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2019

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**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2019**  
**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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>			
	Other <input checked="" type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				
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)	
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street (Street and Number)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)		(412)255-4693 (Area Code)(Telephone Number)(Extension)	
Internet Web Site Address	www.gatewayhealthplan.com		Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		(412)255-4693 (Area Code)(Telephone Number)	
Statutory Statement Contact	Christopher Michael Cogan (Name) CCogan@GatewayHealthPlan.com (E-Mail Address)		Christopher Michael Cogan (Name)		(216)802-2121 (Area Code) (Telephone Number)	
					(412)255-4693 (Fax Number)	

**OFFICERS**

Name	Title
Cain-Aten Hayes	President
Heather Leigh Tamborino	Treasurer
Frances Ann Woodward	Secretary
Christopher Michael Cogan	Assistant Treasurer

**OTHERS**

**DIRECTORS OR TRUSTEES**

Peter J. Schied David Arthur Blandino M.D. Susan Rita Croushore	Karen Lynn Hanlon Stuart M. Kilpinen Tony G. Farah M.D.
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State of \_\_\_\_\_ ss  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) 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)  
Cain-Aten Hayes  
(Printed Name)  
1.  
President  
(Title)

(Signature)  
Heather Leigh Tamborino  
(Printed Name)  
2.  
Treasurer  
(Title)

(Signature)  
Frances Ann Woodward  
(Printed Name)  
3.  
Secretary  
(Title)

Subscribed and sworn to before me this  
day of \_\_\_\_\_, 2019

a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes No

(Notary Public Signature)

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,179,033		1,179,033	1,183,589
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....1,325,745), cash equivalents (\$.....12,747,972) and short-term investments (\$.....0) .....	14,073,717		14,073,717	22,904,060
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	15,252,750		15,252,750	24,087,648
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	32,243		32,243	54,927
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	179,184	40	179,144	346,963
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 (\$.....205,196) and contracts subject to redetermination (\$.....746,596) .....	951,792		951,792	1,402,939
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,870		3,870	
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 .....	1,468,844	46,801	1,422,043	891,672
18.1 Current federal and foreign income tax recoverable and interest thereon .....	10,917		10,917	8,846
18.2 Net deferred tax asset .....	6,775		6,775	8,846
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	338,287		338,287	114,678
24. Health care (\$.....753,369) and other amounts receivable .....	2,068,780	1,315,411	753,369	2,127,318
25. Aggregate write-ins for other-than-invested assets .....	58,830	58,830		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	20,372,272	1,421,082	18,951,190	29,043,837
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	20,372,272	1,421,082	18,951,190	29,043,837
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Miscellaneous A/R .....	58,830	58,830		
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) .....	58,830	58,830		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	5,730,594		5,730,594	13,030,335
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	186,349		186,349	432,812
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				77,109
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	829		829	264,528
9. General expenses due or accrued	79,976		79,976	48,940
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized 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	733,479		733,479	1,127,993
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	1,069,738		1,069,738	
23. Aggregate write-ins for other liabilities (including \$.....0 current)	14,626		14,626	14,584
24. Total liabilities (Lines 1 to 23)	7,815,591		7,815,591	14,996,301
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	36,536,235	36,536,235
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(25,400,636)	(22,488,699)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	11,135,599	14,047,536
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	18,951,190	29,043,837
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat Liability Medicare		14,626		14,626
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)		14,626		14,626
2501.		XXX	XXX	
2502.		XXX	XXX	
2503.		XXX	XXX	
2598. Summary of remaining write-ins for Line 25 from overflow page		XXX	XXX	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		XXX	XXX	
3001.		XXX	XXX	
3002.		XXX	XXX	
3003.		XXX	XXX	
3098. Summary of remaining write-ins for Line 30 from overflow page		XXX	XXX	
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)		XXX	XXX	

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
			3 Total	
1. Member Months .....	XXX .....	14,027	63,674	125,769
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	19,059,936	57,149,270	109,247,325
3. Change in unearned premium reserves and reserves for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	19,059,936	57,149,270	109,247,325
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		11,799,925	34,108,532	69,233,476
10. Other professional services .....		2,024,260	4,965,280	10,438,897
11. Outside referrals .....				
12. Emergency room and out-of-area .....		1,532,644	2,803,859	5,436,379
13. Prescription drugs .....		1,494,226	5,551,196	9,148,906
14. Aggregate write-ins for other hospital and medical .....		747,995	1,309,472	2,947,039
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		17,599,050	48,738,339	97,204,698
<b>Less:</b>				
17. Net reinsurance recoveries .....		3,870	774	774
18. Total hospital and medical (Lines 16 minus 17) .....		17,595,180	48,737,565	97,203,924
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....930,709 cost containment expenses .....		1,242,926	2,387,121	5,076,353
21. General administrative expenses .....		3,211,990	6,219,294	11,199,114
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			(1,219,392)	(2,438,784)
23. Total underwriting deductions (Lines 18 through 22) .....		22,050,096	56,124,588	111,040,607
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	(2,990,160)	1,024,682	(1,793,282)
25. Net investment income earned .....		162,443	124,395	384,679
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		162,443	124,395	384,679
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....130,141)] .....		(130,141)	(32,655)	(56,459)
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX .....	(2,957,858)	1,116,422	(1,465,062)
31. Federal and foreign income taxes incurred .....	XXX .....	(2,071)	(4,131)	(8,846)
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	(2,955,787)	1,120,553	(1,456,216)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX .....			
0701. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX .....			
1401. DME .....		733,635	1,222,384	2,759,037
1402. Hearing Hardware .....		8,575	27,932	76,950
1403. Transportation Costs .....		5,786	59,156	111,052
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		747,995	1,309,472	2,947,039
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

# STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	14,047,536	16,244,719	16,244,719
34. Net income or (loss) from Line 32 .....	(2,955,787)	1,120,553	(1,456,216)
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 .....	(2,071)	(4,131)	(7,678)
39. Change in nonadmitted assets .....	45,922	24,333	(733,289)
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 .....			
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) .....	(2,911,937)	1,140,755	(2,197,183)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	11,135,599	17,385,474	14,047,536
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	19,450,469	66,805,561	107,540,846
2.	Net investment income .....	189,971	129,983	383,691
3.	Miscellaneous income .....			
4.	TOTAL (Lines 1 to 3) .....	19,640,441	66,935,544	107,924,537
5.	Benefit and loss related payments .....	23,578,378	48,417,245	97,965,857
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	4,266,470	7,878,729	18,253,535
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			(6,827)
10.	TOTAL (Lines 5 through 9) .....	27,844,848	56,295,974	116,212,565
11.	Net cash from operations (Line 4 minus Line 10) .....	(8,204,408)	10,639,570	(8,288,028)
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....			
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....			
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
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) .....	(625,935)	(215,343)	(526,756)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(625,935)	(215,343)	(526,756)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(8,830,343)	10,424,227	(8,814,784)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	22,904,060	31,718,844	31,718,844
19.2	End of period (Line 18 plus Line 19.1) .....	14,073,717	42,143,071	22,904,060

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

20.0001	.....	.....	.....	.....
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	9,944							9,944		
2. First Quarter .....	2,328							2,328		
3. Second Quarter .....	2,315							2,315		
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	14,027							14,027		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	18,054							18,054		
8. Non-Physician .....	12,504							12,504		
9. Total .....	30,558							30,558		
10. Hospital Patient Days Incurred .....	5,070							5,070		
11. Number of Inpatient Admissions .....	623							623		
12. Health Premiums Written (a) .....	19,070,181							19,070,181		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	19,070,181							19,070,181		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	23,578,378							23,578,378		
18. Amount Incurred for Provision of Health Care Services .....	17,599,050							17,599,050		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....19,070,181.

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	347,748	.....	.....	.....	.....	347,748
0499999 Subtotals .....	347,748	.....	.....	.....	.....	347,748
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	5,382,846
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	5,730,594
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	10,283,773	13,290,735	1,009,318	4,721,276	11,293,091	13,030,335
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	10,283,773	13,290,735	1,009,318	4,721,276	11,293,091	13,030,335
10. Healthcare receivables (a) .....	1,315,411	.....	.....	753,369	1,315,411	3,389,193
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12) .....	8,968,362	13,290,735	1,009,318	3,967,907	9,977,680	9,641,142

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

# **Notes to Financial Statement**

## **1. Summary of Significant Accounting Policies**

### **A. Accounting Practices**

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

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

		SSAP #	F/S Page	F/S Line #	2019	2018
<b><u>NET INCOME</u></b>						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(\$2,955,787)	(\$1,465,062)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$0	\$0
(4)	NAIC SAP (1-2-3=4)				(\$2,955,787)	(\$1,465,062)
<b><u>SURPLUS</u></b>						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				\$11,135,599	\$14,047,536
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$0	\$0
(8)	NAIC SAP (5-6-7=8)				\$11,135,599	\$14,047,536

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

No Material Change

### **C. Accounting Policy**

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

**D. Going Concern** – Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

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

No Material Change

## **3. Business Combinations and Goodwill**

## **Notes to Financial Statement**

No Material Change

### **4. Discontinued Operations**

None

### **5. Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans – No Material Change
- B. Debt Restructuring – No Material Change
- C. Reverse Mortgages – No Material Change
- D. Loan-Backed Securities – The Company has no loan-backed securities
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Policy for requiring collateral or other security – No Material Change
  - (2) Carrying amount and classification of both those assets and associated liabilities – No Material Change
  - (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
    - a. Aggregate amount of contractually obligated open collateral positions – No Material Change
    - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
    - c. Information about the sources and uses of that collateral – No Material Change
  - (4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change
  - (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change
  - (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change
  - (7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secure Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets – No Material Change
- M. Working Capital Finance Investments
  - (1) Disclose the gross assets amounts, non-admitted assets amounts, and net admitted assets amounts in aggregate regarding the book/adjusted carrying value of working capital finance investments by NAIC designation – None
  - (2) Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs – None
  - (3) Events of default of working capital finance investments during the reporting period - None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes - No Material Change
- P. 5GI Securities – No Material Change
- Q. Short Sales – No Material Change
- R. Prepayment Penalty and Acceleration Fees – No Material Change

