



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[X]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	11/05/2004		Commenced Business	09/01/2005		
Statutory Home Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)					
	Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)		(412)255-4640 (Area Code) (Telephone Number)			
Mail Address	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number or P.O. Box)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street (Street and Number)					
	Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		(216)802-2121 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com					
Statutory Statement Contact	Christopher Michael Cogan (Name)		(412)255-4693 (Area Code)(Telephone Number)(Extension)			
	CCogan@GatewayHealthPlan.com (E-Mail Address)		(412)255-4693 (Fax Number)			

OFFICERS

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

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

Subscribed and sworn to before me this _____ day of _____, 2020

- 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 Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	1,174,355		1,174,355	1,183,589
2.	Stocks (Schedule D):				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....152,390, Schedule E Part 1), cash equivalents (\$.....11,426,517, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	11,578,907		11,578,907	22,904,060
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	12,753,262		12,753,262	24,087,648
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	26,985		26,985	54,927
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	7,169		7,169	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 (\$.....83,365) and contracts subject to redetermination (\$.....894,240)	977,605		977,605	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	54,333	46,801	7,532	891,672
18.1	Current federal and foreign income tax recoverable and interest thereon	4,423		4,423	8,846
18.2	Net deferred tax asset	4,423		4,423	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 adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	90,520		90,520	114,678
24.	Health care (\$.....709,922) and other amounts receivable	1,928,813	1,218,891	709,922	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)	15,851,402	1,265,692	14,585,711	29,043,837
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	15,851,402	1,265,692	14,585,711	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.	.....				
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 Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	3,264,913		3,264,913	13,030,335
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	78,887		78,887	432,812
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	24,302		24,302	77,109
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				264,528
9.	General expenses due or accrued	122,497		122,497	48,940
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	0		0	
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	335,998		335,998	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	335,687		335,687	
23.	Aggregate write-ins for other liabilities (including \$.....0 current)	14,665		14,665	14,584
24.	TOTAL Liabilities (Lines 1 to 23)	4,176,949		4,176,949	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	(26,127,473)	(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	10,408,762	14,047,536
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	14,585,711	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		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	26,237	125,769
2.	Net premium income (including \$.....0 non-health premium income)	X X X	32,960,829	109,247,325
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	32,960,829	109,247,325
Hospital and Medical:				
9.	Hospital/medical benefits		20,040,498	69,233,476
10.	Other professional services		2,977,349	10,438,897
11.	Outside referrals			
12.	Emergency room and out-of-area		2,371,747	5,436,379
13.	Prescription drugs		2,290,657	9,148,906
14.	Aggregate write-ins for other hospital and medical		1,514,182	2,947,039
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		29,194,434	97,204,698
Less:				
17.	Net reinsurance recoveries		3,870	774
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		29,190,564	97,203,924
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....1,906,198 cost containment expenses		2,580,233	5,076,353
21.	General administrative expenses		5,359,890	11,199,114
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			(2,438,784)
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		37,130,687	111,040,608
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(4,169,858)	(1,793,283)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		288,365	384,679
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)		288,365	384,679
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....41,406) (amount charged off \$.....0)]		41,406	(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	(3,840,086)	(1,465,063)
31.	Federal and foreign income taxes incurred	X X X	(4,423)	(8,846)
32.	Net income (loss) (Lines 30 minus 31)	X X X	(3,835,663)	(1,456,217)
DETAILS OF WRITE-INS				
0601.	.....	X X X		
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	DME		1,470,895	2,759,037
1402.	Hearing Hardware		37,501	76,950
1403.	Transportation Costs		5,786	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)		1,514,182	2,947,039
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	14,047,536	16,244,719
34.	Net income or (loss) from Line 32	(3,835,663)	(1,456,217)
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	(4,424)	(7,678)
39.	Change in nonadmitted assets	201,312	(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)	(3,638,774)	(2,197,184)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	10,408,762	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
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	33,521,039	107,540,846
2.	Net investment income	323,656	383,691
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	33,844,695	107,924,537
5.	Benefit and loss related payments	37,495,206	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	6,962,536	18,253,535
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(8,845)	(6,827)
10.	TOTAL (Lines 5 through 9)	44,448,896	116,212,565
11.	Net cash from operations (Line 4 minus Line 10)	(10,604,201)	(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 (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
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)	(720,951)	(526,756)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(720,951)	(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)	(11,325,153)	(8,814,784)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	22,904,060	31,718,844
19.2	End of year (Line 18 plus Line 19.1)	11,578,907	22,904,060

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	32,960,829						32,960,829			
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	32,960,829						32,960,829			
8.	Hospital/medical benefits	20,040,498						20,040,498			X X X
9.	Other professional services	2,977,349						2,977,349			X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area	2,371,747						2,371,747			X X X
12.	Prescription drugs	2,290,657						2,290,657			X X X
13.	Aggregate write-ins for other hospital and medical	1,514,182						1,514,182			X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	29,194,434						29,194,434			X X X
16.	Net reinsurance recoveries	3,870						3,870			X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	29,190,564						29,190,564			X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....1,906,198 cost containment expenses	2,580,233						2,580,233			
20.	General administrative expenses	5,359,890						5,359,890			
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	37,130,687						37,130,687			
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,169,858)						(4,169,858)			
DETAILS OF WRITE-INS											
0501.	.....										X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	DME	1,470,895						1,470,895			X X X
1302.	Hearing Hardware	37,501						37,501			X X X
1303.	Transportation	5,786						5,786			X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	1,514,182						1,514,182			X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare	32,979,300	.....	18,471	32,960,829
7.	Title XIX - Medicaid .....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8)	32,979,300	.....	18,471	32,960,829
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11)	32,979,300	.....	18,471	32,960,829

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	37,491,336						37,491,336			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	37,491,336						37,491,336			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	3,264,913						3,264,913			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	3,264,913						3,264,913			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	(1,464,650)						(1,464,650)			
7. Amounts recoverable from reinsurers December 31, current year ..	3,870						3,870			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	13,030,335						13,030,335			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	13,030,335						13,030,335			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	29,190,564						29,190,564			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	3,870						3,870			
12.4 Net	29,186,694						29,186,694			
13. Incurred medical incentive pools and bonuses										

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	129,675						129,675			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	129,675						129,675			
2. Incurred but Unreported:										
2.1 Direct	3,135,238						3,135,238			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	3,135,238						3,135,238			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	3,264,913						3,264,913			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	3,264,913						3,264,913			

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

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare	10,422,484	27,068,852	78,984	3,185,929	10,501,469	13,030,335
7.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8)	10,422,484	27,068,852	78,984	3,185,929	10,501,469	13,030,335
10.	Healthcare receivables (a)	1,214,621	709,922	.....	.....	1,214,621	3,389,193
11.	Other non-health .....	.....	.....	.....	.....	.....	.....
12.	Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	.....
13.	TOTALS (Lines 9 - 10 + 11 + 12)	9,207,864	26,358,929	78,984	3,185,929	9,286,848	9,641,142

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	1,611	1,315	1,118	1,118	1,118
2.	2015	40,481	52,547	51,990	51,974	51,974
3.	2016	X X X	54,611	68,420	68,221	68,243
4.	2017	X X X	X X X	82,886	93,311	93,286
5.	2018	X X X	X X X	X X X	87,163	100,979
6.	2019	X X X	X X X	X X X	X X X	25,144

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	1,628	1,315	1,118	1,118	1,118
2.	2015	54,862	52,826	51,990	51,974	51,974
3.	2016	X X X	68,752	68,587	68,221	68,350
4.	2017	X X X	X X X	95,919	93,433	93,286
5.	2018	X X X	X X X	X X X	100,072	100,950
6.	2019	X X X	X X X	X X X	X X X	28,330

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

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2015	59,869	51,974	3,302	6.353	55,276	92.328			55,276	92.328
2.	2016	78,501	68,243	4,682	6.860	72,924	92.896	108	3	73,035	93.037
3.	2017	106,471	93,286	4,388	4.704	97,674	91.737			97,674	91.737
4.	2018	109,247	100,979	5,786	5.730	106,765	97.728	(29)	(1)	106,736	97.701
5.	2019	32,961	25,144	2,225	8.847	27,369	83.034	3,186	77	30,632	92.934

12 Grand Total

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

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

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	1,611	1,315	1,118	1,118	1,118
2.	2015	40,481	52,547	51,990	51,974	51,974
3.	2016	X X X	54,611	68,420	68,221	68,243
4.	2017	X X X	X X X	82,886	93,311	93,286
5.	2018	X X X	X X X	X X X	87,163	100,979
6.	2019	X X X	X X X	X X X	X X X	25,144

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	1,628	1,315	1,118	1,118	1,118
2.	2015	54,862	52,826	51,990	51,974	51,974
3.	2016	X X X	68,752	68,587	68,221	68,350
4.	2017	X X X	X X X	95,919	93,433	93,286
5.	2018	X X X	X X X	X X X	100,072	100,950
6.	2019	X X X	X X X	X X X	X X X	28,330

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

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2015	59,869	51,974	3,302	6.353	55,276	92.328			55,276	92.328
2.	2016	78,501	68,243	4,682	6.860	72,924	92.896	108	3	73,035	93.037
3.	2017	106,471	93,286	4,388	4.704	97,674	91.737			97,674	91.737
4.	2018	109,247	100,979	5,786	5.730	106,765	97.728	(29)	(1)	106,736	97.701
5.	2019	32,961	25,144	2,225	8.847	27,369	83.034	3,186	77	30,632	92.934

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

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

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

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

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

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

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

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves	24,302						24,302		
6. TOTALS (Gross)	24,302						24,302		
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	24,302						24,302		
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501. Risk Adjustment Payable	24,302						24,302		
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	24,302						24,302		
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)	29,737	10,515	72,075		112,327
2.	Salaries, wages and other benefits	810,134	286,465	1,963,594		3,060,193
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)			634,541		634,541
4.	Legal fees and expenses	9,722	3,438	23,563		36,722
5.	Certifications and accreditation fees	572	202	1,386		2,160
6.	Auditing, actuarial and other consulting services	133,053	47,048	322,491		502,592
7.	Traveling expenses	9,722	3,438	23,563		36,722
8.	Marketing and advertising	31,452	11,122	76,234		118,807
9.	Postage, express and telephone	23,065	8,156	55,905		87,125
10.	Printing and office supplies	30,499	10,785	73,924		115,207
11.	Occupancy, depreciation and amortization	33,549	11,863	81,316		126,728
12.	Equipment	47,655	16,851	115,506		180,011
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services	685,278	242,315	1,660,970		2,588,563
15.	Boards, bureaus and association fees	7,625	2,696	18,731		29,052
16.	Insurance, except on real estate	4,765	1,685	11,551		18,001
17.	Collection and bank service charges	572	202	1,386	23,716	25,876
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes					
23.2	State premium taxes					
23.3	Regulatory authority licenses and fees			13,052		13,052
23.4	Payroll taxes	48,799	17,255	118,278		184,332
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere				9,560	9,560
25.	Aggregate write-ins for expenses			91,825		91,825
26.	TOTAL Expenses Incurred (Lines 1 to 25)	1,906,198	674,034	5,359,890	33,276	(a) 7,973,399
27.	Less expenses unpaid December 31, current year		78,887	118,257	4,240	201,383
28.	Add expenses unpaid December 31, prior year		432,812	42,815	6,125	481,752
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,906,198	1,027,960	5,284,448	35,161	8,253,768
DETAILS OF WRITE-INS						
2501.	Miscellaneous Expenses			91,825		91,825
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)			91,825		91,825

(a) Includes management fees of \$.....7,554,380 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 43,211	 43,191
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e)..... 306,373	 278,451
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income	 349,584	 321,642
11.	Investment expenses .....	.....	(g)..... 33,277
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 33,277
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 288,365
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....9,234 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection		112,416	112,416
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans	46,801	41,639	(5,162)
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	1,218,891	1,261,875	42,984
25.	Aggregate write-ins for other than invested assets		51,075	51,075
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,265,692	1,467,004	201,312
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	1,265,692	1,467,004	201,312
DETAILS OF WRITE-INS				
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Miscellaneous AR		51,075	51,075
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		51,075	51,075

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	9,944	2,328	2,315	2,070	1,853	26,237
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	9,944	2,328	2,315	2,070	1,853	26,237
DETAILS OF WRITE-INS							
0601.	.....						
0602.	.....						
0603.	.....						
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

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

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

		SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(\$3,835,663)	(\$1,465,062)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total					
(4)	NAIC SAP (1-2-3=4)				(\$3,853,663)	(\$1465,062)
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				\$10,408,762	\$14,047,536
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total					
(8)	NAIC SAP (5-6-7=8)				\$10,408,762	\$14,047,536

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

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

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

Notes to Financial Statements

In addition, GHPOI uses the following accounting policies:

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

D. Going Concern

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
Not Applicable

3. Business Combinations and Goodwill
Not Applicable

4. Discontinued Operations
Not Applicable

5. Investments

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

- (1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
- (2) There are no other-than-temporary impairments on any Loan-Backed Securities.
- (3) There are no other-than-temporary impairments on any Loan-Backed Securities.

