent)
MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)
St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Controlled by Immediate Parent)
Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Controlled by Immediate Parent)
Medilucent MOB I Limited Partnership; FEIN: 20-4913370 (25% Controlled by Immediate Parent)
Mount Carmel Home Care, LLC dba Trinity Home Health; FEIN: 26-2729300 (50% Controlled by Immediate Parent)
Eastwind Surgical, LLC; FEIN: 90-0739342 (31.41% Controlled by Immediate Parent)
Health Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Controlled by Immediate Parent)
HealthSouth Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation, in Partnership with HealthSouth, LLC; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent)

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

- Holy Cross Health, Inc. [Maryland]; FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)
- Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)
 - Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)
 - Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)
 - Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)
 - Holy Cross Private Home Services Corporation; FEIN: 52-1986562 (100% Controlled by Immediate Parent)
 - Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)
 - Chesapeake Potomac Regional Cancer Center, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent)
 - Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (20% Controlled by Immediate Parent)
 - Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN:22-3476498 (25% Controlled by Immediate Parent)
 - Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)
 - The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)
 - Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent)
 - Holy Cross Health Partners, LLC; FEIN 82-2391212(100% Controlled by Immediate Parent)
- Mercy Health Network, Inc. FEIN: 42-1478417 (50% Controlled by Immediate Parent; 50% Controlled by Catholic Health Initiatives) [Iowa/Nebraska]
- Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc.)
 - Mercy Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Immediate Parent)
 - Central Community Hospital; FEIN: 42-0818642 (100% Controlled by Immediate Parent)
 - Wheaton Franciscan Healthcare - Iowa, Inc.; FEIN: 42-1177001 (100% Controlled by MHN)
 - N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Immediate Parent)
 - Mercy Hospital of Franciscan Sisters, Inc.; FEIN: 42-1178403 (100% Controlled by Immediate Parent)
 - Covenant Medical Center, Inc.; FEIN:42-1264647 (100% Controlled by Immediate Parent)
 - Covenant Foundation, Inc.; FEIN: 42-1295784 (100% Controlled by Immediate Parent)
 - Sartori Memorial Hospital, Inc.; FEIN: 42-0758901 (100% Controlled by Immediate Parent)
 - Sartori Health Care Foundation, Inc.; FEIN:42-1240996 (100% Controlled by Immediate Parent)
 - Cedar Valley Community Healthcare - Wheaton Iowa, LLC; FEIN: 26-4634545 (100% Controlled by Immediate Parent)
 - Cedar Valley Community Healthcare LLC ; FEIN 26-1642558 (4% Controlled by Immediate Parent and 13% Controlled by CVCH-W Iowa)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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Mercy Health Services - Iowa, Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)

Mercy Medical Center - Clinton, Inc.; FEIN: 42-1336618 (100% Controlled by Immediate Parent)

Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% Controlled by Immediate Parent)

Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent)

Stereotactic Biopsy Services, L.C. LC; FEIN: 42-1448735 (11.11% Controlled by Immediate Parent)

Mercy Healthcare Foundation - Clinton; FEIN: 42-1316126 (100% Controlled 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% Controlled by Immediate Parent)

Dyersville Health Foundation, Inc.; FEIN: 20-5383271 (100% Controlled by Immediate Parent)

United Clinical Laboratories, Inc.; FEIN: 42-1268486 (33.33% Controlled by Immediate Parent)

Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)

Health Management Services, L.L.C. ; FEIN: 46-1861361 (50% Controlled by Mercy Medical Center - Dubuque (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Tri-State Surgery Center, L.L.C.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)

Medical Associates/Mercy Family Care Network, L.L.C.; FEIN: 42-1478444 (100% Controlled by Immediate Parent)

Tri-State Occupational Health, L.L.C. ; FEIN: 90-1039315 (100% Controlled 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)

Forrest Park Imaging LLC; FEIN: 13-4365966 (52.89% Controlled 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% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))
Magnetic Resonance Services LLC; FEIN: 42-1328388 (49% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))
Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled 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% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))
Iowa Falls Clinic; FEIN: 42-1467712 (50% Controlled 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% Controlled by Immediate Parent)
Hospice of North Iowa; FEIN: 42-1173708 (100% Controlled by Immediate Parent)
Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)
Hawarden Regional Healthcare Clinics, L.L.C.; FEIN: 42-6005851 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))
Mercy Medical Services, Inc.; FEIN: 42-1283849 (100% Controlled by Immediate Parent)
Mercy Medical Center - Sioux City Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)
Health Incorporated; FEIN: 31-1712115 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))
Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)
Siouxland PACE, Inc.; FEIN: 26-1120134 (100% Controlled by Immediate Parent)
Siouxland Regional Cancer Center dba June E. Nylén Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent)
Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)

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Mercy/USP Health Ventures, L.L.C. ; FEIN: 47-1290300 (55.71% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Siouxland Surgery Center Limited Liability Partnership d/b/a Dunes Surgical Hospital; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)

Oakland Mercy Hospital; FEIN: 20-8072234 (100% Controlled by Immediate Parent)

Oakland Mercy Hospital Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)

Baum Harmon Mercy Hospital; FEIN: 42-1500277 (100% Controlled by Immediate Parent)

Baum Harmon Mercy Hospital and Clinics Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)

Siouxland Medical Education Foundation, Inc. (Trinity Health does not own this corporation and is not obligated corporately for the activities of the entity. Trinity Health does have the ability to appoint Board Members.)

Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% Controlled by Trinity Health)

The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center Plymouth Auxiliary Inc.; FEIN: 35-6043563 (100% Controlled by Immediate Parent)

Alick's Home Medical Equipment Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent)

Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent)

Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)

Michiana Heath Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent)

Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)

Advantage Heath Solutions, Inc.; FEIN: 35-2093565 (15.5% Controlled by Immediate Parent)

Edison Lakes ROC, LLC ; FEIN: 27-1778694 (30% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - South Bend Campus, Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)

SJPMC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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- Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% Controlled by Trinity Health)
 - Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent)
 - MedNow Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent)
 - Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled 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% Controlled by Immediate Parent)
 - Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Parent)
 - Life Flight Network LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent)
 - Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Parent)
 - Emergency Medical Plazas of Idaho, LLC; FEIN: 81-4098266 (50% Controlled by Immediate Parent)
 - EMP Idaho Nampa, LLC; FEIN: 36-4851679 (100% Controlled by Immediate Parent)
 - EMP Idaho Boise, LLC; FEIN: 35-2577088 (100% Controlled by Immediate Parent)
 - EMP Idaho Eagle, LLC; FEIN: (100% Controlled by Immediate Parent)
 - EMP Idaho Twin Falls, LLC; FEIN: (100% Controlled by Immediate Parent)
 - Southern Idaho Regional Laboratory, LLC dba Treasure Valley Laboratory; FEIN: 82-0511819 (100% Controlled by Immediate Parent)
 - Idaho Cytogenetics Diagnostic Laboratory, LLC; FEIN: 33-1012210 (50% Controlled by Immediate Parent)
 - Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)
 - Saint Alphonsus Caldwell Cancer Treatment Center, LLC; FEIN: 82-0526861 (80% Controlled by Immediate Parent)
 - Eagle ED Real Estate LLC ; FEIN: 20-8836798 (100% Controlled by Immediate Parent)
 - Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% Controlled by Immediate Parent)
 - Saint Alphonsus Professional Medical Services, LLC; FEIN: 46-0500210 (100% Controlled by Immediate Parent)
 - Saint Alphonsus Building Company, Inc.; FEIN: 82-0401011 (100% Controlled by Immediate Parent)
 - Saint Alphonsus Specialty Services, Inc.; FEIN: 26-0553931 (100% Controlled by Immediate Parent)

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Saint Alphonsus Medical Center - Ontario Inc.; FEIN: 27-1789847 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Controlled by Immediate Parent)
Saint Alphonsus Foundation - Ontario, Inc. ; FEIN: 20-2683560 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center - Baker City Inc.; FEIN: 27-1790052 (100% Controlled by Immediate Parent)
Saint Alphonsus Foundation - Baker City, Inc.; FEIN: 94-3164869 (100% Controlled by Immediate Parent)
Eastern Oregon Coordinated Care Organization, LLC; FEIN: (10% Controlled by Saint Alphonsus Health System, Inc.)
Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Controlled by Saint Alphonsus Health System, Inc.)
Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Controlled by Saint Alphonsus Health System, Inc.)
Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% Controlled by Trinity Health Corporation)
Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
St. Joseph Mercy Chelsea, Inc. (New MI Corporation, Incorporated 1.31.18); FEIN: 82-4757260 (51% Controlled by Immediate Parent; 49% Controlled by University of Michigan)
St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
The Saint Joseph Mercy Health Partners Clinically Integrated Network, LLC; FEIN: 47-1340852 (100% Controlled by Immediate Parent)
St. Mary Mercy Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Parent)
Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Parent)
Metro Detroit Area Hospital Service; FEIN: ; (_____% Controlled by Immediate Parent; _____% Controlled by _____)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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Health Park Central L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent)
Pennant Health Alliance; FEIN: 27-3618927; (30% Controlled by Immediate Parent; 60% Controlled by UM/Metro; 10% Controlled by MFB)
Together Health Network, LLC; FEIN: 47-1573173 ; (47.5% Controlled by Immediate Parent)
Sixty Fourth Street, LLC; FEIN: FEIN: 20-2443646;(53.94% Controlled by Immediate Parent)
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% Controlled by Immediate Parent)
Hospice of Washtenaw II; FEIN: 38-3320707; (100% Controlled by Immediate Parent)
Mission Health Corporation ; FEIN: 38-3181557 (50% Controlled by Immediate Parent)
Center for Digestive Care, LLC; FEIN: 03-0447062 (51% Controlled by Immediate Parent)
Huron Arbor Corporation; FEIN: 38-2475644 (100% Controlled by Immediate Parent)
Parkprop, LLC;FEIN: 27-3074736 (100% Controlled by Immediate Parent)
Probility Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Parent)
SJ-UM LLC; FEIN: 46-2847401 (50% Controlled by Immediate Parent)
Advantage Health/St. Mary's Medical Group d/b/a Mercy Health Physician Partners; FEIN: 27-2491974 (100% Controlled by Immediate Parent)
Advent Rehabilitation LLC; FEIN:38-3306673 (50% Controlled by Immediate Parent)
Life Circles; FEIN: 26-0170498 (25.5% Controlled by Immediate Parent)
Woodland Imaging Center, LLC dba Avant Imaging ; FEIN: 76-0820959 (51% Controlled by Immediate Parent);
IHA Health Services Corporation ; FEIN: 38-3316559 (100% Controlled by Immediate Parent)
Huron Valley CT Center, LLC; FEIN: (100% Controlled by Immediate Parent)
IHA Affiliation Corp.; FEIN: 38-3188895 (100% Controlled by Immediate Parent)
McAuley Health Partners ACO, LLC; FEIN: (100% Controlled by Immediate Parent)
Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent)
The Care Alliance, LLC; FEIN: 46-5648536 (100% Controlled by Immediate Parent)
Western Care Alliance, LLC; FEIN: 46-5620128 (100% Controlled by Immediate Parent)
Oakland Accountable Care, LLC; FEIN: 45-5589234 (100% Controlled by Immediate Parent)

