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2019

Document Code: 201

QUARTERLY STATEMENT
AS OF SEPTEMBER 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"/>] Dental Service Corporation[<input type="checkbox"/>] Other[X] | Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[X] N/A[<input type="checkbox"/>] | Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<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 (Area Code) (Telephone Number) | | | |
| Primary Location of Books and Records | Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code) | | Pittsburgh, PA, US 15222-1222 (Area Code) (Telephone Number) | | | |
| Internet Web Site Address | www.gatewayhealthplan.com | | (216)802-2121 (Area Code) (Telephone Number) | | | |
| Statutory Statement Contact | Christopher Michael Cogan (Name) CCogan@GatewayHealthPlan.com (E-Mail Address) | | (412)255-4693 (Area Code)(Telephone Number)(Extension) (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.
Tony G. Farah M.D.

Karen Lynn Hanlon
Stuart M. Kilpinen
James Lennox Woodward #

State of _____
County of _____ ss

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

(Signature)
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[X] No[]

(Notary Public Signature)

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 1,176,704 | | 1,176,704 | 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 (\$.....442,546), cash equivalents (\$.....12,828,162) and short-term investments (\$.....0) | 13,270,708 | | 13,270,708 | 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) | 14,447,412 | | 14,447,412 | 24,087,648 |
| 13. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 30,824 | | 30,824 | 54,927 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 14,018 | 40 | 13,978 | 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 (\$.....0) and contracts subject to redetermination (\$.....1,170,384) | 1,170,384 | | 1,170,384 | 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 | 1,386,818 | 46,812 | 1,340,006 | 891,672 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 12,120 | | 12,120 | 8,846 |
| 18.2 Net deferred tax asset | 5,572 | | 5,572 | 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 | 26,728 | | 26,728 | 114,678 |
| 24. Health care (\$.....808,208) and other amounts receivable | 2,038,230 | 1,230,022 | 808,208 | 2,127,318 |
| 25. Aggregate write-ins for other-than-invested assets | | | | |
| 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 19,135,977 | 1,276,874 | 17,859,103 | 29,043,837 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. TOTAL (Lines 26 and 27) | 19,135,977 | 1,276,874 | 17,859,103 | 29,043,837 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. Miscellaneous A/R | | | | |
| 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) | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded) | 4,421,811 | | 4,421,811 | 13,030,335 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 148,829 | | 148,829 | 432,812 |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act | 120,972 | | 120,972 | 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 | 91,543 | | 91,543 | 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 | 0 | | 0 | |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 621,117 | | 621,117 | 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 | 1,178,424 | | 1,178,424 | |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current) | 14,665 | | 14,665 | 14,584 |
| 24. Total liabilities (Lines 1 to 23) | 6,598,189 | | 6,598,189 | 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 | (25,275,321) | (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 | 11,260,914 | 14,047,536 |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 17,859,103 | 29,043,837 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Escheat Liability Medicare | | 14,665 | | 14,665 |
| 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) | | 14,665 | | 14,665 |
| 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 |
| | | | | |
| 1. Member Months | XXX | 20,578 | 95,275 | 125,769 |
| 2. Net premium income (including \$.....0 non-health premium income) | XXX | 26,556,357 | 83,848,049 | 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 | 26,556,357 | 83,848,049 | 109,247,325 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 15,569,413 | 51,559,388 | 69,233,476 |
| 10. Other professional services | | 2,589,560 | 7,448,453 | 10,438,897 |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | 1,993,979 | 4,144,731 | 5,436,379 |
| 13. Prescription drugs | | 1,896,417 | 7,431,673 | 9,148,906 |
| 14. Aggregate write-ins for other hospital and medical | | 1,099,192 | 2,037,527 | 2,947,039 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Lines 9 to 15) | | 23,148,560 | 72,621,772 | 97,204,698 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 3,870 | 774 | 774 |
| 18. Total hospital and medical (Lines 16 minus 17) | | 23,144,690 | 72,620,998 | 97,203,924 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$.....1,515,937 cost containment expenses | | 2,089,593 | 3,441,965 | 5,076,353 |
| 21. General administrative expenses | | 4,400,584 | 9,048,491 | 11,199,114 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | | (1,829,088) | (2,438,784) |
| 23. Total underwriting deductions (Lines 18 through 22) | | 29,634,867 | 83,282,366 | 111,040,607 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (3,078,510) | 565,683 | (1,793,283) |
| 25. Net investment income earned | | 231,899 | 240,855 | 384,679 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. Net investment gains or (losses) (Lines 25 plus 26) | | 231,899 | 240,855 | 384,679 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....130,141)] | | (130,141) | (37,613) | (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 | (2,976,752) | 768,925 | (1,465,062) |
| 31. Federal and foreign income taxes incurred | XXX | (3,274) | (6,228) | (8,846) |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (2,973,478) | 775,153 | (1,456,216) |
| DETAILS OF WRITE-INS | | | | |
| 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 | | 1,071,573 | 1,895,946 | 2,759,037 |
| 1402. Hearing Hardware | | 21,833 | 55,396 | 76,950 |
| 1403. Transportation Costs | | 5,786 | 86,185 | 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) | | 1,099,192 | 2,037,527 | 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 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 14,047,536 | 16,244,719 | 16,244,719 |
| 34. Net income or (loss) from Line 32 | (2,973,478) | 775,153 | (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 | (3,274) | (6,150) | (7,678) |
| 39. Change in nonadmitted assets | 190,130 | (128,480) | (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) | (2,786,622) | 640,523 | (2,197,183) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 11,260,914 | 16,885,242 | 14,047,536 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|---|---------------------------------|-------------------------------|---|
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 27,014,437 | 84,262,141 | 107,540,846 |
| 2. | Net investment income | 262,262 | 240,034 | 383,691 |
| 3. | Miscellaneous income | | | |
| 4. | TOTAL (Lines 1 to 3) | 27,276,698 | 84,502,175 | 107,924,537 |
| 5. | Benefit and loss related payments | 30,406,121 | 71,943,312 | 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 | 6,134,904 | 12,419,000 | 18,253,535 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | 0 | | (6,827) |
| 10. | TOTAL (Lines 5 through 9) | 36,541,026 | 84,362,312 | 116,212,565 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (9,264,328) | 139,863 | (8,288,028) |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | | | |
| 12.2 | Stocks | | | |
| 12.3 | Mortgage loans | | | |
| 12.4 | Real estate | | | |
| 12.5 | Other invested assets | | | |
| 12.6 | Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 | Miscellaneous proceeds | | | |
| 12.8 | TOTAL investment proceeds (Lines 12.1 to 12.7) | | | |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | | | |
| 13.2 | Stocks | | | |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | | | |
| 13.6 | Miscellaneous applications | | | |
| 13.7 | TOTAL investments acquired (Lines 13.1 to 13.6) | | | |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | | | |
| Cash from Financing and Miscellaneous Sources | | | | |
| 16. | Cash provided (applied): | | | |
| 16.1 | Surplus notes, capital notes | | | |
| 16.2 | Capital and paid in surplus, less treasury stock | 0 | | |
| 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) | (369,024) | (279,499) | (526,756) |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | (369,024) | (279,499) | (526,756) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (9,633,352) | (139,636) | (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) | 13,270,708 | 31,579,208 | 22,904,060 |

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 9,944 | | | | | | | 9,944 | | |
| 2. First Quarter | 2,328 | | | | | | | 2,328 | | |
| 3. Second Quarter | 2,315 | | | | | | | 2,315 | | |
| 4. Third Quarter | 2,070 | | | | | | | 2,070 | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 20,578 | | | | | | | 20,578 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 22,967 | | | | | | | 22,967 | | |
| 8. Non-Physician | 16,114 | | | | | | | 16,114 | | |
| 9. Total | 39,081 | | | | | | | 39,081 | | |
| 10. Hospital Patient Days Incurred | 7,012 | | | | | | | 7,012 | | |
| 11. Number of Inpatient Admissions | 887 | | | | | | | 887 | | |
| 12. Health Premiums Written (a) | 26,571,543 | | | | | | | 26,571,543 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 26,571,543 | | | | | | | 26,571,543 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 30,406,121 | | | | | | | 30,406,121 | | |
| 18. Amount Incurred for Provision of Health Care Services | 23,148,560 | | | | | | | 23,148,560 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....26,571,543.