Notes to Financial Statements

(4) and (5) All impaired securities (fair value is less than cost or amortized cost) for which another-than- temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains) – Not Applicable.

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

(1) Restricted Assets (Including Pledged): GHPOI has \$1,174,355 in Restricted Assets.

Restricted Asset Category		1	2	3	4	5	6	7
	Gross Deferred Tax Assets	Total Gross (Admitted and Nonadmitted) Restricted from Current Year	Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	Increase /(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under options contracts							
h.	Letter stock or securities restricted as to sale							
i.	FHLB Capital Stock							
j.	On deposit with states	\$1,174,355	\$1,183,589	(\$9,234)		\$1,174,355	7.41%	8.05%
k.	On deposit with other regulatory bodies							
l.	Pledges collateral to FHLB							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$1,174,355	\$1,183,589	(\$9,234)		\$1,174,355	7.41%	8.05%

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

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

Notes to Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies
- A. GHPOI has no investments in joint ventures, partnerships, or limited liability companies.

B. Not Applicable.

7. Investment Income
- A. Due and accrued income was excluded from surplus on the following basis:
All investment income due and accrued with amounts that are over 90 days past due are excluded.

B. No investment income was excluded from the financial statements.

8. Derivative Instruments
- Not applicable

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

Description		12/31/2019			12/31/2018			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Gross Deferred Tax Assets	8,137,801		8,137,801	7,316,619		7,316,619	821,182		821,182
b.	Statutory Valuation Allowance Adjustments	8,118,047		8,118,047	7,287,419		7,287,419	830,628		830,628
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	19,754		19,754	29,200		29,200	(9,446)		(9,446)
d.	Deferred Tax Assets Non- admitted									
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	19,754		19,754	29,200		29,200	(9,446)		(9,446)
f.	Deferred Tax Liabilities	15,331		15,331	20,354		20,354	(5,023)		(5,023)
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	4,423		4,423	8,846		8,846	(4,423)		(4,423)

Notes to Financial Statements

2.

Description		12/31/2019			12/31/2018			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks									
b	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)	4,423		4,423	8,846		8,846	(4,423)		(4,423)
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date									
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	1,560,651	XXX	XXX	2,107,130	XXX	XXX	(546,479)
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	15,331		15,331	20,354		20,354	(5,023)		(5,023)
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c)	19,754		19,754	29,200		29,200	(9,446)		(9,446)

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

3.

	Description	2019	2018
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	590.376%	320.831%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	10,404,339	14,038,690

4. Impact of Tax Planning Strategies

For the years ending December 31, 2019 and 2018, the Corporation has not employed any tax planning strategies to admit DTAs.

B. Regarding Deferred Tax Liabilities that are not recognized:

For the years ending December 31, 2019 and 2018, the Corporation does not have situations where DTL’s are not recognized for amounts described in SSAP 101.

Notes to Financial Statements

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

	Description	1	2	3
		12/31/2019	12/31/2018	(Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	(4,423)	(8,846)	4,423
b.	Foreign	0	0	0
c.	Subtotal	(4,423)	(8,846)	4,423
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	0	0
g.	Federal and foreign income taxes incurred	(4,423)	(8,846)	4,423
2.	Deferred Tax Assets:	0	0	0
a.	Ordinary	0	0	0
1.	Discounting of unpaid losses	10,684	43,427	(32,743)
2.	Unearned premium reserve	0	0	0
3.	Policyholder reserves	0	0	0
4.	Investments	0	0	0
5.	Deferred acquisition costs	0	0	0
6.	Policyholder dividends accrual	0	0	0
7.	Fixed assets	0	0	0
8.	Compensation and benefits accrual	0	0	0
9.	Pension accrual	0	0	0
10.	Receivables – nonadmitted	265,795	308,071	(42,276)
11.	Net operating loss carry-forward	7,854,468	6,950,607	903,861
12.	Tax credit carry-forward	4,423	8,846	(4,423)
13.	Other (including items < 5% of total ordinary tax assets)	2,431	5,668	(3,237)
99.	Subtotal	8,137,801	7,316,619	821,182
b.	Statutory valuation allowance adjustment	8,118,047	7,287,419	830,628
c.	Nonadmitted	0	0	0
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	19,754	29,200	(9,446)
e.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Net capital loss carry-forward	0	0	0
3.	Real estate	0	0	0
4.	Other (including items < 5% of total capital tax assets)	0	0	0
99.	Subtotal	0	0	0
f.	Statutory valuation allowance adjustment	0	0	0
g.	Nonadmitted	0	0	0
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	0	0	0
i.	Admitted deferred tax assets (2d + 2h)	19,754	29,200	(9,446)
3.	Deferred Tax Liabilities:	0	0	0
a.	Ordinary	0	0	0
1.	Investments	0	0	0
2.	Fixed assets	0	0	0
3.	Deferred and uncollected premium	0	0	0
4.	Policyholder reserves	0	0	0
5.	Other (including items < 5% of total ordinary tax liabilities)	15,331	20,354	(5,023)
99.	Subtotal	15,331	20,354	(5,023)
b.	Capital:	0	0	0
1.	Investments	0	0	0
2.	Real estate	0	0	0
3.	Other (including items < 5% of total capital tax liabilities)	0	0	0
99.	Subtotal	0	0	0
c.	Deferred tax liabilities (3a99 + 3b99)	15,331	8,846	(5,023)
4.	Net deferred tax assets/liabilities (2i – 3c)	4,432	8,846	(4,423)

Notes to Financial Statements

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

	<u>2019</u>	<u>2018</u>	<u>Change</u>
Adjusted gross deferred tax assets	19,754	29,200	(9,446)
Total deferred tax liabilities	<u>15,331</u>	<u>20,354</u>	<u>(5,023)</u>
Net deferred tax liabilities	<u>4,423</u>	<u>8,846</u>	<u>(4,423)</u>
Net deferred tax assets / (liabilities)		-	(4,423)
Tax effect of unrealized gains / (losses)			
Change in net deferred income tax			<u>(4,423)</u>

D. Rate Recognition

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

	<u>2019</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	(806,418)	21%
Change in Valuation Allowance	830,628	-22%
Non-deductible Expenses	17,514	0%
Change in temporary differences recorded to surplus	42,276	-1%
Relationship mgmt/support services	<u>(84,000)</u>	<u>2%</u>
	<u>\$ (0)</u>	<u>0%</u>
Federal and foreign income taxes incurred	(4,423)	0%
Change in net deferred income taxes	<u>4,423</u>	<u>0%</u>
Total statutory income taxes	<u>\$ (0)</u>	<u>0%</u>

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

- (1) At December 31, 2019, GHPOI has \$37,402,229 net operating loss carryforwards, \$0 capital loss carry forwards, \$0 charitable contribution carryforwards, and \$4,423 AMT Tax Credit carryforwards.
- (2) The following is income tax expense for 2019, 2018 and 2017 that is available for recoupment in the event of future net losses:

<u>Year</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2017	-	-	-
2018	-	-	-
2019	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>

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

F. Consolidation of Federal Return

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

G. Significant Increase or Decrease to Income Tax Loss Contingencies

Notes to Financial Statements

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2020.

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

Tax reform legislation ("The Tax Cuts and Jobs Act of 2017") was signed into law on December 22, 2017. The legislation is highlighted by a reduction in the corporate income tax rate from 35% to 21% effective January 1, 2018 and the elimination of the Alternative Minimum Tax cut ("AMT"). As of January 1, 2018, the Corporation had AMT credits of \$17,692 that will be monitored over 4 years. Most other provisions of the law took effect on January 1, 2018 and therefore were reflected in the Corporation's federal income taxes incurred beginning in 2018. Except as otherwise described here, the Corporation has completed its account for all the enactment date tax effect of the Tax Cuts and Job Act.

- H. Repatriation Transition Tax (RTT) – Not Applicable
- I. Alternative Minimum Tax (AMT) Credit

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

	AMOUNT
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	4,423
b. DTA	4,423
(2) Beginning Balance of AMT Credit Carryforward	17,692
(3) Amounts Recovered	8,846
(4) Adjustments	-
(5) Ending Balance of AMT Credit Carryforward	8,846
(6) Reduction for Sequestration	-
(7) Non-Admitted by Reporting Entity	-
(8) Reporting Entity Ending Balance	8,846

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. GHPOI is a non-profit corporation and a wholly-owned subsidiary of Gateway Health Plan, LP ("GHPLP"). GHPLP is a Pennsylvania limited partnership with the following partnership interests: Mercy Health Plan ("Mercy"), a subsidiary of Mercy Health System of Southeastern Pennsylvania ("MHS") as 49% limited partner and 1% general partner; Highmark Inc. ("Highmark") as 49% limited partner; and Highmark Ventures Inc. ("HVI"), a subsidiary of Highmark as 1% general partner. Highmark Health, a Pennsylvania non-profit corporation, is the parent corporation of Highmark. Trinity Health Corporation ("Trinity Health"), an Indiana non-profit corporation, is the parent corporation of MHS. These partnership interests are shown on the organizational chart attached as Schedule Y. GHPOI files its annual and quarterly financial statements under Highmark's NAIC group code (0812).
- B&C. GHP, LP made no capital contributions to GHPOI in 2019.
- D. An inter-company (payable)/ receivable between GHPOI and Gateway Health Plan, Inc. ("GHPI") totaled \$90,520 at December 31, 2019 and \$114,678 at December 31, 2018. The balance represents inter-company activity in the normal course of business. An inter-company (payable)/receivable between GHPOI and GHP, LP totaled (\$335,998) at December 31, 2019 and

Notes to Financial Statements

(\$1,127,973) at December 31, 2018. The balance represents inter-company activity in the normal course of business.

- E. GHPOI has no guarantees or undertakings for the benefit of any affiliate or related party
- F. GHP, LP operates under a Program Services Agreement (“PSA”) with GHPOI.
- G. GHP, LP is a limited partnership with general partners Highmark Ventures Inc. (a subsidiary of Highmark) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan. GHP,LP is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation.
- H. GHPOI has no ownership in upstream entities.
- I. GHPOI has no investments in SCA entities.
- J. GHPOI has no investments in SCA entities.
- K. GHPOI has no foreign insurance subsidiary.
- L. GHPOI has no investments in downstream non-insurance holding companies.
- M. GHPOI has no investments in SCA entities.
- N. GHPOI has no investments in SCA entities.
- O. GHPOI has no investments in SCA entities and SSAP No. 48 Entity Loss Tracking.

