



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[] Dental Service Corporation[] Other[X]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	11/05/2004		Commenced Business	09/01/2005		
Statutory Home Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)					
	Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)		(412)255-4640 (Area Code) (Telephone Number)			
Mail Address	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number or P.O. Box)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street (Street and Number)					
	Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		(216)802-2121 (Area Code) (Telephone Number)			
Internet Web Site Address	www.gatewayhealthplan.com					
Statutory Statement Contact	Christopher Michael Cogan (Name)		(412)255-4693 (Area Code)(Telephone Number)(Extension)			
	CCogan@GatewayHealthPlan.com (E-Mail Address)		(412)255-4693 (Fax Number)			

OFFICERS

Name	Title
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)
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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
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
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	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	36,536,235	36,536,235
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(25,275,321)	(22,488,699)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	11,260,914	14,047,536
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	17,859,103	29,043,837
DETAILS OF WRITE-INS					
2301.	Escheat Liability Medicare	14,665		14,665	14,584
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	14,584
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	20,578	95,275	125,769
2.	Net premium income (including \$.....0 non-health premium income)	X X X	26,556,357	83,848,049	109,247,325
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	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)	X X X	(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)	X X X	(2,976,752)	768,925	(1,465,062)
31.	Federal and foreign income taxes incurred	X X X	(3,274)	(6,228)	(8,846)
32.	Net income (loss) (Lines 30 minus 31)	X X X	(2,973,478)	775,153	(1,456,216)
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	DME		1,071,573	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	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	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	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	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				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,944							9,944		
2. First Quarter	2,328							2,328		
3. Second Quarter	2,315							2,315		
4. Third Quarter	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	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	10,742,634	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 \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

		SSAP #	F/S Page	F/S Line #	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. GHPOI’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

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

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

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

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

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

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

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	(1) \$0
2. Date of the most recent evaluation of this liability	9/30/2019
3. Was anticipated investment income utilized in the calculation? (Yes / No)	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[]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[X] No[] N/A[]
- 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 Heath 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, Langhome 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	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

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

Yes[] No[X] N/A[]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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

.....12/31/2016.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....04/24/2018.....
- 6.4 By what department or departments?

Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
..... 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?
If no, attach a description with this statement.

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

18.2 If no, list exceptions:

Yes[X] No[]

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
			NONE					

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L		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)	X X X								
59.	Subtotal	X X X		26,571,543					26,571,543	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X		26,571,543					26,571,543	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