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 | 250,647 | ..... | ..... | ..... | ..... | 250,647 |
| 0499999 Subtotals | 250,647 | ..... | ..... | ..... | ..... | 250,647 |
| 0599999 Unreported claims and other claim reserves | | | | | | 4,171,164 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 4,421,811 |
| 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 | 10,742,634 | 19,659,618 | 453,795 | 3,968,015 | 11,196,429 | 13,030,335 |
| 7. Title XIX - Medicaid ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. Other health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. Health subtotal (Lines 1 to 8) | 10,742,634 | 19,659,618 | 453,795 | 3,968,015 | 11,196,429 | 13,030,335 |
| 10. Healthcare receivables (a) | 1,230,022 | 808,208 | ..... | ..... | 1,230,022 | 3,389,193 |
| 11. Other non-health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 12. Medical incentive pools and bonus amounts ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 9,512,612 | 18,851,409 | 453,795 | 3,968,015 | 9,966,407 | 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 |
|--------------------------|---|--------|----------|------------|---------------|---------------|
| | | | | | | |
| <u>NET INCOME</u> | | | | | | |
| (1) | State basis (Page 4, Line 32, Columns 2 & 3) | | | | (\$2,973,478) | (\$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) | | | | (\$2,973,478) | (\$1,465,062) |
| <u>SURPLUS</u> | | | | | | |
| (5) | State basis (Page 3, Line 33, Columns 3 & 4) | | | | \$11,260,914 | \$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) | | | | \$11,260,914 | \$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 | \$12,828,162 | | | \$12,828,162 | |
| 99 | Subtotal – Assets at fair value | \$12,828,162 | | | \$12,828,162 | |
| 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 September 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 | \$1,374,401 | \$1,176,704 | \$1,374,401 | | | | |
| Cash Equivalents | \$12,828,162 | \$12,828,162 | \$12,828,162 | | | | |

D. Not Practicable to Estimate Fair Value – None

E. Investments measured using NAV – 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 November 14, 2019 for the statutory statement issued on September 30, 2019.

Type II – Non-recognized Subsequent Events

Subsequent events have been considered through November 14, 2019 for the statutory statement issued on September 30, 2019.

None

23. Reinsurance

No Material Change

Notes to Financial Statement

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

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

No

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

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

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2018 were \$13,463,147. As of September 30, 2019, \$13,312,432 was paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$469,027 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$318,312 favorable prior-year development since December 31, 2018 to September 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 |
|------------|---|--|---|--|--|
| 09/30/2019 | \$808,208 | | | | |
| 06/30/2019 | \$753,369 | \$883,473 | \$804,268 | | |
| 03/31/2019 | \$874,031 | \$859,196 | \$808,603 | | |
| 12/31/2018 | \$2,127,318 | \$2,290,401 | \$2,152,218 | \$(112,463) | \$210,110 |
| 09/30/2018 | \$2,165,660 | \$2,331,563 | \$2,078,774 | | \$248,965 |
| 06/30/2018 | \$2,156,841 | \$2,256,829 | \$2,120,718 | | \$130,041 |
| 03/31/2018 | \$1,875,977 | \$2,069,954 | \$2,125,696 | | \$(124,846) |
| 12/31/2017 | \$2,135,060 | \$2,227,274 | \$2,051,088 | | \$128,105 |
| 09/30/2017 | \$1,761,866 | \$2,015,818 | \$1,895,452 | \$(16,167) | \$159,372 |
| 06/30/2017 | \$1,829,202 | \$1,675,377 | \$1,668,866 | | \$(64,710) |
| 03/31/2017 | \$1,708,942 | \$1,365,386 | \$1,599,891 | | \$(230,516) |
| 12/31/2016 | \$1,906,319 | \$880,832 | \$827,159 | \$50,894 | |

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

Notes to Financial Statement

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

B. Risk Sharing Receivables - No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

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 | |
| | <hr/> |
| 9/30/2019 | |
| | <hr/> |
| 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[X] No[]
Yes[X] No[] N/A[]

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:
Mount Carmel Grove City (dba of Mount Carmel Health System), Loyola Medical Group, THHS Oakland, Trinity Accountable Care II, LLC, and Trinity Health of New England Urgent Care, LLC have been added. Mount Carmel Care Continuum Services Corporation (dba of Mount Carmel Health System), Mount Carmel Urgent Care (dba of Mount Carmel Health System), Mount Carmel Sleep Medicine (dba of Mount Carmel Health System), Eye Center of Columbus, L.L.C, Holy Cross Private Home Services Corporation, Saint Joseph Regional Medical Center Plymouth Auxiliary Inc., Advantage Health Solutions, Inc., EMP Idaho Nampa, LLC, EMP Idaho Boise, LLC, EMP Idaho Eagle, LLC, EMP Idaho Twin Falls, LLC, Southern Idaho Regional Laboratory, LLC dba Treasure Valley Laboratory, Idaho Cytogenetics Diagnostic Laboratory, LLC, Saint Alphonsus Building Company, Inc., Pennant Health Alliance, Westshore Health Network dba Affinia Health Network ? Lakeshore, Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp, Hackley Healthcare Equipment Corp. dba Mercy Health Partners?Healthcare Equipment and Pharmacy, Hackley Healthcare Equipment Corp dba Axiom Health, L. Medicine Physician Group, LLC, Caring Partners Home Health, Inc., St. Mary Medical Center Foundation, Langhorne MRI, Inc., St. Mary's Highland Hills Village, Inc., McAuley Mercy Corporation, Morton Plant Hospital, Inc. d/b/a Morton Plant Hospital, HealthPoint Management Services, Inc., St. Anthony's Primary Care, LLC, St. Anthony's Specialists, LLC, MDR MRI Technical Services, LLC, Lourdes Health Support, LLC, Kinney?Franciscan Pharmacy, LLC, Loretto Health Support, LLC, Greater Hartford Lithotripsy, LLC, Masonicare Partners Home Health and Hospice, Inc., Tolland Imaging Center, LLC, Northeast Regional Radiation Oncology Network, Inc., Accountable Care Organization of New England, LLC, and Physician Practice Partners, 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]
Yes[X] No[] N/A[]

6.6 Have all of the recommendations within the latest financial examination report been complied with?

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]

15.2 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 | ..... | 92.861% |
| 1.2 A&H cost containment percent | ..... | 5.708% |
| 1.3 A&H expense percent excluding cost containment expenses | ..... | 18.731% |

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 |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|---------------------------|---|---|
| | | | | N O N E | | | | |
| | | | | | | | | |

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 | | 529,575 | | | | | | 529,575 |
| 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 | | 15,140,497 | | | | | | 15,140,497 |
| 35. North Dakota (ND) | N | | | | | | | | |
| 36. Ohio (OH) | L | | 10,901,471 | | | | | | 10,901,471 |
| 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 | | 26,571,543 | | | | | | 26,571,543 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | |
| 61. Total (Direct Business) | XXX | | 26,571,543 | | | | | | 26,571,543 |