11. Debt

- A. GHPOI has no Debt including capital notes.
- B. GHPOI has no FHLB (Federal Home Loan Bank) agreements.

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

- A. Defined Benefit Plan:
 - (1) Reconciliation of the beginning Change in benefit obligation – Not Applicable
 - (2) Change in plan assets – Not Applicable
 - (3) Funded Status – Not Applicable
 - (4) Components of net periodic benefit cost – Not Applicable
 - (5) The net gain or loss and net prior service cost or credit recognized in unassigned funds (surplus) for the period and reclassification adjustments of unassigned funds (surplus) – Not Applicable
 - (6) The amount included in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost, showing separately the net gain or loss, net prior service cost or credit, net transition asset or obligation - Not Applicable
 - (7) Weighted-average assumptions used to determine net period benefit cost – Not Applicable
 - (8) The Amount of the accumulated benefit obligation for defined benefit pension plans – Not \ Applicable
 - (9) Assumed Health care cost trend rate for the next year used to measure the expected cost of benefit covered by the plan – Not Applicable
 - (10) The benefits expected to be paid in each of the five fiscal years, and in the aggregate for the five fiscal years thereafter. – Not Applicable
 - (11) Regulatory contribution requirements – Not Applicable
 - (12) Amounts and types of securities of the employer and related parties included in the plan assets – Not Applicable
 - (13) Alternative amortization – Not Applicable
 - (14) Substantive commitment – Not Applicable
 - (15) Cost of providing special or contractual termination benefits – Not Applicable
 - (16) Explanation of any significant change in benefit obligations or plan assets – Not Applicable
 - (17) The accumulated postretirement and pension benefit obligation and the fair value of plan assets for the defined postretirement and pension benefit plans in the first reporting date after the effective date of this standard and in each subsequent reporting period – Not Applicable
 - (18) Disclosure of the full transition surplus impact – Not Applicable
- B. Narrative Description of Investment Policies and Strategies – Not Applicable
- C. Fair Value of Plan Assets – Not Applicable
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multi-Employer Plan – Not Applicable
- G. Consolidated/Holding Company Plans – Not Applicable
- H. Post-Employment Benefits and Compensated Absences – Not Applicable

Notes to Financial Statements

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – Not Applicable

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

- (1) GHPOI is a non-profit organization and, as such, does not have stock authorized or outstanding.
- (2) GHPOI has no preferred stock outstanding.
- (3) There are no restrictions placed on GHPOI’s surplus, except risk-based capital requirements imposed by the NAIC, the Department, and GHPOI’s regulatory agreement.
- (4) No dividends paid in 2019.
- (5) Ordinary Dividend Restrictions – Not Applicable
- (6) There were no restrictions placed on the GHPOI’s surplus, including for whom the surplus is being held.
- (7) GHPOI has no advances of surplus not repaid nor does GHPOI hold stock of affiliated companies for specific reasons.
- (8) The amount of stock held by the GHPOI for special purposes is \$0.
- (9) There were no changes in the balance of special surplus funds from the prior year.
- (10) Unassigned funds (surplus) were not changed by unrealized gains and losses.
- (11) GHPOI has no surplus notes.
- (12) No quasi-reorganizations have taken place as of December 31, 2019.
- (13) No quasi-reorganizations have taken place as of December 31, 2019.

14. Liabilities, Contingencies and Assessments

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

15. Leases

GHPOI has no leases.

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

Not applicable.

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

- A. Transfers of Receivables reported as Sales – Not Applicable
- B. Transfer and Servicing of Financial Assets – Not Applicable
- C. Wash Sales – GHPOI had no wash sales as of 12/31/2019.

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

- A) ASO Plans – Not Applicable
- B) ASC Plans – Not Applicable
- C) Medicare or Similarly Structured Cost Based Reimbursement Contract
 - a. Revenue from the Company’s Medicare Part D cost based reimbursement portion of the contract for the year 2019, consisted of \$4,829,876 for reinsurance subsidy, \$4,186,068 for low-income cost sharing subsidy and \$(446) for GAP discount coverage.
 - b. As of December 31, 2019, The Company has recorded receivables whose account balance is greater than 10% of the Company’s amounts receivable from uninsured accident and health plans of \$7,532.

Notes to Financial Statements

- c. As of December 31, 2019, the Company recorded \$335,687 in Medicare Part D allowances and reserves or adjustment of recorded revenues.
- d. GHPOI has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. Fair Value at Reporting Date

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents	\$11,426,517				\$11,426,517

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

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

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

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

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

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

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

Bonds – Fair values are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include corporate securities, securities from states, municipalities, and political subdivisions and mortgage-backed securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

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,

Notes to Financial Statements

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

Cash and cash equivalents: Cash equivalents include exempt money market funds, commercial paper, and discount notes or securities with a maturity of 3 months or less. Cash equivalents are designated as Level 1 or Level 2, depending on structure and the extent of credit-related features.

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended December 31, 2019 that were material to the statutory financial statements.

(5) Derivative assets and liabilities - Not Applicable

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

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$1,336,822	\$1,174,354	\$1,336,822				
Cash Equivalents	\$11,426,517	\$11,426,517	\$11,426,517				

D. Not Practicable to Estimate Fair Value – Not Applicable

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

21. Other Items

- A. Unusual or Infrequent Items – Not Applicable
- B. Troubled Debt Restructuring Debtors – Not Applicable
- C. Other Disclosures – Not Applicable
- D. Business Interruption Insurance Recoveries – Not Applicable
- E. State Transferable Tax Credit – Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure – Not Applicable
- G. Retained Assets – Not Applicable
- H. Proceeds of Insurance-Linked Securities (ILS) – Not Applicable
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – Not Applicable

22. Events Subsequent

Type I. – Recognized Subsequent Events
Subsequent events have been considered through 2/26/2020 for the statutory statement issued on December 31, 2019.

Notes to Financial Statements

Type II. – Nonrecognized Subsequent Events have been considered through 2/26/2020 for the statutory statement issued on December 31, 2019.

Effective January 1, 2020, Gateway Health Plan of Ohio, Inc. no longer offers Medicare Advantage plans in the states of OH and NC. A major modification filing was submitted to the Ohio Department of Insurance in the third quarter of 2019 to cease operations for the 2020 contract period. Accordingly, effective January 1, 2020 there is no membership for the OH and NC Medicare business. The Company will continue processing run-out of claims until all claims are complete.

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

23. Reinsurance

A. Reinsurance Ceded

Section 1 – General Interrogatories

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

Yes () No (x)

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

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (x)

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

Yes () No (x)

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

B. Uncollectible Reinsurance – Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

C. The amount of net premiums written by the Company as of December 31, 2019 that is subject to retrospective rating features was \$2,760,220 that represented 8% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.

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

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

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

Notes to Financial Statements

4. Roll-Forward of Risk Corridors Assets and Liability Balances by Program Benefit Year – Not Applicable
5. ACA Risk Corridors Receivables as of Reporting Date – Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were \$13,463,147. As of December 31, 2019, \$13,402,905 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$81,620 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$21,377 unfavorable prior-year development since December 31, 2018 and December 31, 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 calculating the liability for unpaid losses and loss adjustment expenses.

26. Inter-company Pooling Arrangements

Not Applicable

27. Structured Settlements

Not applicable for Health entities.

28. Healthcare Receivables

A. Pharmacy Rebate Receivable

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

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2019	\$709,922				
09/30/2019	\$808,208	\$773,380	\$752,868		
06/30/2019	\$753,369	\$883,473	\$793,231		
03/31/2019	\$874,031	\$859,196	\$808,603		
12/31/2018	\$2,127,318	\$2,290,401	\$2,152,218	\$(112,463)	\$224,993
09/30/2018	\$2,165,660	\$2,331,563	\$2,078,774		\$215,075
06/30/2018	\$2,156,841	\$2,256,829	\$2,120,718		\$147,227
03/31/2018	\$1,875,977	\$2,069,954	\$2,125,696		\$(76,806)
12/31/2017	\$2,135,060	\$2,227,274	\$2,051,088		\$128,720
09/30/2017	\$1,761,866	\$2,015,818	\$1,895,452	\$(16,167)	\$159,649
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)

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

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

B. Risk Sharing Receivables - Not Applicable

29. Participating Policies

Not Applicable.

Notes to Financial Statements

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ (1) -
2. Date of the most recent evaluation of this liability	12/31/2019
3. Was anticipated investment income utilized in the calculation? (Yes / No)	No

31. Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

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

Table with 3 columns: 1 Name of Entity, 2 NAIC Company Code, 3 State of Domicile. It contains three rows of dotted lines for data entry.

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

Table with 2 columns: 1 Nationality, 2 Type of Entity. It contains one row of dotted lines for data entry.

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

Table with 6 columns: 1 Affiliate Name, 2 Location (City, State), 3 FRB, 4 OCC, 5 FDIC, 6 SEC. It contains one row with 'No' responses for the regulatory agencies.

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PriceWaterhouse Coopers, LLP USX Tower, 600 Grant Street, Pittsburgh, PA 15219
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
10.2 If response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
10.4 If response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
10.6 If the response to 10.5 is no or n/a please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
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.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended?
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
24.02 If no, give full and complete information, relating thereto
24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
24.06 If answer to 24.04 is no, report amount of collateral for other programs.
24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

GENERAL INTERROGATORIES (Continued)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

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

24.103 Total payable for securities lending reported on the liability page.

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

25.32 Other

25.3 For category (25.26) provide the following:

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

26.2 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.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108

26.42 Permitted Accounting Practice

26.43 Other Accounting Guidance

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.

- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

27.2 If yes, state the amount thereof at December 31 of the current year.

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

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

28.02 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:

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

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

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

28.05 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	2
Name of Firm or Individual	Affiliation
Dina L. Richard, Trinity Health	A
W. Dennis Cronin, Highmark	A
Susan Payden, Trinity Health	A

GENERAL INTERROGATORIES (Continued)

1	2
Name of Firm or Individual	Affiliation
Kevin Marpoe, Highmark	A

- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]
- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

Yes[] No[X]
- 29.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	1,174,355	1,336,822	162,467
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals	1,174,355	1,336,822	162,467

- 30.4 Describe the sources or methods utilized in determining the fair values:
Rates were obtained from Custodian's Year End Reports.
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[X] No[] N/A[]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]
- 32.2 If no, list exceptions:
33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

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

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

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

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

Yes[] No[X]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

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

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

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

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]
35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

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

GENERAL INTERROGATORIES (Continued)

- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]
- 36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 0
- 36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid

- 37.1 Amount of payments for legal expenses, if any? \$ 0
- 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
- 38.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

GENERAL INTERROGATORIES (Continued)