## **Notes to Financial Statement**

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

No Material Change

### **7. Investment Income**

No Material Change

### **8. Derivative Instruments**

A-G. - No Material Change

H. - None

### **9. Income Taxes**

No Material Change

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

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

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

E. Guarantees - No Material Change

F. Material management contracts – No Material Change

G. Common Control - No Material Change

H. Deductions in Value - No Material Change

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

J. Impaired SCAs - No Material Change

K. Foreign Subsidiary - No Material Change

L. Downstream Noninsurance Holding Company - No Material Change

M. SCA Balance Sheet Amount – No Material Change

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

O. SCA Loss Tracking – No Material Change

### **11. Debt**

A. Outstanding Debt – No Material Change

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

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

A. Defined Benefit Plan

(1) Change in benefit obligation – No Material Change

(2) Change in plan assets- No Material Change

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost - None

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

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

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

## **Notes to Financial Statement**

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

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

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

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

(13) Regulatory contribution requirements - No Material Change

(14) – (21) - No Material Change

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

C. Fair Value of Plan Assets – No Material Change

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

E. Defined Contribution Plans - No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

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

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

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

No Material Change

### **14. Contingencies**

No Material Change

### **15. Leases**

A. Lessee Operating Lease – No Material Change

B. Lessor Leases – No Material Change

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

No Material Change

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

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

B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – No Material Change

(2) Servicing Assets and Liabilities

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

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

c. Assumptions used to estimate the fair value – None

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

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

a. Each income statement presented – None

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

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

## **Notes to Financial Statement**

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

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

C. Wash Sales – None

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

No Material Change

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

No Material Change

### **20. Fair Value Measurements**

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Value Included in Level 2
a.	Assets at fair value					
01	Bonds					
02	Industrial and Miscellaneous					
03	Total Bonds					
04	Preferred Stock					
05	Domestic – Unaffiliated					
06	Foreign – Unaffiliated					
07	Total Preferred Stock					
08	Common Stock					
09	Domestic – Unaffiliated					
10	Total Common Stock					
11	Cash Equivalents	\$12,747,972			\$12,747,972	
99	Subtotal – Assets at fair value	\$12,747,972			\$12,747,972	
b.	Liabilities at fair value					
01						
02						
99	Subtotal – Liabilities at fair value					

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. GHOI's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

4. In accordance with SSAP No. 100, financial assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Input levels, as defined by NAIC SAP, are as follows:

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

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

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

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

Bonds – Fair values are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include corporate securities, securities from states, municipalities, and political subdivisions and mortgage-backed securities. Inputs that are often used in the valuation

## **Notes to Financial Statement**

methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

**Short-term securities** – Short-term securities include 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 markets 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.

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 June 30, 2019 that were material to the statutory financial statements.

5. Derivative assets and liabilities – None

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

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value Included in Level 2
Bonds	\$1,338,090	\$1,179,033	\$1,338,090				
Cash Equivalents	\$12,747,972	\$12,747,972	\$12,747,972				

D. Not Practicable to Estimate Fair Value – None

### **21. Other Items**

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

### **22. Events Subsequent**

Type I – Recognized Subsequent Events

Subsequent events have been considered through August 14, 2019.

Type II – Non-recognized Subsequent Events

Subsequent events have been considered through August 14, 2019.

None

### **23. Reinsurance**

No Material Change

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

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

## **Notes to Financial Statement**

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

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

1. Did the reporting entity write accident and health insurance premium that is

subject to the Affordable Care Act risk sharing provisions (Yes/No)?

No

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

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

### **25. Changes in Incurred Losses and Loss Adjustment Expenses**

Reserves as of December 31, 2018 were \$13,463,147. As of June 30, 2019, \$12,833,676 was paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$1,044,445 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$414,974 unfavorable prior-year development since December 31, 2018 to June 30, 2019. 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 the calculating the liability for unpaid losses and loss adjustment expenses.

### **26. Intercompany Pooling Arrangements**

No Material Change

### **27. Structured Settlements**

No Material Change

### **28. Health Care Receivables**

#### **A. Pharmacy Rebate Receivable**

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

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2019	\$753,369		\$11,038		
03/31/2019	\$874,031	\$859,196	\$808,603		
12/31/2018	\$2,127,318	\$2,290,401	\$2,152,218	\$(112,463)	
09/30/2018	\$2,165,660	\$2,331,563	\$2,078,774		\$174,403
06/30/2018	\$2,156,841	\$2,256,829	\$2,120,718		\$128,183
03/31/2018	\$1,875,977	\$2,069,954	\$2,125,696		\$(76,806)
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	

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

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

B. Risk Sharing Receivables - No Material Change

## **Notes to Financial Statement**

### **29. Participating Policies**

No Material Change

### **30. Premium Deficiency Reserves**

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

(1)	\$0
6/30/2019	
No	

### **31. Anticipated Salvage and Subrogation**

No Material Change

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state? .....

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

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

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]

    If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[X] No[ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
Mercy Health Network, Inc. d/b/a MercyOne, Fresenius Kidney Center North Iowa, LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey, Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center, and Saint Francis HealthCare Partners Foundation, Inc. have been added. SJ-UM LLC, The Care Alliance, LLC, Western Care Alliance, LLC, Oakland Accountable Care, LLC, St Agnes Continuing Care Foundation, St. Mary Medical Center Foundation, Our Lady of Lourdes Health Care Services, Inc. (New Jersey), Lourdes Medical Center of Burlington County, a New Jersey Nonprofit Corporation, Our Lady of Lourdes Health Foundation, Inc., Our Lady of Lourdes Medical Center, Inc., Centennial Surgunit, LLC JV, Our Lady of Lourdes School of Nursing, Inc., Lourdes Cardiac Surgery, LLC., Lourdes Cardiology Services, P.C., Lourdes Ancillary Services, Inc., Health Management Services Organization, Inc., LHS Health Network, LLC., Lourdes Specialty Hospital of Southern New Jersey LLC JV, Tyler Dialysis, LLC JV, Lourdes Medical Associates, P.A, Lourdes Urgent Care Services PC, and LHS Health Network, LLC were removed.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....

4.1 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 for the annual filing corresponding to this period.

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[X] N/A[ ]

    If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016 .....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/24/2018 .....

6.4 By what department or departments?  
Ohio Department of Insurance

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

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

7.2 If yes, give full information

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. Yes[ ] No[X]

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

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

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

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

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

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

    (c) Compliance with applicable governmental laws, rules and regulations;

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

    (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: .....

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**FINANCIAL**

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

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

**GENERAL INTERROGATORIES (Continued)****INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0

13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]

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

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0

16.3 Total payable for securities lending reported on the liability page \$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]

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

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

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

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

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[ ] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[ ] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

**GENERAL INTERROGATORIES (Continued)**

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

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

18.2 If no, list exceptions:

19. By self-designating 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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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 a 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]

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent	.....	97.198%
1.2 A&H cost containment percent	.....	4.883%
1.3 A&H expense percent excluding cost containment expenses	.....	18.490%

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

Yes[ ] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

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

Yes[ ] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[X] No[ ]

3.1 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[ ] No[X]

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
				<b>N O N E</b>				

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS****Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL) .....	N .....								
2. Alaska (AK) .....	N .....								
3. Arizona (AZ) .....	N .....								
4. Arkansas (AR) .....	N .....								
5. California (CA) .....	N .....								
6. Colorado (CO) .....	N .....								
7. Connecticut (CT) .....	N .....								
8. Delaware (DE) .....	N .....								
9. District of Columbia (DC) .....	N .....								
10. Florida (FL) .....	N .....								
11. Georgia (GA) .....	N .....								
12. Hawaii (HI) .....	N .....								
13. Idaho (ID) .....	N .....								
14. Illinois (IL) .....	N .....								
15. Indiana (IN) .....	N .....								
16. Iowa (IA) .....	N .....								
17. Kansas (KS) .....	N .....								
18. Kentucky (KY) .....	L .....		492,469						492,469
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 .....		10,382,251						10,382,251
35. North Dakota (ND) .....	N .....								
36. Ohio (OH) .....	L .....		8,195,461						8,195,461
37. Oklahoma (OK) .....	N .....								
38. Oregon (OR) .....	N .....								
39. Pennsylvania (PA) .....	N .....								
40. Rhode Island (RI) .....	N .....								
41. South Carolina (SC) .....	N .....								
42. South Dakota (SD) .....	N .....								
43. Tennessee (TN) .....	N .....								
44. Texas (TX) .....	N .....								
45. Utah (UT) .....	N .....								
46. Vermont (VT) .....	N .....								
47. Virginia (VA) .....	N .....								
48. Washington (WA) .....	N .....								
49. West Virginia (WV) .....	N .....								
50. Wisconsin (WI) .....	N .....								
51. Wyoming (WY) .....	N .....								
52. American Samoa (AS) .....	N .....								
53. Guam (GU) .....	N .....								
54. Puerto Rico (PR) .....	N .....								
55. U.S. Virgin Islands (VI) .....	N .....								
56. Northern Mariana Islands (MP) .....	N .....								
57. Canada (CAN) .....	N .....								
58. Aggregate other alien (OT) .....	XXX .....								
59. Subtotal .....	XXX .....		19,070,181						19,070,181
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. Total (Direct Business) .....	XXX .....		19,070,181						19,070,181

