



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?	Yes[X] No[ ]
	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299997 Subtotal - Group Subscribers: .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	4,960	.....	.....	2,209	.....	7,169
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	4,960	.....	.....	2,209	.....	7,169

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	236,641	236,641	236,641			709,922
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	236,641	236,641	236,641			709,922
0299998 Claim Overpayment Receivables - Not Individually Listed .....				1,214,621	1,214,621	
0299999 Subtotal - Claim Overpayment Receivables .....				1,214,621	1,214,621	
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....				4,270	4,270	
0699999 Subtotal - Other Receivables .....				4,270	4,270	
0799999 Gross health care receivables .....	236,641	236,641	236,641	1,218,891	1,218,891	709,922

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	2,554,852	2,354,701		709,922	2,554,852	2,127,313
2. Claim overpayment receivables .....	1,547,907	3,531,607		1,214,621	1,547,907	1,261,880
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....				4,270		
7. TOTALS (Lines 1 through 6) .....	4,102,759	5,886,308		1,928,813	4,102,759	3,389,193

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	129,675					129,675
0499999 Subtotals .....	129,675					129,675
0599999 Unreported claims and other claim reserves .....						3,135,238
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						3,264,913
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Gateway Health Plan, Inc. ....	90,520					90,520	
0199999 Total - Individually listed receivables ....	90,520					90,520	
0299999 Receivables not individually listed ....							
0399999 TOTAL Gross Amounts Receivable ....	90,520					90,520	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Gateway Health Plan, LP .....	Management Services .....	335,998	335,998	
0199999 Total - Individually Listed Payables .....	X X X .....	335,998	335,998	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	335,998	335,998	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....	499,368	1.332			499,368	
3. All other providers .....	14,035	0.037				14,035
4. TOTAL Capitation Payments .....	513,403	1.369			499,368	14,035
Other Payments:						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	36,981,803	98.631	X X X	X X X	23,628	36,958,175
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	36,981,803	98.631	X X X	X X X	23,628	36,958,175
13. TOTAL (Line 4 plus Line 12) .....	37,495,206	100.000	X X X	X X X	522,995	36,972,211

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000 .....	Davis Vision .....	173,160	14,430		
89070 .....	UNITED CONCORDIA COMPANIES INC .....	326,208	27,184	321,468,765	56,366,474
9999999 TOTALS .....		499,368	X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR  
NAIC Group Code 0812 NAIC Company Code 12325

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	2,690							2,690		
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,888							3,888		
8. Non-Physician	1,399							1,399		
9. TOTAL	5,287							5,287		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	557,720							557,720		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	557,720							557,720		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,578,712							2,578,712		
18. Amount Incurred for Provision of Health Care Services	(527,737)							(527,737)		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....557,720



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0812		REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR								NAIC Company Code 12325	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
		Total	Individual								Group
TOTAL Members at end of:											
1.	Prior Year .....	4,250							4,250		
2.	First Quarter .....	1,382							1,382		
3.	Second Quarter .....	1,397							1,397		
4.	Third Quarter .....	1,251							1,251		
5.	Current Year .....	1,116							1,116		
6.	Current Year Member Months .....	15,730							15,730		
TOTAL Member Ambulatory Encounters for Year:											
7.	Physician .....	14,851							14,851		
8.	Non-Physician .....	7,934							7,934		
9.	TOTAL .....	22,785							22,785		
10.	Hospital Patient Days Incurred .....	4,803							4,803		
11.	Number of Inpatient Admissions .....	651							651		
12.	Health Premiums Written (b) .....	19,015,582							19,015,582		
13.	Life Premiums Direct .....										
14.	Property/Casualty Premiums Written .....										
15.	Health Premiums Earned .....	19,015,582							19,015,582		
16.	Property/Casualty Premiums Earned .....										
17.	Amount Paid for Provision of Health Care Services .....	21,548,604							21,548,604		
18.	Amount Incurred for Provision of Health Care Services .....	18,342,936							18,342,936		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....19,015,582



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR  
NAIC Group Code 0812 NAIC Company Code 12325