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

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

\$ 0
- 15.2 Total incurred claims

\$ 0
- 15.2 Number of covered lives

..... 0

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

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

FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	14,585,711	29,043,837	37,490,285	29,595,611	25,959,447
2. TOTAL Liabilities (Page 3, Line 24)	4,176,949	14,996,301	21,245,565	16,938,905	17,775,839
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	10,408,762	14,047,536	16,244,719	12,656,707	8,183,608
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	32,960,829	109,247,325	106,470,504	78,501,105	59,868,611
6. TOTAL Medical and Hospital Expenses (Line 18)	29,190,564	97,203,924	94,721,230	66,403,627	54,810,063
7. Claims adjustment expenses (Line 20)	2,580,233	5,076,353	4,388,639	4,638,412	3,773,833
8. TOTAL Administrative Expenses (Line 21)	5,359,890	11,199,114	9,077,923	6,495,797	3,775,343
9. Net underwriting gain (loss) (Line 24)	(4,169,858)	(1,793,283)	(4,156,072)	963,269	(995,962)
10. Net investment gain (loss) (Line 27)	288,365	384,679	167,750	65,788	27,368
11. TOTAL Other Income (Lines 28 plus 29)	41,406	(56,459)	(55,580)	(242,804)	(3,669)
12. Net income or (loss) (Line 32)	(3,835,663)	(1,456,217)	(4,043,903)	768,561	(972,263)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(10,604,201)	(8,288,028)	(733,475)	(1,565,347)	9,793,057
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	10,408,762	14,047,536	16,244,719	12,656,707	8,183,608
15. Authorized control level risk-based capital	1,762,323	4,378,478	4,187,770	3,044,803	2,640,514
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	1,853	9,944	10,446	7,780	7,344
17. TOTAL Members Months (Column 6, Line 7)	26,237	125,769	115,902	88,897	73,213
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	88.6	89.0	89.0	84.6	91.6
20. Cost containment expenses	5.8	2.4	1.9	1.5	0.6
21. Other claims adjustment expenses	2.0	2.2	2.2	4.4	5.7
22. TOTAL Underwriting Deductions (Line 23)	112.7	101.6	103.9	98.8	101.7
23. TOTAL Underwriting Gain (Loss) (Line 24)	(12.7)	(1.6)	(3.9)	1.2	(1.7)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	9,286,848	6,273,415	10,014,183	9,775,551	1,490,693
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	9,641,142	10,403,075	11,787,146	13,095,875	1,542,385
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

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

		1	Direct Business Only							
		Active Status (a)	2	3	4	5	6	7	8	9
State, Etc.			Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & 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		557,720					557,720	
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		19,015,582					19,015,582	
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L		13,405,998					13,405,998	
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		32,979,300					32,979,300	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	X X X		32,979,300					32,979,300	
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

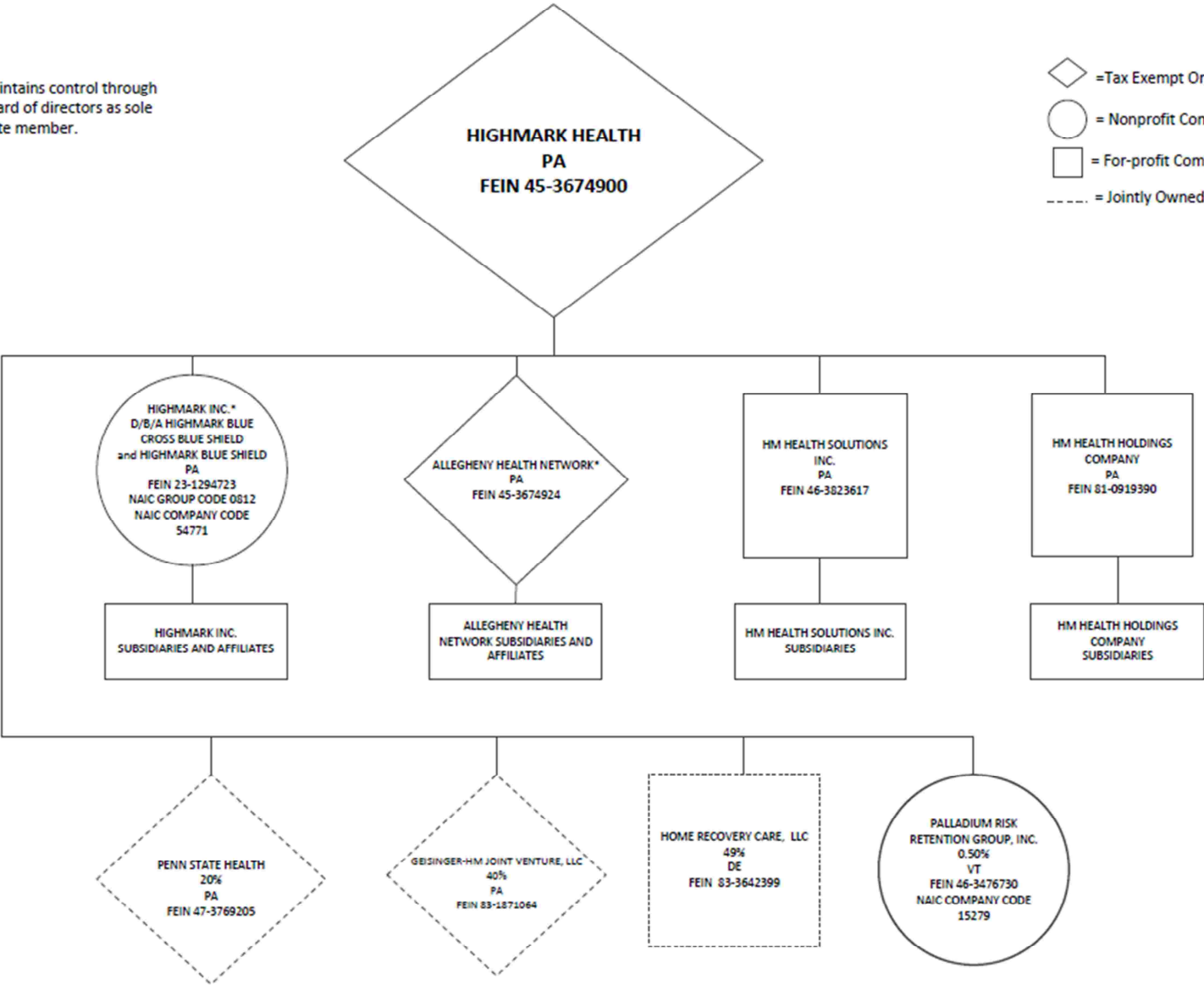
(b) Explanation of basis of allocation by state, premiums by state, etc.: Premiums are allocated based on situs of contract.

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

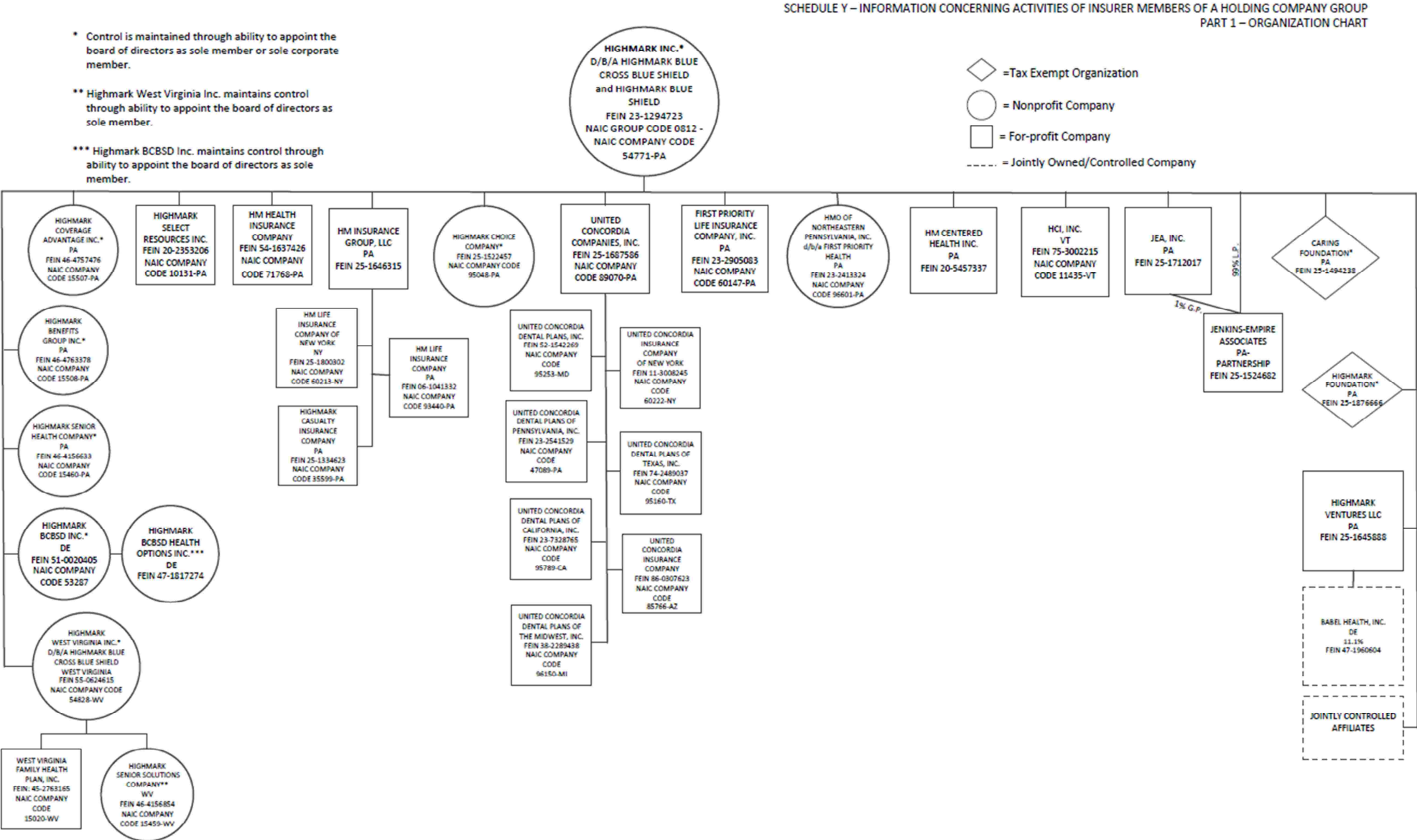
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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