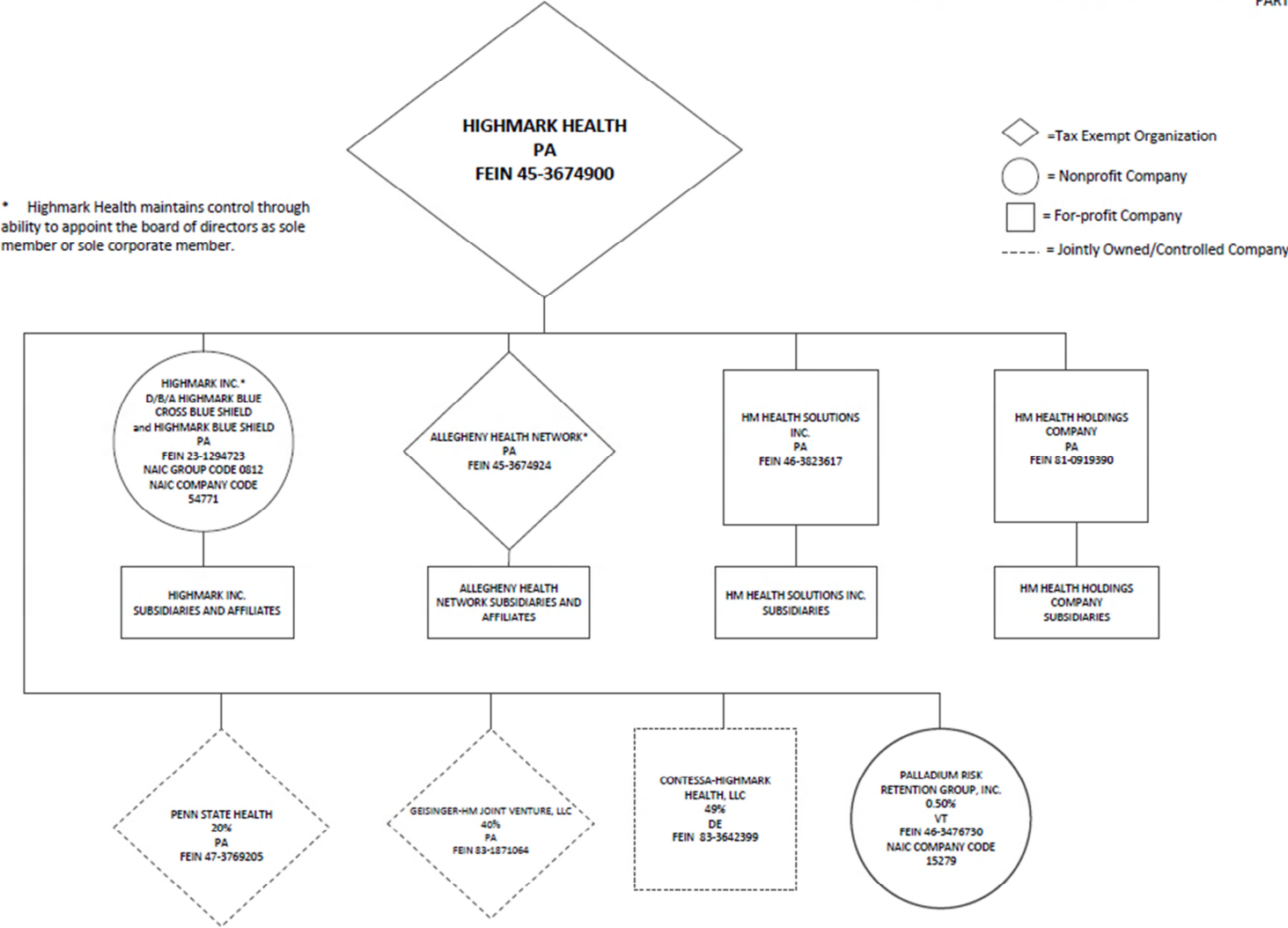
3

54

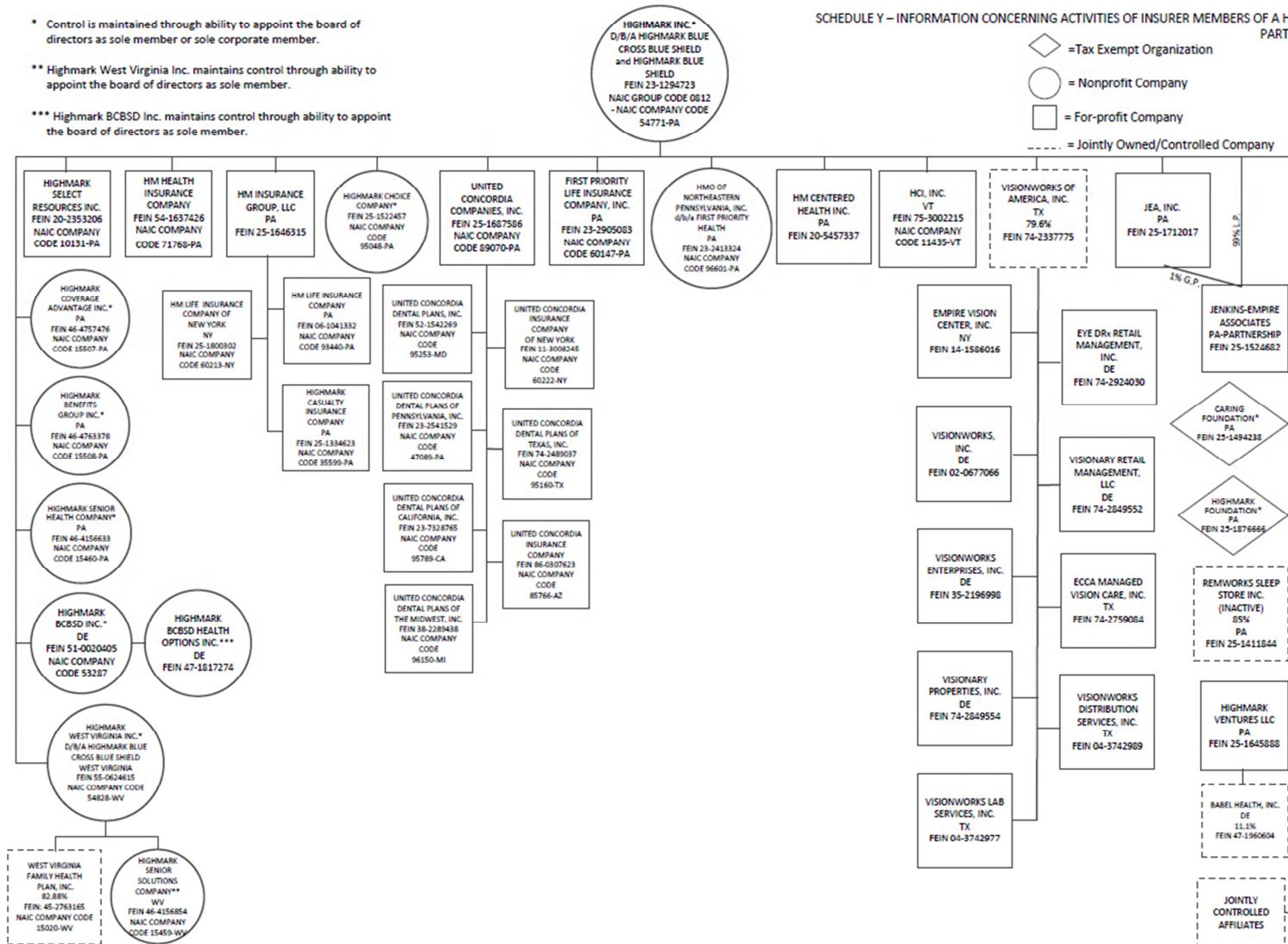
- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