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year	3,004							3,004		
2. First Quarter	946							946		
3. Second Quarter	918							918		
4. Third Quarter	819							819		
5. Current Year	737							737		
6. Current Year Member Months	10,507							10,507		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	8,839							8,839		
8. Non-Physician	10,427							10,427		
9. TOTAL	19,266							19,266		
10. Hospital Patient Days Incurred	4,129							4,129		
11. Number of Inpatient Admissions	510							510		
12. Health Premiums Written (b)	13,405,998							13,405,998		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	13,405,998							13,405,998		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	13,367,890							13,367,890		
18. Amount Incurred for Provision of Health Care Services	11,379,235							11,379,235		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....13,405,998



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 0812 NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	9,944							9,944		
2. First Quarter	2,328							2,328		
3. Second Quarter	2,315							2,315		
4. Third Quarter	2,070							2,070		
5. Current Year	1,853							1,853		
6. Current Year Member Months	26,237							26,237		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	27,578							27,578		
8. Non-Physician	19,760							19,760		
9. TOTAL	47,338							47,338		
10. Hospital Patient Days Incurred	8,932							8,932		
11. Number of Inpatient Admissions	1,161							1,161		
12. Health Premiums Written (b)	32,979,300							32,979,300		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	32,979,300							32,979,300		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	37,495,206							37,495,206		
18. Amount Incurred for Provision of Health Care Services	29,194,434							29,194,434		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....32,979,300

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Paid Losses	7  Unpaid Losses
<b>Accident and Health - Affiliates - U.S. - Other</b>						
93440 ....	06-1041332 ...	01/01/2019	HM LIFE INS CO .....	PA .....	3,870	
1399999 Subtotal - Accident and Health - Affiliates - U.S. - Other .....					3,870	
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					3,870	
1899999 Total - Accident and Health - Affiliates .....					3,870	
2299999 Total - Accident and Health .....					3,870	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					3,870	
9999999 Total (Sum of 1199999 and 2299999) .....					3,870	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
93440	06-1041332	01/01/2018	HM LIFE INS CO	PA	SSL/G	MR	(39)						
93440	06-1041332	01/01/2019	HM LIFE INS CO	PA	SSL/G	MR	18,510						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							18,471						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							18,471						
0799999 Total - General Account - Authorized - Affiliates							18,471						
1199999 Total - General Account Authorized							18,471						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							18,471						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							18,471						
9999999 Total (Sum of 3499999 and 6899999)							18,471						