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

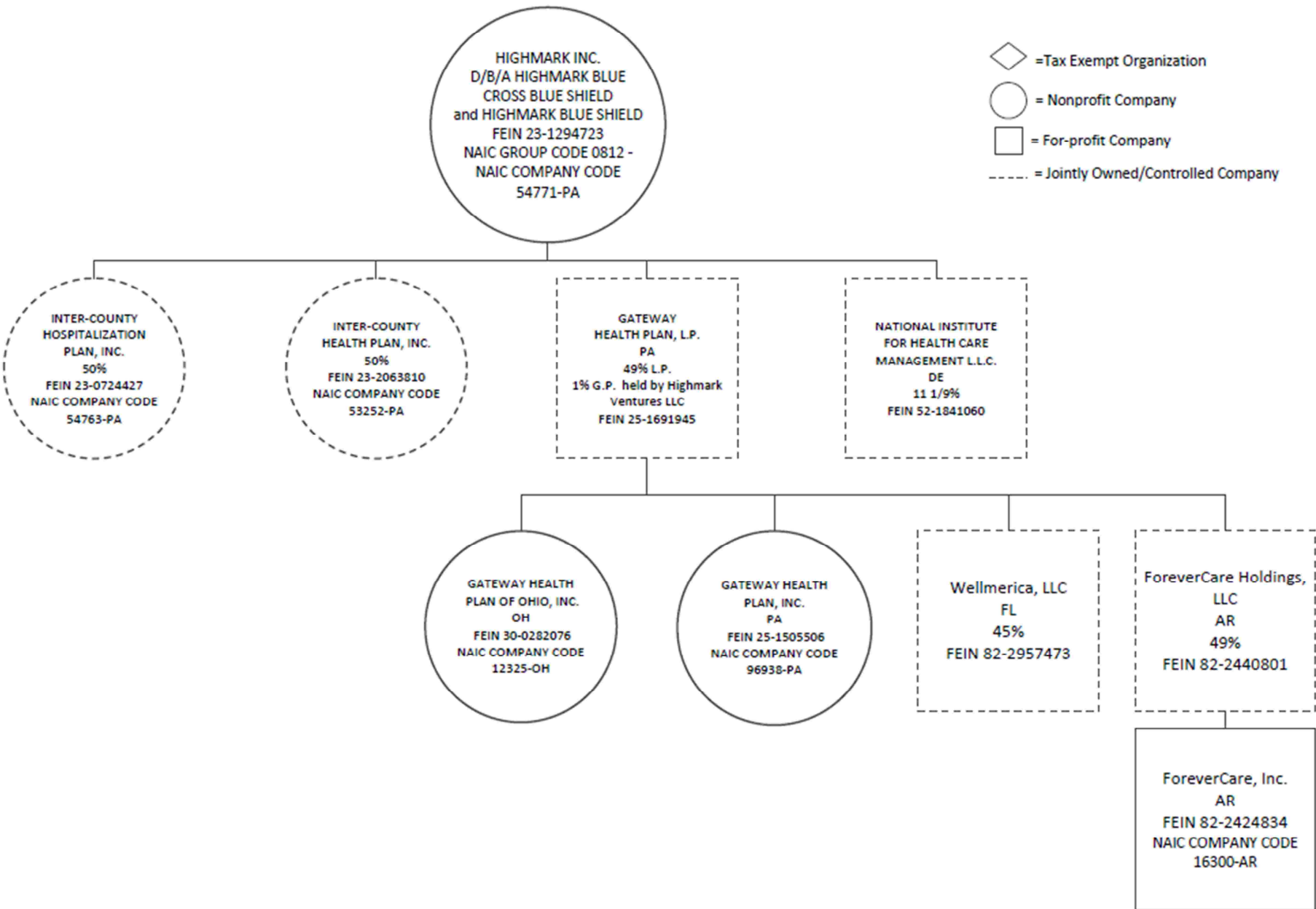


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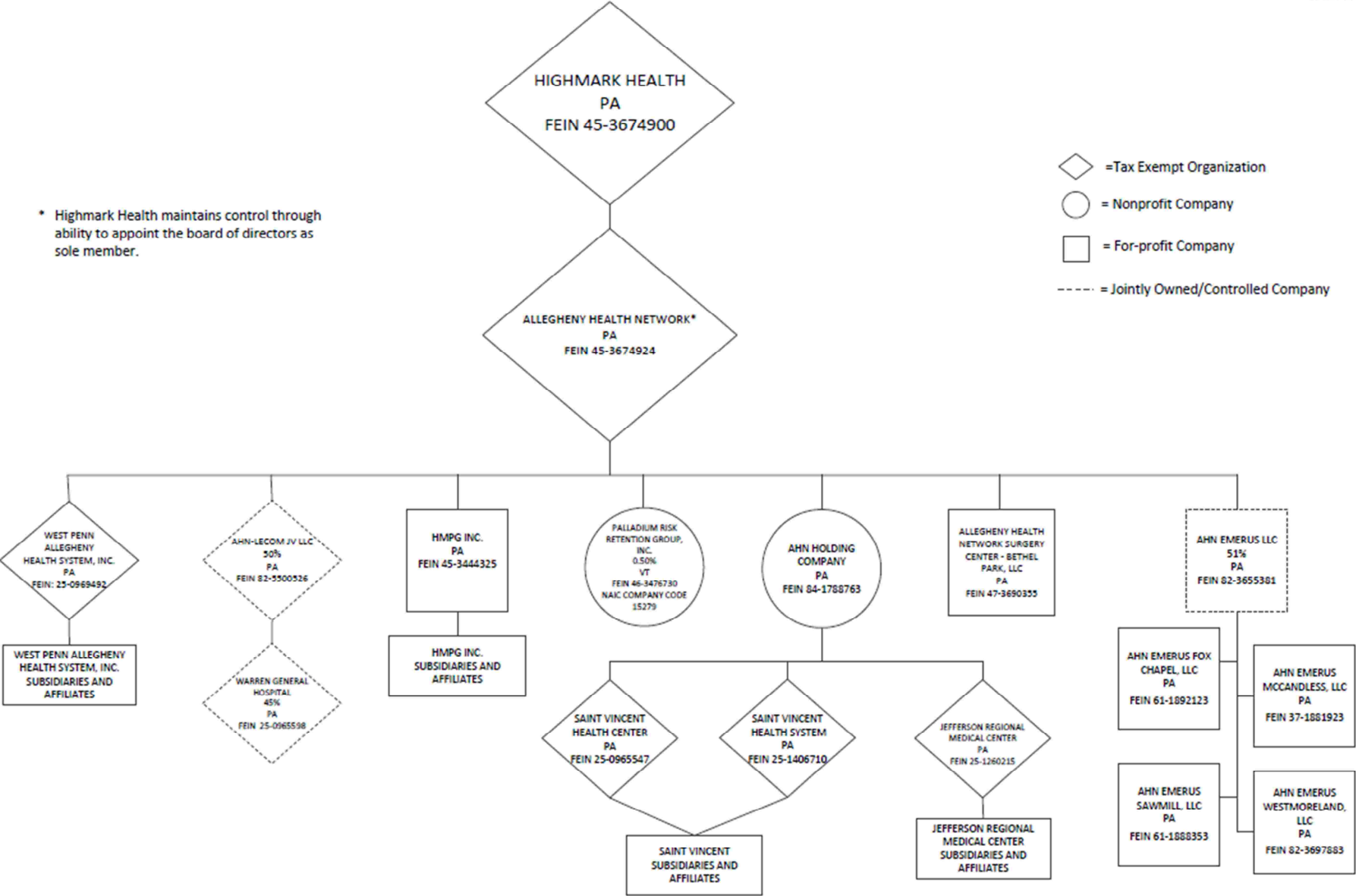


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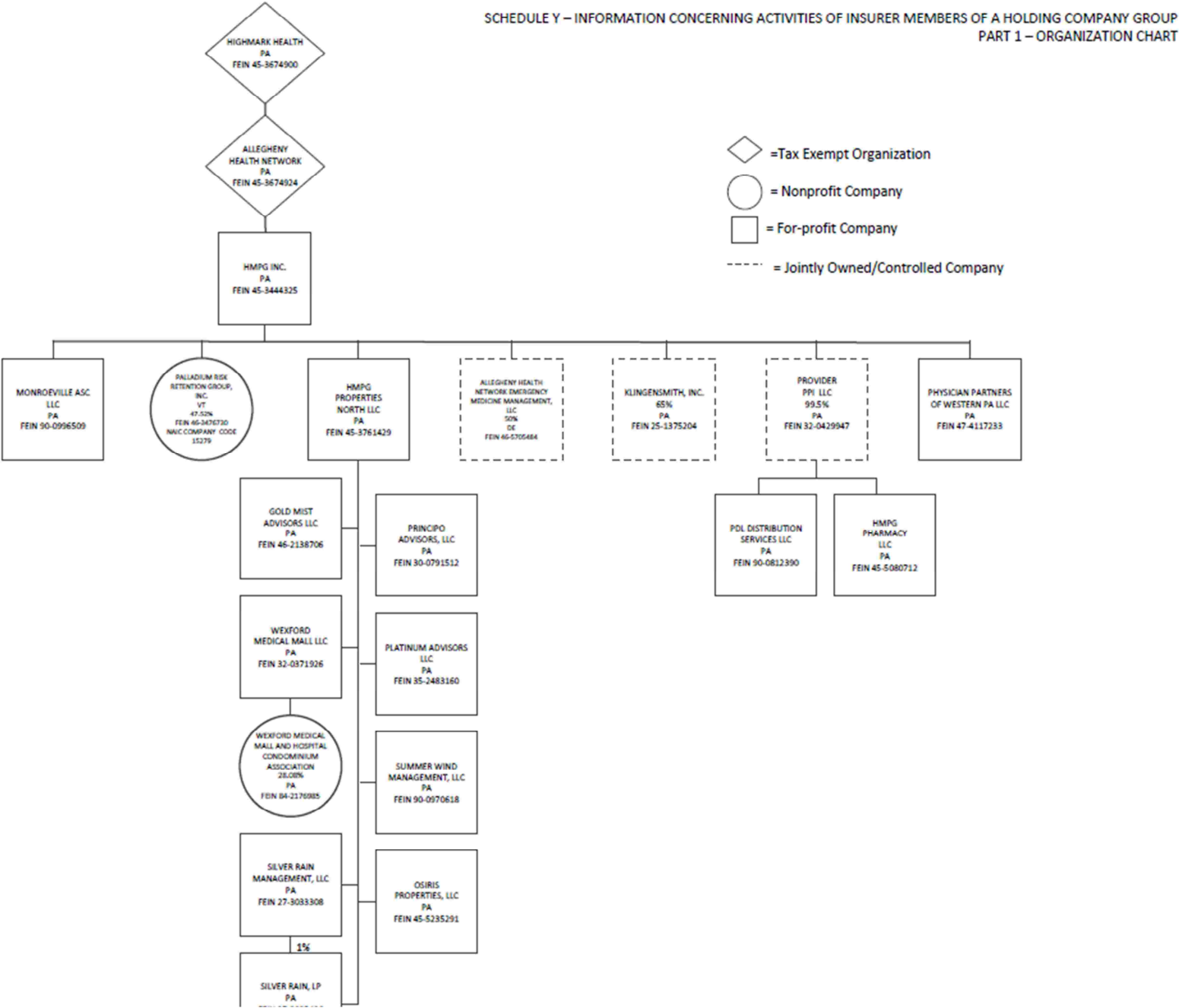
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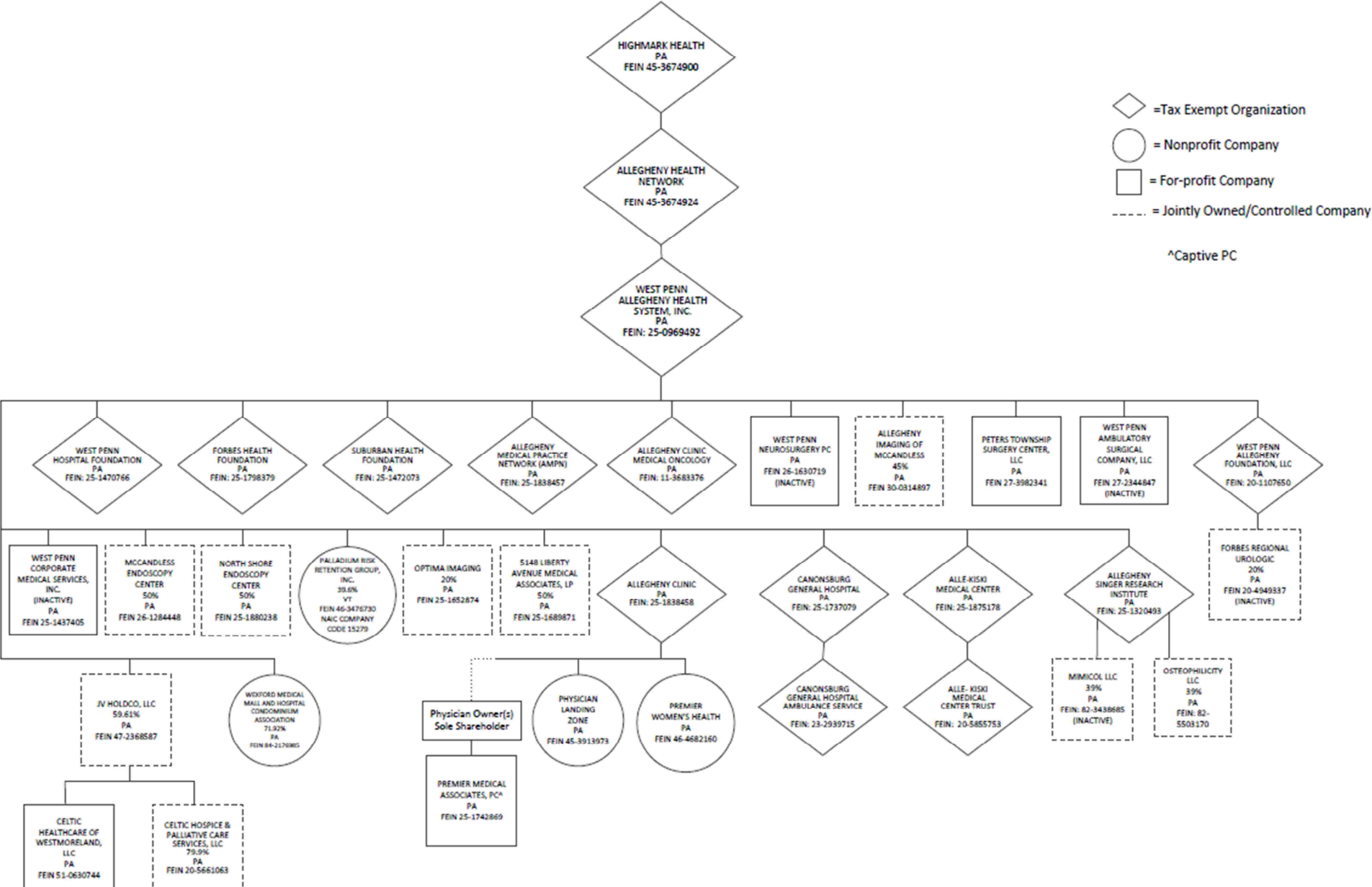