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The Waterford Surgical Center, LLC; FEIN: 27-1110813 (25% Controlled by Immediate Parent)

Physicians Direct Accountable Care Organization; FEIN: (25% Controlled by Immediate Parent)

Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent)

Southeast Michigan Clinical Network, LLC; FEIN: 47-3856789 (100% Controlled by Immediate Parent)

Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446 (66.6% Controlled by Immediate Parent)

Mercy Health Partners; FEIN: 38-2589966 (100% Controlled by Immediate Parent)

Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)

Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)

Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)

Westshore Health Network dba Affinia Health Network - Lakeshore; FEIN: 38-3280200 (100% Controlled by Immediate Parent)

MRI Mobile Services of West Michigan; FEIN: 38-3073745 (100% Controlled by Immediate Parent)

Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent)

Muskegon SC LLC; FEIN: 20-3244346 (35.7% Controlled by Immediate Parent)

West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Parent)

Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Parent)

Mobile Health Resources LLC; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)

Mercy Health Clinically Integrated Network LLC dba Affinia Health Network; FEIN: 47-2070753 (100% Controlled by Immediate Parent)

Western Michigan Associates JV; FEIN: 38-2960292 (14.06% Controlled by Immediate Parent)

Western Michigan Shared Hospital Laundry; FEIN: 38-2026913 (14.06% Controlled by Immediate Parent)

Hackley Health Ventures, Inc.; FEIN: 38-2589959 (100% Controlled by Immediate Parent)

Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc.; FEIN: 38-2961814 (100% Controlled by Immediate Parent)

Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp; FEIN: 38-2578569 (100% Controlled by Immediate Parent)

Hackley Healthcare Equipment Corp. dba Mercy Health Partners-Healthcare Equipment and Pharmacy; FEIN: 38-2578569 (100% Controlled by Immediate Parent)

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- Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids); FEIN: 38-2578569 (100% Controlled by Immediate Parent)
- Hackley Professional Pharmacy Inc. dba Mercy Health Partners-Pharmacy Inc.; FEIN: 38-2447870 (100% Controlled by Immediate Parent)
- Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent)
- Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent)
- Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% Controlled by Immediate Parent)
- 1440 East Sherman, LLC; FEIN: (100% Controlled by Immediate Parent)
- Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Trinity Health Corporation)
- Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Parent)
- Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Parent)
- Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Controlled by Immediate Parent)
- Gottlieb Community Health Services Corporation dba MacNeal Hospital; FEIN: 36-3332852 (100% Controlled by Immediate Parent)
- L. Medicine Labs, LLC.; FEIN: 37-1878743 (100% Controlled by Immediate Parent)
- NOMC/MacNeal Radiation Therapy Joint Venture, L.L.C.; FEIN: 20-0812600 (45% Controlled by GCHSC)
- Primary Care Physicians Center, L.L.C.; FEIN: 36-4038505 (94% Controlled by GCHSC)
- Chicago Health System ACO, LLC; FEIN: 45-3020116 (100% Controlled by GCHSC)
- MacNeal Health Providers, Inc. dba Chicago Health System, Inc.; FEIN: 36-3361297 (100% Controlled by GCHSC)
- Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Controlled by Immediate Parent)
- Loyola University Medical Center; FEIN: 36-4015560 (100% Controlled by Immediate Parent)
- Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Parent)
- Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Controlled by Immediate Parent)
- RMLHP Corporation; FEIN: 36-4160869 (50% Controlled by Immediate Parent)
- Loyola Medicine Transport, LLC; FEIN 47-4147171 (51% Controlled by Immediate Parent)
- L. Medicine Physician Group, LLC; FEIN: 32-0552496 (100% Controlled by LUMC)
- South Campus Partners, Inc.;FEIN: 32-0517854 (49% Controlled by LUMC)
- Palos Health Surgery Center, LLC; FEIN: Not Yet Filed (100% Controlled by South Campus Partners, Inc.)