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 – ORGANIZATION CHART

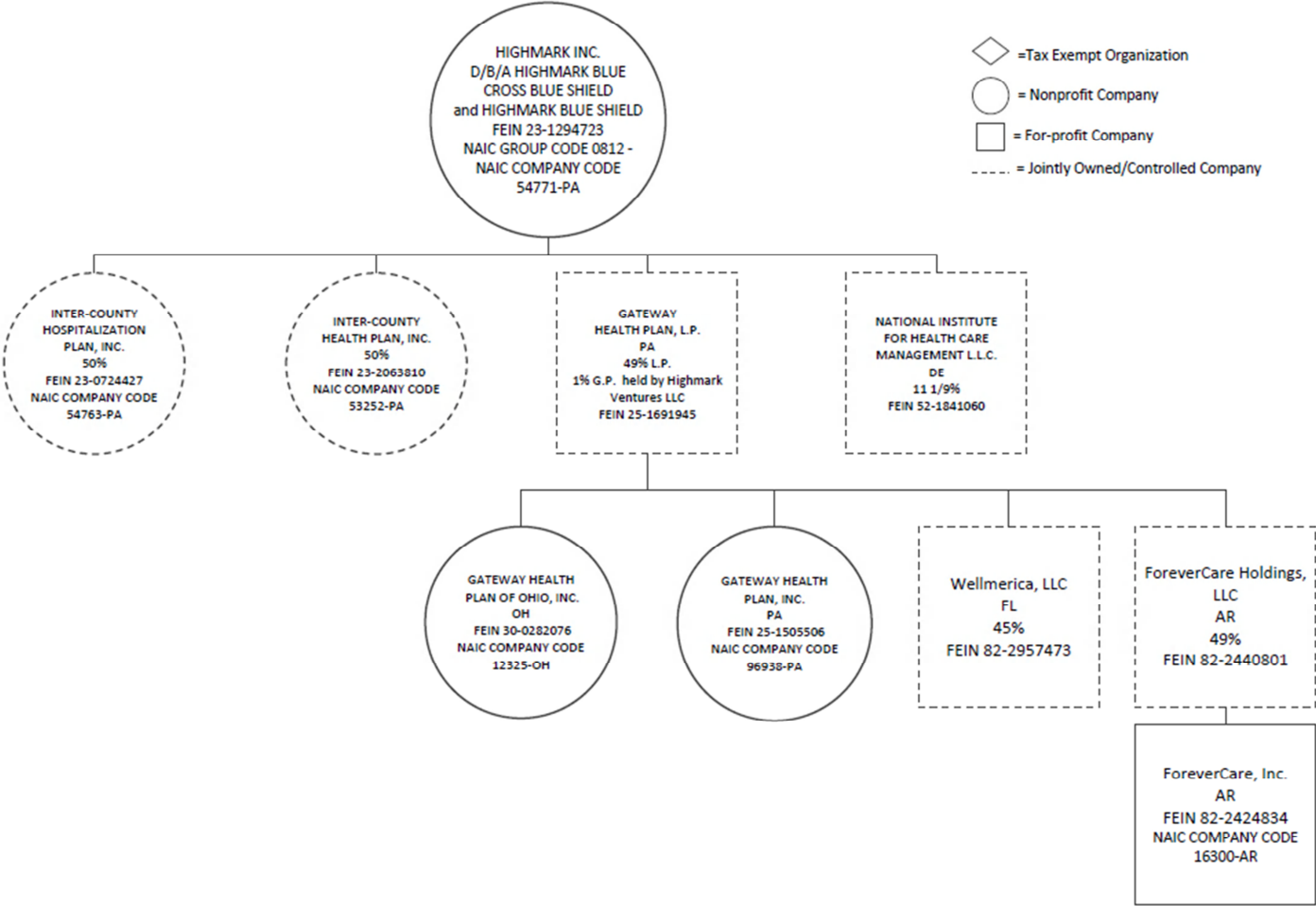


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



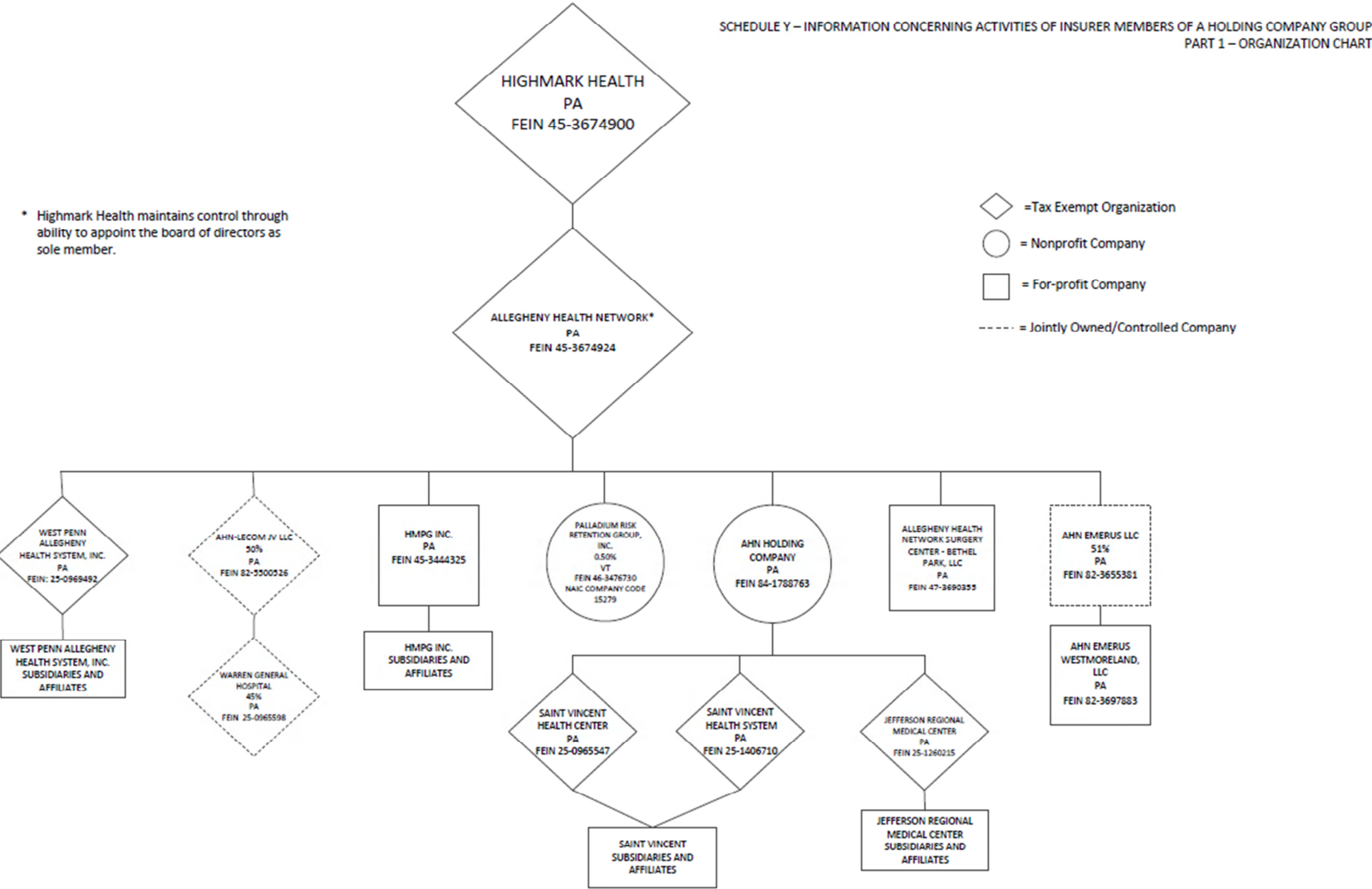
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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