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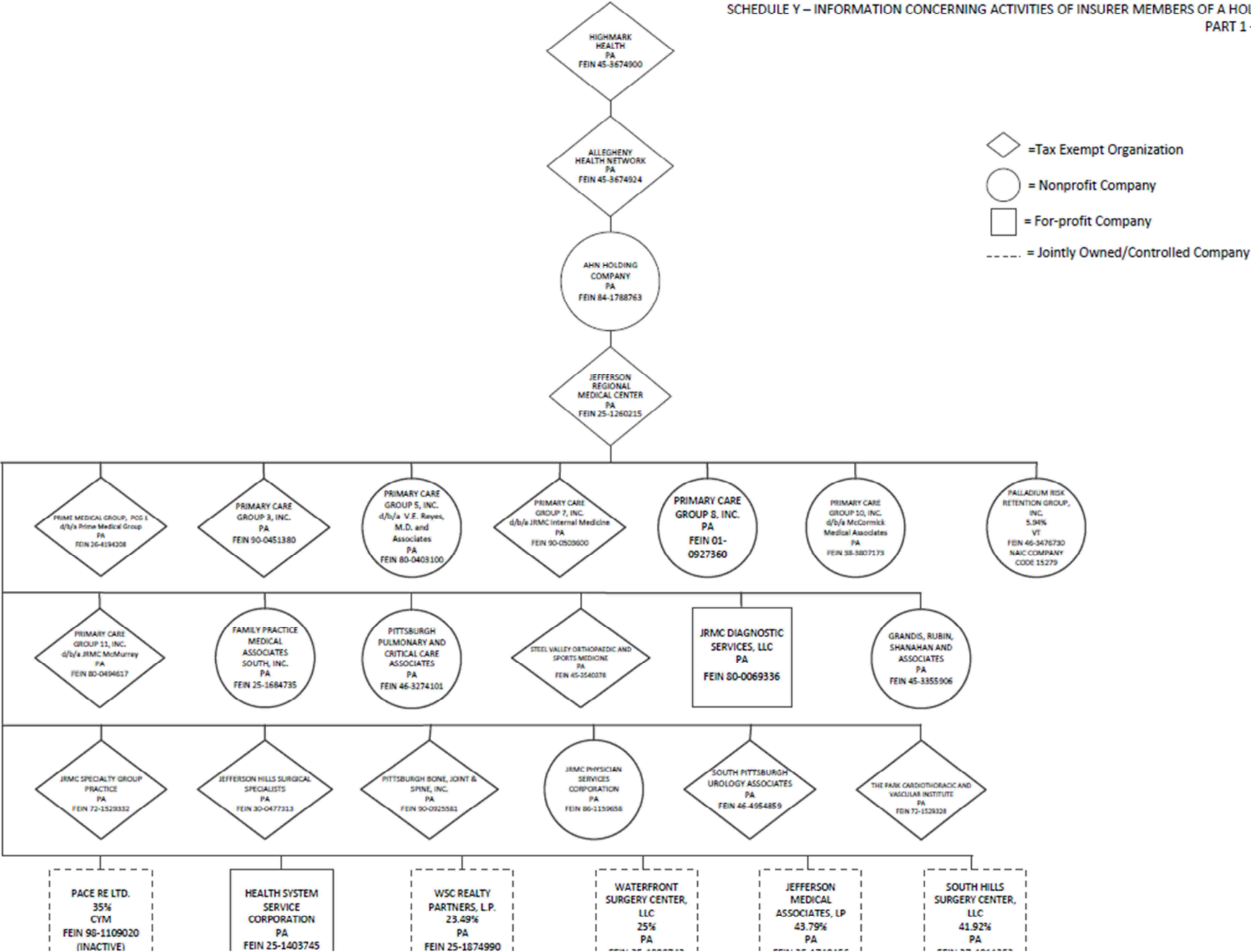
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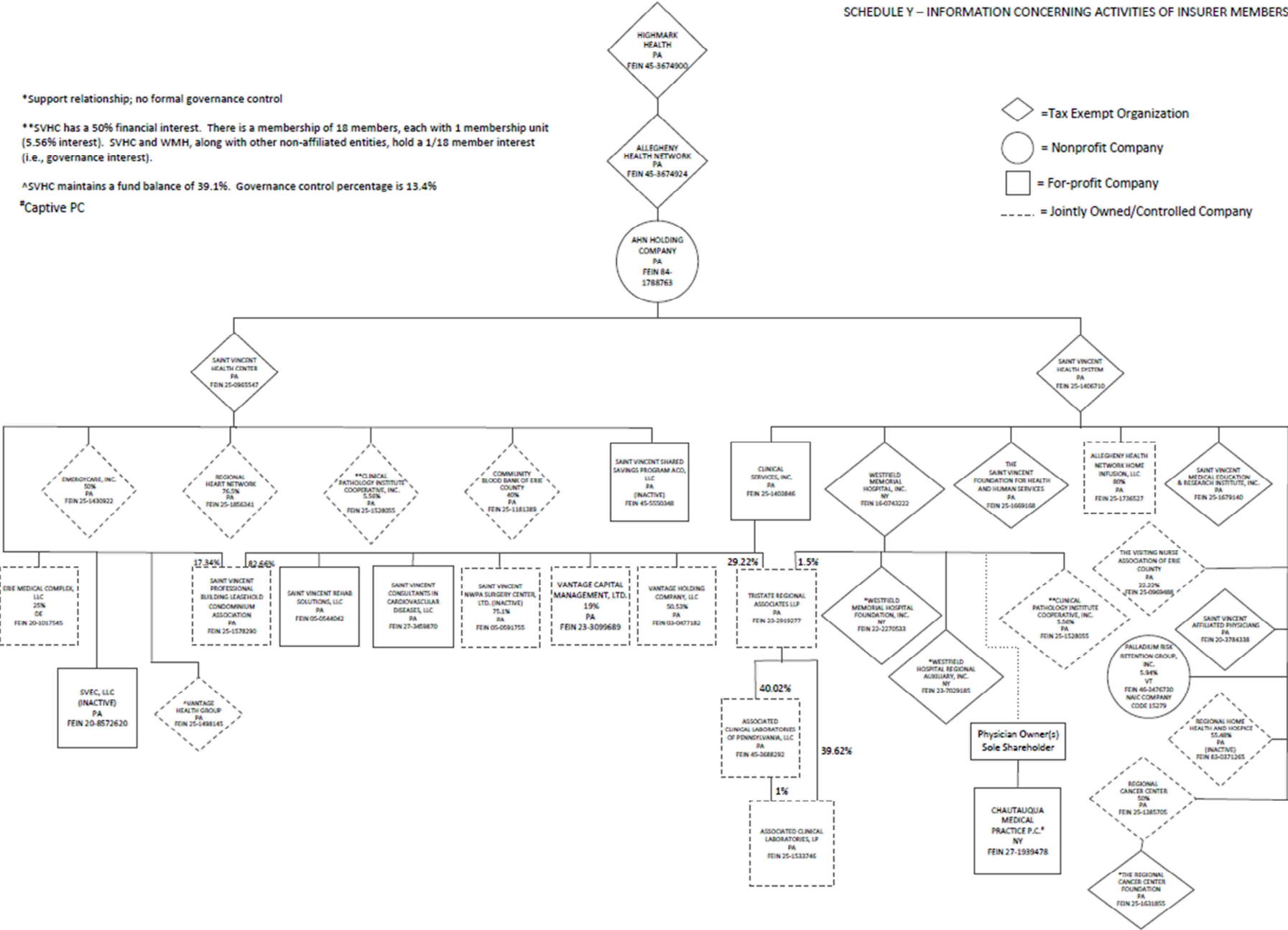
*Support relationship; no formal governance control

**SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

^SVHC maintains a fund balance of 39.1%. Governance control percentage is 13.4%

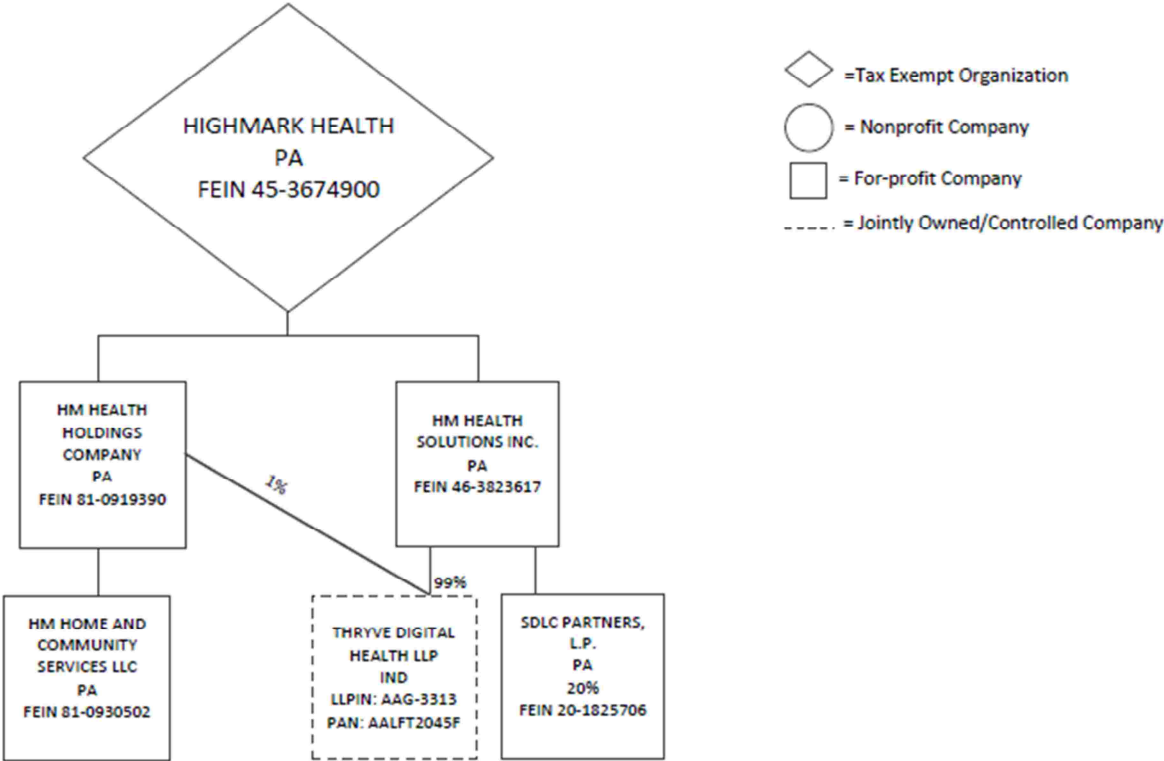
^Captive PC

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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 Health System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)
Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)
Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent) Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)
Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent) Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)
Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent) Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)
Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent) OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)
Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent) Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)
Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent) Central Ohio Medical Textiles; FEIN: 38-3643188 (50% Controlled by Immediate Parent)
Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent) Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)
Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)
St. Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.14% Controlled by Immediate Parent; 6.27% Controlled by Mt. Carmel Health Providers, Inc.) Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)
MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent) Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent)
Columbus Cyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)
New Albany Surgery Center, LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent) MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)
St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Controlled by Immediate Parent)
Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Controlled by Immediate Parent) Medilucen 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 by CommonSpirit Health (Catholic Health Initiatives) [Iowa/Nebraska]
Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc.) Mercy Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Immediate Parent)
Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Parent) Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by MHN)
N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Immediate Parent)
Mercy Hospital of Franciscan Sisters, Inc. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Immediate Parent) Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN:42-1264647 (100% Controlled by Immediate Parent)
Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Immediate Parent) Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Immediate Parent)
Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN:42-1240996 (100% Controlled by Immediate Parent) Mercy Health Services - Iowa, Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)
Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent) Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% Controlled by Immediate Parent)
Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent) MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)
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