DETAILS OF WRITE-INS

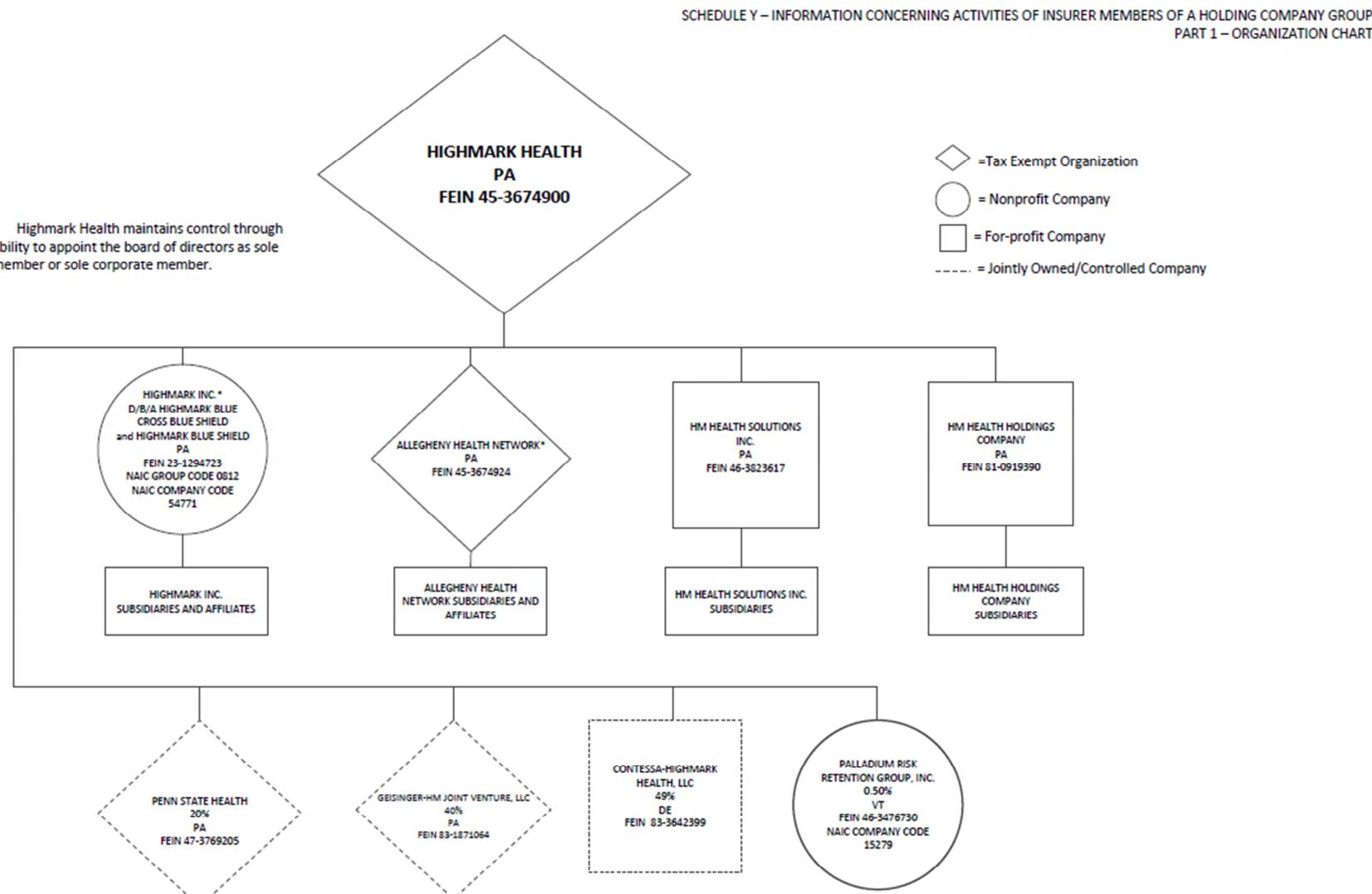
| | | | | | | | | | |
|---|-----------|--|--|--|--|--|--|--|--|
| 58001. | XXX | | | | | | | | |
| 58002. | XXX | | | | | | | | |
| 58003. | XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | | | |
| 58999. TOTALS (Lines 58001 through 58003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