**34 Schedule S - Part 4 ..... NONE**

**35 Schedule S - Part 5 ..... NONE**

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	18	93	97	167	179
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	4	1	163		
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	4			20	
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	12,753,262		12,753,262
2. Accident and health premiums due and unpaid (Line 15) .....	984,774		984,774
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,870	(3,870)	0
4. Net credit for ceded reinsurance .....	X X X	3,870	3,870
5. All other admitted assets (Balance) .....	843,805		843,805
6. TOTAL Assets (Line 28) .....	14,585,711		14,585,711
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	3,264,913		3,264,913
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	912,036		912,036
15. TOTAL Liabilities (Line 24) .....	4,176,949		4,176,949
16. TOTAL Capital and Surplus (Line 33) .....	10,408,762	X X X	10,408,762
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	14,585,711		14,585,711
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	3,870		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	3,870		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....	3,870		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL) .....						
2.	Alaska (AK) .....						
3.	Arizona (AZ) .....						
4.	Arkansas (AR) .....						
5.	California (CA) .....						
6.	Colorado (CO) .....						
7.	Connecticut (CT) .....						
8.	Delaware (DE) .....						
9.	District of Columbia (DC) .....						
10.	Florida (FL) .....						
11.	Georgia (GA) .....						
12.	Hawaii (HI) .....						
13.	Idaho (ID) .....						
14.	Illinois (IL) .....						
15.	Indiana (IN) .....						
16.	Iowa (IA) .....						
17.	Kansas (KS) .....						
18.	Kentucky (KY) .....						
19.	Louisiana (LA) .....						
20.	Maine (ME) .....						
21.	Maryland (MD) .....						
22.	Massachusetts (MA) .....						
23.	Michigan (MI) .....						
24.	Minnesota (MN) .....						
25.	Mississippi (MS) .....						
26.	Missouri (MO) .....						
27.	Montana (MT) .....						
28.	Nebraska (NE) .....						
29.	Nevada (NV) .....						
30.	New Hampshire (NH) .....						
31.	New Jersey (NJ) .....						
32.	New Mexico (NM) .....						
33.	New York (NY) .....						
34.	North Carolina (NC) .....						
35.	North Dakota (ND) .....						
36.	Ohio (OH) .....						
37.	Oklahoma (OK) .....						
38.	Oregon (OR) .....						
39.	Pennsylvania (PA) .....						
40.	Rhode Island (RI) .....						
41.	South Carolina (SC) .....						
42.	South Dakota (SD) .....						
43.	Tennessee (TN) .....						
44.	Texas (TX) .....						
45.	Utah (UT) .....						
46.	Vermont (VT) .....						
47.	Virginia (VA) .....						
48.	Washington (WA) .....						
49.	West Virginia (WV) .....						
50.	Wisconsin (WI) .....						
51.	Wyoming (WY) .....						
52.	American Samoa (AS) .....						
53.	Guam (GU) .....						
54.	Puerto Rico (PR) .....						
55.	U.S. Virgin Islands (VI) .....						
56.	Northern Mariana Islands (MP) .....						
57.	Canada (CAN) .....						
58.	Aggregate other alien (OT) .....						
59.	TOTALS .....						

NONE

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41	HIGHMARK INC	00000	45-3674900	000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
		00000	45-3674924	000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
		54771	23-1294723	000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
		00000	46-3823617	000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
		00000	83-3642399	000000000	0000000000		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.0	HIGHMARK HEALTH	N	
		00000	83-1871064	000000000	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
		00000	47-3769205	000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
		00000	20-1825706	000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	N	
		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
		00000	81-0919390	000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
		00000	81-0930502	000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
		00000	45-3913973	000000000	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
		00000	25-1742869	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
		00000	46-4682160	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
		00000	45-3444325	000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
		00000	25-1260215	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	82-3655381	000000000	0000000000		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.0	HIGHMARK HEALTH	N	
	0000	00000	61-1892123	000000000	0000000000		AHN EMERUS FOX CHAPEL, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	37-1881923	000000000	0000000000		AHN EMERUS MCCANDLESS, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	61-1888353	000000000	0000000000		AHN EMERUS SAWMILL, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	82-3697883	000000000	0000000000		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	82-5500526	000000000	0000000000		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.0	HIGHMARK HEALTH	N	
	0000	00000	25-0965598	000000000	0000000000		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	47-3690355	000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	84-1788763	000000000	0000000000		AHN HOLDING COMPANY	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
	0000	15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	25-0965547	000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	25-1406710	000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	25-0969492	000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	82-3438685	000000000	0000000000		MIMICOL LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
	0000	00000	82-5503170	000000000	0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
	0000	00000	20-5855753	000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000	25-1533746	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
	0000	00000	23-2939715	000000000	0000000000		CANONSBURG GENERAL HOSPITAL								
	0000	00000	27-3459870	000000000	0000000000		AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
	0000	00000		000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
	0000	00000	05-0591755	000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	