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4010	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 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)
4010	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.)
4010	Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Controlled by Saint Alphonsus Health System, Inc.) Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% Controlled by Trinity Health Corporation)
	Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)
	St. Joseph Mercy Chelsea, Inc. dba St. Joseph Mercy Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Health System; dba Chelseacare; dba Chelseacare Pharmacy; dba SRSly; dba St. Joseph Mercy Chelsea-Cancer Center (New MI Corporation, Incorporated 1.31.18); FEIN: 82-4757260 (51% Controlled by Immediate Parent; 49% Controlled by

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University of Michigan)	
St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent) Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)	
St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent) St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)	
Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent) Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Parent)	
Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Parent)	
Metropolitan Detroit Area Hospital Services, Inc.; FEIN: 38-1958953 (A Michigan Non-Profit Co-Op); Members include Trinity Health- Michigan d/b/a Saint Joseph Mercy Health System; Henry Ford Health System, Inc.; and University of Michigan	
Health Park Central, L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent) Together Health Network, L.L.C.; FEIN: 47-1573173 ; (47.5% Controlled by Immediate Parent) Sixty-Fourth Street, LLC; FEIN: FEIN: 20-2443646;(53.94% Controlled by Immediate Parent)	
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% Controlled by Immediate Parent) Mission Health Corporation ; FEIN: 38-3181557 (50% Controlled by Immediate Parent)	
Center for Digestive Care, LLC; FEIN: 03-0447062 (51% Controlled by Immediate Parent) Huron Arbor Corporation; FEIN: 38-2475644 (100% Controlled by Immediate Parent)	
Parkprop, LLC;FEIN: 27-3074736 (100% Controlled by Immediate Parent) Probility Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Parent)	
Advantage Health/ Saint Mary's Medical Group d/b/a Mercy Health Physician Partners; FEIN: 27-2491974 (100% Controlled by Immediate Parent) Advent Rehabilitation LLC; FEIN:38-3306673 (50% Controlled by Immediate Parent)	
Life Circles; FEIN: 26-0170498 (25.5% Controlled by Immediate Parent)	
Woodland Imaging Center, LLC dba Avant Imaging ; FEIN: 76-0820959 (51% Controlled by Immediate Parent); IHA Health Services Corporation ; FEIN: 38-3316559 (100% Controlled by Immediate Parent)	
Huron Valley CT Center, LLC; FEIN: (100% Controlled by Immediate Parent IHA Affiliation Corp.; FEIN: 38-3188895 (100% Controlled by Immediate Parent)	
McAuley Health Partners ACO, LLC; FEIN: 83-0959900 (100% Controlled by Immediate Parent) Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent)	
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (33.02% Controlled by Immediate Parent)	
Physician Direct Accountable Care Organization; FEIN: 45-5589234 (25% Controlled by Immediate Parent) Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent)	
Southeast Michigan Clinical Network, LLC; FEIN: 47-3856789 (100% Controlled by Immediate Parent)	
Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446 (66.6% Controlled by Immediate Parent) Total Network, LLC; FEIN: (47.5% Controlled by Trinity Health - Michigan)	
Mercy Health Partners; FEIN: 38-2589966 (100% Controlled by Immediate Parent)	
Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent)	
Muskegon SC, LLC; FEIN: 20-3244346 (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) Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Trinity Health Corporation)	
Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Parent) Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Parent)	
Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Controlled by Immediate Parent)	
Gottlieb Community Health Services Corporation dba MacNeal Hospital; FEIN: 36-3332852 (100% Controlled by Immediate Parent)	
L. Medicine Labs, LLC; FEIN: 37-1878743 (100% Controlled by Immediate Parent) Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent) Primary Care Physicians Center, L.L.C.; FEIN: 36-4038505 (94% Controlled by GCHSC) Chicago Health System ACO, LLC; FEIN: 45-3020116 (100% Controlled by GCHSC)	
MacNeal Health Providers, Inc. dba Chicago Health System, Inc.; FEIN: 36-3361297 (100% Controlled by GCHSC) Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Controlled by Immediate Parent)	
Loyola University Medical Center; FEIN: 36-4015560 (100% Controlled by Immediate Parent)	
Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Parent)	
Loyola Ambulatory Surgery Center at Oakbrook, L.P.; FEIN: 36-4119522 (49% Controlled by Immediate Parent) RMLHP Corporation; FEIN: 36-4160889 (50% Controlled by Immediate Parent)	
Loyola Medicine Transport LLC; FEIN 47-4147171 (51% Controlled by Immediate Parent) 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: 35-2634975 (48.5% Controlled by Loyola University Medical Center) Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Controlled by Immediate Parent)	
Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Controlled by Trinity Health)	
Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Parent) Mercy Advanced MRI, LLC; FEIN:26-2116721 (100% Controlled by Immediate Parent)	

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	Mercy Foundation, Inc. ; FEIN:36-3227350 (100% Controlled by Immediate Parent) Mercy Services Corporation; FEIN: 36-3227348 (100% Controlled by Immediate Parent) Mercy Quality Health Partners ACO, LLC; FEIN: 38-3971072 (100% Controlled by Immediate Parent) Mercy Quality Health Partners, LLC; FEIN: 36-4798692 (100% Controlled by Immediate Parent)
Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% Controlled by Trinity Health)	
Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; FEIN: 94-2839324 (100% Controlled by Immediate Parent) Saint Agnes Medical Providers, Inc.; FEIN: 46- 1465093 (Sole Shareholder licensed physicians appointed by SAMC - No Controlled by SAMC)	
California Healthcare Management Partners, Inc.; FEIN: 82-0961647 (100% Controlled by Immediate Parent) Central Valley Health Plan, Inc.;	
FEIN: 61-1846844 (100% Controlled by Immediate Parent)	
California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Controlled by Immediate Parent) Saint Agnes/USP Surgery Center, L.L.C.; FEIN: (50% Controlled by Saint Agnes Medical Center)	
Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% Controlled by Trinity Health)	
Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Health) Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Parent) McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Parent)	
Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Controlled by Immediate Parent)	
BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc.)	
BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC) Living Independence for the Elderly - Pittsburgh, Inc.	
d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (50% Controlled by Immediate Parent)	
Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % Controlled by Trinity Health Corporation) Trinity Senior Services Management, Inc.;	
FEIN: 37-1572595 (100% Controlled by Trinity Continuing Care Services/Trinity Health)	
Holy Cross CareNet, Inc.; FEIN: 52-1945054 (100% Controlled by Immediate Parent)	
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% Controlled by Immediate Parent)	
Mercy Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605(100% Controlled by Immediate Parent) Trinity Continuing Care Services - Indiana, Inc.; FEIN: 93-0907047 (100% Controlled by Immediate Parent)	
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent) Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent) Mercy Community Health, Inc.: FEIN: 06-1492707 (100% Controlled by Immediate Parent)	
Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent) McAuley Center, Incorporated; FEIN: 06-1058086 (100% Controlled by Immediate Parent)	
Mount St. Joseph dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998 (100% Controlled by Immediate Parent) Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)	
Glacier Hills Foundation; FEIN: 20-8072723 (100% Controlled by Immediate Parent)	
Trinity Continuing Care Services - Massachusetts; FEIN: 82-4005577 (100% Controlled by Immediate Parent)	
Trinity Home Heath Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)	
ASSETS OF THIS ENTITY WERE SOLD 10.31.2017 BUT ENTITY REMAINS - 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 General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent) Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)	
Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan) Saint Joseph PACE Inc.; FEIN: 47- 3129127 (100% Controlled by Immediate Parent)	
LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)	
Trinity Health LIFE Pennsylvania Inc. dba Mercy LIFE - West Philadelphia ; FEIN: 47-5244984 (100% Controlled) Mercy LIFE of Alabama; FEIN: 27- 3163002 (100% Controlled by Immediate Parent)	
Mercy LIFE, Inc.; FEIN: 45-3086711 (100% Controlled by Immediate Parent)	
LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent) Trinity Health Partners, L.L.C. ; FEIN: 47-2798085 (100% Controlled by Trinity Health)	
Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% Controlled by Immediate Parent) Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% Controlled by Immediate Parent) Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% Controlled by Immediate Parent) Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% Controlled by Immediate Parent)	
Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health)	
Trinity Integrated Care, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent)	
Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent) Trinity Accountable Care II, LLC; FEIN: 84-2508775 (100% Controlled by Immediate Parent)	
Trinity Health of the Mid-Atlantic Region (Effective 7.1.19; formerly Mercy Health System of Southeastern Pennsylvania) [Pennsylvania]; FEIN: 23-2212638 (100% Controlled by Trinity Health) Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Parent)	
Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Parent)	
Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region) Mercy Philadelphia Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region) 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)	
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;	

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FEIN: 23-1352099 (100% Controlled by Immediate Parent) Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)
Mercy Physician Network; FEIN: 46-1187365 (100% Controlled by Immediate Parent)
Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)
N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Controlled by Immediate Parent)
East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Controlled by Immediate Parent) Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)
Mercy/Manor Partnership (50% Controlled by Immediate Parent); FEIN: 52-1931012 Mercy Eastwick, Inc.;

FEIN: 23-2184261 (100% Controlled by Immediate Parent)
St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Region) Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent)
LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)
St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent) St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent) Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)
Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent) Langhorne MOB Partners, L.P.; FEIN: 23-2622772 (39.08% Controlled by Immediate Parent)
The Ambulatory Surgery Center at St. Mary, LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent) SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (65.75% Controlled by Immediate Parent)
Quality Health Alliance LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent) Quality Health Alliance - ACO LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)
Endoscopy Center at St. Mary, LP; FEIN: 20-5253361 (16.349% Controlled by Immediate Parent) St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)
Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)

St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region) 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; FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Center) St. Francis Medical Associates, P.A.; FEIN: (100% Controlled by Immediate Parent)