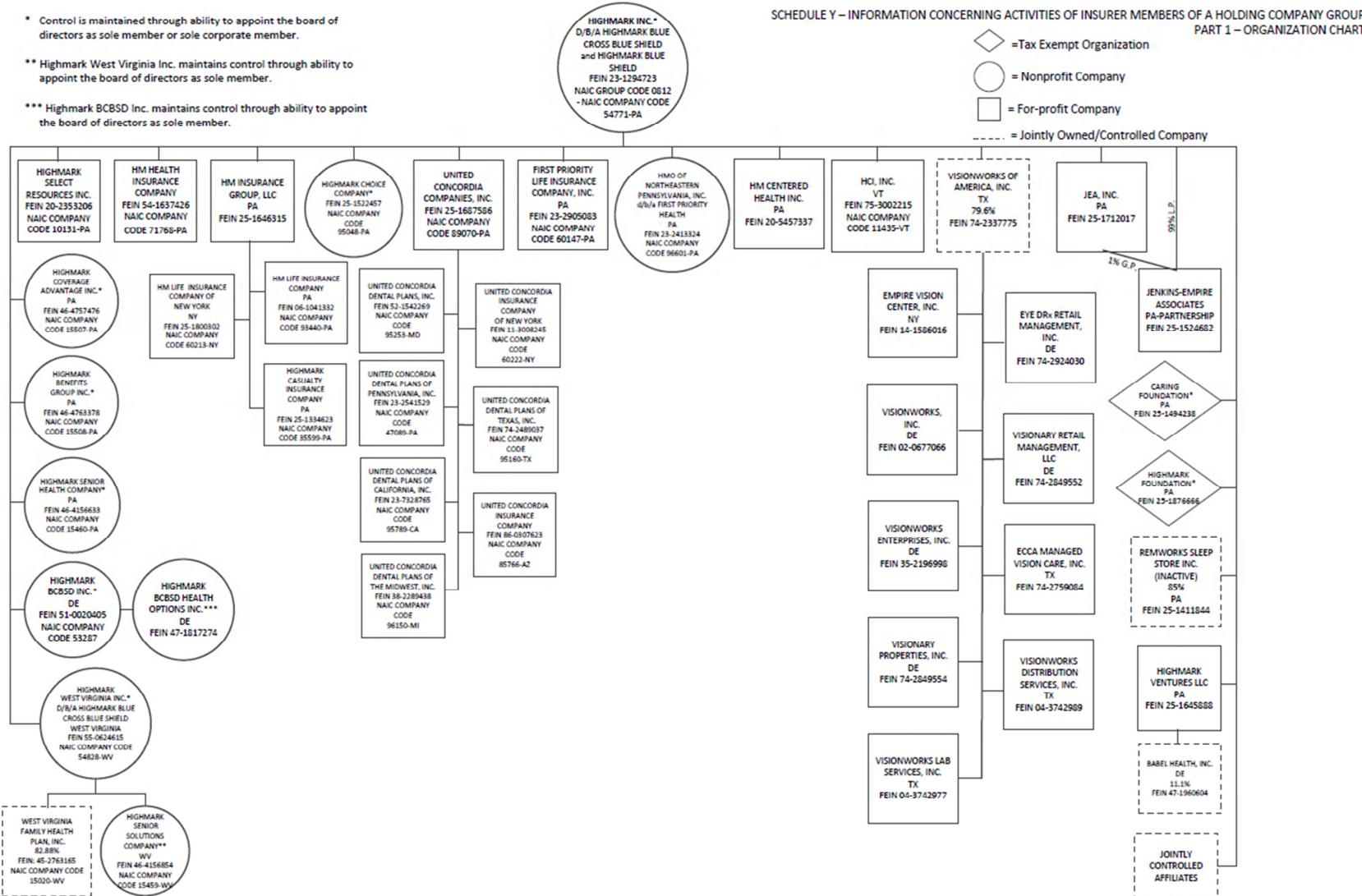


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

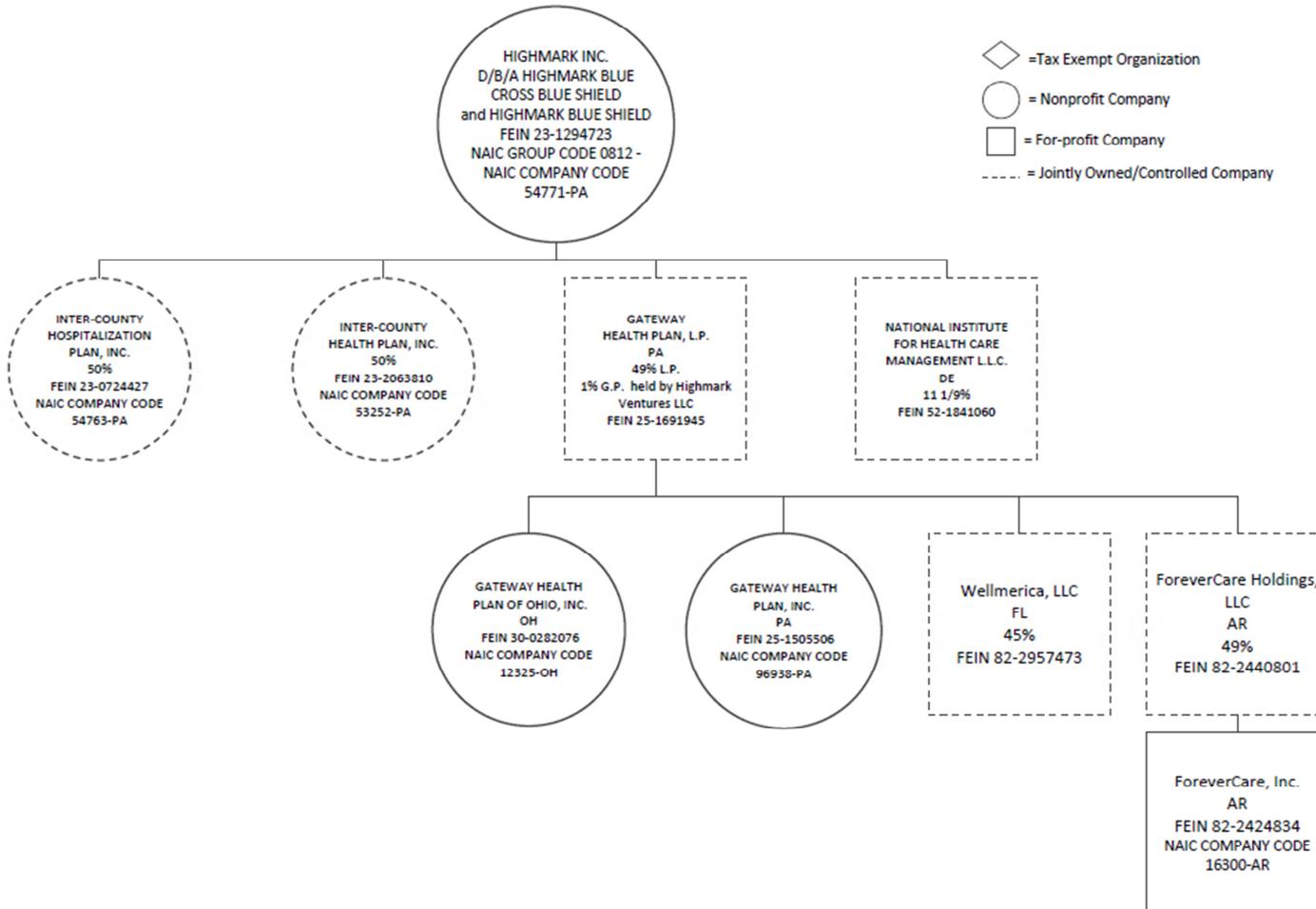
PART 1 - ORGANIZATIONAL CHART

- * 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 - ORGANIZATIONAL CHART

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



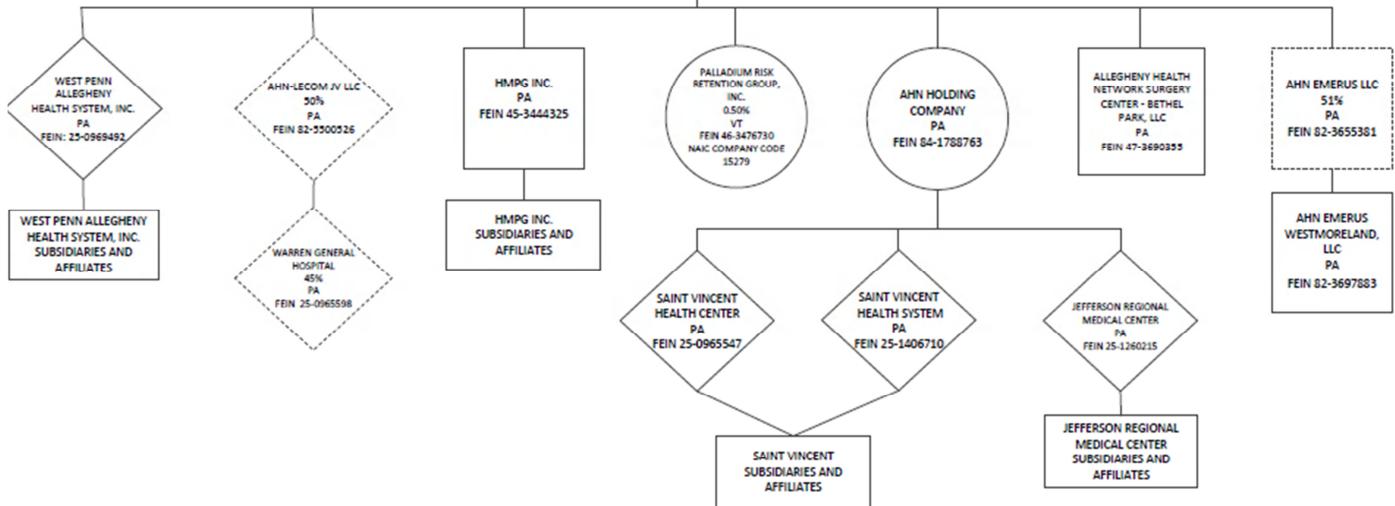
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