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

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	05-0544042	0000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1578290	0000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	82.7	HIGHMARK HEALTH	N	
0000		00000	23-2919277	0000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N	
0000		00000	23-3099689	0000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	N	
0000		00000	03-0477182	0000000000	0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	12325	30-0282076	0000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96938	25-1505506	0000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-2957473	0000000000	0000000000		WELLMERICA, LLC	FL	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	45.0	HIGHMARK HEALTH	N	
0000		00000	82-2440801	0000000000	0000000000		FOREVERCARE HOLDINGS, LLC	AR	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	49.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	16300	82-2424834	0000000000	0000000000		FOREVERCARE, INC.	AR	IA	FOREVERCARE HOLDINGS, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-1817274	0000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60147	23-2905083	0000000000	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1691945	0000000000	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	11435	75-3002215	0000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	53287	51-0020405	0000000000	0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y	
0812	HIGHMARK INC	15508	46-4763378	0000000000	0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15507	46-4757476	0000000000	0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1876666	0000000000	0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	10131	20-2353206	0000000000	0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15460	46-4156633	0000000000	0000000000		HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1645888	0000000000	0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC	54828	55-0624615	0000000000	0000000000		HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-5457337	0000000000	0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	71768	54-1637426	0000000000	0000000000		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1646315	0000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96601	23-2413324	0000000000	0000000000		HM INSURANCE GROUP, LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	0000000000	0000000000		HMO OF NORTHEASTERN PENNSYLVANIA, INC	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	0000001
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	0000000000	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000002
0000		00000	25-1712017	0000000000	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1524682	0000000000	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95048	25-1522457	0000000000	0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	52-1841060	0000000000	0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	89070	25-1687586	0000000000	0000000000		NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-1960604	0000000000	0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1691945	0000000000	0000000000		BABEL HEALTH LLC	DE	NIA	HIGHMARK INC.	Ownership	11.1	HIGHMARK HEALTH	N	
0000		00000		0000000000	0000000000		GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK VENTURES LLC	Ownership	1.0	HIGHMARK HEALTH	N	0000003

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

41.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0812	HIGHMARK INC .....	15459	46-4156854	000000000	0000000000	.....	HIGHMARK SENIOR SOLUTIONS COMPANY .....	WV	IA	HIGHMARK WEST VIRGINIA INC. ....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0812	HIGHMARK INC .....	15020	45-2763165	000000000	0000000000	.....	WEST VIRGINIA FAMILY HEALTH PLAN, INC .....	WV	IA	HIGHMARK WEST VIRGINIA INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0812	HIGHMARK INC .....	35599	25-1334623	000000000	0000000000	.....	HIGHMARK CASUALTY INSURANCE COMPANY .....	PA	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0812	HIGHMARK INC .....	93440	06-1041332	000000000	0000000000	.....	HM LIFE INSURANCE COMPANY .....	PA	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0812	HIGHMARK INC .....	60213	25-1800302	000000000	0000000000	.....	HM LIFE INSURANCE COMPANY OF NEW YORK .....	NY	IA	HM INSURANCE GROUP, LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	47-4117233	000000000	0000000000	.....	PHYSICIAN PARTNERS OF WESTERN PA LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	46-5705484	000000000	0000000000	.....	ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC .....	DE	NIA	HMPG INC. ....	Ownership .....	50.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	45-3761429	000000000	0000000000	.....	HMPG PROPERTIES NORTH LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	25-1375204	000000000	0000000000	.....	KLINGENSMITH, INC .....	PA	NIA	HMPG INC. ....	Ownership .....	65.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	90-0996509	000000000	0000000000	.....	MONROEVILLE ASC LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	15279	46-3476730	000000000	0000000000	.....	PALLADIUM RISK RETENTION GROUP, INC. ....	VT	IA	HMPG INC. ....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	32-0429947	000000000	0000000000	.....	PROVIDER PPI LLC .....	PA	NIA	HMPG INC. ....	Ownership .....	99.5	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	46-2138706	000000000	0000000000	.....	GOLD MIST ADVISORS LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	45-5235291	000000000	0000000000	.....	OSIRIS PROPERTIES, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	35-2483160	000000000	0000000000	.....	PLATINUM ADVISORS LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	30-0791512	000000000	0000000000	.....	PRINCIPO ADVISORS, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	27-3033308	000000000	0000000000	.....	SILVER RAIN MANAGEMENT, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	27-3035436	000000000	0000000000	.....	SILVER RAIN, LP .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	99.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	90-0970618	000000000	0000000000	.....	SUMMER WIND MANAGEMENT, LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	32-0371926	000000000	0000000000	.....	WEXFORD MEDICAL MALL LLC .....	PA	NIA	HMPG PROPERTIES NORTH LLC .....	Ownership .....	100.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	84-2176985	000000000	0000000000	.....	WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION .....	PA	NIA	WEXFORD MEDICAL MALL LLC .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	25-1524682	000000000	0000000000	.....	JENKINS-EMPIRE ASSOCIATES .....	PA	NIA	JEA INC. ....	Ownership .....	1.0	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	25-1684735	000000000	0000000000	.....	FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC. ....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	45-3355906	000000000	0000000000	.....	GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	25-1403745	000000000	0000000000	.....	HEALTH SYSTEM SERVICE CORPORATION .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	30-0477313	000000000	0000000000	.....	JEFFERSON HILLS SURGICAL SPECIALISTS .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	25-1740456	000000000	0000000000	.....	JEFFERSON MEDICAL ASSOCIATES, LP .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Ownership .....	43.8	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	80-0069336	000000000	0000000000	.....	JRMC DIAGNOSTIC SERVICES, LLC .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	86-1159658	000000000	0000000000	.....	JRMC PHYSICIAN SERVICES CORPORATION .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	72-1529332	000000000	0000000000	.....	JRMC SPECIALTY GROUP PRACTICE .....	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Board of Directors .....	.....	HIGHMARK HEALTH .....	N	.....
0000	.....	00000	98-1109020	000000000	0000000000	.....	PACE RE LTD .....	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER .....	Ownership .....	35.0	HIGHMARK HEALTH .....	N	.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0925581	000000000	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-3274101	000000000	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	38-3807173	000000000	0000000000		PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0494617	000000000	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0451380	000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403100	000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0503600	000000000	0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	01-0927360	000000000	0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-4194208	000000000	0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-4011352	000000000	0000000000		SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	N	
0000		00000	46-4954859	000000000	0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3540378	000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529328	000000000	0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1898743	000000000	0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	25-1874990	000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	23.5	HIGHMARK HEALTH	N	
0000		00000	51-0630744	000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-5661063	000000000	0000000000		CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	N	
0000		00000	45-5080712	000000000	0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	90-0812390	000000000	0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1631855	000000000	0000000000		THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-8572620	000000000	0000000000		SVEC, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1528055	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1181389	000000000	0000000000		COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1430922	000000000	0000000000		EMERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1017545	000000000	0000000000		ERIE MEDICAL COMPLEX, LLC	DE	NIA	SAINT VINCENT HEALTH CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	25-1856341	000000000	0000000000		REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-5550348	000000000	0000000000		SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	