St. Peter's Health Partners [New York]; FEIN: 45-3570715 (100% Controlled by Trinity Health)
United Laboratory Network IPA, LLC; FEIN: 14-1827292 (SPHP holds 16.5% Interest; Samaritan Hospital of Troy, New York holds 16.5% Interest) The Burdett Care Center, Inc. d/b/a Burdett Birth Center; FEIN: 27-2153849; (100% Controlled by SPHP)
Capital Region UC LLC d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP)
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: 46-4331512
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: 14-1813068 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) Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest)
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)
Samaritan Hospital - St. Mary's Campus (dba of 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

ENTITY MERGED WITH AND INTO SAMARITAN HOSPITAL OF TROY, NEW YORK (Filed 12/26/2019; **Effective 1/1/2020**): 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)
Sunnyview Hospital and Rehabilitation Center Foundation, Inc; FEIN: 22-2505127 (100% Controlled by Immediate Parent) LTC (Eddy), Inc. dba The Eddy; FEIN:

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22-2564710 (100% Controlled by Immediate Parent)	The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent) Capital Region Geriatric Center, Inc. dba Eddy Village Green; FEIN: 14-1701597 (100% Controlled by Immediate Parent)
	Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; FEIN: 14-1725101(100% Controlled by Immediate Parent) Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Parent)
	Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Parent) Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent)
	Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent)
	The Glen at Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent)
	Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent) The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Controlled by Immediate Parent) Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Parent) Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Controlled by Immediate Parent)
	Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Controlled by Immediate Parent)
	Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Parent) Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; FEIN: 14-1756230 (100% Controlled by Immediate Parent)
St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Health) SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by Immediate Parent)	
Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) [New York]; FEIN: 22-2565278	
	Sisters of Charity Hospital of Buffalo, New York; FEIN: 16-0743187 (100% Controlled by Immediate Parent) Sisters Hospital Foundation, Inc.; FEIN: 22-2283077 (100% Controlled by Immediate Parent)
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Controlled by Immediate Parent)	
	Kenmore Mercy Foundation, Inc.; FEIN: 16-1162971 (100% Controlled by Immediate Parent)
	KMH Homes, Inc.; FEIN: 16-1387890 (100% Controlled by Immediate Parent; Operationally Inactive) Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Controlled by Immediate Parent) Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Controlled by Immediate Parent)
	Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Controlled by Immediate Parent) Alsace Abbott Corporation; FEIN: 16-1355092 (100% Controlled by Immediate Parent) Aurora Mercy Corp.; FEIN: 16-1354302 (100% Controlled by Immediate Parent)
	Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Controlled by Immediate Parent) Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Controlled by Immediate Parent)
	Mount St. Mary's Hospital Foundation, Inc.; FEIN: 16-1360884 (100% Controlled by Immediate Parent) Mount St. Mary's Child Care Center, Inc.; FEIN: 16-1523352 (100% Controlled by Immediate Parent)
	The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Controlled by Immediate Parent) The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Controlled by Immediate Parent)
Niagara Medicine, P.C.; FEIN:45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)	
Assets were sold 4/13/2015 but entity remains with CHS: 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)	
Assets were sold 3/7/2016 but entity remains with CHS: St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Controlled by Immediate Parent; Operationally Inactive)	
Assets were sold 3/7/2016 but entity still remains with CHS: St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Controlled by Immediate Parent; Operationally Inactive) McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Controlled by Immediate Parent)	
St. Francis Geriatric and Healthcare Services, Inc.; FEIN: 16-1523535 (100% Controlled by Immediate Parent)	
	St. Clare Apartments Housing Development Fund Company, Inc. (50% Controlled by Immediate Parent); FEIN: 16-0782647 Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Parent) Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Parent)
	Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Parent; Operationally Inactive); FEIN: 45-4134007 Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Parent)
	Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Parent) Our Lady of Victory Housing Development Fund Corp (100% Controlled by Immediate Parent); FEIN: 14-1930644 Smithtown GP, LLC (100% Controlled by Immediate Parent); FEIN: 57-3192758
	Victory Ridge Apartments, L.P. (80% Controlled by Immediate Parent); FEIN: 57-1219731 Trinity Medical WNY, P.C.; FEIN: 27-2576645 (Captive PC)
Salus Medical Care, P.C.; FEIN: (100% Controlled by Immediate Parent)	
Catholic Medical Partners-Accountable Care IPA, Inc. ; FEIN: (% Controlled by Immediate Parent CH	
Emmaus, Inc.; FEIN 82-1852345 (100% Controlled by Immediate Parent)	
	Assets were sold 3/7/2016 but entity remains with CHS: St. Francis Home of Williamsville, New York (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent) Baycare Health System, Inc. (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled; Other Parties to the JOA include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) [Florida]; FEIN: 59-2796965
	Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System; Membership of this entity is a Directors Model - the members of the Board of Directors of Morton Plant Mease Health Care, Inc. are the Members of this Corporation's Immediate Parent)
	Trustees of Mease Hospital , Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent) Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center; FEIN: 59-0624462 (100% Controlled by Immediate Parent) Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entity consists 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)
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-	

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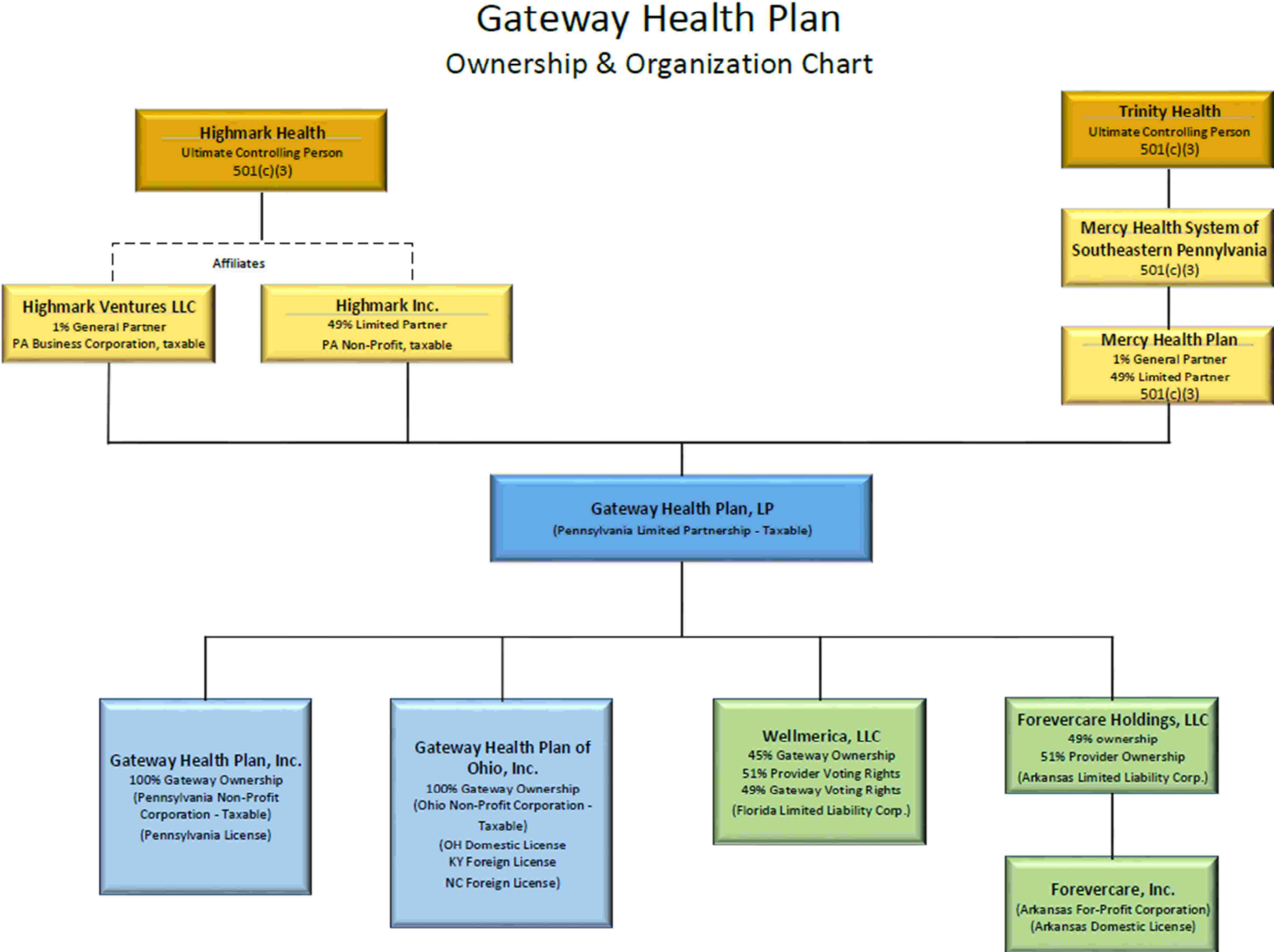
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0774199 (100% Controlled by Trinity Health Corporation)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)
St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (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: 46-1892799 Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Controlled by Immediate Parent)
FHS Services, Inc. d/b/a Oneida Lifeline , Franciscan Lifeline; FEIN: 27-2995699 (100% Controlled by Immediate Parent) Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Controlled by Immediate Parent)
St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486
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, LLC Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)
Lighthouse Surgery Center, LLC; FEIN: 83-2096116 (35% Controlled by Saint Francis Hospital and 65% by Orthopedic Physicians) Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Parent) Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent)
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent)

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	Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent) Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278
	Medworks, LLC (51% SFHMC); FEIN: 06-1490483
	Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Controlled by Immediate Parent) Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent)
	Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent) SFH/FF, LLC (100% Controlled by MSRH); FEIN: 06-1489749
	Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization ; FEIN: 06-1450168 (100% Controlled by Immediate Parent) Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Controlled by Immediate Parent)
	Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Controlled by THONE)
	Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled by Immediate Parent) Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257
	Saint Francis HealthCare Partners Foundation, Inc.; FEIN: 20-8176133 (100% Controlled by Saint Francis HealthCarePartners, Inc.) Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Controlled by Immediate Parent)
	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)
	Trinity Health Of New England Emergency Medical Services, Inc.; FEIN: (100% Controlled by Immediate Parent)
	The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100% Controlled by Immediate Parent)
	Assets Transferred to THHS, but entity remains: Providence HomeCare, Inc. dba Mercy Home Care, Inc.; FEIN: 04-3317426 (100% Controlled by Immediate Parent)
	Mercy Inpatient Medical Associates, Inc. dba Breast Care Center; dba MercyCare - Forest Park; dba Providence Prenatal Center of Holyoke; FEIN: 04-3029929 (100% Controlled by Immediate Parent)
	System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Parent) Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Controlled by Immediate Parent)
	Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Controlled by Immediate Parent) The Lifepath Partners, LLC (JV with NEPA; 50% Controlled by Immediate Parent); FEIN: 26-0021080
	Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Services) Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent)
	Mercy Physicians, P.C.; FEIN: 000857412 (100% Controlled by Immediate Parent) Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)
	Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)
	Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)
	Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Controlled by Immediate Parent) Mercy Specialist Physicians, Inc.; FEIN: 26-4033168 (100% Controlled by Immediate Parent)
	Mercy Medical Group, Inc.; FEIN: 45-4884805 (100% Controlled by Immediate Parent) Farren Care Center, Inc.; FEIN: 04-2501711 (100% Controlled by Immediate Parent) Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Controlled by Immediate Parent)
	Sisters of Providence Care Centers, Inc. ; FEIN: 22-2541103 (100% Controlled by Immediate Parent) Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Controlled by Immediate Parent)
	The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Controlled by Immediate Parent) Heart Center of Greater Waterbury, Inc.; FEIN: 83-0416893 (50% Controlled by Immediate Parent) Franklin Medical Group, P.C.; FEIN: 06-1470493 (Nominee Shareholder of Physician Group)
	Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Parent Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)
	Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Controlled by Immediate Parent)
	Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)
	Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Parent)

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As of 12/31/18

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<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%

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