**DETAILS OF WRITE-INS**

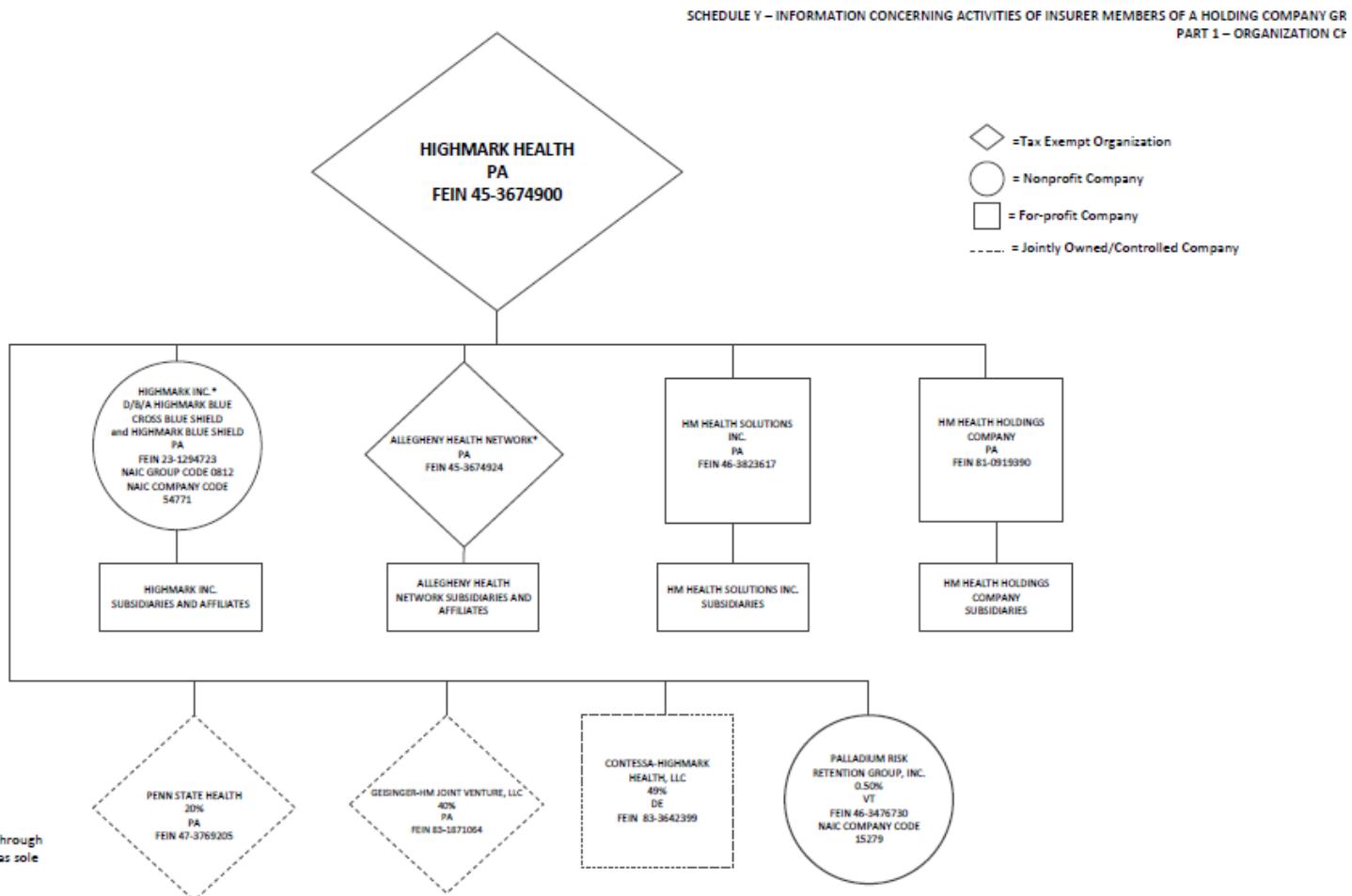
58001. ....	XXX .....								
58002. ....	XXX .....								
58003. ....	XXX .....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....								

(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

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

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

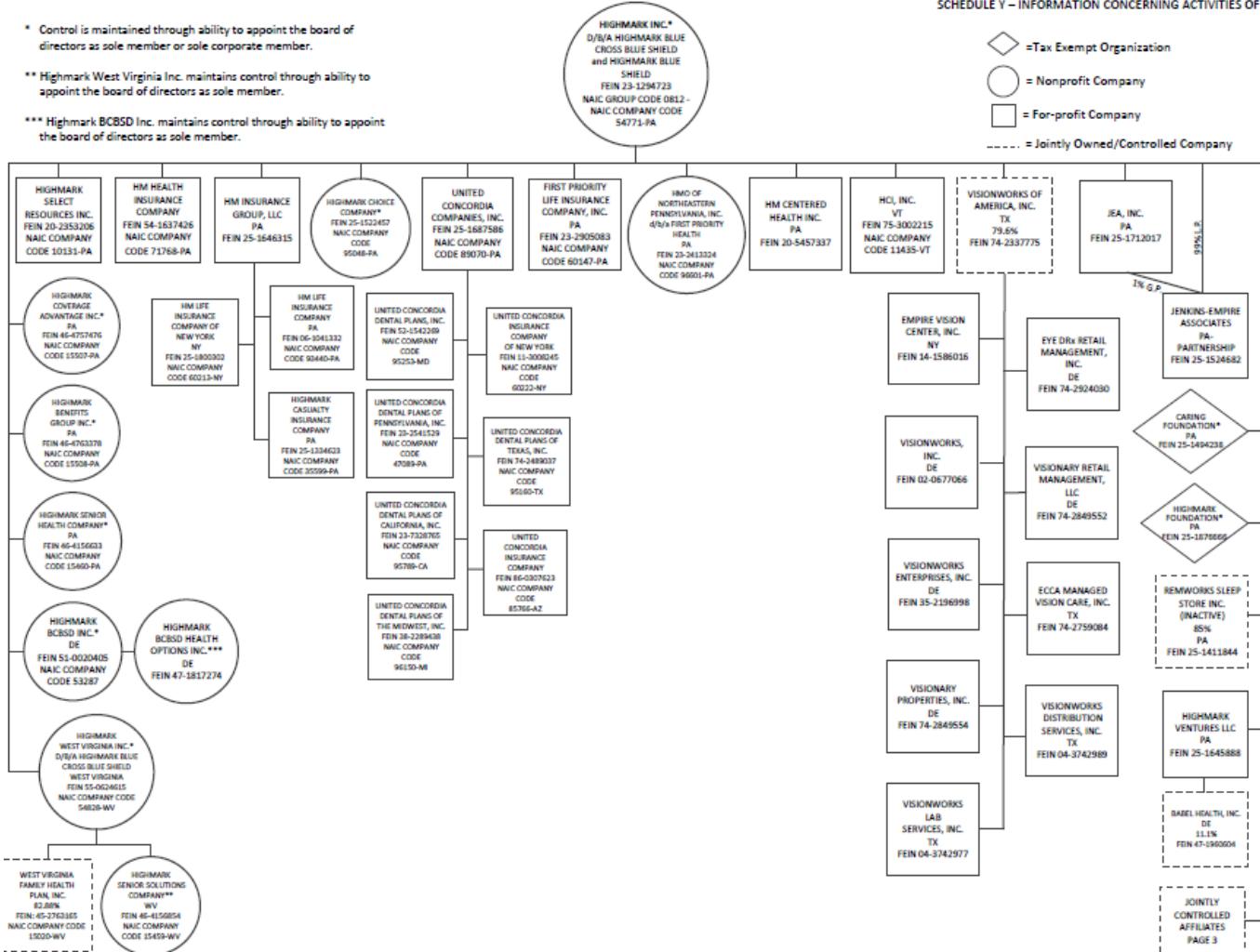


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

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



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

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

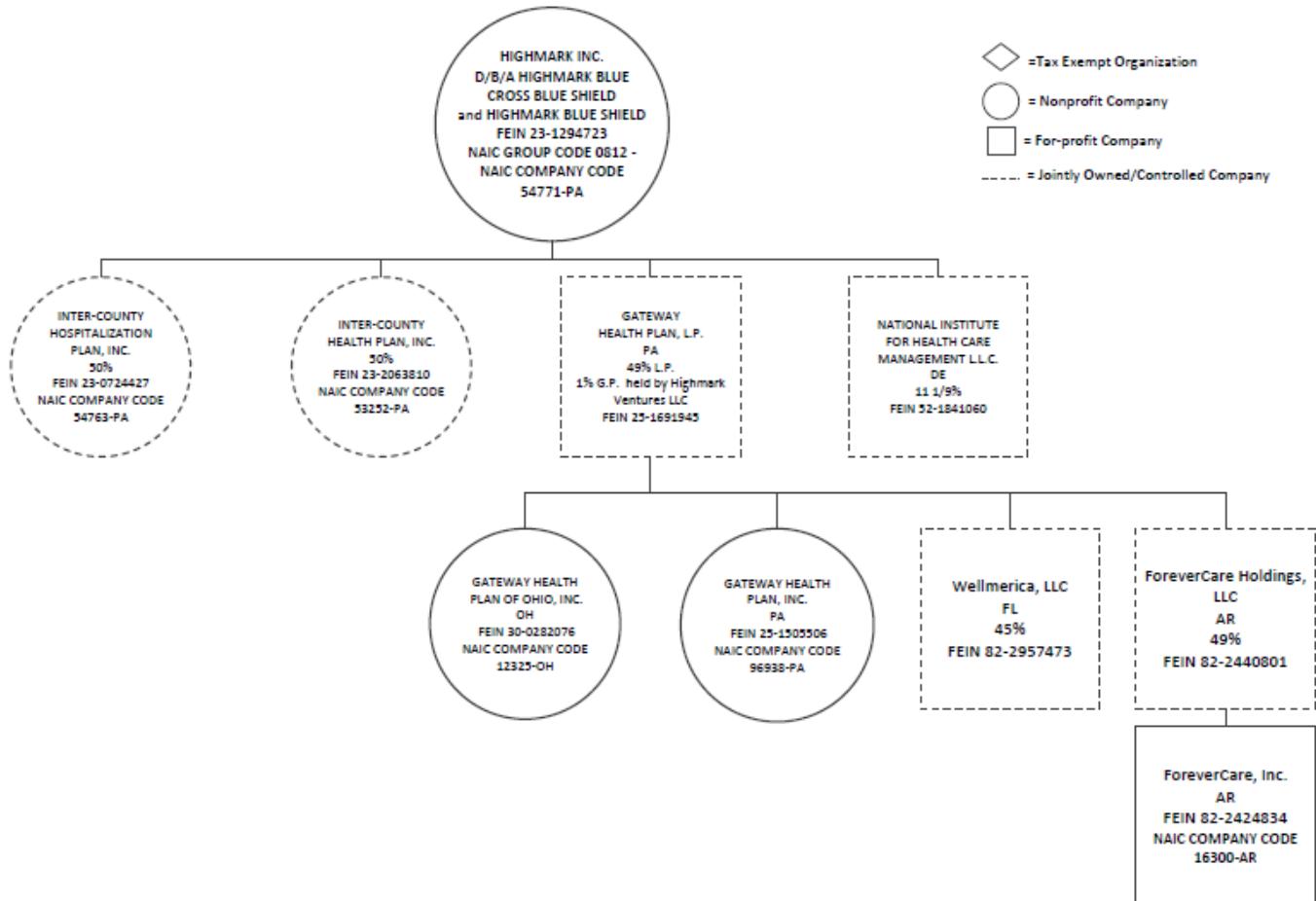
----- = Jointly Owned/Controlled Company