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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	25-1578290	0000000000	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	N	
0000		00000	25-1498145	0000000000	0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1736527	0000000000	0000000000		ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	N	
0000		00000	25-1403846	0000000000	0000000000		CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1385705	0000000000	0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	83-0371265	0000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	N	
0000		00000	20-3784338	0000000000	0000000000		SAINT VINCENT AFFILIATED PHYSICIANS	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1679140	0000000000	0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1669168	0000000000	0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969488	0000000000	0000000000		THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	16-0743222	0000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3035436	0000000000	0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	45-3688292	0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	N	
0000		00000	25-1533746	0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95789	23-7328765	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	47089	23-2541529	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95160	74-2489037	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96150	38-2289438	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95253	52-1542269	0000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60222	11-3008245	0000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	85766	86-0307623	0000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	20-4949337	0000000000	0000000000		FORBES REGIONAL UROLOGIC	PA	NIA	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	N	
0000		00000	25-1689871	0000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1838458	0000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	30-0314897	0000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	45.0	HIGHMARK HEALTH	N	
0000		00000	25-1838457	0000000000	0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1320493	0000000000	0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1875178	0000000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1737079	0000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1798379	0000000000	0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-2368587	0000000000	0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	59.6	HIGHMARK HEALTH	N	
0000		00000	84-2176985	0000000000	0000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-1284448	0000000000	0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1880238	0000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1652874	0000000000	0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3982341	0000000000	0000000000		PETERS TOWNSHIP SURGERY CENTER, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1472073	0000000000	0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1107650	0000000000	0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	11-3683376	0000000000	0000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-2344847	0000000000	0000000000		WEST PENN AMBULATORY SURGICAL COMPANY, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1437405	0000000000	0000000000		WEST PENN CORPORATE MEDICAL SERVICES, INC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1470766	0000000000	0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-1630719	0000000000	0000000000		WEST PENN NUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-1939478	0000000000	0000000000		CHAUTAUQUA MEDICAL PRACTICE P.C.	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1528055	0000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	23-2919277	0000000000	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	N	
0000		00000	23-7029185	0000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000	.....	00000	22-2270533	0000000000	00000000000	.....	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC .....	.. NY .	... NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors .....	.....	HIGHMARK HEALTH .....	.... N ....	.....
.....	.....	00000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.... N ....	.....

