



12325201920100100

2019

Document Code: 201

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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street (Street and Number)		Pittsburgh, PA, US 15222-1222 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com		(216)802-2121 (Area Code) (Telephone Number)			
Statutory Statement Contact	Christopher Michael Cogan (Name) CCogan@GatewayHealthPlan.com (E-Mail Address)		(412)255-4693 (Area Code)(Telephone Number)(Extension) (412)255-4693 (Fax Number)			

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Peter J. Schied David Arthur Blandino M.D. Tony G. Farah M.D.	Karen Lynn Hanlon Stuart M. Kilpinen James Lennox Woodward #
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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)
Cain-Aten Hayes
(Printed Name)
1.
President
(Title)

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

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 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 Affiliate	2 Description	3 Amount	4 Current	5 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

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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 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	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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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	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	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 products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....557,720



2019

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR

NAIC Company Code 12325

NAIC Group Code 0812

	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	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 products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....19,015,582



2019

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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	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	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		
TOTAL Member Ambulatory Encounters for Year:										
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 products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....13,405,998



2019

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 12325

NAIC Group Code 0812

	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 products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....32,979,300

SCHEDULE S - PART 1 - SECTION 2**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
			N O N E									
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
Accident and Health - Affiliates - U.S. - Other						
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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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)
ASSETS (Page 2, Col. 3)			
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	XXX	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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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	XXX	10,408,762
17. TOTAL Liabilities, Capital and Surplus (Line 34)	14,585,711		14,585,711
NET CREDIT FOR CEDED REINSURANCE			
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

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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

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

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Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
0000		00000	45-3674900	0000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3674924	0000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	54771	23-1294723	0000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	46-3823617	0000000000	0000000000		HM HEALTH SOLUTIONS INC	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	83-3642399	0000000000	0000000000		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.0	HIGHMARK HEALTH	N	
0000		00000	83-1871064	0000000000	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3769205	0000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1825706	0000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	0000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	0000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	AAG-3313	0000000000	0000000000		TRYVVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	0000000000	0000000000		TRYVVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH SOLUTIONS INC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	0000000000	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1742869	0000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-4682160	0000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3444325	0000000000	0000000000		HMPG INC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1260215	0000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3655381	0000000000	0000000000		AHN EMERUS LLC	PA	NIA	AHN HOLDING COMPANY	Ownership	51.0	HIGHMARK HEALTH	N	
0000		00000	61-1892123	0000000000	0000000000		AHN EMERUS FOX CHAPEL, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	37-1881923	0000000000	0000000000		AHN EMERUS MCCANDLESS, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	61-1888353	0000000000	0000000000		AHN EMERUS SAWMILL, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	82-3697883	0000000000	0000000000		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	82-5500526	0000000000	0000000000		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-0965598	0000000000	0000000000		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3690355	0000000000	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	84-1788763	0000000000	0000000000		AHN HOLDING COMPANY	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0965547	0000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	0000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	AHN HOLDING COMPANY	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-0969492	0000000000	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-3438685	0000000000	0000000000		MIMICOL LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	82-5503170	0000000000	0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	20-5855753	0000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1533746	0000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	23-2939715	0000000000	0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3459870	0000000000	0000000000		AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	05-0591755	0000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
0000		00000					SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership				