JOINTLY  
CONTROLLED  
AFFILIATES  
PAGE 3

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

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

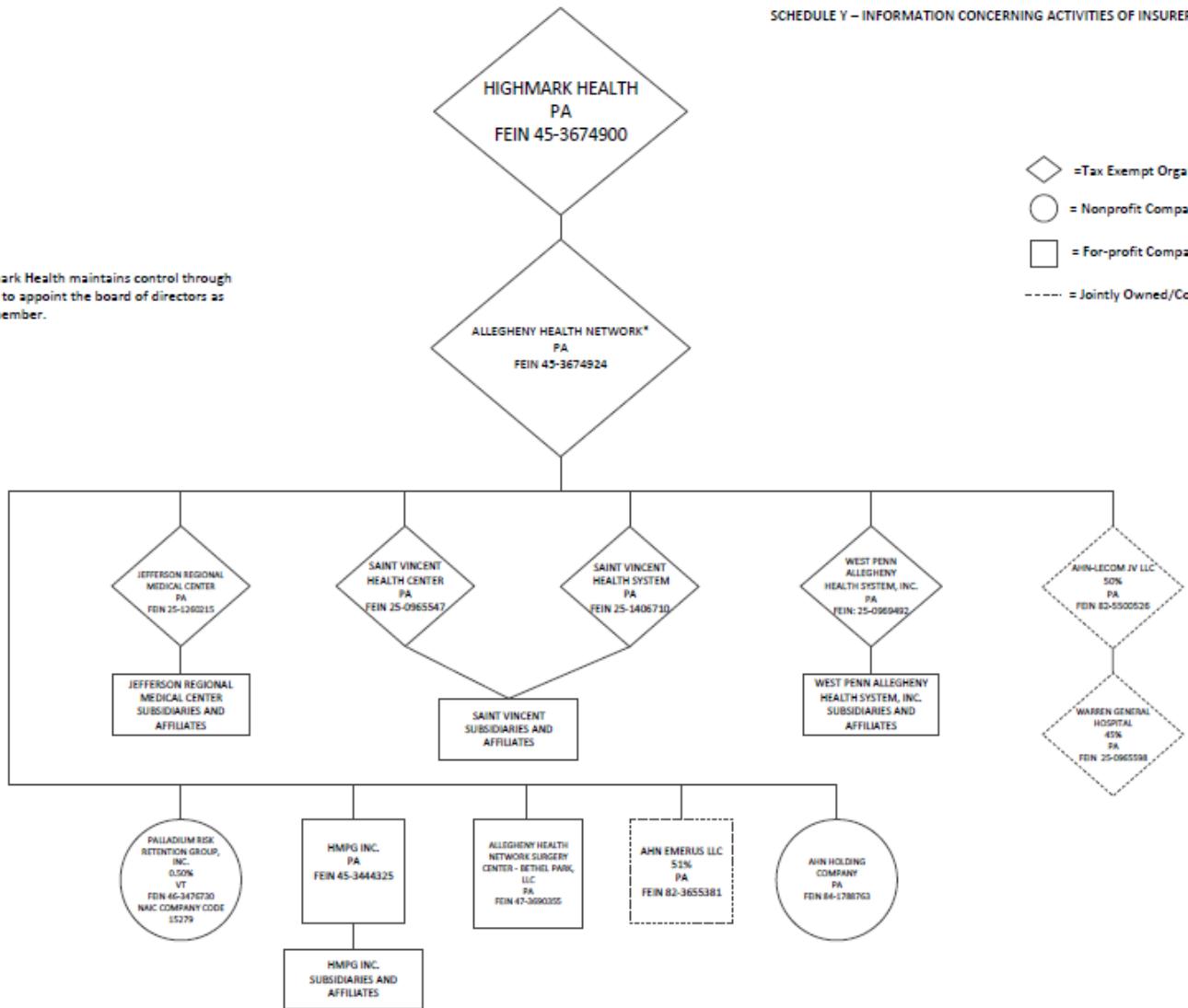
Q15.2



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

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

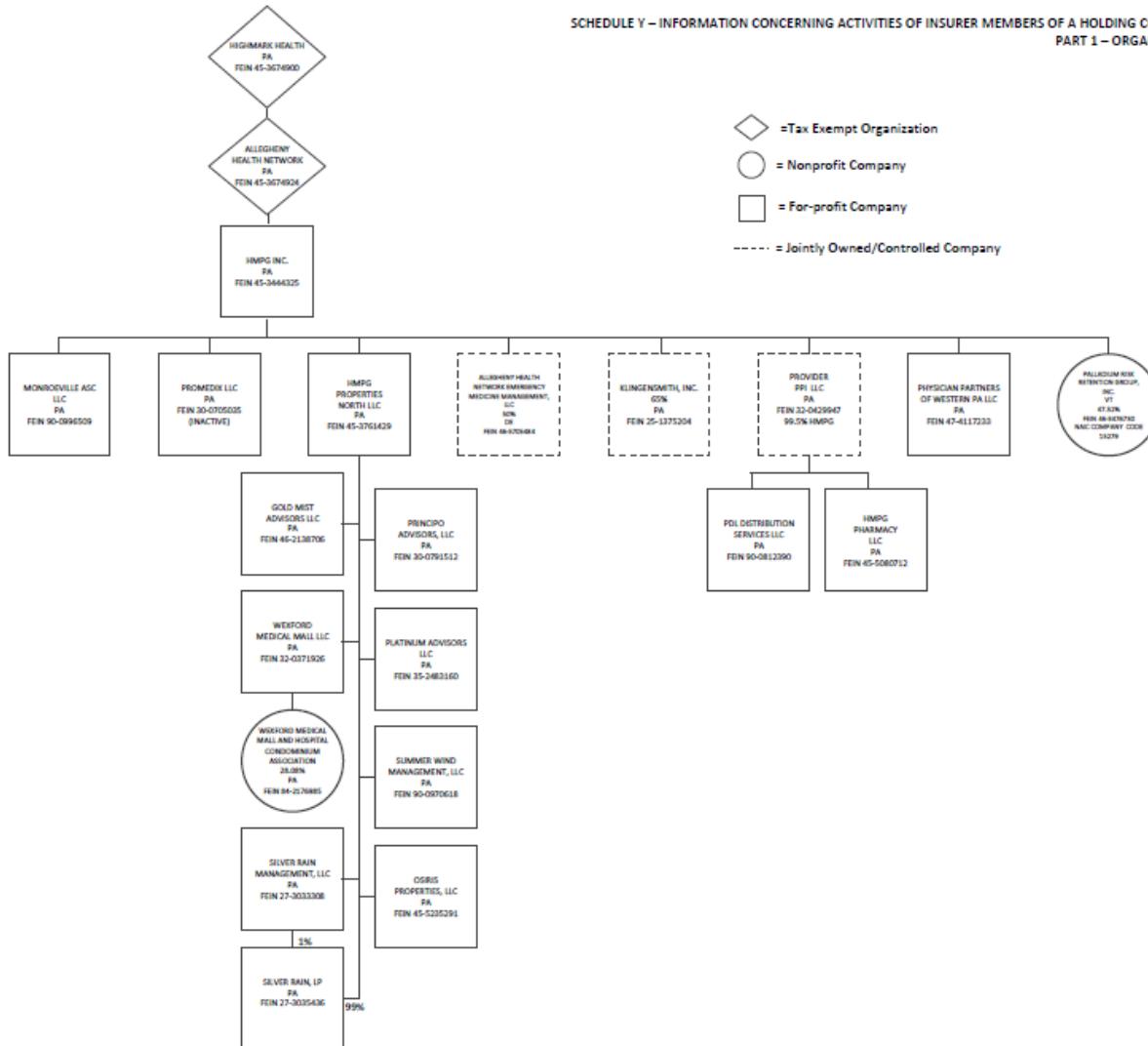
- \* Highmark Health maintains control through ability to appoint the board of directors as sole member.