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

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54771	23-1294723	HIGHMARK INC	95,600,000	(20,000,000)			788,446,251	136,053,138		(325,026,357)	675,073,032	(448,520,444)
00000	45-3674900	HIGHMARK HEALTH	29,400,000				357,218,836			18,028,986	404,647,822	
00000	46-3823617	HM HEALTH SOLUTIONS INC.					(258,951,372)				(258,951,372)	
12325	30-0282076	GATEWAY HEALTH PLAN OF OHIO, INC.										22,669
96938	25-1505506	GATEWAY HEALTH PLAN, INC.	(55,000,000)				(336,841,499)				(391,841,499)	648,235
00000	25-1691945	GATEWAY HEALTH PLAN, L.P.	55,000,000				299,802,546				354,802,546	
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.										19,036,164
53287	51-0020405	HIGHMARK BCBSD INC.					(100,456,169)				(100,456,169)	
00000	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS INC					(83,721,426)				(83,721,426)	157,118,180
15508	46-4763378	HIGHMARK BENEFITS GROUP INC										4,157,892
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC										796,888
10131	20-2353206	HIGHMARK SELECT RESOURCES INC.										1,328
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY					(218,813,940)	(70,293,321)			(289,107,261)	146,562,870
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.					(77,156,433)				(77,156,433)	(4,368,828)
71768	54-1637426	HM HEALTH INSURANCE COMPANY					(54,546,073)				(54,546,073)	26,623,649
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA, INC										9,801,546
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.										91,958
95048	25-1522457	HIGHMARK CHOICE COMPANY					(172,742,509)	(65,759,817)			(238,502,326)	81,411,707
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC.	8,000,000				22,803,835				30,803,835	
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY										5,836,525
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY	(20,000,000)								(20,000,000)	
93440	06-1041332	HM LIFE INSURANCE COMPANY	(5,000,000)				(71,151,199)				(76,151,199)	779,661
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	(4,000,000)								(4,000,000)	
95253	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.	(4,000,000)								(4,000,000)	
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY	(100,000,000)				(93,890,848)				(193,890,848)	
00000	25-1712017	JEA, INC.		200,000							200,000	
00000	25-1524682	JENKINS-EMPIRE ASSOCIATES		19,800,000							19,800,000	
00000	45-3674924	ALLEGHENY HEALTH NETWORK								306,997,371	306,997,371	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

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

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? Yes
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit
1232520193600000 2019 Document Code: 360

Health Life Supplement - March
12325201920500000 2019 Document Code: 205

Schedule SIS
1232520194200000 2019 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
12325201937100000 2019 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
12325201937000000 2019 Document Code: 370

Medicare Part D Coverage Supplement
12325201936500000 2019 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
12325201922400000 2019 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
12325201922500000 2019 Document Code: 225

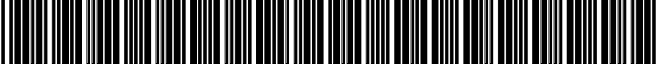
SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



12325201922600000 2019 Document Code: 226

LTC Supplemental Interrogatories



12325201930600000 2019 Document Code: 306

Health Life Supplement - April



12325201921100000 2019 Document Code: 211

Management's Report of Internal Control over Financial Reporting



12325201922300000 2019 Document Code: 223

**OVERFLOW PAGE FOR WRITE-INS**

**N O N E**

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