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- Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Controlled by Immediate Parent)
- Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Controlled by Trinity Health)
- Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Parent)
- Mercy Advanced MRI, LLC; FEIN:26-2116721 (100% Controlled by Immediate Parent)
- Mercy Foundation, Inc. ; FEIN:36-3227350 (100% Controlled by Immediate Parent)
- Mercy Services Corporation; FEIN: 36-3227348 (100% Controlled by Immediate Parent)
- Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% Controlled by Immediate Parent)
- Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% Controlled by Immediate Parent)
- Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% Controlled by Trinity Health)
- Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; FEIN: 94-2839324 (100% Controlled by Immediate Parent)
- Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder licensed physicians appointed by SAMC - No Controlled by SAMC)
- California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Controlled by Immediate Parent)
- California Healthcare Management Partners, Inc.; FEIN: 82-0961647 (66.6% Controlled by Immediate Parent)
- Central Valley Health Plan, Inc.; FEIN: 61-1846844 (100% Controlled by Immediate Parent)
- Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% Controlled by Trinity Health)
- Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Health)
- Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Parent)
- McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Parent)
- Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Controlled by Immediate Parent)
- BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc.)
- BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC)
- Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (50% Controlled by Immediate Parent)

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

Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% Controlled by Trinity Continuing Care Services/Trinity Health)

Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% Controlled by Immediate Parent)

Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% Controlled by Immediate Parent)

Mercy Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605(100% Controlled by Immediate Parent)

Trinity Continuing Care Services - Indiana; FEIN: 93-0907047 (100% Controlled by Immediate Parent)

Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent)

Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent)

LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)

Mercy Community Health, Inc.: FEIN: 06-1492707 (100% Controlled by Immediate Parent)

Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent)

McAuley Center, Incorporated; FEIN: 06-1058086 (100% Controlled by Immediate Parent)

Mount St. Joseph; FEIN: 01-0274998 (100% Controlled by Immediate Parent)

Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)

Caring Partners Home Health, Inc.; FEIN: 20-1681131 (100% Controlled by Immediate Parent)

Glacier Hills Foundation; FEIN: 20-8072723 (100% Controlled by Immediate Parent)

Trinity Continuing Care Services - Massachusetts; FEIN: 82-4005577 (100% Controlled by Immediate Parent)

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

Cranbrook Hospice Care; FEIN: 38-3320699 (100% Controlled by Immediate Parent)

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

Mercy Amicare Home Healthcare, Oakland; FEIN: 38-3320698 (100% Controlled by Immediate Parent)

Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent)

Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% Controlled by Immediate Parent)

Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)

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

Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Parent)

Trinity Health LIFE Pennsylvania, Inc. dba Mercy LIFE - West Philadelphia ; FEIN: 47-5244984 (100% Controlled)

Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Controlled by Immediate Parent)

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

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

Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% Controlled by Immediate Parent)

Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% Controlled by Immediate Parent)

Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% Controlled by Immediate Parent)

Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% Controlled by Immediate Parent)

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

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

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

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

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

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

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

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

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

Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent)

Nazareth Health Care Foundation; FEIN: 23-2300951 (100% Controlled by Immediate Parent)

Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent)

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- St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Controlled by Immediate Parent)
 - St Agnes Continuing Care Foundation; FEIN: 23-2415137(100% Controlled by Immediate Parent)
 - Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)
 - Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)
- Mercy Health Plan; FEIN: 22-2483605 (100% Controlled by Immediate Parent)
 - Gateway Health Plan, LP (50% Controlled by Immediate Parent); FEIN: 25-1691945
 - Gateway Health Plan, Inc.; FEIN: 25-1505506 (100% Controlled by Immediate Parent)
 - Gateway Health Plan of Ohio, Inc.; FEIN: 30-0282076 (100% Controlled by Immediate Parent)
- Mercy Home Health Services; FEIN: 23-2325058 (100% Controlled by Immediate Parent)
 - Mercy Home Health; FEIN: 23-1352099 (100% Controlled by Immediate Parent)
 - Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)
- Mercy Physician Network; FEIN: 46-1187365 (100% Controlled by Immediate Parent)
 - Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)
 - N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Controlled by Immediate Parent)
 - East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Controlled by Immediate Parent)
 - Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)
 - Mercy/Manor Partnership (50% Controlled by Immediate Parent); FEIN: 52-1931012
- Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Controlled by Immediate Parent)
- St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% Controlled by Trinity Health)
 - Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent)
 - St. Mary Medical Center Foundation; FEIN: 23-2567468 (100% Controlled by Immediate Parent)
 - LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)
 - St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent)
 - St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent)