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

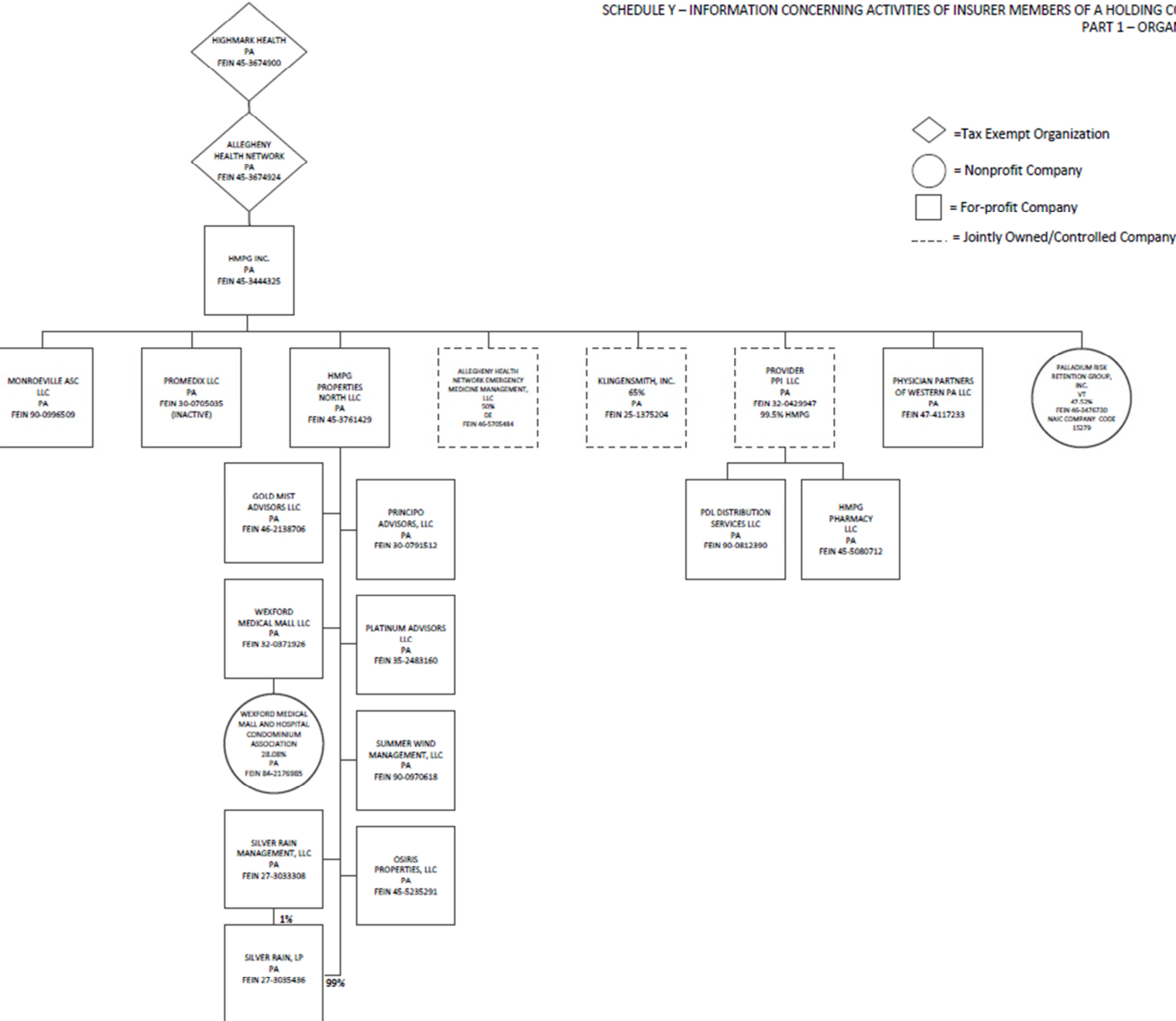
Q15.3



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

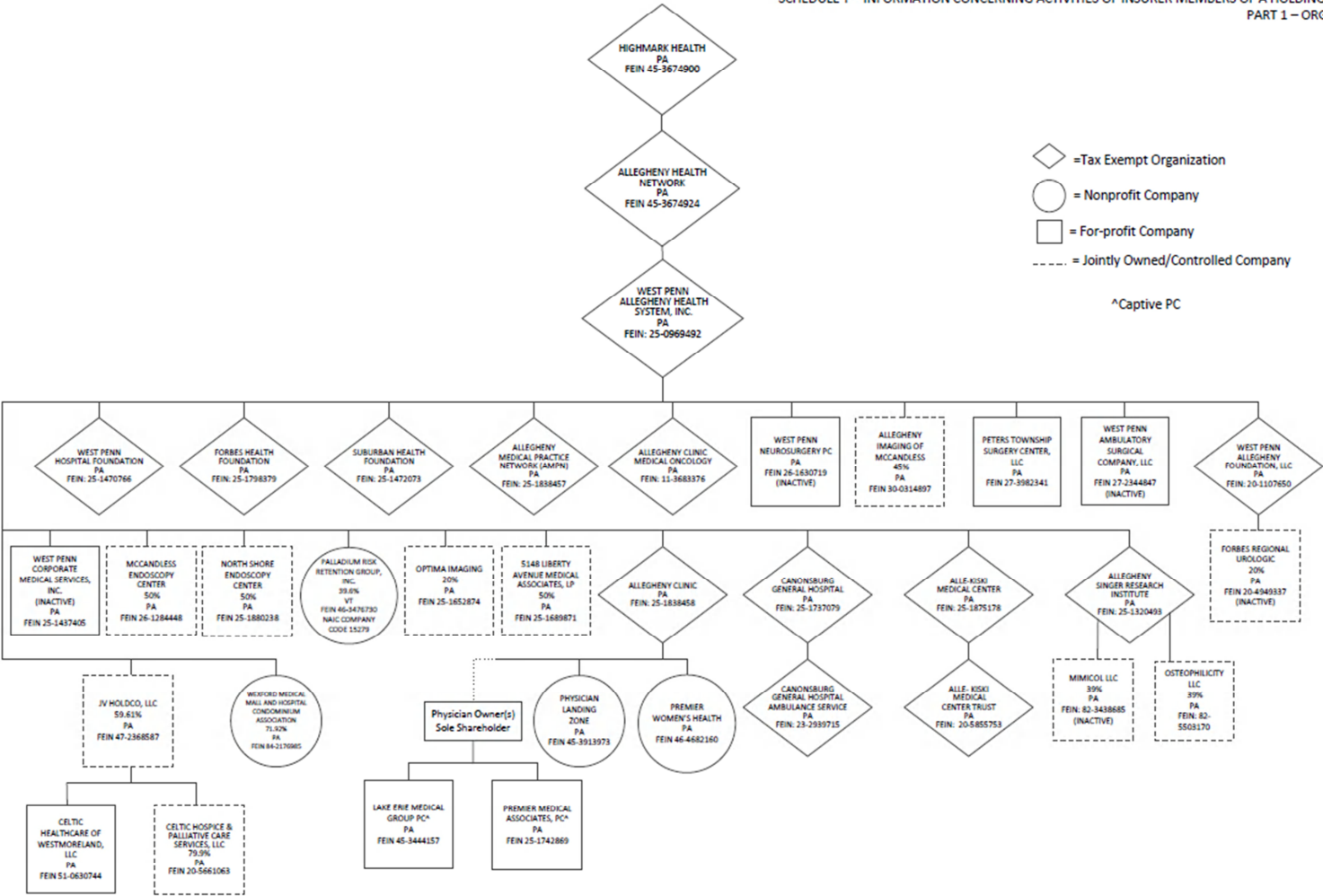
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

Q15.4



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

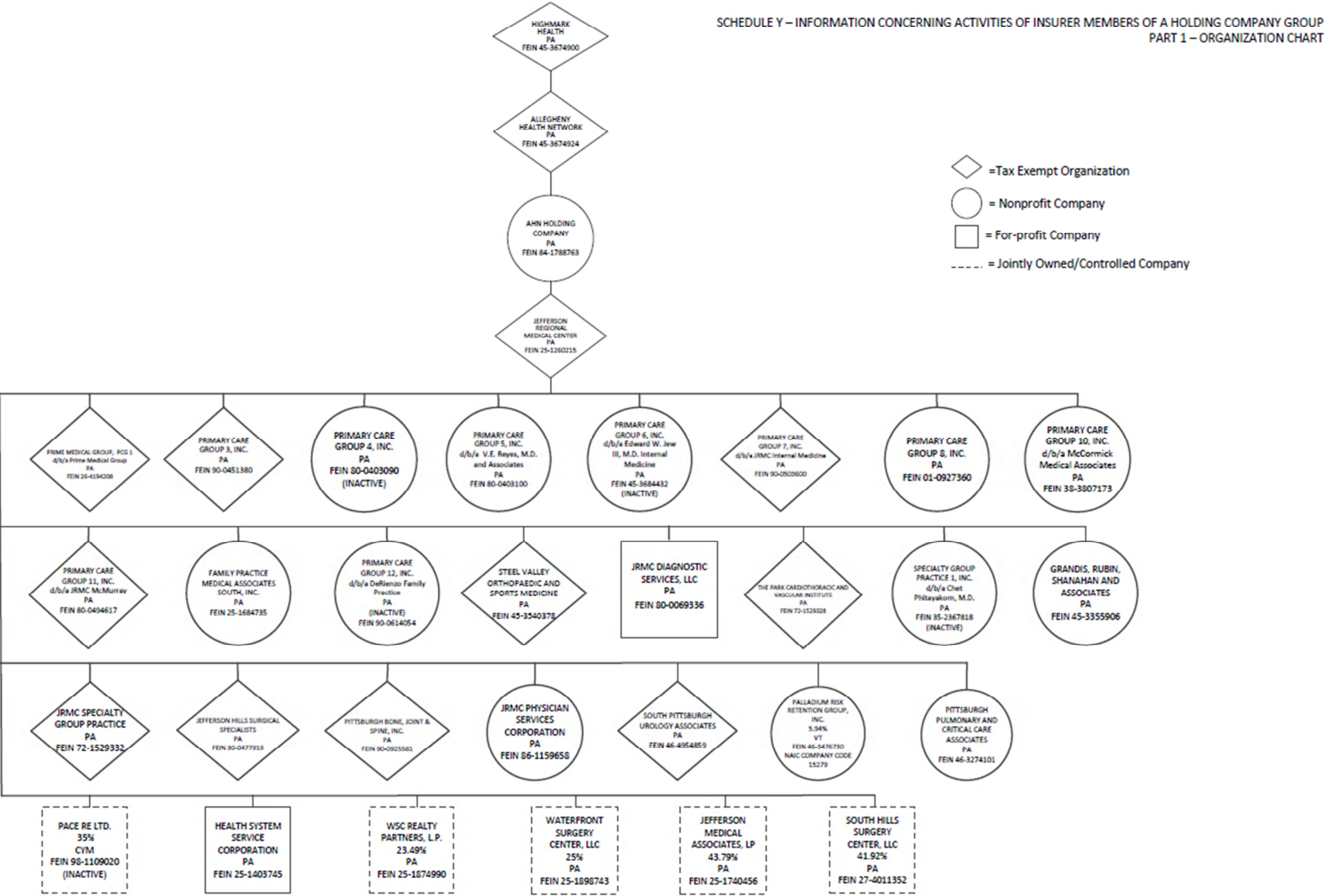
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