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

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

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

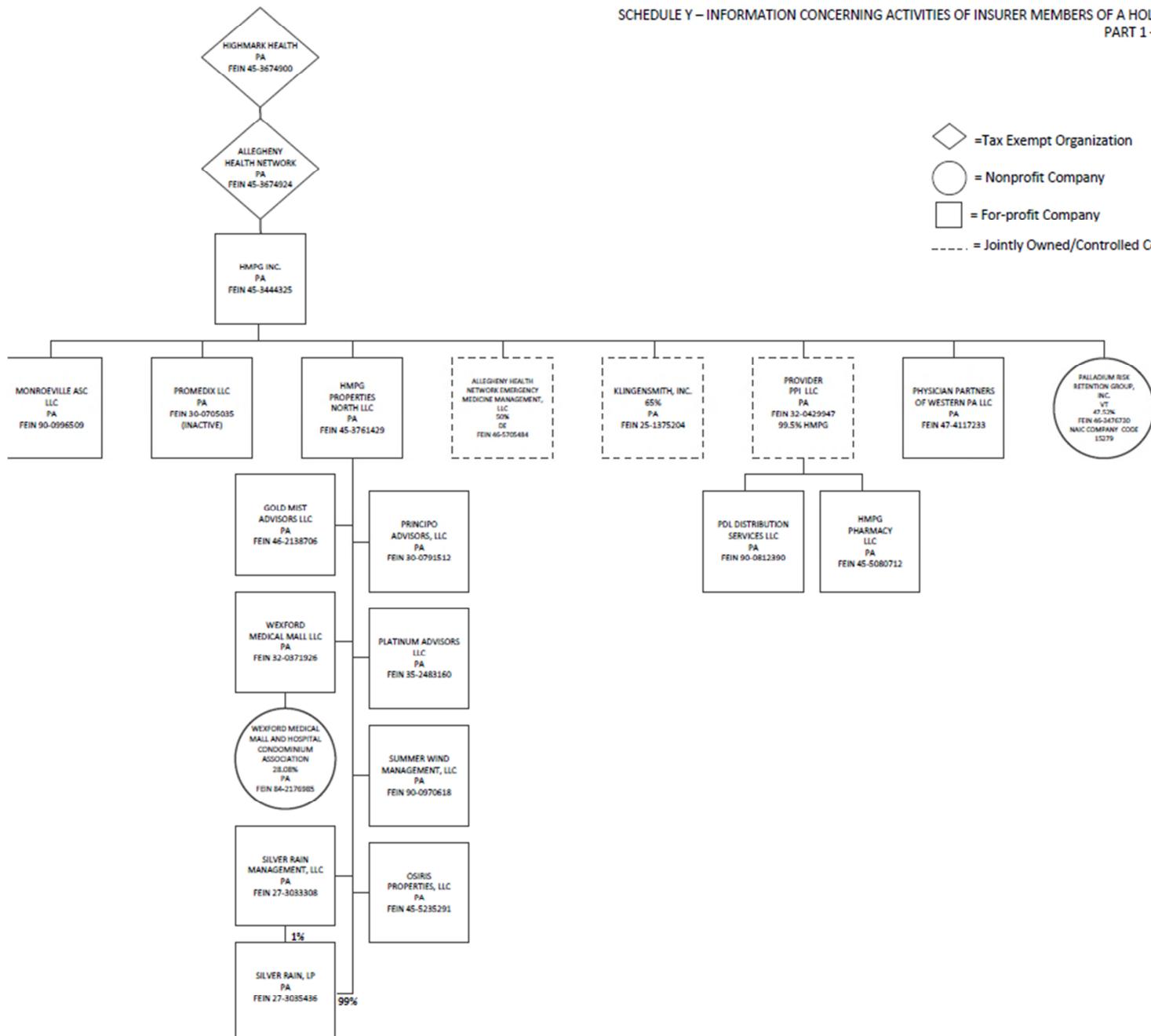
Q15.3



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

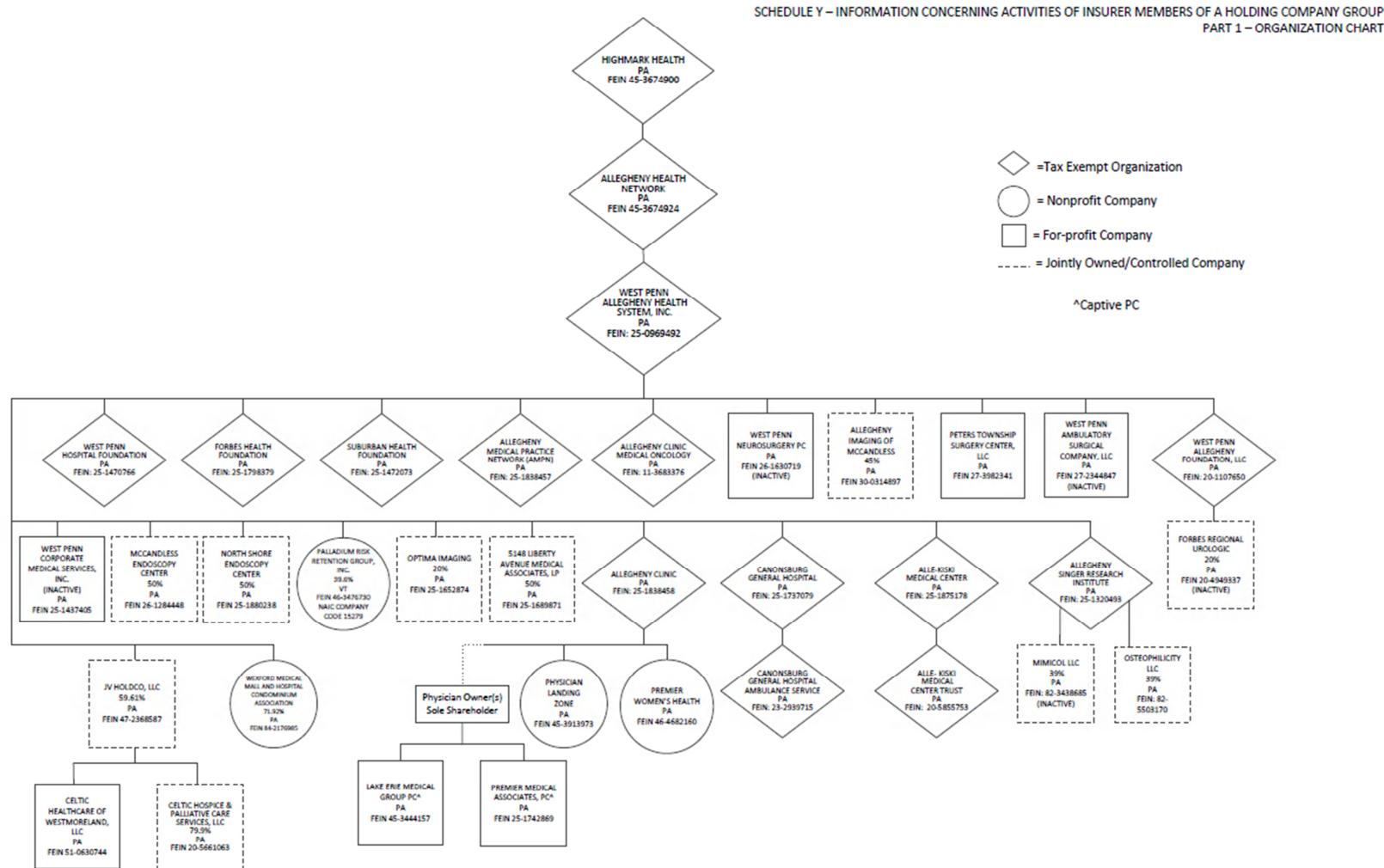
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

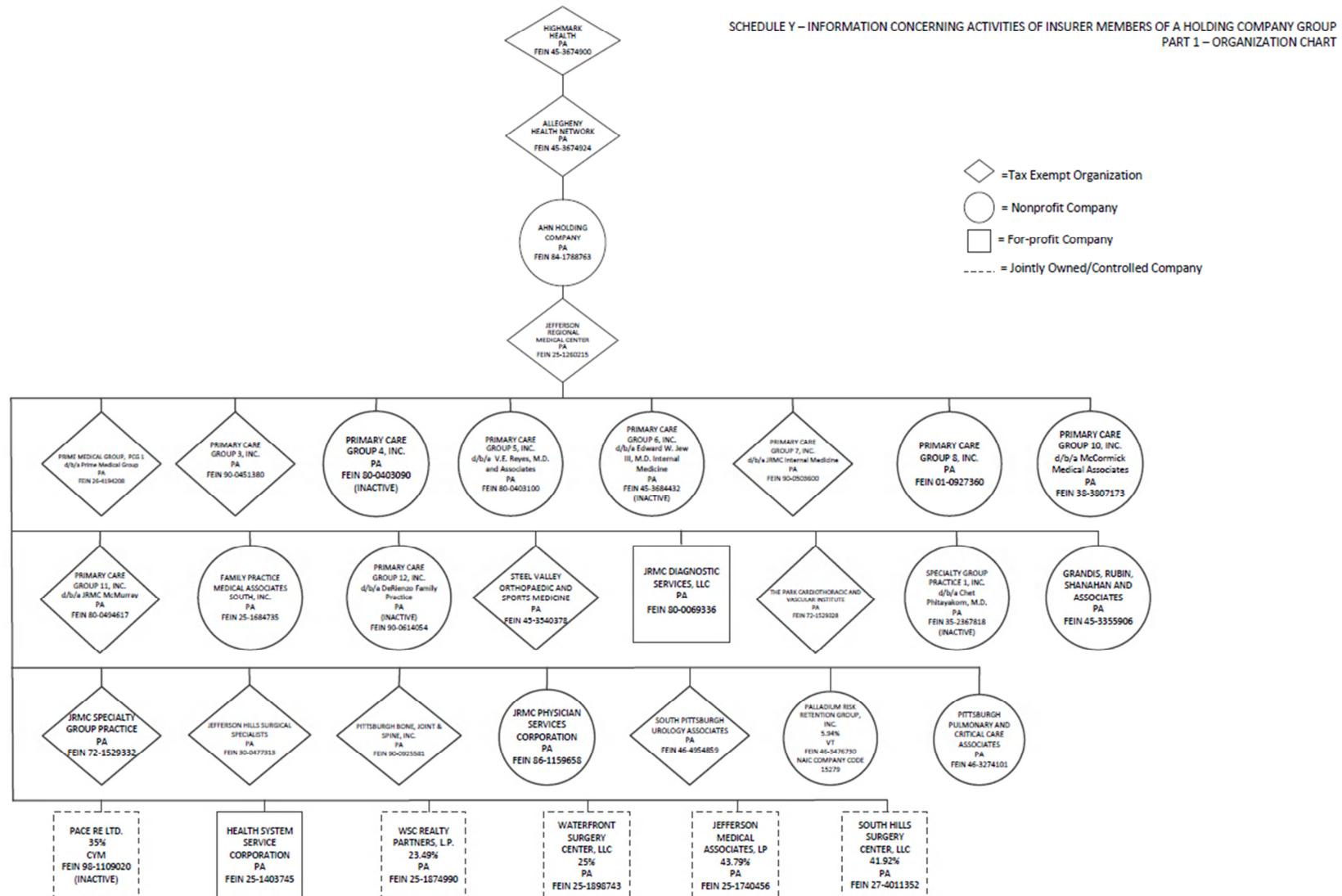
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