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- Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)
- Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent)
- Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Controlled by Immediate Parent)
- Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Controlled by Immediate Parent)
- The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent)
- SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (65.75% Controlled by Immediate Parent)
- Quality Health Alliance, LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent)
- Quality Health Alliance - ACO, LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)
- Endoscopy Center at St. Mary; FEIN: 20-5253361 (16.349% Controlled by Immediate Parent)
- St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)
- Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)
- St. Mary's Health Care System, Inc. [Georgia] dba St. Mary's Hospital; FEIN: 58-0566223 (100% Controlled by Trinity Health)
- St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Controlled by Immediate Parent)
- St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Immediate Parent)
 - Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by Immediate Parent)
 - Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Immediate Parent)
- Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Immediate Parent)
- St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Immediate Parent)
- St. Mary's Highland Hills Village, Inc.; FEIN: 58-2276801 (100% Controlled by Immediate Parent)
- St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled 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% Controlled by Immediate Parent)
- Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Immediate Parent)

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St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% Controlled by Trinity Health)
St. Francis Foundation; FEIN: 51-0374158 (100% Controlled by Immediate Parent)
LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent)
Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)
Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Controlled by Immediate Parent)
Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Controlled by Trinity Health)
St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health)
St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Controlled by Immediate Parent)
LIFE St Francis, a New Jersey Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Controlled by Immediate Parent)
LifeCare Physicians Professional Corporation (Managed and Controlled but not Controlled by St. Francis Medical Center); FEIN: 26-1649038
St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Controlled by Immediate Parent)
Central New Jersey Heart Services, LLC; FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Center)
Our Lady of Lourdes Health Care Services, Inc. [New Jersey]; FEIN: 22-2568528 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health)
Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Controlled by Immediate Parent)
Lourdes Medical Center of Burlington County, a New Jersey Nonprofit Corporation; FEIN: 22-3612265 (100% Controlled by Immediate Parent)
Our Lady of Lourdes Medical Center, Inc.; FEIN: 21-0635001 (100% Controlled by Immediate Parent)
Centennial Surgunit, LLC JV (51% Controlled by Immediate Parent); FEIN: 22-3580847
Our Lady of Lourdes School of Nursing, Inc.; FEIN: 21-0635001 (100% Controlled by Immediate Parent)
Lourdes Cardiac Surgery, LLC; FEIN: 27-4357794 (100% Controlled by Immediate Parent)
Lourdes Cardiology Services, P.C.; FEIN: 27-4357794 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)

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- Lourdes Ancillary Services, Inc.; FEIN:22-2568525 (100% Controlled by Immediate Parent)
- Health Management Services Organization, Inc.; FEIN: 22-3366580 (100% Controlled by Immediate Parent)
- Lourdes Specialty Hospital of Southern New Jersey LLC JV (20% Controlled by Immediate Parent); FEIN: 86-1139477
- Tyler Dialysis, LLC JV (19% Controlled by Immediate Parent); FEIN: 45-4079716
- Lourdes Medical Associates, P.A.; FEIN: 22-3361862 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)
- LIFE at Lourdes Inc.; FEIN: 26-1854750 (100% Controlled by Immediate Parent)
- Lourdes Urgent Care Services PC; FEIN: 46-4188202 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)
- LHS Health Network, LLC; FEIN: 46-2820519 (100% Controlled by Immediate Parent)
- St. Peter's Health Partners [New York]; FEIN: 45-3570715 (100% Controlled by Trinity Health)
- Innovative Health Alliance of New York IPA, LLC (100% Controlled by Immediate Parent); FEIN: 46-5676066
- St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Parent)
- Manning Medical , PLLC (Nominally Controlled 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 controls 44.65%; Albany Radiology Partners, PLLC controls 55.35%); FEIN: 14-1813068
- St. Peter's Health Partners Medical Associates, PC; FEIN: 46-1177336 (100% Controlled by Immediate Parent)
- St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Parent)
- Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Controlled by Immediate Parent)
- St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
- Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Parent)

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The Community Hospice, Inc.; FEIN: 14-1608921 (100% Controlled by Immediate Parent)
The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Parent)
Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled 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
Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Controlled by Immediate Parent)
The Northeast Health Foundation, Inc.; 22-2743478 (100% Controlled by Immediate Parent)
Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Controlled by Immediate Parent)
Sunnyview Hospital and Rehabilitation Center; FEIN: 14-1338386 (100% Controlled by Immediate Parent)
Sunnyview Hospital and Rehabilitation Center Foundation, Inc.; FEIN: 22-2505127 (100% Controlled by Immediate Parent)
LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Parent)
The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent)
Capital Region Geriatric Center, Inc. dba Eddy Village Green at Cohoes; FEIN: 14-1701597 (100% Controlled by Immediate Parent)
Heritage House Nursing Center, Inc. dba Eddy Heritage House; FEIN: 14-1725101(100% Controlled by Immediate Parent)
Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Parent)
Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Parent)
Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent)
Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent)
The Glen at Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent)
Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent)