Q15.3

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

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

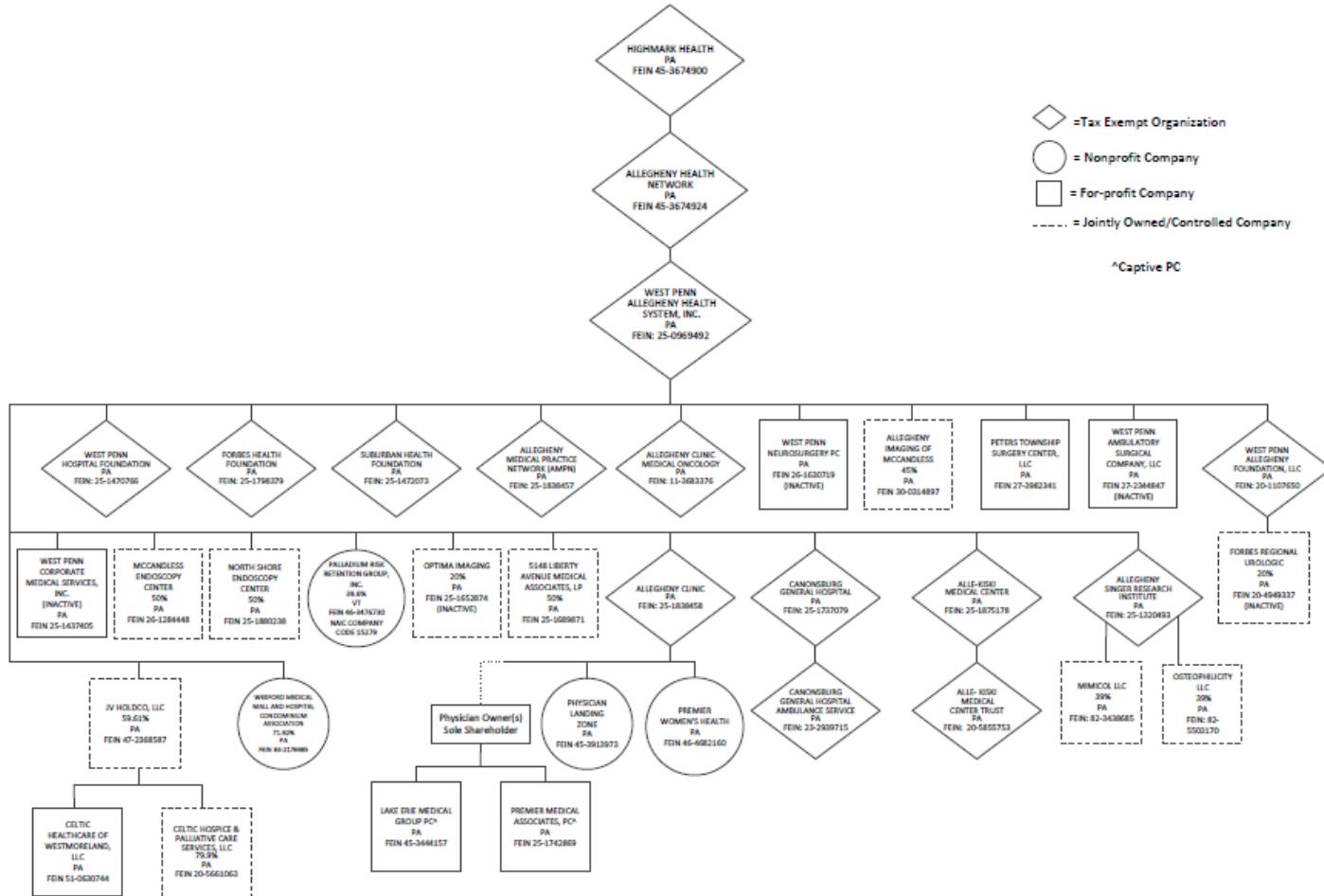


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

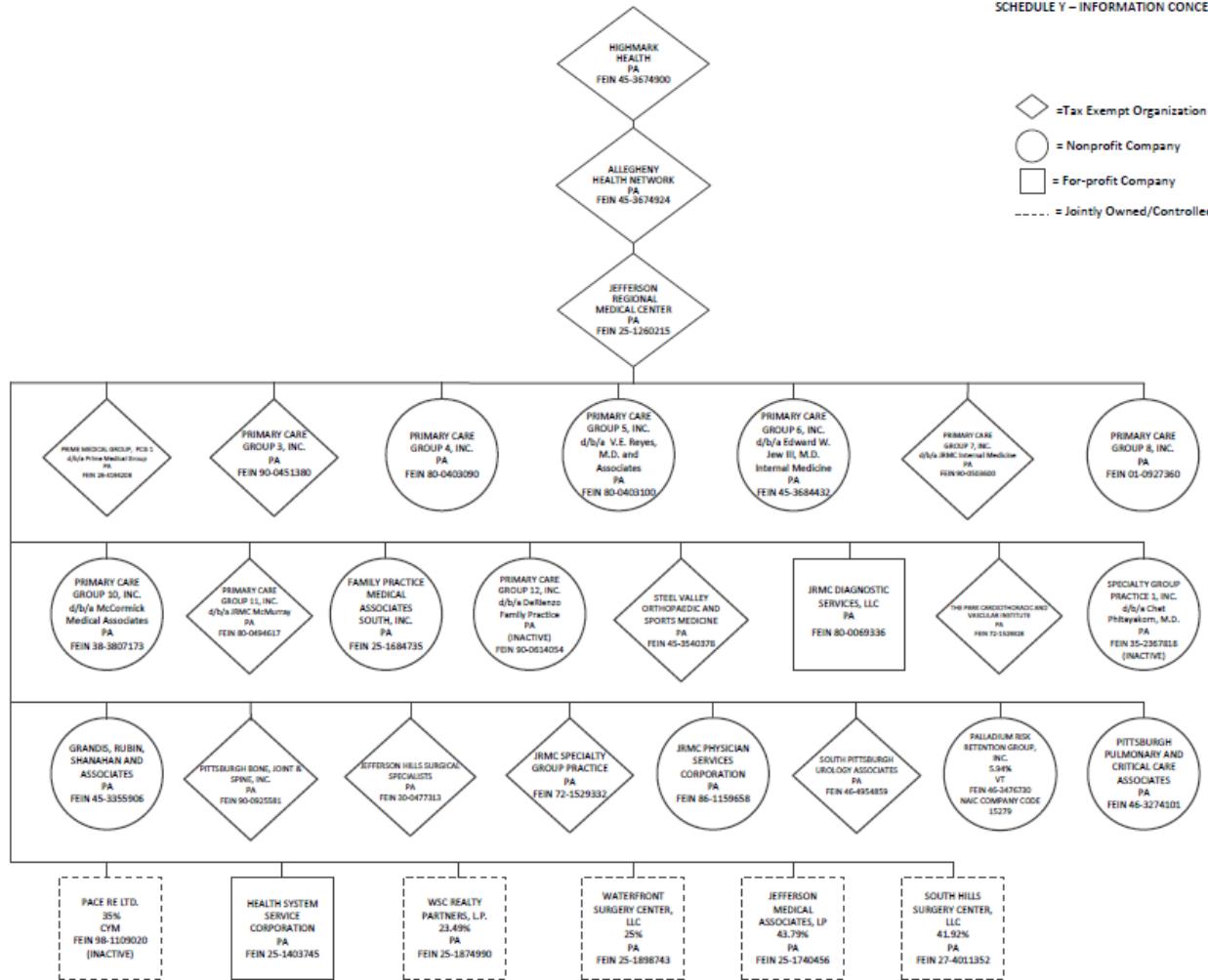
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



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

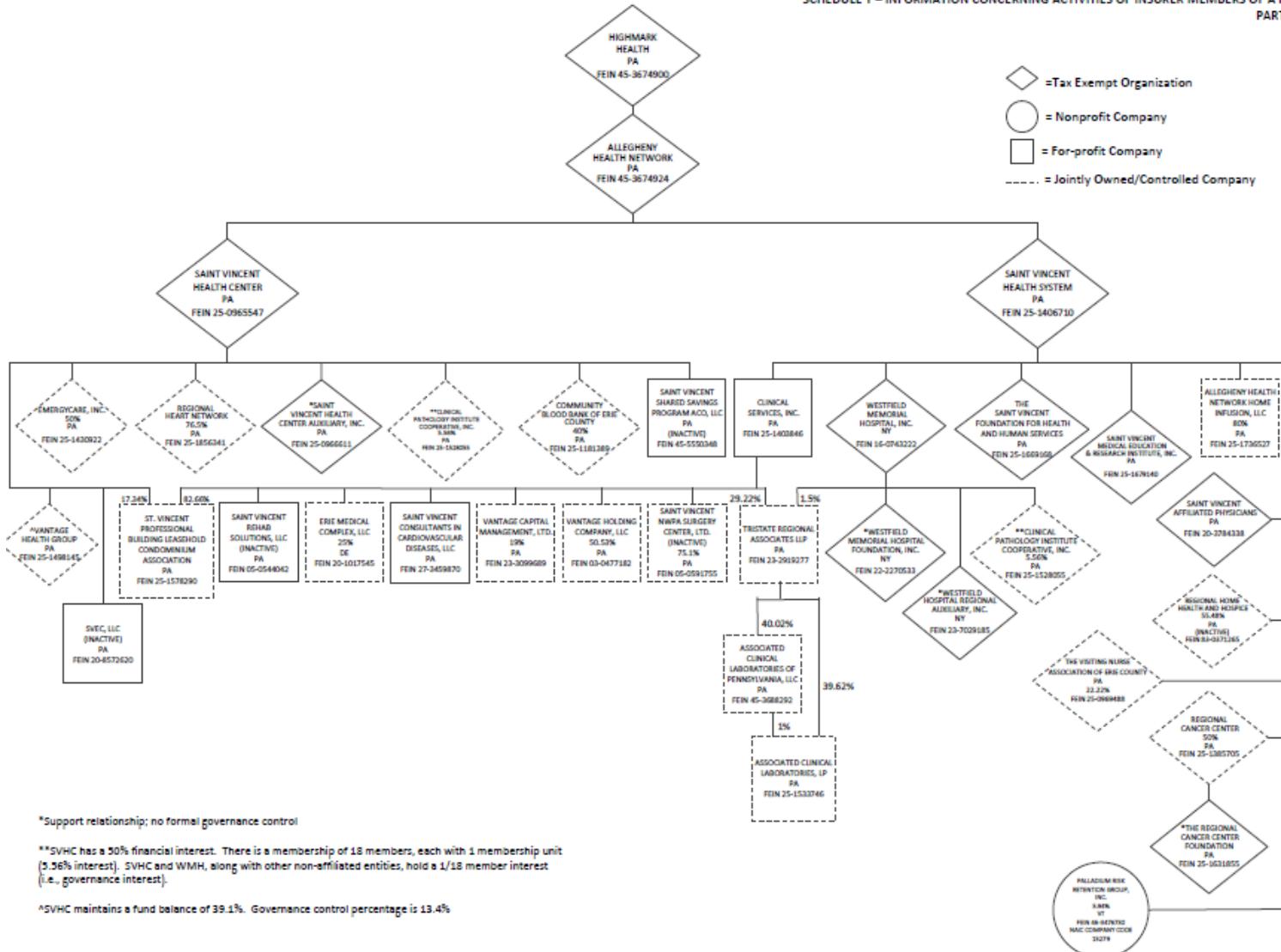
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

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



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

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



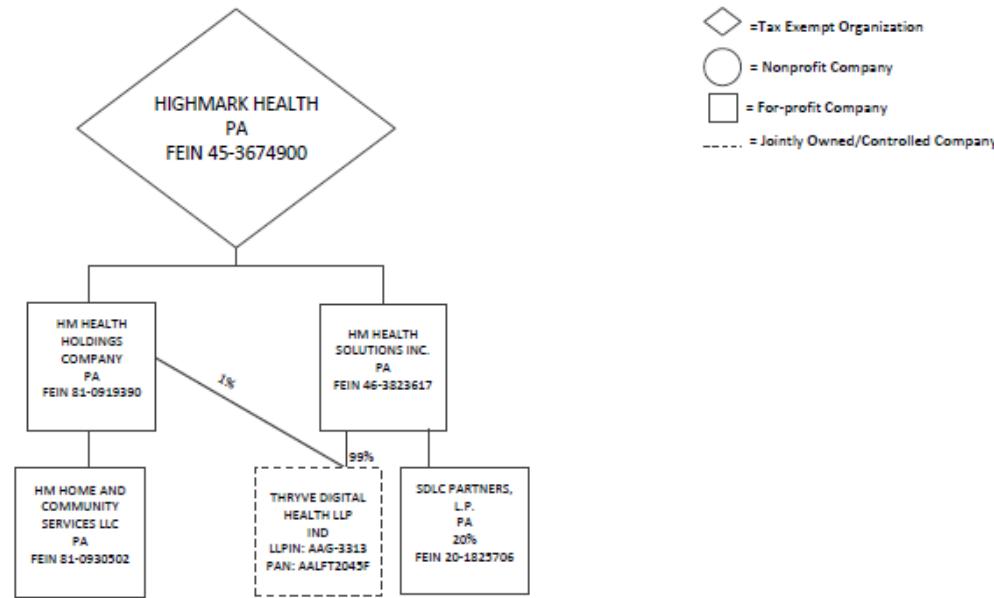
\*Support relationship; no formal governance control