Q15.5

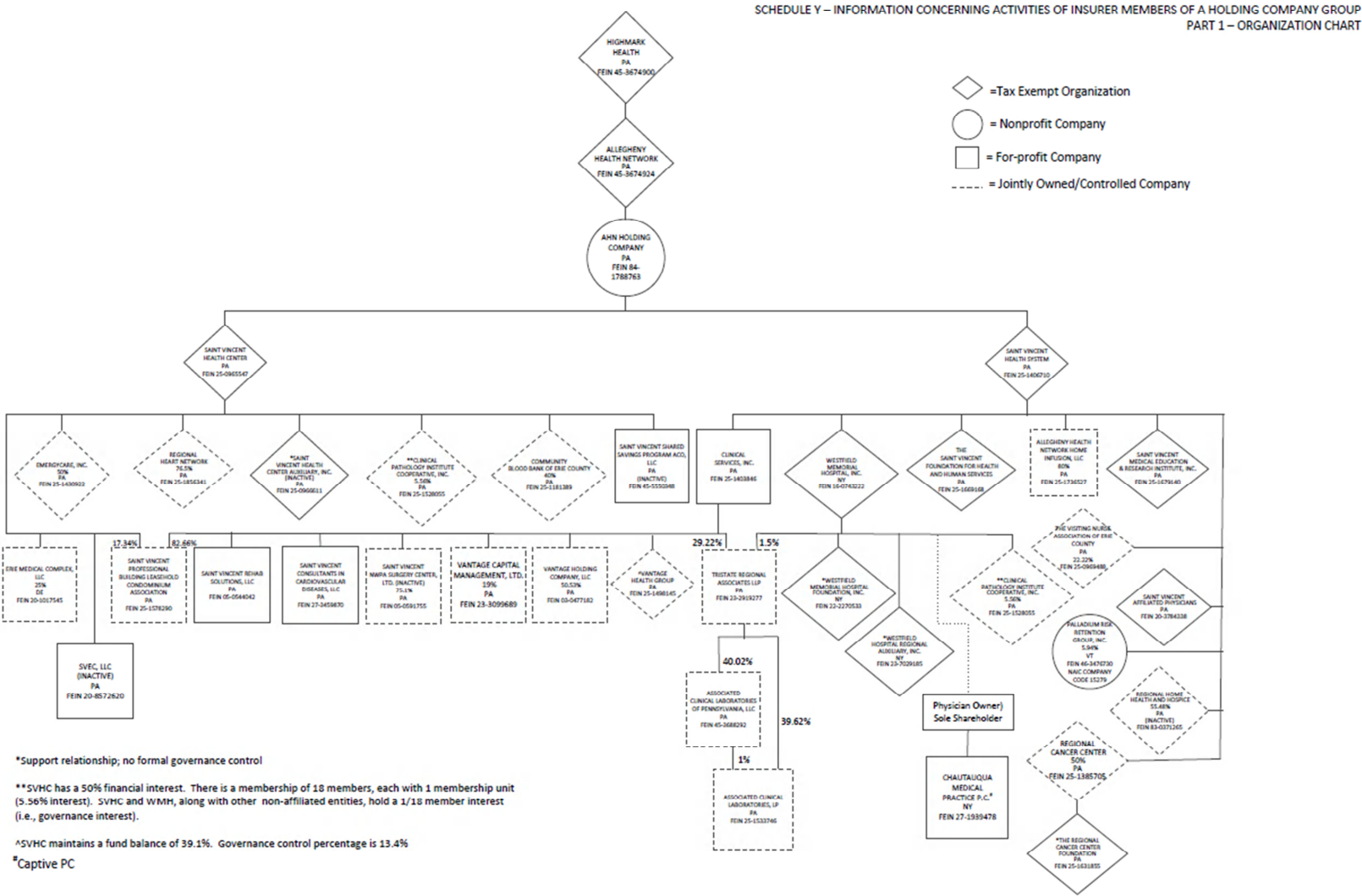
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Q15.6



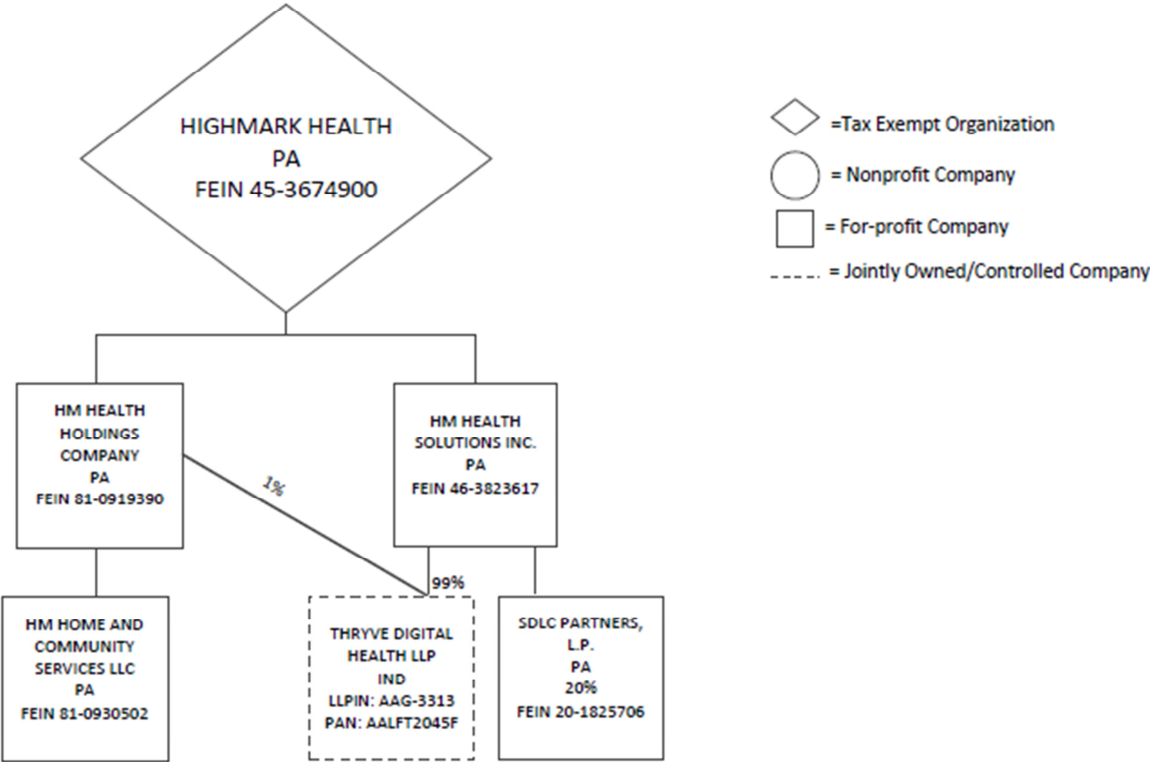
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Q15.7



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

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



Q15.8

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: (% 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 Heath System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)
Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel 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) Medilucenr 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, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent) Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (20% Controlled by Immediate Parent)
Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN:22-3476498 (25% Controlled by Immediate Parent
Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent
Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent Holy Cross Health Partners, LLC; FEIN 82-2391212(100% Controlled by Immediate Parent)
Mercy Health Network, Inc. d/b/a MercyOne FEIN: 42-1478417 (50% Controlled by Immediate Parent; 50% Controlled byCommonSpirit 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: 31-1712115 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)