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MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Controlled by Immediate Parent)
Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Parent)
Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Controlled by Immediate Parent)
Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Controlled by Immediate Parent)
Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Parent)
Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Controlled by Immediate Parent) Merger into Samaritan Hospital of Troy, New York filed 12.10.18; effective 1.1.2019
Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Controlled by Immediate Parent)
St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Health)
SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by Immediate Parent)
Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) [New York]; FEIN: 22-2565278
Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Controlled by Immediate Parent)
Sisters Hospital Foundation; FEIN: 22-2283077 (100% Controlled by Immediate Parent)
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Controlled by Immediate Parent)
Kenmore Mercy Foundation, Inc.; FEIN: 16-1162971 (100% Controlled by Immediate Parent)
KMH Homes, Inc.; FEIN: 16-1387890 (100% Controlled by Immediate Parent; Operationally Inactive)
Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Controlled by Immediate Parent)
Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Controlled by Immediate Parent)
Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Controlled by Immediate Parent)
Alsace Abbott Corporation; FEIN: 16-1355092 (100% Controlled by Immediate Parent)
Aurora Mercy Corp.; FEIN: 16-1354302 (100% Controlled by Immediate Parent)
Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Controlled by Immediate Parent)

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

- Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Controlled by Immediate Parent)
 - Mount St. Mary's Hospital Foundation, Inc.; FEIN: 16-1360884 (100% Controlled by Immediate Parent)
 - Mount St. Mary's Child Care Center, Inc.; FEIN: 16-1523352 (100% Controlled by Immediate Parent)
 - The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Controlled by Immediate Parent)
 - The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Controlled 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% Controlled by Immediate Parent; Operationally Inactive)
- WNY Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Controlled by Immediate Parent); FEIN: 16-1434368
- Niagara Homemaker Services, Inc.; FEIN: 16-1317960 (100% Controlled by Immediate Parent)
- St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Controlled by Immediate Parent; Operationally Inactive)
- St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Controlled by Immediate Parent; Operationally Inactive)
- McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Controlled by Immediate Parent)
- St. Francis Geriatric and Healthcare Services, Inc.; FEIN: 16-1523535 (100% Controlled by Immediate Parent)
 - St. Clare Apartments (50% Controlled by Immediate Parent); FEIN: 16-0782647
- Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Parent)
- Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Parent)
 - Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Parent; Operationally Inactive); FEIN: 45-4134007
- Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Parent)
- Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Parent)
 - Our Lady of Victory Housing Development Fund Corp. (100% Controlled by Immediate Parent); FEIN: 14-1930644
 - Smithtown GP, LLC (100% Controlled by Immediate Parent); FEIN: 57-3192758
 - Victory Ridge Apartments, LP (80% Controlled by Immediate Parent); FEIN: 57-1219731

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

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

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

Salus Medical PC; FEIN: (100% Controlled by Immediate Parent)

Catholic Medical Partners; FEIN: (% Controlled by Immediate Parent)

St. Francis Home of Williamsville, NY (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent)

Baycare Health System (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled; Other Parties to the JOA include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) [Florida]; FEIN: 59-2796965

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% Controlled by Immediate Parent)

Trustees of Mease Hospital , Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)

Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Parent)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center; FEIN: 59-0624462 (100% Controlled by Immediate Parent)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Controlled 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% Controlled by Immediate Parent)

Baycare Physician Partners; FEIN: 45-2908908 (100% Controlled 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% Controlled by Immediate Parent)

BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc.); FEIN: 59-3140335 (100% Controlled by Immediate Parent)

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

- St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
- St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
- St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Controlled by Trinity Health Corporation)
 - St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Controlled by Immediate Parent)
 - John Knox Village; FEIN: 58-1377711 (100% Controlled by Immediate Parent)
 - HealthPoint Management Services, Inc.; FEIN: 65-0645457 (100% Controlled by Immediate Parent)
 - HealthPoint Medical Group, Inc.; FEIN: 59-3244268 (100% Controlled by Immediate Parent)
 - Franciscan Properties, Inc.; FEIN: 59-2822519 (100% Controlled by Immediate Parent)
 - St. Joseph's Community Care, Inc.; FEIN: 59-3152608 (100% Controlled by Immediate Parent)
 - St. Joseph's Enterprises, Inc.; FEIN: 59-2822516 (100% Controlled by Immediate Parent)
 - St. Anthony's Professional Building and Services, Inc.; FEIN: 59-2018848 (100% Controlled by Immediate Parent)
- St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Controlled by Trinity Health Corporation)
 - St. Anthony's Hospital Auxillary, Inc.; FEIN: 59-0201974 (100% Controlled by Immediate Parent)
 - St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Controlled by Immediate Parent)
 - St. Anthony's Primary Care, LLC; FEIN: 03-0575868 (100% Controlled by Immediate Parent)
 - St. Anthony's Specialists, LLC; FEIN: 74-3168197 (100% Controlled by Immediate Parent)
 - St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Controlled by Immediate Parent)
- Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% Controlled by Trinity Health)
- Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Controlled by Trinity Health)