\*\*SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (3.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

^SVHC maintains a fund balance of 39.13%. Governance control percentage is 13.4%

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

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



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

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

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

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

Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: (100% Controlled by Trinity Health 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 Health 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 Plan of New York, Inc.; FEIN: 83-3278543 (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 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 Health 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 Health Providers 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 (2.564% 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)

Eastwind Surgical, LLC; FEIN: 90-0739342 (30.77841% Controlled by Immediate Parent)

Health Collaborative of Central Ohio, LLC; FEIN: 46-5603894 (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 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. d/b/a 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. d/b/a MercyOne FEIN: 42-1478417 (50% Controlled by Immediate Parent; 50% Controlled by CommonSpirit Health (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 dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Parent Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; 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. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Immediate Parent Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Immediate Parent)

Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Immediate Parent Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by

Immediate Parent

Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Immediate Parent 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. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)

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

Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent) MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080 MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)  
Dubuque Mercy Health Foundation, Inc. dba MercyOne Dubuque Foundation; FEIN: 26-2227941 (100% Controlled by Immediate Parent) Dyersville Health Foundation, Inc. dba MercyOne Dyersville Foundation; 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 MercyOne Dubuque Medical Center (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)  
MercyOne New Hampton Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)  
Hospice of North Iowa dba MercyOne North Iowa Hospice; FEIN: 42-1173708 (100% Controlled by Immediate Parent)  
Mercy Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Parent)  
Forest 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) Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)  
Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)  
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) 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) MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)  
Hawarden Regional Healthcare Clinics, Inc., 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. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Parent)  
Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)  
Health Incorporated; FEIN: 31-172115 (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. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent) Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)  
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 dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)  
Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent) Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)  
Parent  
Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent) 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 Health 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 Health 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 SJRMC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)  
Michigan Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent) 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)

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

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 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. dba St. Joseph Mercy Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Health System; dba Chelseacare; dba Chelseacare Pharmacy; dba SRSLY; dba St. Joseph Mercy Chelsea-Cancer Center (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  
St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas 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  
Metropolitan Detroit Area Hospital Services, Inc.; FEIN: ; (\_\_\_\_\_% Controlled by Trinity Health- Michigan d/b/a Saint Joseph Mercy Health System;  
\_\_\_\_\_% Controlled by Henry Ford Health System, Inc.)  
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: 20-2443646;(53.94% Controlled by Immediate Parent  
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% 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 Proility Therapy Services; FEIN: 20-2020239 (100% 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: 83-0959900 (100% Controlled by Immediate Parent Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent  
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (33.02% Controlled by Immediate Parent  
Physicians Direct Accountable Care Organization; FEIN: 45-5589234 (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) Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent  
Muskegon SC LLC; FEIN: 20-3244346 (34.88% 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 Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent  
Western Michigan Associates JV; FEIN: 38-2960292 (14.06% Controlled by Immediate Parent; 9.34% Controlled by Trinity Health - Michigan)  
West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (14.06% Controlled by Immediate Parent; 9.34% Interest Held by Trinity Health - Michigan) Hackley Health Ventures, Inc.; FEIN: 38-2589959 (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)  
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.; dba Mercy Health Pharmacy - Lakes; dba Mercy Health Pharmacy - North Muskegon; FEIN: 38-2447870 (100% Controlled by Immediate Parent

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

Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% 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: 32-0524946 (100% Controlled by LUMC South Campus Partners, Inc.); FEIN: 32-0517854 (49% Controlled by LUMC)

Palos Health Surgery Center, LLC; FEIN: Not Yet Filed (48.5% Controlled by Loyola University Medical Center) 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

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

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

LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent

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

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)

Trinity Health of the Mid-Atlantic Region [Effective 7.1.19; formerly 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, LP; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent St. Agnes Continuing Care Center; FEIN: 23-2840137 (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)

Effective 7.1.19: St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent)

DISSOLUTION FILED 6.3.19; EFFECTIVE 7.1.19: 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 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 (16.34% 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)

Effective 7.1.19: St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic 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)

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)

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

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

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

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: 46-433151

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: 14-181306 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 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: 14-138544 (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; FEIN: 14-1701597 (100% Controlled by Immediate Parent

Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; 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 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 at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; 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 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

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

Victory Ridge Apartments, LP (80% Controlled by Immediate Parent); FEIN: 57-1219731

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 Williamsburg, 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 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 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 Auxiliary, 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 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: 16-159098 Plaza Corporation of Central New York, Inc. (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2900840

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

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

Mandora 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

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

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: 22-1249775 (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: 46-189279 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., 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: 16-161170

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

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

Lighthouse Surgery Center, LLC; FEIN: 83-2096116 (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: 06-0604043 (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 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 Foundation, Inc.; FEIN: 20-8176133 (100% Controlled by Saint Francis HealthCarePartners, Inc. Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (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

Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's

Physician Partners, LLC d/b/a Valley Health Alliance, and Saint Francis Healthcare Partners, Inc.) Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (50% Controlled by THONE; 20% Controlled by JMMC 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 Trinity Health Of New England Emergency Medical Services, Inc.; FEIN: (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)

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

Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)

Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)

Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)

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

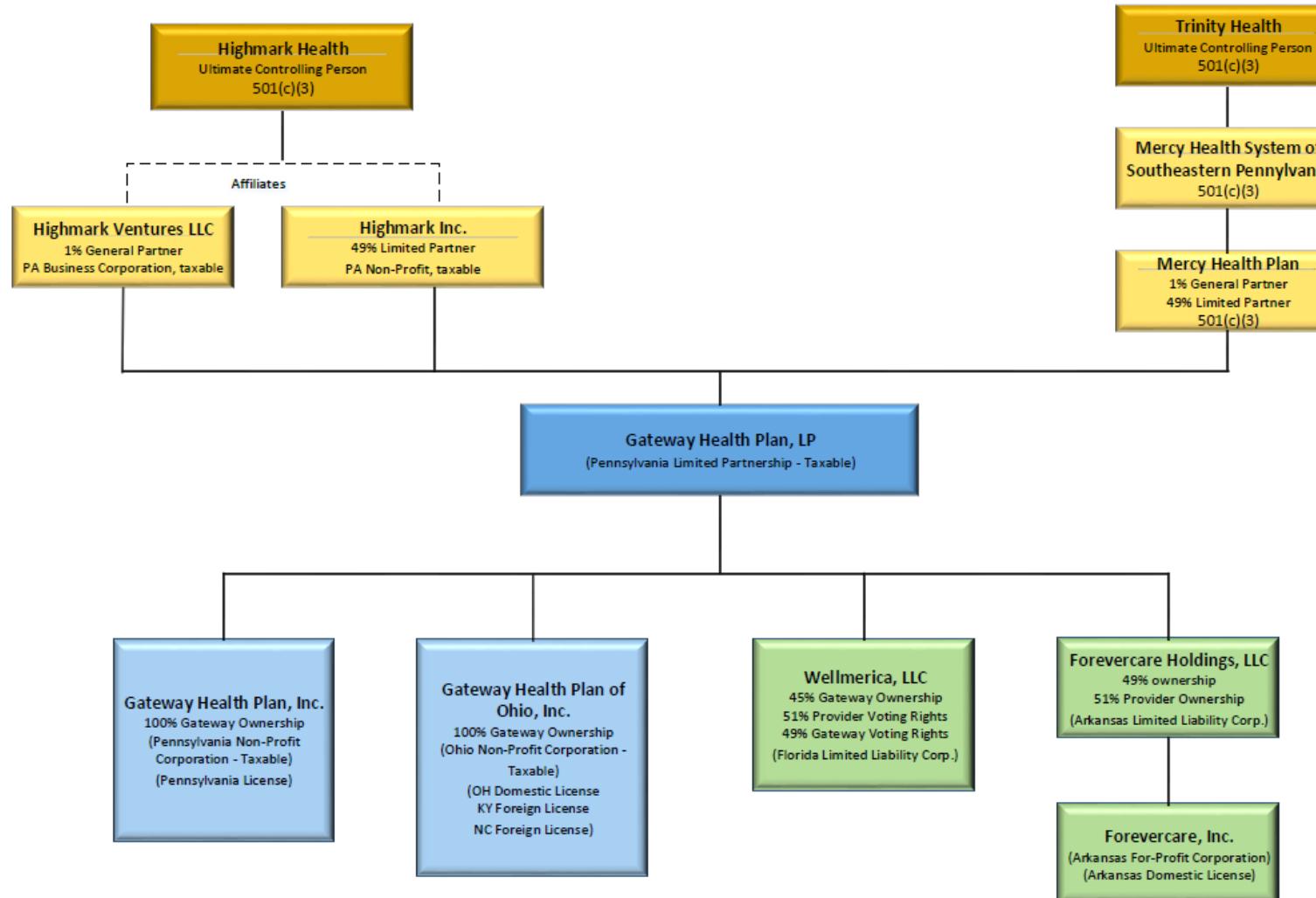
Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Controlled by Immediate Parent

Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)

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



Q15.18

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

**1Forevercare Holdings, LLC Provider Ownership**

Arkansas Pharmacy Providers, LLC	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%