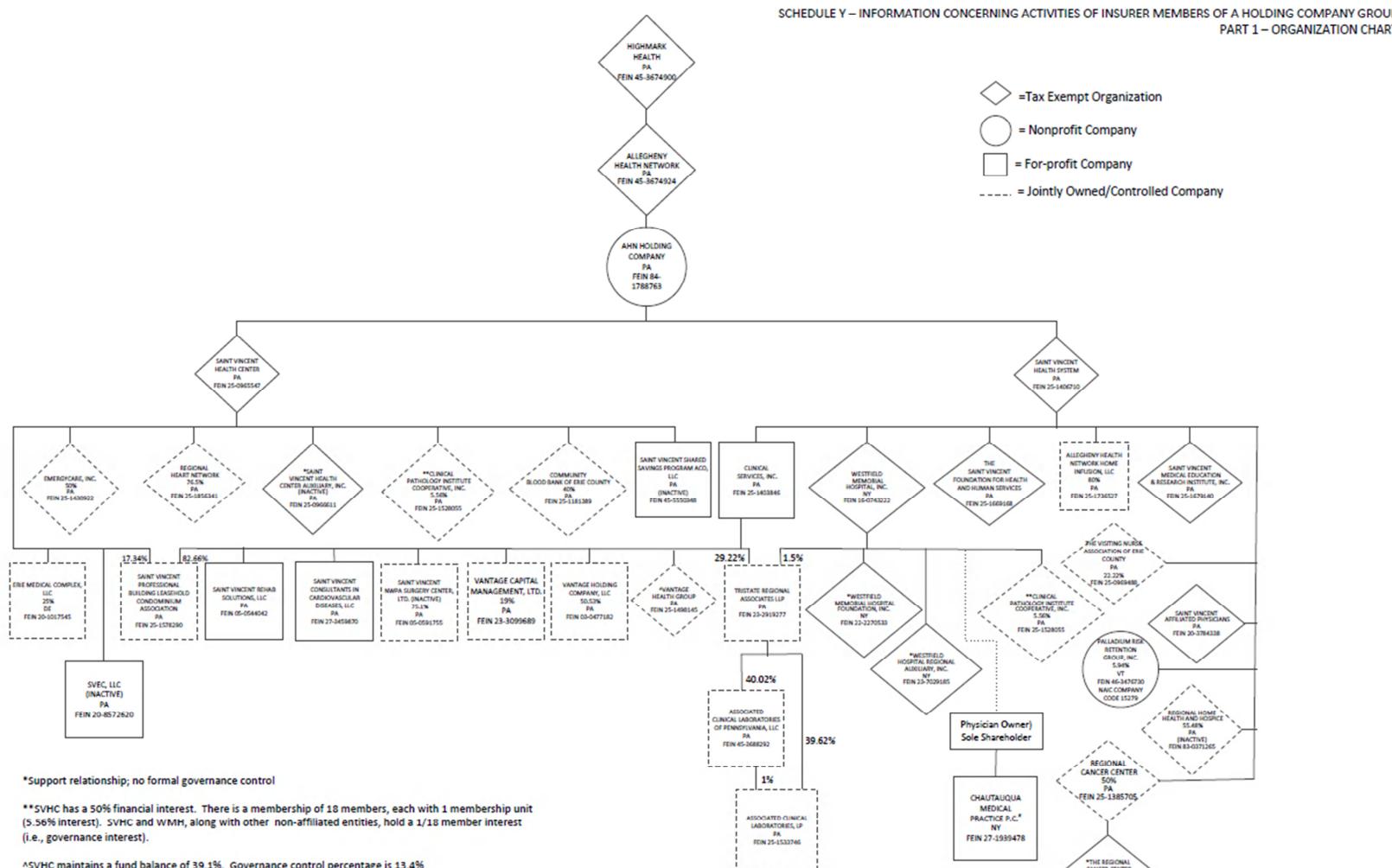
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

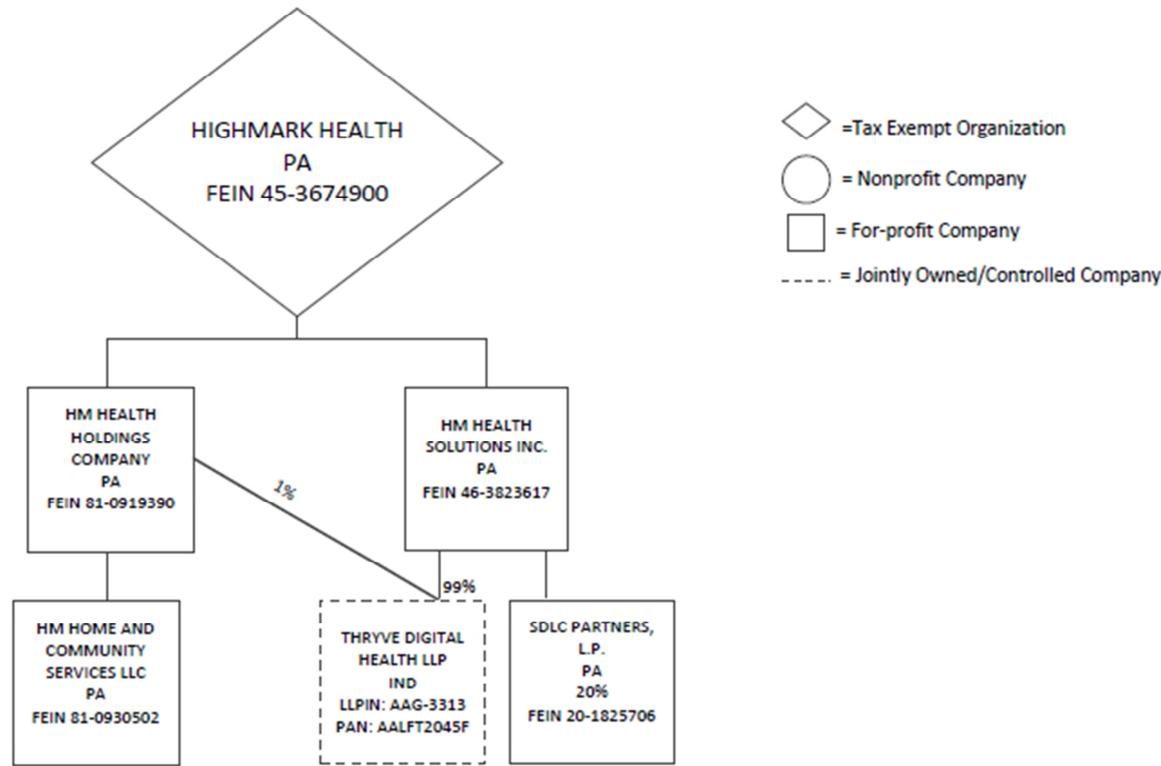
MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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 Corporation; 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 Grove City (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; 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)

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: 46-5603895 (100% Controlled by Immediate Parent)

Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; 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 Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)

Chesapeake Potomac Regional Cancer Center, ILC; 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)

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)

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

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)
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, 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: 31-1721115 (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; 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 [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)
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)
Michiana 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 [Intermountain Medical Imaging, LLC](#); FEIN: 82-0514422 (50% Controlled by Immediate Parent)
Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; FEIN: 82-0526861 (80% Controlled by Immediate Parent) Eagle ED Real Estate LLC; FEIN: 20-8836798 (100% Controlled by Immediate Parent)
[Saint Alphonsus Home Health and Hospice, LLC](#); FEIN: 20-3942050 (50% Controlled by Immediate Parent [Saint Alphonsus Professional Medical Services LLC](#); FEIN: 46-0500210 (100% Controlled by Immediate Parent [Saint Alphonsus 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.](#))

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

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 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: 38-1958953 (A Michigan Non-Profit Co-Op); Members include Trinity Health- Michigan d/b/a Saint Joseph Mercy Health System; Henry Ford Health System, Inc.; and University of Michigan

Health Park Central, L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent) Together Health Network, L.L.C.; FEIN: 47-1573173 ; (47.5% Controlled by Immediate Parent Sixty-Fourth Street, LLC; FEIN: FEIN: 20-

2443646;(53.94% Controlled by Immediate Parent

Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% Controlled by Immediate Parent Mission Health Corporation ; FEIN: 38-3181557 (50% Controlled by Immediate Parent)

Center for Digestive Care, LLC; FEIN: 03-0447062 (51% Controlled by Immediate Parent Huron Arbor Corporation; FEIN: 38-2475644 (100% Controlled by Immediate Parent

Parkprop, LLC;FEIN: 27-3074736 (100% Controlled by Immediate Parent ProBility Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Parent)

Advantage Health/ Saint 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

Physician 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: 47-3856788 (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 Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent

Muskegon SC, LLC; FEIN: 20-3244340 (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, L.L.C.; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)

Mercy Health Clinically Integrated Network, LLC dba Aaffinia Health Network; FEIN: 47-2070753 (100% Controlled by Immediate Parent Aaffinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent)