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

- Saint Joseph's Health System, Inc. [Georgia]; FEIN: 58-1744848 (100% Controlled by Trinity Health)
 - Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Controlled by Immediate Parent)
 - Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Parent)
 - Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Parent)
 - Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent)
 - SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent)
 - Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SJHS/JOC Holdings, Inc.); FEIN: 45-2721833
- Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% Controlled by Trinity Health)
 - Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Parent)
 - Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent)
 - Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent)
 - Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Parent)
 - Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Parent)
 - Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH); FEIN: 35-2325646
 - Atlantic Coast Health Network, Inc. (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH); FEIN: 47-4756582
- St. Joseph's Health, Inc. [New York]; FEIN: 47-4754987 (100% Controlled by Trinity Health)
 - St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Controlled by Immediate Parent)
 - S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled 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% Controlled by Immediate Parent)
 - SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Controlled by Immediate Parent)
 - MDR MRI Technical Services, LLC (40% SJHHC, 60% Magnetic Diagnostic Resources of Central New York); FEIN: 16-1590982

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

Plaza Corporation of Central New York, Inc. (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840
Iroquois Nursing Home; FEIN: 16-1364582 (100% Controlled by Immediate Parent)
Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Controlled by Immediate Parent)
Mandorla Gardens Housing Development Fund Company, Inc. (50% PNH, 50% Loretto Geriatric); FEIN:27-3993174
Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent)
Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled 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 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats)
CNY AIM IPA, LLC; FEIN: 81-5385690 (100% Controlled by Immediate Parent)
CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)
St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (100% Controlled by Immediate Parent)
St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Parent)
St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled 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% Controlled by Immediate Parent)
FHS Services, Inc. d/b/a Oneida Lifeline , Franciscan Lifeline; FEIN: 27-2995699 (100% Controlled by Immediate Parent)
Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Controlled by Immediate Parent)
St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486
Lourdes Health Support, LLC (40% FMS, 60% Lourdes Health System); FEIN: 16-1611707
Central New York 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

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

Franciscan Health Support, Inc. ; FEIN: 16-1236354 (100% Controlled 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% Controlled by Immediate Parent)

Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Controlled by Immediate Parent)

Near Northside Holdings, LLC; FEIN: Not Yet Applied For (100% Controlled by Immediate Parent)

Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent)

Oswego Health Home Care, 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

Concordia Healthcare Network, LLC; FEIN: (50% Controlled by Immediate Parent)

Trinity Health Of New England Corporation, Inc. (formerly Trinity Health - New England, Inc.) (Connecticut); FEIN: 06-1491191 (100% Controlled by Trinity Health)

Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)

Woodland Surgery Center, LLC; FEIN: (35% Controlled by Saint Francis Hospital and 65% by Orthopedic Physicians)

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

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

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

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

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

Greater Hartford Lithotripsy, LLC (34.2% SFHMC); FEIN: 06-1578891

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

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% Controlled by Immediate Parent)
Saint Francis Care Medical Group, PC (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent)
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent)
SFH/FF, LLC (100% Controlled by 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% Controlled by Immediate Parent)
Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Controlled by Immediate Parent)
Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Controlled by THONE)
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled 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% Controlled by Immediate Parent)
Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Controlled by Immediate Parent)
Southern New England Health Care Organization, LLC (formerly The Connecticut Care Alliance, LLC); FEIN: 81-3460138 (100% Controlled by Immediate Parent)
Connecticut Affiliated Physicians Purchasing Group, LLC; FEIN: 81-4362177 (100% Controlled by Immediate Parent)
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (50% Controlled by THONE; 20% Controlled by JMMC)