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
0000		00000	45-3674900	0000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3674924	0000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	54771	23-1294723	0000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	46-3823617	0000000000	0000000000		HM HEALTH SOLUTIONS INC	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	83-3642399	0000000000	0000000000		CONTESSA-HIGHMARK HEALTH, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.0	HIGHMARK HEALTH	N	
0000		00000	83-1871064	0000000000	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3769205	0000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1825706	0000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	0000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	0000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	AAG-3313	0000000000	0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	0000000000	0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	45-3444157	0000000000	0000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	0000000000	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1742869	0000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-4682160	0000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3444325	0000000000	0000000000		HMPG INC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1260215	0000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	82-3655381	0000000000	0000000000		AHN EMERUS LLC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-5500526	0000000000	0000000000		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY CLINIC	Ownership	51.0	HIGHMARK HEALTH	N	
0000		00000	25-0965598	0000000000	0000000000		WARREN GENERAL HOSPITAL	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3690355	0000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	84-1788763	0000000000	0000000000		AHN HOLDING COMPANY	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0965547	0000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	0000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969492	0000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3438685	0000000000	0000000000		MIMICOL LLC	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-5503170	0000000000	0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY CLINIC	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	20-5855753	0000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1533746	0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	23-2939715	0000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	ALLEGHENY CLINIC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	20-1017545	0000000000	0000000000		AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3459870	0000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	CLINICAL SERVICES, INC	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	05-0591755	0000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	05-0544042	0000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
0000		00000	05-0544042	0000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000 ..		00000	25-1578290	000000000	00000000000	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION .....	PA .. NIA .. CLINICAL SERVICES, INC .....			Ownership .....	82.7	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	23-2919277	000000000	00000000000	TRISTATE REGIONAL ASSOCIATES LLP .....	PA .. NIA .. CLINICAL SERVICES, INC .....			Ownership .....	29.2	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	23-3099689	000000000	00000000000	VANTAGE CAPITAL MANAGEMENT, LTD .....	PA .. NIA .. CLINICAL SERVICES, INC .....			Ownership .....	19.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	03-0477182	000000000	00000000000	VANTAGE HOLDING COMPANY, LLC .....	PA .. NIA .. CLINICAL SERVICES, INC .....			Ownership .....	50.5	HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	12325	30-0282076	000000000	00000000000	GATEWAY HEALTH PLAN OF OHIO, INC. .....	OH .. RE .. GATEWAY HEALTHPLAN, L.P. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	96938	25-1505506	000000000	00000000000	GATEWAY HEALTH PLAN, INC. .....	PA .. IA .. GATEWAY HEALTHPLAN, L.P. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	82-2957473	000000000	00000000000	WELLMERICA, LLC .....	FL .. NIA .. GATEWAY HEALTHPLAN, L.P. .....			Ownership .....	45.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	82-2440801	000000000	00000000000	FOREVERCARE HOLDINGS, LLC .....	AR .. NIA .. GATEWAY HEALTHPLAN, L.P. .....			Ownership .....	49.0	HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	16300	82-2424834	000000000	00000000000	FOREVERCARE, INC. .....	AR .. IA .. FOREVERCARE HOLDINGS, LLC .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	47-1817274	000000000	00000000000	HIGHMARK BCBSD HEALTH OPTIONS INC. .....	DE .. NIA .. HIGHMARK BCBSD INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1494238	000000000	00000000000	CARING FOUNDATION .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	60147	23-2905083	000000000	00000000000	FIRST PRIORITY LIFE INSURANCE COMPANY, INC. .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1691945	000000000	00000000000	GATEWAY HEALTH PLAN, L.P. .....	PA .. NIA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	0000003	
0812 ..	HIGHMARK INC .....	11435	75-3002215	000000000	00000000000	HCI, INC. .....	VT .. IA .. HIGHMARK INC. .....			Ownership .....	49.0	HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	53287	51-0020405	000000000	00000000000	HIGHMARK BCBSD INC. .....	DE .. IA .. HIGHMARK INC. .....			Board of Directors .....	100.0	HIGHMARK HEALTH .....	Y .....		
0812 ..	HIGHMARK INC .....	15508	46-4763378	000000000	00000000000	HIGHMARK BENEFITS GROUP INC .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	15507	46-4757476	000000000	00000000000	HIGHMARK COVERAGE ADVANTAGE INC. .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1876666	000000000	00000000000	HIGHMARK FOUNDATION .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	10131	20-2353206	000000000	00000000000	HIGHMARK SELECT RESOURCES INC. .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	15460	46-4156633	000000000	00000000000	HIGHMARK SENIOR HEALTH COMPANY .....	PA .. IA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1645888	000000000	00000000000	HIGHMARK VENTURES LLC .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....	0000003	
0812 ..	HIGHMARK INC .....	54828	55-0624615	000000000	00000000000	HIGHMARK WEST VIRGINIA INC. .....	WV .. IA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	20-5457337	000000000	00000000000	HM CENTERED HEALTH, INC. .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	71768	54-1637426	000000000	00000000000	HM HEALTH INSURANCE COMPANY .....	PA .. IA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1646315	000000000	00000000000	HM INSURANCE GROUP, LLC .....	PA .. NIA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	96601	23-2413324	000000000	00000000000	HMO OF NORTHEASTERN PENNSYLVANIA, INC. .....	PA .. IA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0936 ..	INDEPENDENCE HEALTH GROUP INC. .....	53252	23-2063810	000000000	00000000000	INTER-COUNTY HEALTH PLAN, INC. .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....	0000001	
0936 ..	INDEPENDENCE HEALTH GROUP INC. .....	54763	23-0724427	000000000	00000000000	INTER-COUNTY HOSPITALIZATION PLAN, INC. .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....	0000002	
0000 ..		00000	25-1712017	000000000	00000000000	JEA, INC. .....	PA .. NIA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1524682	000000000	00000000000	JENKINS-EMPIRE ASSOCIATES .....	PA .. NIA .. HIGHMARK INC. .....			Ownership .....	99.0	HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	95048	25-1522457	000000000	00000000000	HIGHMARK CHOICE COMPANY .....	PA .. IA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	52-1841060	000000000	00000000000	NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC .....	DE .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1411844	000000000	00000000000	REMWORKS SLEEP STORE INC. .....	PA .. NIA .. HIGHMARK INC. .....			Board of Directors .....		HIGHMARK HEALTH .....	N .....		
0812 ..	HIGHMARK INC .....	89070	25-1687586	000000000	00000000000	UNITED CONCORDIA COMPANIES, INC. .....	PA .. IA .. HIGHMARK INC. .....			Ownership .....	100.0	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	47-1960604	000000000	00000000000	BABEL HEALTH LLC .....	DE .. NIA .. HIGHMARK VENTURES LLC .....			Ownership .....	11.1	HIGHMARK HEALTH .....	N .....		
0000 ..		00000	25-1691945	000000000	00000000000	GATEWAY HEALTH PLAN, L.P. .....	PA .. NIA .. HIGHMARK VENTURES LLC .....			Ownership .....	1.0	HIGHMARK HEALTH .....	N .....	0000003	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812 ..	HIGHMARK INC .....	15459	46-4156854	000000000	00000000000		HIGHMARK SENIOR SOLUTIONS COMPANY .....	WV	IA	HIGHMARK WEST VIRGINIA INC. ....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0812 ..	HIGHMARK INC .....	15020	45-2763165	000000000	00000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC .....	WV	IA	HIGHMARK WEST VIRGINIA INC. ....	Ownership .....	82.9	HIGHMARK HEALTH .....	N .....	
0812 ..	HIGHMARK INC .....	35599	25-1334623	000000000	00000000000		HIGHMARK CASUALTY INSURANCE COMPANY .....	PA	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0812 ..	HIGHMARK INC .....	93440	06-1041332	000000000	00000000000		HM LIFE INSURANCE COMPANY .....	PA	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0812 ..	HIGHMARK INC .....	60213	25-1800302	000000000	00000000000		HM LIFE INSURANCE COMPANY OF NEW YORK .....	NY	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	47-4117233	000000000	00000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	46-5705484	000000000	00000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC .....	DE	NIA	HMPG INC. ....	Ownership .....	50.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	45-3761429	000000000	00000000000		HMPG PROPERTIES NORTH LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	25-1375204	000000000	00000000000		KLINGENSMITH, INC .....	PA	NIA	HMPG INC. ....	Ownership .....	65.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	90-0996509	000000000	00000000000		MONROEVILLE ASC LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		15279	46-3476730	000000000	00000000000		PALLADIUM RISK RETENTION GROUP, INC. ....	VT	IA	HMPG INC. ....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	30-0705035	000000000	00000000000		PROMEDIX LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	32-0429947	000000000	00000000000		PROVIDER PPI LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	99.5	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	46-2138706	000000000	00000000000		GOLD MIST ADVISORS LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	45-5235291	000000000	00000000000		OSIRIS PROPERTIES, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	35-2483160	000000000	00000000000		PLATINUM ADVISORS LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	30-0791512	000000000	00000000000		PRINCIPO ADVISORS, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	27-3033308	000000000	00000000000		SILVER RAIN MANAGEMENT, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	27-3035436	000000000	00000000000		SILVER RAIN, LP .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	99.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	90-0970618	000000000	00000000000		SUMMER WIND MANAGEMENT, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	32-0371926	000000000	00000000000		WEXFORD MEDICAL MALL LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	84-2176985	000000000	00000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION .....	PA	NIA	WEXFORD MEDICAL MALL LLC .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	74-2337775	000000000	00000000000		VISIONWORKS OF AMERICA, INC. ....	TX	NIA	HIGHMARK INC. ....	Ownership .....	79.6	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	25-1524682	000000000	00000000000		JENKINS-EMPIRE ASSOCIATES .....	PA	NIA	JEA INC. ....	Ownership .....	1.0	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	25-1684735	000000000	00000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC. ....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	45-3355906	000000000	00000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	25-1403745	000000000	00000000000		HEALTH SYSTEM SERVICE CORPORATION .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	30-0477313	000000000	00000000000		JEFFERSON HILLS SURGICAL SPECIALISTS .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	25-1740456	000000000	00000000000		JEFFERSON MEDICAL ASSOCIATES, LP .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Ownership .....	43.8	HIGHMARK HEALTH .....	N .....	
0000 ..		00000	80-0069336	000000000	00000000000		JRMC DIAGNOSTIC SERVICES, LLC .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	86-1159658	000000000	00000000000		JRMC PHYSICIAN SERVICES CORPORATION .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	
0000 ..		00000	72-1529332	000000000	00000000000		JRMC SPECIALTY GROUP PRACTICE .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....	