Western Michigan Associates; 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 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 Workplace Health of Grand Haven, Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent)

Northern Michigan Supply Alliance, L.L.C.; 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) Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent) 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, Inc.; 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)

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

Loyola Medical Group, LLC; FEIN: 32-0552496 (100% Controlled by LUMC South Campus Partners, Inc.); FEIN: 32-0517854 (49% Controlled by LUMC

Palos Health Surgery Center, LLC; FEIN: Not Yet Filed (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; FEIN: 38-3971072 (100% Controlled by Immediate Parent) Mercy Quality Health Partners, LLC; 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 Management Partners, Inc.; FEIN: 82-0961647 (100% Controlled by Immediate Parent California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% 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, Inc.; 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 dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998 (100% Controlled by Immediate Parent Glacier Hills, Inc.; FEIN: 38-1891500 (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 THHS Oakland; 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 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, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent) Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent) Trinity Accountable Care II, LLC; FEIN: 84-2508775 (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 (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Parent Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent

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

Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Controlled by Immediate Parent)

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

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, L.P. (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)

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 MOB Partners, L.P.; 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, LP; 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)

Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016 - WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED: 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 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]

St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health) St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Controlled by Immediate Parent

LIFE St. Francis, a New Jersey Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Controlled by Immediate Parent)

LifeCare Physicians Professional Corporation (Managed and Controlled but not Controlled by St. Francis Medical Center); FEIN: 26-1649038 St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Controlled by Immediate Parent

Central New Jersey Heart Services, LLC; Per CT Audit, ENTITY WAS CANCELLED IN DE 6/1/2015 - WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Cente

St. Peter's Health Partners [New York]

St. Peter's Hospital Foundation, Inc.; FEIN: 45-3570715 (100% Controlled by Trinity Health)

Innovative Health Alliance of New York, 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, P.L.L.C. 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, P.C.; 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: 14-1338544 (100% Controlled by Immediate

Parent

Alliance for Better Health 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, N.Y. 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)

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

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, New York; FEIN: 16-0743187 (100% Controlled by Immediate Parent) Sisters Hospital Foundation, Inc.; 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, P.C.; 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 Housing Development Fund Company, Inc. (50% Controlled by Immediate Parent); FEIN: 16-0782647 Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Parent)

Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Parent)

Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Parent; Operationally Inactive); FEIN: 45-4134007 Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Parent)

Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Parent) Our Lady of Victory Housing Development Fund Corp (100% Controlled by Immediate Parent); FEIN: 14-1930644 Smithtown GP, LLC (100% Controlled by Immediate Parent); FEIN: 57-3192758

Victory Ridge Apartments, L.P. (80% Controlled by Immediate Parent); FEIN: 57-1219731 Trinity Medical WNY, P.C.; FEIN: 27-2576645 (Captive PC)

Salus Medical Care, P.C.; FEIN: (100% Controlled by Immediate Parent)

Catholic Medical Partners- Accountable Care IPA, Inc.; FEIN: (100% Controlled by Immediate Parent)

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

Baycare Health System, Inc. (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)

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, LLC; 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 Centers 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

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

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 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 Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Controlled by Immediate Parent John Knox Village of Tampa Bay, Inc. ; FEIN: 58-1377711 (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 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

St 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: 27-2046335 (100% Controlled by Immediate Parent

SIHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent

Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SIHS/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, LLC(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

Plaza Corporation of Central New York (50% SJHC, 50% Crouse Hospital); FEIN: 22-2800840 Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Parent

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

Mandoria 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% SJHC, 50% Crouse Health Hospital, Inc.); FEIN: 16-1536202

Loretto Independent Living Services, Inc.; FEIN: 16-1470454 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats CNY AIM IPA, LLC; FEIN: 81-5385690 (100% Controlled by Immediate Parent)

CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)

St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (100% Controlled by Immediate Parent St. Joseph's Hospital Health Center Foundation, Inc.); FEIN: 22-2149775 (100% Controlled by Immediate Parent

St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled by Immediate Parent

Radisson SIH 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.); FEIN: 16-1351193 (100% Controlled by Immediate Parent

St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486

Central New York Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710 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, P.C.; FEIN: 16-1516863 (Captive PC)

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

St. Joseph's Imaging Associates, 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

Trinity Health of New England Urgent Care, LLC; FEIN: 84-2665996 (51% Controlled by Trinity Health of New England Corporation, Inc.; 49% Controlled by Premier Health Consultants, LL Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent

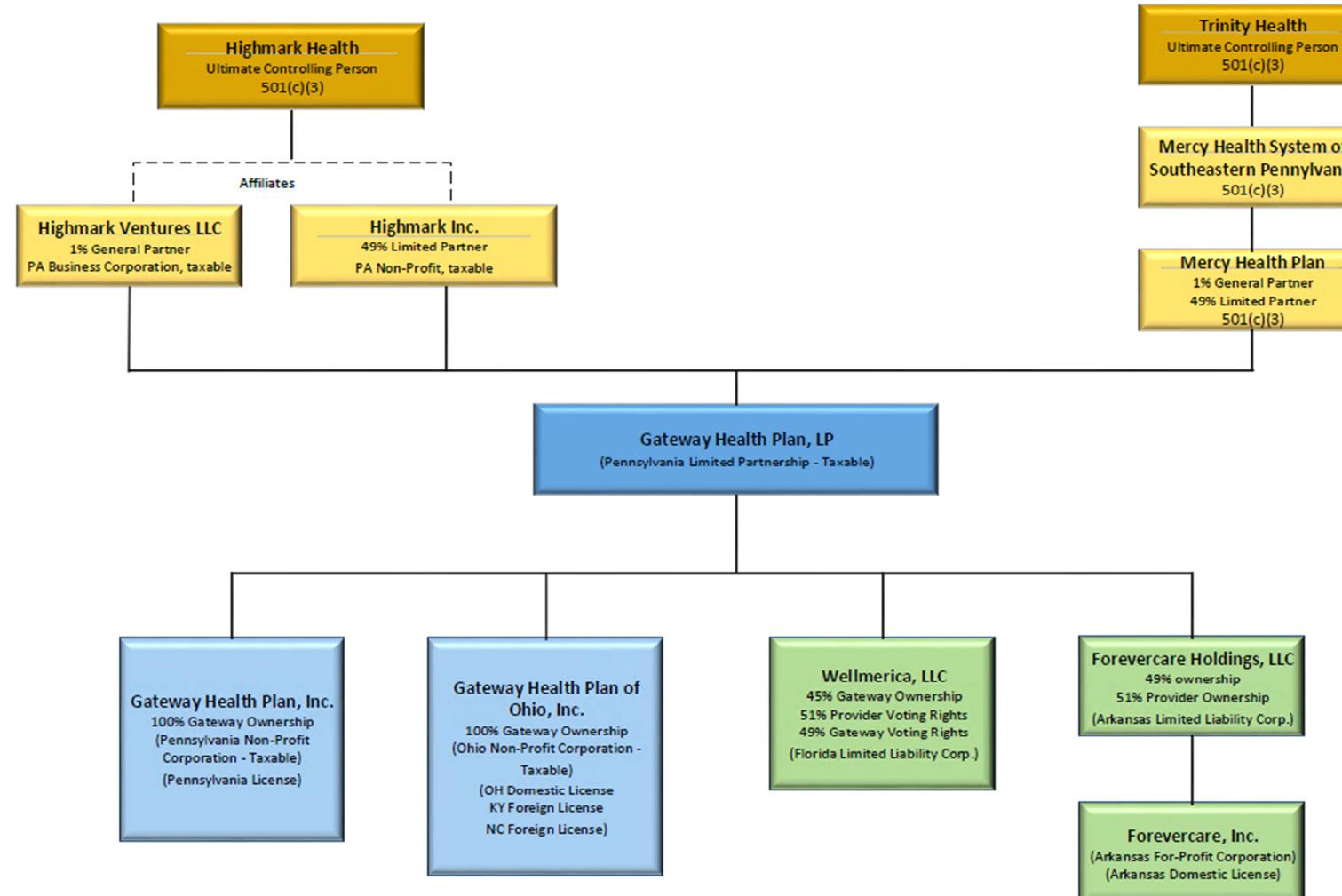
Lighthouse Surgery Center, LLC; FEIN: 83-2096116 (35% Controlled by Saint Francis Hospital and 65% by Orthopedic Physicians