Siouxland PACE, Inc.; FEIN: 26-1120134 (100% Controlled by Immediate Parent)

Siouxland Regional Cancer Center dba June E. 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)

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 Heath Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent) Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)

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 Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Health System; dba Chelseacare; dba Chelseacare Pharmacy; dba SRSly; dba St. Joseph Mercy Chelsea-Cancer Center (New MI Corporation, Incorporated 1.31.18); FEIN: 82-4757260 (51% Controlled by Immediate Parent; 49% Controlled by University of Michigan)	
St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent	
St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent	
Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Parent	
Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Parent	
Metropolitan Detroit Area Hospital Services, Inc.; FEIN: 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 Probiility 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: 47-3856789 (100% Controlled by Immediate Parent	
Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446 (66.6% Controlled by Immediate Parent <u>Mercy Health Partners; FEIN: 38-2589966 (100% Controlled by Immediate Parent</u>	
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: 20-3244346 (34.88% Controlled by Immediate Parent	
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Parent) Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Parent)	
Mobile Health Resources, L.L.C.; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)	
Mercy Health Clinically Integrated Network, LLC dba Affinia Health Network; FEIN: 47-2070753 (100% Controlled by Immediate Parent Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent)	
Western Michigan Associates; 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) <u>Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Trinity Health Corporation)</u>	
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)	

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	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
<u>Mercy Health System of Chicago (Illinois); FEIN: 36-3163327 (100% Controlled by Trinity Health</u>	
	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)
<u>Saint Agnes Medical Center (California); FEIN: 94-1437713 (100% Controlled by Trinity Health)</u>	
	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) <u>Mercy Medical, A Corporation (Alabama); FEIN: 63-6002215 (100% Controlled by Trinity Health</u>
<u>Pittsburgh Mercy Health System, Inc. (Pennsylvania); FEIN: 25-1464211 (100% Controlled by Trinity Health</u>	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
<u>Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % Controlled by Trinity Health Corporation</u>	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
<u>Trinity Home Heath Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation</u>	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
<u>Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan</u>	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 <u>Trinity Health Partners, L.L.C. ; FEIN: 47-2798085 (100% Controlled by Trinity Health</u>
	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)
<u>Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health</u>	
	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
<u>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</u>	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)

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	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
	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 (16.349% Controlled by Immediate Parent	St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC
	Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC	
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]; FEIN: 91-1940902 (100% Controlled by Trinity Health)		
	St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health	St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Controlled by Immediate Parent
	LIFE St Francis, a New Jersey Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Controlled by Immediate Parent	
	LifeCare Physicians Professional Corporation (Managed and Controlled but not Controlled by St. Francis Medical Center); FEIN: 26-1649038	St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Controlled by Immediate Parent
	Central New Jersey Heart Services, LLC; 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]; 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)		

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Q15.14	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)
	<u>St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Health)</u> SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by Immediate Parent)
	<u>Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) (New York); FEIN: 22-2565278</u>
	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 Paren ; 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: (% Controlled by Immediate Parent)
	St. Francis Home of Williamsville, New York (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent)
	<u>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</u>
	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 Women's Hospital; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Controlled by Trinity Health Corporation
St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Controlled by Immediate Parent John Knox Village 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 Auxillary, Inc.; FEIN: 59-0201974 (100% Controlled by Immediate Parent)
St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Controlled by Immediate Parent St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Controlled by Immediate Parent
Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% Controlled by Trinity Health)
Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Controlled by Trinity Health Saint Joseph's Health System, Inc. (Georgia); FEIN: 58-1744848 (100% Controlled by Trinity Health
Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Controlled by Immediate Parent Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Parent
Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Parent Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent
SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent)
Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SJHS/JOC Holdings, Inc.); FEIN: 45-2721833 Holy Cross Hospital, Inc. (Florida); FEIN: 59-0791028 (100% Controlled by Trinity Health
Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Parent) Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent)
Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Parent
Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Parent
Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH); FEIN: 35-2325646 Atlantic Coast Health Network, 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% SJHHC, 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)
Mandorla Gardens Housing Development Fund Company, Inc. (50% PNH, 50% Loretto Geriatric); FEIN:27-3993174 Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent
Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled by Immediate Parent Laboratory Alliance of Central New York, LLC (50% SJHHC, 50% Crouse Health Hospital, Inc.);FEIN: 16-1536202
Loretto Independent Living Services, Inc. ; FEIN: 16-1470454 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats CNY AIM IPA, LLC; FEIN : 81-5385690 (100% Controlled by Immediate Parent)
CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)
St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (100% Controlled by Immediate Parent St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Parent
St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled by Immediate Parent
Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-189279 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

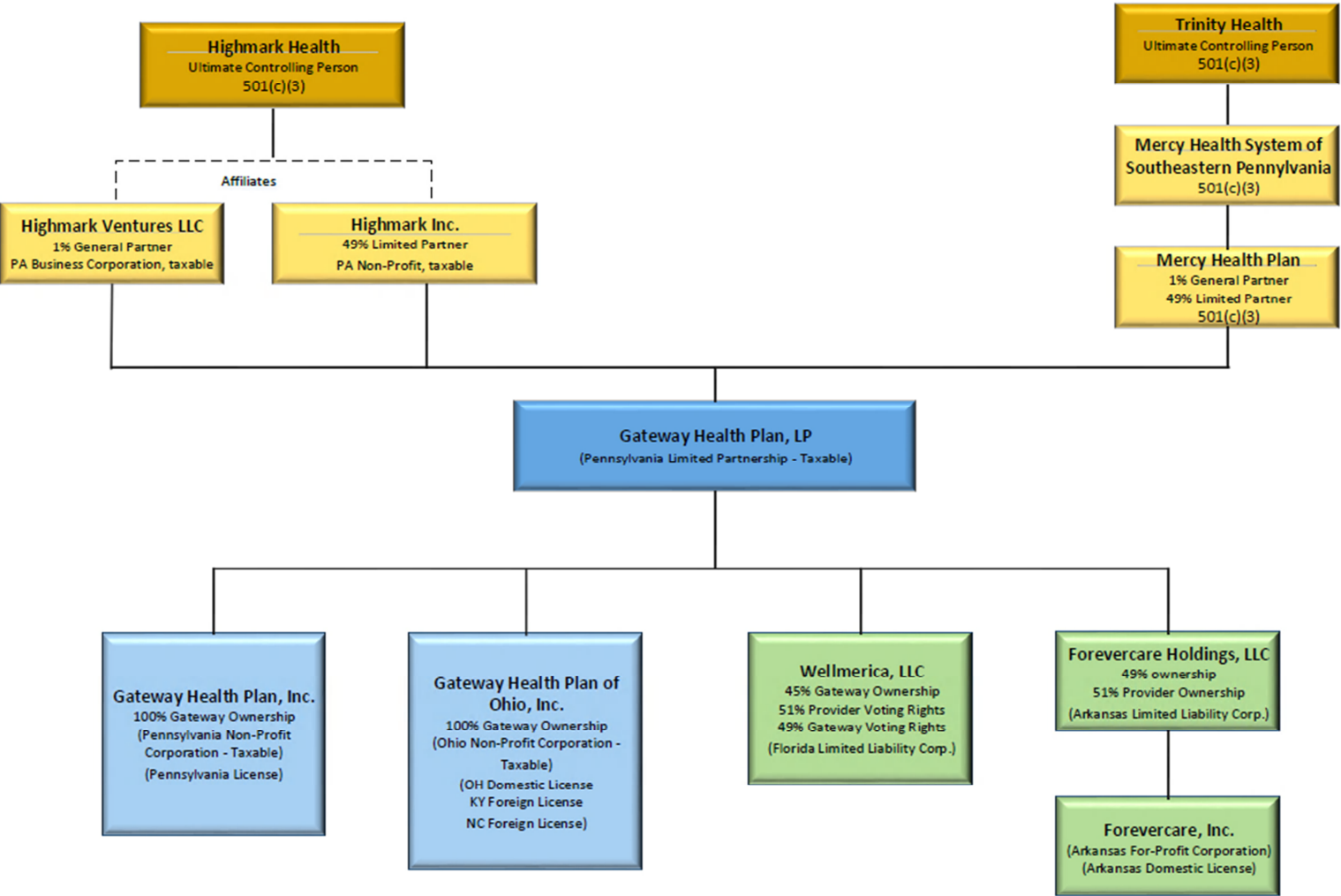
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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 Auxillary 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 Coordiniated 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 Paren 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