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

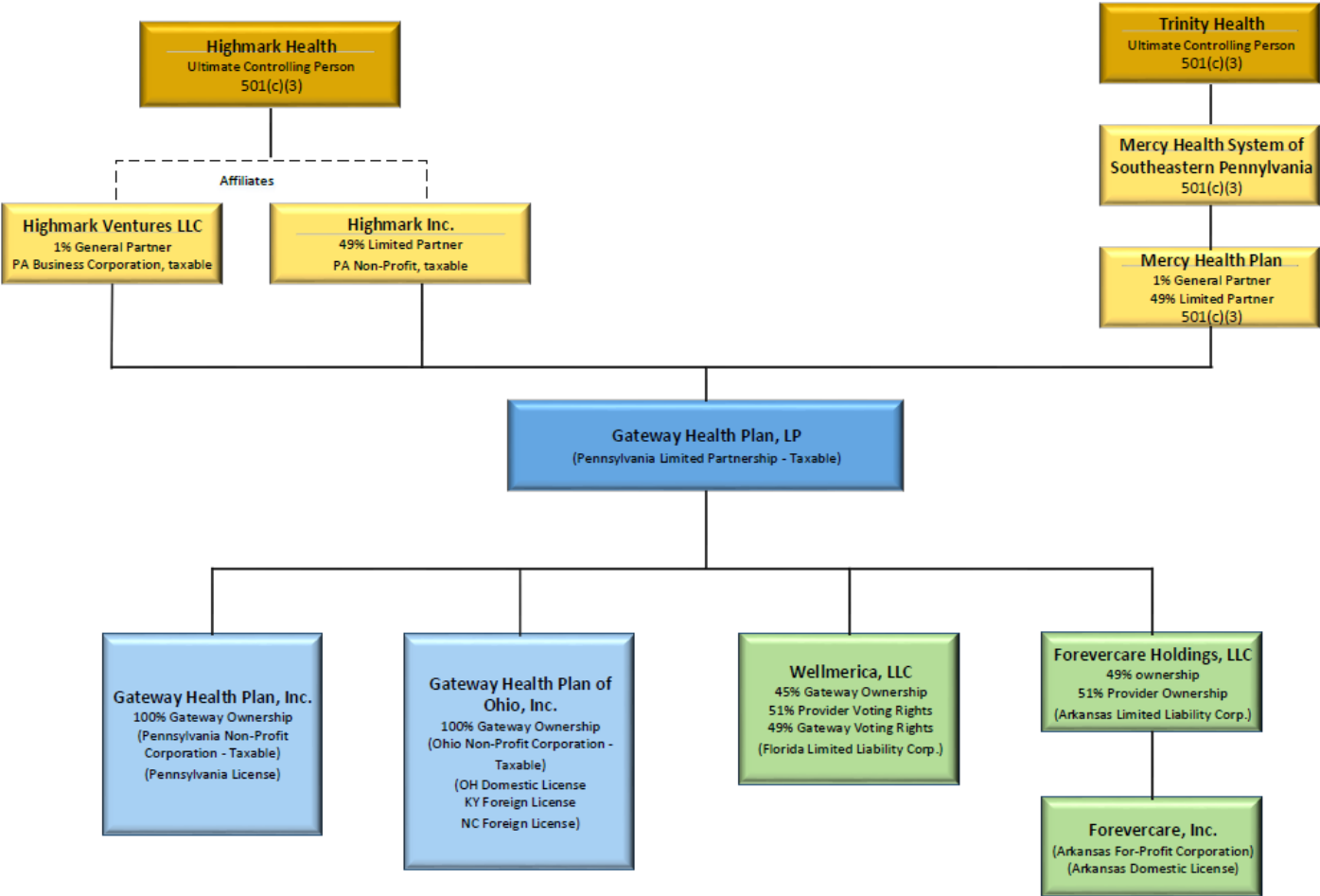
Johnson Memorial Hospital, Inc.; FEIN: 47-5676956 (100% Controlled by Immediate Parent)
Tolland Imaging Center, LLC; FEIN: 20-8688982 (15% Controlled by Immediate Parent)
Northeast Regional Radiation Oncology Network, Inc.; FEIN: 06-1426856 (25% Controlled by Immediate Parent)
Assets Transferred to THHS, but entity remains: Home & Community Health Services, Inc.; FEIN: 81-0723591 (100% Controlled 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% Controlled by Immediate Parent)
Assets Transferred to THHS, but entity remains: Providence HomeCare, Inc. dba Mercy Home Care, Inc.; FEIN: 04-3317426 (100% Controlled 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% Controlled by Immediate Parent)
System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Parent)
Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Controlled by Immediate Parent)
Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Controlled by Immediate Parent)
The Life Path Partners, LLC (JV with NEPA; 50% Controlled by Immediate Parent); FEIN: 26-0021080
Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Services)
Accountable Care Organization of New England, LLC; FEIN: 45-4565187 (100% Controlled by Immediate Parent)
Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent)
Mercy Physicians, P.C.; FEIN: 000857412 (100% Controlled by Immediate Parent)
Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)
Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)

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

- Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Controlled by Immediate Parent)
- Mercy Specialist Physicians, Inc.; FEIN: 26-4033168 (100% Controlled by Immediate Parent)
- Mercy Medical Group, Inc.; FEIN: 45-4884805 (100% Controlled by Immediate Parent)
- Farren Care Center, Inc.; FEIN: 04-2501711 (100% Controlled by Immediate Parent)
- Physician Practice Partners, LLC; FEIN: 04-3473929 (JV with Riverbend; 50% Controlled by Immediate Parent)
- Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Controlled by Immediate Parent)
- Sisters of Providence Care Centers, Inc. ; FEIN: 22-2541103 (100% Controlled by Immediate Parent)
- Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Controlled by Immediate Parent)
 - The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Controlled by Immediate Parent)
 - Heart Center of Greater Waterbury, Inc.; FEIN: 83-0416893 (50% Controlled by Immediate Parent)
 - Franklin Medical Group, PC; FEIN: 06-1470493 (Nominee Shareholder of Physician Group)
 - Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Parent)
 - Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)
 - Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Controlled by Immediate Parent)
 - Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled 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



As of 12/31/18

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

| | | |
|--|--|-------|
| ¹ <u>Forevercare Holdings, LLC Provider Ownership</u> | | |
| Arkansas Pharmacists Associations | | 10.2% |
| Community Service, Inc. | | 10.2% |
| Ouachita County Medical Center | | 10.2% |
| Rehabilitation Network Outpatient Services | | 10.2% |
| Arkansas Community Healthcare Providers, LLC | | 10.2% |

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