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

Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Parent Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278
Medworks, LLC (51% SFHMC); FEIN: 06-1490483
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, P.C. (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
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 Lifepath 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 Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent
Mercy Physicians, P.C.; FEIN: 000857412 (100% Controlled by Immediate Parent) Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)
Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)
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 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, P.C.; 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



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 SOLUTIONS INC | Ownership | 1.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-3444157 | 0000000000 | 0000000000 | | LAKE ERIE MEDICAL GROUP PC | PA | NIA | ALLEGHENY CLINIC | Ownership | 99.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-3913973 | 0000000000 | 0000000000 | | PHYSICIAN LANDING ZONE | PA | NIA | ALLEGHENY CLINIC | Board of Directors | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 25-1742869 | 0000000000 | 0000000000 | | PREMIER MEDICAL ASSOCIATES, PC | PA | NIA | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 46-4682160 | 0000000000 | 0000000000 | | PREMIER WOMEN'S HEALTH | PA | NIA | ALLEGHENY CLINIC | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 45-3444325 | 0000000000 | 0000000000 | | HMPG INC | PA | NIA | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 25-1260215 | 0000000000 | 0000000000 | | JEFFERSON REGIONAL MEDICAL CENTER | PA | NIA | ALLEGHENY CLINIC | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-3655381 | 0000000000 | 0000000000 | | AHN EMERUS LLC | PA | NIA | ALLEGHENY CLINIC | Ownership | 51.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-3697883 | 0000000000 | 0000000000 | | AHN EMERUS WESTMORELAND, LLC | PA | NIA | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-5500526 | 0000000000 | 0000000000 | | AHN-LECOM JV LLC | PA | NIA | ALLEGHENY CLINIC | Ownership | 50.0 | 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 CLINIC | PA | NIA | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 82-3655381 | 0000000000 | 0000000000 | | 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 | Ownership | 39.0 | 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 | ALLEGHENY CLINIC | Board of Directors | | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 27-3459870 | 0000000000 | 0000000000 | | ERIE MEDICAL COMPLEX, LLC | DE | NIA | ALLEGHENY CLINIC | Ownership | 25.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 05-0591755 | 0000000000 | 0000000000 | | SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC | PA | NIA | ALLEGHENY CLINIC | Ownership | 100.0 | HIGHMARK HEALTH | N | |
| 0000 | | 00000 | 05-0591755 | 0000000000 | 0000000000 | | SAINT VINCENT NWPA SURGERY CENTER, LTD | PA | NIA | ALLEGHENY CLINIC | Ownership | 75.1 | 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 | 05-0544042 | 000000000 | 00000000000 | SAINT VINCENT REHAB SOLUTIONS, LLC | PA .. NIA .. | CLINICAL SERVICES, INC | Ownership | 100.0 | HIGHMARK HEALTH | 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 .. IA .. | HIGHMARK INC. | Ownership | 100.0 | HIGHMARK HEALTH | N | | | |
| 0000 .. | | 00000 | 25-1691945 | 000000000 | 00000000000 | GATEWAY HEALTH PLAN, L.P. | PA .. NIA .. | HIGHMARK INC. | Ownership | 49.0 | HIGHMARK HEALTH | N | 0000003 | | |
| 0812 .. | HIGHMARK INC | 11435 | 75-3002215 | 000000000 | 00000000000 | HCI, INC. | VT .. IA .. | HIGHMARK INC. | Ownership | 100.0 | HIGHMARK HEALTH | Y | | | |
| 0812 .. | HIGHMARK INC | 53287 | 51-0020405 | 000000000 | 00000000000 | HIGHMARK BCBSD INC. | DE .. IA .. | HIGHMARK INC. | Board of Directors | | HIGHMARK HEALTH | N | | | |
| 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. | Ownership | 100.0 | HIGHMARK HEALTH | N | | | |
| 0812 .. | HIGHMARK INC | 15460 | 46-4156633 | 000000000 | 00000000000 | HIGHMARK SENIOR HEALTH COMPANY | PA .. IA .. | HIGHMARK INC. | Board of Directors | | HIGHMARK HEALTH | N | | | |
| 0000 .. | | 00000 | 25-1645888 | 000000000 | 00000000000 | HIGHMARK VENTURES LLC | PA .. NIA .. | HIGHMARK INC. | Ownership | 100.0 | HIGHMARK HEALTH | N | 0000003 | | |
| 0812 .. | HIGHMARK INC | 54828 | 55-0624615 | 000000000 | 00000000000 | HIGHMARK WEST VIRGINIA INC. | WV .. IA .. | HIGHMARK INC. | Board of Directors | | HIGHMARK HEALTH | N | | | |
| 0000 .. | | 00000 | 20-5457337 | 000000000 | 00000000000 | HM CENTERED HEALTH, INC. | PA .. NIA .. | HIGHMARK INC. | Ownership | 100.0 | 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. | Ownership | 85.0 | 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 | PA .. NIA .. | HIGHMARK VENTURES LLC | Ownership | 11.1 | 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 | 25-1691945 | 000000000 | 00000000000 | | GATEWAY HEALTH PLAN, L.P. | PA .. | NIA .. | HIGHMARK VENTURES LLC | Ownership | 1.0 | HIGHMARK HEALTH | N .. | 0000003 |
| 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 | Board of Directors | | HIGHMARK HEALTH | N .. | |
| 0000 .. | | 00000 | 80-0069336 | 000000000 | 00000000000 | | JRMC DIAGNOSTIC SERVICES, LLC | PA .. | NIA .. | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 43.8 | 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- iliar- Location | Relationship 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 | | PA .. | NIA .. | AUXILIARY, INC | 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. | Ownership | 20.0 | HIGHMARK HEALTH | N | ..... |
| 0000 .. | | 00000 | 27-3982341 | 000000000 | 00000000000 | ..... | PETERS TOWNSHIP SURGERY CENTER, LLC | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Board of Directors | | HIGHMARK HEALTH | N | ..... |
| 0000 .. | | 00000 | 25-1472073 | 000000000 | 00000000000 | ..... | SUBURBAN HEALTH FOUNDATION | PA | NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, 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 .. | Q196 | 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 | 27-1939478 | 000000000 | 00000000000 | CHAUTAUQUA MEDICAL PRACTICE P.C. | NY .. NIA .. | WESTFIELD MEMORIAL HOSPITAL, 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



1232520193650003

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 |
|---|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 1,179,033 | ..... | ..... | (2,329) | 1,181,333 | 1,179,033 | 1,176,704 | 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 | 1,179,033 | ..... | ..... | (2,329) | 1,181,333 | 1,179,033 | 1,176,704 | 1,183,589 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 1,179,033 | ..... | ..... | (2,329) | 1,181,333 | 1,179,033 | 1,176,704 | 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 | 11,420,456 | 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) | 12,828,162 | 21,037,707 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 12,828,162 | 21,037,707 |

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

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

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 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 | * |
| open depositories | | | | | | | | | | |
| PNC Operating Medicaid Acct 1060 | Jeannette, PA | | | | | | 51,606 | 49,923 | 48,113 | XXX |
| PNC Operating Medicare Acct 1061 | Jeannette, PA | | | | | | 1,778,226 | 4,875,751 | 1,009,154 | XXX |
| PNC Medicare Claims Acct 1070 | Jeannette, PA | | | | | | (1,386,991) | (1,092,125) | (614,895) | XXX |
| PNC Medicare Timing Acct 1150 | Jeannette, PA | | | | | | | | 174 | 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 .. | | | | | 442,841 | 3,833,550 | 442,546 | 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 .. | | | | | 442,841 | 3,833,550 | 442,546 | XXX |
| 0499999 Cash in Company's Office | XXX | ... XXX .. | XXX | ... XXX .. | | | | | | XXX |
| 0599999 Total Cash | XXX | ... XXX .. | | | | | 442,841 | 3,833,550 | 442,546 | 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 |
|--|---|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|----------------------------------|
| Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | | |
| 261941108 | DREYFUS TREAS INSTL CASH MGMT | | 09/04/2019 | 0.000 | XXX | 2,039,319 | | 10,552 |
| 38142B880 | GOLDMAN SACHS FDS FIN SQ FED-FST MM | | 09/30/2019 | 0.000 | XXX | 10,788,843 | | 55,061 |
| 8599999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | 12,828,162 | | 65,613 |
| 8899999 Total - Cash Equivalents | | | | | | 12,828,162 | | 65,613 |

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