As of 12/31/18

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

<u>¹FOREVERCARE Holdings, LLC Provider Ownership</u>	
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

Q16

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000	HIGHMARK INC	00000	45-3674900	000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	45-3674924	000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812		54771	23-1294723	000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-3823617	000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	83-3642399	000000000	0000000000		CONTESSA-HIGHMARK HEALTH, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.0	HIGHMARK HEALTH	N	
0000		00000	83-1871064	000000000	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3769205	000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1825706	000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	45-3444157	000000000	0000000000		LAKE ERIE MEDICAL GROUP PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	000000000	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1742869	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-4682160	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3444325	000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1260215	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER								
0000		00000	82-3655381	000000000	0000000000		AHN EMERUS LLC	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3697883	000000000	0000000000		AHN EMERUS WESTMORELAND, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.0	HIGHMARK HEALTH	N	
0000		00000	82-5500526	000000000	0000000000		AHN-LECOM JV LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-0965598	000000000	0000000000		WARREN GENERAL HOSPITAL	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	47-3690355	000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC.								
0000		00000	84-1788763	000000000	0000000000		AHN HOLDING COMPANY	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0965547	000000000	0000000000		SAINT VINCENT HEALTH CENTER	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969492	000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3438685	000000000	0000000000		MIMICOL LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-5503170	000000000	0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	20-5855753	000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST								
0000		00000	25-1533746	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	23-2939715	000000000	0000000000		CANONSBURG GENERAL HOSPITAL								
0000		00000	20-1017545	000000000	0000000000		AMBULANCE SERVICE	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3459870	000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	05-0591755	000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000		000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	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- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	05-0544042	0000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1578290	0000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	82.7	HIGHMARK HEALTH	N	
0000		00000	23-2919277	0000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N	
0000		00000	23-3099689	0000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	N	
0000		00000	03-0477182	0000000000	0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	12325	30-0282076	0000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96938	25-1505506	0000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-2957473	0000000000	0000000000		WELLMERICA, LLC	FL	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	45.0	HIGHMARK HEALTH	N	
0000		00000	82-2440801	0000000000	0000000000		FOREVERCARE HOLDINGS, LLC	AR	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	49.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	16300	82-2424834	0000000000	0000000000		FOREVERCARE, INC.	AR	IA	FOREVERCARE HOLDINGS, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-1817274	0000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1494238	0000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60147	23-2905083	0000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1691945	0000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	11435	75-3002215	0000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0812	HIGHMARK INC	53287	51-0020405	0000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15508	46-4763378	0000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15507	46-4757476	0000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1876666	0000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	10131	20-2353206	0000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15460	46-4156633	0000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1645888	0000000000	0000000000		HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	54828	55-0624615	0000000000	0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-5457337	0000000000	0000000000		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	71768	54-1637426	0000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1646315	0000000000	0000000000		HM INSURANCE GROUP, LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96601	23-2413324	0000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA, INC	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	0000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000001
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	0000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000002
0000		00000	25-1712017	0000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1524682	0000000000	0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95048	25-1522457	0000000000	0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	52-1841060	0000000000	0000000000		NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1411844	0000000000	0000000000		REMWORKS SLEEP STORE INC.	PA	NIA	HIGHMARK INC.	Ownership	85.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	89070	25-1687586	0000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-1960604	0000000000	0000000000		BABEL HEALTH LLC	DE	NIA	HIGHMARK VENTURES LLC	Ownership	11.1	HIGHMARK HEALTH	N	

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000 .. 0812 ..	HIGHMARK INC	000000 15459	25-1691945 46-4156854	0000000000 0000000000	0000000000 0000000000	.....	GATEWAY HEALTH PLAN, L.P. HIGHMARK SENIOR SOLUTIONS COMPANY	PA .. WV ..	NIA .. IA ..	HIGHMARK VENTURES LLC	Ownership	1.0	HIGHMARK HEALTH	N	0000003
0812 ..	HIGHMARK INC	15020	45-2763165	0000000000	0000000000	.....	WEST VIRGINIA FAMILY HEALTH PLAN, INC	WV ..	IA ..	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	N	
0812 ..	HIGHMARK INC	35599	25-1334623	0000000000	0000000000	.....	HIGHMARK CASUALTY INSURANCE COMPANY	PA ..	IA ..	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812 .. 0812 ..	HIGHMARK INC	93440	06-1041332	0000000000	0000000000	.....	HM LIFE INSURANCE COMPANY	PA ..	IA ..	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812 ..	HIGHMARK INC	60213	25-1800302	0000000000	0000000000	.....	HM LIFE INSURANCE COMPANY OF NEW YORK	NY ..	IA ..	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	47-4117233	0000000000	0000000000	.....	PHYSICIAN PARTNERS OF WESTERN PA LLC	PA ..	NIA ..	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	46-5705484	0000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE ..	NIA ..	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000	00000	45-3761429	0000000000	0000000000	.....	HMPG PROPERTIES NORTH LLC	PA ..	NIA ..	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	25-1375204	0000000000	0000000000	.....	KLINGENSMITH, INC	PA ..	NIA ..	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	N	
0000	00000	90-0996509	0000000000	0000000000	.....	MONROEVILLE ASC LLC	PA ..	NIA ..	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	15279	46-3476730	0000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC.	VT ..	IA ..	HMPG INC.	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	30-0705035	0000000000	0000000000	.....	PROMEDIX LLC	PA ..	NIA ..	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	32-0429947	0000000000	0000000000	.....	PROVIDER PPI LLC	PA ..	NIA ..	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	N	
0000	00000	46-2138706	0000000000	0000000000	.....	GOLD MIST ADVISORS LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	45-5235291	0000000000	0000000000	.....	OSIRIS PROPERTIES, LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	35-2483160	0000000000	0000000000	.....	PLATINUM ADVISORS LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	30-0791512	0000000000	0000000000	.....	PRINCIPO ADVISORS, LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	27-3033308	0000000000	0000000000	.....	SILVER RAIN MANAGEMENT, LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	27-3035436	0000000000	0000000000	.....	SILVER RAIN, LP	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	N	
0000	00000	90-0970618	0000000000	0000000000	.....	SUMMER WIND MANAGEMENT, LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	32-0371926	0000000000	0000000000	.....	WEXFORD MEDICAL MALL LLC	PA ..	NIA ..	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	84-2176985	0000000000	0000000000	.....	WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA ..	NIA ..	WEXFORD MEDICAL MALL LLC	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	74-2337775	0000000000	0000000000	.....	VISIONWORKS OF AMERICA, INC.	TX ..	NIA ..	HIGHMARK INC.	Ownership	79.6	HIGHMARK HEALTH	N	
0000	00000	25-1524682	0000000000	0000000000	.....	JENKINS-EMPIRE ASSOCIATES	PA ..	NIA ..	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	N	
0000	00000	25-1684735	0000000000	0000000000	.....	FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	45-3355906	0000000000	0000000000	.....	GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	25-1403745	0000000000	0000000000	.....	HEALTH SYSTEM SERVICE CORPORATION	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	30-0477313	0000000000	0000000000	.....	JEFFERSON HILLS SURGICAL SPECIALISTS	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	25-1740456	0000000000	0000000000	.....	JEFFERSON MEDICAL ASSOCIATES, LP	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	N	
0000	00000	80-0069336	0000000000	0000000000	.....	JRMC DIAGNOSTIC SERVICES, LLC	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	86-1159658	0000000000	0000000000	.....	JRMC PHYSICIAN SERVICES CORPORATION	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	72-1529332	0000000000	0000000000	JRMC SPECIALTY GROUP PRACTICE	PA ..	NIA ..	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	98-1109020	0000000000	0000000000		PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0925581	0000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-3274101	0000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	38-3807173	0000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0494617	0000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0614054	0000000000	0000000000		PRIMARY CARE GROUP 12, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0451380	0000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403090	0000000000	0000000000		PRIMARY CARE GROUP 4, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403100	0000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3684432	0000000000	0000000000		PRIMARY CARE GROUP 6, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0503600	0000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	01-0927360	0000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-4194208	0000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-4011352	0000000000	0000000000		SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	N	
0000		00000	46-4954859	0000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2367818	0000000000	0000000000		SPECIALTY GROUP PRACTICE 1, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3540378	0000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529328	0000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1898743	0000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	25-1874990	0000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	N	
0000		00000	51-0630744	0000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-5661063	0000000000	0000000000		CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	N	
0000		00000	45-5080712	0000000000	0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	90-0812390	0000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1631855	0000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-8572620	0000000000	0000000000		SVEC, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	