Q16.2

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	98-1109020	000000000	00000000000	PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	N		
0000		15279	46-3476730	000000000	00000000000	PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	90-0925581	000000000	00000000000	PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	46-3274101	000000000	00000000000	PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	38-3807173	000000000	00000000000	PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	80-0494617	000000000	00000000000	PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	90-0614054	000000000	00000000000	PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	90-0451380	000000000	00000000000	PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	80-0403090	000000000	00000000000	PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	80-0403100	000000000	00000000000	PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	45-3684432	000000000	00000000000	PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	90-0503600	000000000	00000000000	PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	01-0927360	000000000	00000000000	PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	26-4194208	000000000	00000000000	PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	27-4011352	000000000	00000000000	SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	N		
0000		00000	46-4954859	000000000	00000000000	SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	35-2367818	000000000	00000000000	SPECIALTY GROUP PRACTICE 1, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	45-3540378	000000000	00000000000	STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	72-1529328	000000000	00000000000	THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	25-1898743	000000000	00000000000	WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	25-1874990	000000000	00000000000	WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	N		
0000		00000	51-0630744	000000000	00000000000	CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	20-5661063	000000000	00000000000	CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	N		
0000		00000	45-5080712	000000000	00000000000	HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	90-0812390	000000000	00000000000	PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	25-1631855	000000000	00000000000	THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	20-8572620	000000000	00000000000	SVEC, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N		

Q16.3

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000 ..		00000	25-1528055	000000000	00000000000	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1181389	000000000	00000000000	COMMUNITY BLOOD BANK OF ERIE COUNTY .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1430922	000000000	00000000000	EMERGycare, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1856341	000000000	00000000000	REGIONAL HEART NETWORK .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-0966611	000000000	00000000000	SAINT VINCENT HEALTH CENTER AUXILIARY, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	45-5550348	000000000	00000000000	SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1578290	000000000	00000000000	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1498145	000000000	00000000000	VANTAGE HEALTH GROUP .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Ownership .....	17.3	HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1736527	000000000	00000000000	ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC .....		PA ..	NIA ..	SAINT VINCENT HEALTH CENTER .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1403846	000000000	00000000000	CLINICAL SERVICES, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Ownership .....	80.0	HIGHMARK HEALTH .....	N ..	
0000 ..		15279	46-3476730	000000000	00000000000	PALLADIUM RISK RETENTION GROUP, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1385705	000000000	00000000000	REGIONAL CANCER CENTER .....		VT ..	IA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	83-0371265	000000000	00000000000	REGIONAL HOME HEALTH AND HOSPICE .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	20-3784338	000000000	00000000000	SAINT VINCENT AFFILIATED PHYSICIANS .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Ownership .....	55.5	HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1679140	000000000	00000000000	SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1669168	000000000	00000000000	THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-0969488	000000000	00000000000	THE VISITING NURSE ASSOCIATION OF ERIE COUNTY .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	16-0743222	000000000	00000000000	WESTFIELD MEMORIAL HOSPITAL, INC .....		PA ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	27-3035436	000000000	00000000000	SILVER RAIN, LP .....		NY ..	NIA ..	SAINT VINCENT HEALTH SYSTEM .....	Board of Directors .....		HIGHMARK HEALTH .....	N ..	
0000 ..		00000	45-3688292	000000000	00000000000	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC .....		PA ..	NIA ..	SILVER RAIN MANAGEMENT, LLC .....	Ownership .....	1.0	HIGHMARK HEALTH .....	N ..	
0000 ..		00000	25-1533746	000000000	00000000000	ASSOCIATED CLINICAL LABORATORIES, LP .....		PA ..	NIA ..	TRISTATE REGIONAL ASSOCIATES LLP .....	Ownership .....	40.0	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....	95789	23-7328765	000000000	00000000000	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC .....		PA ..	NIA ..	TRISTATE REGIONAL ASSOCIATES LLP .....	Ownership .....	39.6	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....	47089	23-2541529	000000000	00000000000	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC .....		CA ..	IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....	95160	74-2489037	000000000	00000000000	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC .....		PA ..	IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....	96150	38-2289438	000000000	00000000000	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC .....		TX ..	IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....	95253	52-1542269	000000000	00000000000	UNITED CONCORDIA DENTAL PLANS, INC .....		MI ..	IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	
0812 ..	HIGHMARK INC .....					UNITED CONCORDIA COMPANIES, INC. .....		MD ..	IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812 ..	HIGHMARK INC .....	60222	11-3008245	000000000	00000000000	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK .....	NY .. IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0812 ..	HIGHMARK INC .....	85766	86-0307623	000000000	00000000000	UNITED CONCORDIA INSURANCE COMPANY .....	AZ .. IA ..	UNITED CONCORDIA COMPANIES, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	74-2759084	000000000	00000000000	ECCA MANAGED VISION CARE, INC. .....	TX .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	14-1586016	000000000	00000000000	EMPIRE VISION CENTER, INC. .....	NY .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	74-2924030	000000000	00000000000	EYE DRx RETAIL MANAGEMENT, INC. .....	DE .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	74-2849554	000000000	00000000000	VISIONARY PROPERTIES, INC. .....	DE .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	74-2849552	000000000	00000000000	VISIONARY RETAIL MANAGEMENT, LLC .....	DE .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	04-3742989	000000000	00000000000	VISIONWORKS DISTRIBUTION SERVICES, INC. .....	TX .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	35-2196998	000000000	00000000000	VISIONWORKS ENTERPRISES, INC. .....	DE .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	04-3742977	000000000	00000000000	VISIONWORKS LAB SERVICES, INC. .....	TX .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	02-0677066	000000000	00000000000	VISIONWORKS, INC. .....	DE .. NIA ..	VISIONWORKS OF AMERICA, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	20-4949337	000000000	00000000000	FORBES REGIONAL UROLOGIC .....	PA .. NIA ..	WEST PENN ALLEGHENY FOUNDATION, LLC .....	Ownership .....	20.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1689871	000000000	00000000000	5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	50.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1838458	000000000	00000000000	ALLEGHENY CLINIC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	30-0314897	000000000	00000000000	ALLEGHENY IMAGING OF MCCANDLESS .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	45.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1838457	000000000	00000000000	ALLEGHENY MEDICAL PRACTICE NETWORK .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1320493	000000000	00000000000	ALLEGHENY SINGER RESEARCH INSTITUTE .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1875178	000000000	00000000000	ALLE-KISKI MEDICAL CENTER .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1737079	000000000	00000000000	CANONSBURG GENERAL HOSPITAL .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1798379	000000000	00000000000	FORBES HEALTH FOUNDATION .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	47-2368587	000000000	00000000000	JV HOLDCO, LLC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	84-2176985	000000000	00000000000	WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	59.6	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	26-1284448	000000000	00000000000	MCCANDLESS ENDOSCOPY CENTER .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1880238	000000000	00000000000	NORTH SHORE ENDOSCOPY CENTER .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	50.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1652874	000000000	00000000000	OPTIMA IMAGING .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	50.0	HIGHMARK HEALTH .....	N .....			
0000 ..		15279	46-3476730	000000000	00000000000	PALLADIUM RISK RETENTION GROUP, INC. .....	VT .. IA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			
0000 ..		00000	27-3982341	000000000	00000000000	PETERS TOWNSHIP SURGERY CENTER, LLC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N .....			
0000 ..		00000	25-1472073	000000000	00000000000	SUBURBAN HEALTH FOUNDATION .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....		HIGHMARK HEALTH .....	N .....			

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000 ..	.....	00000	20-1107650	000000000	00000000000	WEST PENN ALLEGHENY FOUNDATION, LLC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....	HIGHMARK HEALTH .....	N ..				
0000 ..		00000	11-3683376	000000000	00000000000	ALLEGHENY CLINIC MEDICAL ONCOLOGY .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....	HIGHMARK HEALTH .....	N ..				
0000 ..		00000	27-2344847	000000000	00000000000	WEST PENN AMBULATORY SURGICAL COMPANY, LLC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..			
0000 ..		00000	25-1437405	000000000	00000000000	WEST PENN CORPORATE MEDICAL SERVICES, INC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..			
0000 ..		00000	25-1470766	000000000	00000000000	WEST PENN HOSPITAL FOUNDATION .....	PA .. PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Board of Directors .....	HIGHMARK HEALTH .....	N ..				
0000 ..		00000	26-1630719	000000000	00000000000	WEST PENN NUROSURGERY PC .....	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N ..			
0000 ..		00000	25-1528055	000000000	00000000000	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC .....	PA .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	HIGHMARK HEALTH .....	N ..				
0000 ..		00000	23-2919277	000000000	00000000000	TRISTATE REGIONAL ASSOCIATES LLP .....	PA .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership .....	1.5	HIGHMARK HEALTH .....	N ..			
0000 ..		00000	23-7029185	000000000	00000000000	WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC .....	NY .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	HIGHMARK HEALTH .....	N ..				
0000 ..		00000	22-2270533	000000000	00000000000	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC .....	NY .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	HIGHMARK HEALTH .....	N ..				

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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1232520193650002

2019

Document Code: 365

**N O N E**

**SCHEDULE A - VERIFICATION**

## Real Estate

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

**SCHEDULE B - VERIFICATION**

## Mortgage Loans

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

**SCHEDULE BA - VERIFICATION**

## Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

## Bonds and Stocks

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

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,181,333	.....	.....	(2,300)	1,181,333	1,179,033	.....	1,183,589
2. NAIC 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	1,181,333	.....	.....	(2,300)	1,181,333	1,179,033	.....	1,183,589
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock .....	1,181,333	.....	.....	(2,300)	1,181,333	1,179,033	.....	1,183,589

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

**SI03 Schedule DA Part 1 .....** **NONE**

**SI03 Schedule DA Verification .....** **NONE**

**SI04 Schedule DB - Part A Verification .....** **NONE**

**SI04 Schedule DB - Part B Verification .....** **NONE**

**SI05 Schedule DB Part C Section 1 .....** **NONE**

**SI06 Schedule DB Part C Section 2 .....** **NONE**

**SI07 Schedule DB - Verification .....** **NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	21,037,707	18,026,778
2. Cost of cash equivalents acquired .....	11,340,265	40,454,907
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	19,630,000	37,443,978
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	12,747,972	21,037,707
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	12,747,972	21,037,707

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

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

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
PNC Operating Medicaid Acct 1060 .....	Jeannette, PA .....						30,286	54,917	53,314	XXX
PNC Operating Medicare Acct 1061 .....	Jeannette, PA .....						4,207,660	7,180,194	2,288,336	XXX
PNC Medicare Claims Acct 1070 .....	Jeannette, PA .....						(868,263)	(1,468,706)	(1,015,905)	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..	XXX	XXX ..							XXX
0199999 Totals - Open Depositories .....		XXX	XXX ..				3,369,683	5,766,404	1,325,745	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....	XXX	XXX ..							XXX
0299999 Totals - Suspended Depositories .....		XXX	XXX ..							XXX
0399999 Total Cash On Deposit .....		XXX	XXX ..				3,369,683	5,766,404	1,325,745	XXX
0499999 Cash in Company's Office .....		XXX	XXX ..	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash .....		XXX	XXX ..				3,369,683	5,766,404	1,325,745	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Cusip	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
261941108 ....	DREYFUS TREAS INSTL CASH MGMT .....		06/04/2019	0.000	XXX	2,016,767	22,311	
38142B880 ....	GOLDMAN SACHS FDS FIN SQ FED-FST MM .....		05/31/2019	0.000	XXX	10,731,204	19,595	38,275
8599999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....						12,747,972	19,595	60,586
8899999 Total - Cash Equivalents .....						12,747,972	19,595	60,586

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