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

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Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
Q164		00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1181389	000000000	0000000000		COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1430922	000000000	0000000000		EMERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1856341	000000000	0000000000		REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-0966611	000000000	0000000000		SAINT VINCENT HEALTH CENTER AUXILIARY, INC.	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	45-5550348	000000000	0000000000		SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1578290	000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	N	
		00000	25-1498145	000000000	0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1736527	000000000	0000000000		ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	N	
		00000	25-1403846	000000000	0000000000		CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1385705	000000000	0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	83-0371265	000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	N	
		00000	20-3784338	000000000	0000000000		SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1679140	000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1669168	000000000	0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-0969488	000000000	0000000000		THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	16-0743222	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
		00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
		00000	45-3688292	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	N	
		00000	25-1533746	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
	HIGHMARK INC	95789	23-7328765	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
	HIGHMARK INC	47089	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
	HIGHMARK INC	95160	74-2489037	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
	HIGHMARK INC	96150	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
	HIGHMARK INC	95253	52-1542269	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812	HIGHMARK INC	60222	11-3008245	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	85766	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2759084	000000000	0000000000		ECCA MANAGED VISION CARE, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	14-1586016	000000000	0000000000		EMPIRE VISION CENTER, INC.	NY	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2924030	000000000	0000000000		EYE DRx RETAIL MANAGEMENT, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2849554	000000000	0000000000		VISIONARY PROPERTIES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	74-2849552	000000000	0000000000		VISIONARY RETAIL MANAGEMENT, LLC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	04-3742989	000000000	0000000000		VISIONWORKS DISTRIBUTION SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2196998	000000000	0000000000		VISIONWORKS ENTERPRISES, INC.	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	04-3742977	000000000	0000000000		VISIONWORKS LAB SERVICES, INC.	TX	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	02-0677066	000000000	0000000000		VISIONWORKS, INC	DE	NIA	VISIONWORKS OF AMERICA, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-4949337	000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	N	
0000		00000	25-1689871	000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1838458	000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0314897	000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	45.0	HIGHMARK HEALTH	N	
0000		00000	25-1838457	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1320493	000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1875178	000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1737079	000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1798379	000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-2368587	000000000	0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	59.6	HIGHMARK HEALTH	N	
0000		00000	84-2176985	000000000	0000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-1284448	000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1880238	000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1652874	000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3982341	000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1472073	000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	

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

Q16.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000	00000	20-1107650 ..	0000000000	0000000000	.....	WEST PENN ALLEGHENY FOUNDATION, LLC .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	11-3683376 ..	0000000000	0000000000	.....	ALLEGHENY CLINIC MEDICAL ONCOLOGY .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	27-2344847 ..	0000000000	0000000000	.....	WEST PENN AMBULATORY SURGICAL COMPANY, LLC .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	25-1437405 ..	0000000000	0000000000	.....	WEST PENN CORPORATE MEDICAL SERVICES, INC .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	25-1470766 ..	0000000000	0000000000	.....	WEST PENN HOSPITAL FOUNDATION .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	26-1630719 ..	0000000000	0000000000	.....	WEST PENN NUROSURGERY PC .....	.. PA ..	.. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	27-1939478 ..	0000000000	0000000000	.....	CHAUTAUQUA MEDICAL PRACTICE P.C. ....	.. NY ..	.. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership	100.0	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	25-1528055 ..	0000000000	0000000000	.....	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC .....	.. PA ..	.. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	23-2919277 ..	0000000000	0000000000	.....	TRISTATE REGIONAL ASSOCIATES LLP .....	.. PA ..	.. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership	1.5	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	23-7029185 ..	0000000000	0000000000	.....	WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC .....	.. NY ..	.. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....
0000	00000	22-2270533 ..	0000000000	0000000000	.....	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC .....	.. NY ..	.. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	.....	HIGHMARK HEALTH .....	.. N .....	.....

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.

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

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12325201936500003

2019

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **September 30, 2019** OF THE **Gateway Health Plan of Ohio, Inc.**
SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION
Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,183,589	1,192,484
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	6,884	8,895
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)	1,176,704	1,183,589
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	1,176,704	1,183,589

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	2
		Year To Date	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 During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
PNC Operating Medicaid Acct 1060	Jeannette, PA						51,606	49,923	48,113	X X X
PNC Operating Medicare Acct 1061	Jeannette, PA						1,778,226	4,875,751	1,009,154	X X X
PNC Medicare Claims Acct 1070	Jeannette, PA						(1,386,991)	(1,092,125)	(614,895)	X X X
PNC Medicare Timing Acct 1150	Jeannette, PA								174	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			442,841	3,833,550	442,546	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			442,841	3,833,550	442,546	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			442,841	3,833,550	442,546	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
261941108	DREYFUS TREAS INSTL CASH MGMT		09/04/2019	0.000	X X X	2,039,319		10,552
38142B880	GOLDMAN SACHS FDS FIN SQ FED-FST MM		09/30/2019	0.000	X X X	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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