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000		00000	05-0544042	000000000	0000000000	SAINT VINCENT REHAB SOLUTIONS, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	25-1578290	000000000	0000000000	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	82.7	HIGHMARK HEALTH	N		
0000		00000	23-2919277	000000000	0000000000	TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N		
0000		00000	23-309689	000000000	0000000000	VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.0	HIGHMARK HEALTH	N		
0000		00000	03-0477182	000000000	0000000000	VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.5	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	12325	30-0282076	000000000	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	000000000	0000000000	GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTHPLAN, L.P.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	82-2957473	000000000	0000000000	WELLMERICA, LLC	FL	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	45.0	HIGHMARK HEALTH	N		
0000		00000	82-2440801	000000000	0000000000	FOREVERCARE HOLDINGS, LLC	AR	NIA	GATEWAY HEALTHPLAN, L.P.	Ownership	49.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	16300	82-2424834	000000000	0000000000	FOREVERCARE, INC.	AR	IA	FOREVERCARE HOLDINGS, LLC	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	47-1817274	000000000	0000000000	HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	25-1494238	000000000	0000000000	CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0812	HIGHMARK INC	60147	23-2905083	000000000	0000000000	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	0000003	
0000		00000	25-1691945	000000000	0000000000	GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK INC.	Ownership	49.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	11435	75-3002215	000000000	0000000000	HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	Y		
0812	HIGHMARK INC	53287	51-0020405	000000000	0000000000	HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0812	HIGHMARK INC	15508	46-4763378	000000000	0000000000	HIGHMARK BENEFITS GROUP INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0812	HIGHMARK INC	15507	46-4757476	000000000	0000000000	HIGHMARK COVERAGE ADVANTAGE INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	25-1876666	000000000	0000000000	HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0812	HIGHMARK INC	10131	20-2353206	000000000	0000000000	HIGHMARK SELECT RESOURCES INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	15460	46-4156633	000000000	0000000000	HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000003	
0000		00000	25-1645888	000000000	0000000000	HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	54828	55-0624615	000000000	0000000000	HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	20-5457337	000000000	0000000000	HM CENTERED HEALTH, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	71768	54-1637426	000000000	0000000000	HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	25-1646315	000000000	0000000000	HM INSURANCE GROUP, LLC	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	96601	23-2413324	000000000	0000000000	HMO OF NORTHEASTERN PENNSYLVANIA, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	0000001	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	000000000	0000000000	INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000002	
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	000000000	0000000000	INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	25-1712017	000000000	0000000000	JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	25-1524682	000000000	0000000000	JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	99.0	HIGHMARK HEALTH	N		
0812	HIGHMARK INC	95048	25-1522457	000000000	0000000000	HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0000		00000	52-1841060	000000000	0000000000	NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N		
0812	HIGHMARK INC	89070	25-1687586	000000000	0000000000	UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N		
0000		00000	47-1960604	000000000	0000000000	BABEL HEALTH LLC	DE	NIA	HIGHMARK VENTURES LLC	Ownership	11.1	HIGHMARK HEALTH	N		
0000		00000	25-1691945	000000000	0000000000	GATEWAY HEALTH PLAN, L.P.	PA	NIA	HIGHMARK VENTURES LLC	Ownership	1.0	HIGHMARK HEALTH	N	0000003	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0812	HIGHMARK INC	15459	46-4156854	0000000000	0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15020	45-2763165	0000000000	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	0000000000	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	93440	06-1041332	0000000000	0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60213	25-1800302	0000000000	0000000000		HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	47-4117233	0000000000	0000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	46-5705484	0000000000	0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000	00000	45-3761429	0000000000	0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	25-1375204	0000000000	0000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	N	
0000	00000	90-0996509	0000000000	0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
41.2	15279	46-3476730	0000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	32-0429947	0000000000	0000000000		PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	N	
0000	00000	46-2138706	0000000000	0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	45-5235291	0000000000	0000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	35-2483160	0000000000	0000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	30-0791512	0000000000	0000000000		PRINCIPAL ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	27-3033308	0000000000	0000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	27-3035436	0000000000	0000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	N	
0000	00000	90-0970618	0000000000	0000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	32-0371926	0000000000	0000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000	00000	84-2176985	0000000000	0000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEXFORD MEDICAL MALL LLC	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	25-1524682	0000000000	0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	N	
0000	00000	25-1684735	0000000000	0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	45-3355906	0000000000	0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	25-1403745	0000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	30-0477313	0000000000	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	25-1740456	0000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	N	
0000	00000	80-0069336	0000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	86-1159658	0000000000	0000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	72-1529332	0000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000	00000	98-1109020	0000000000	0000000000		PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	N	

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41.3		0000	15279	46-3476730	000000000	00000000000	PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	90-0925581	000000000	00000000000	PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	46-3274101	000000000	00000000000	PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	38-3807173	000000000	00000000000	PRIMARY CARE GROUP 10, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	80-0494617	000000000	00000000000	PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	90-0451380	000000000	00000000000	PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	80-0403100	000000000	00000000000	PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	90-0503600	000000000	00000000000	PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	01-0927360	000000000	00000000000	PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	26-4194208	000000000	00000000000	PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	27-4011352	000000000	00000000000	SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	46-4954859	000000000	00000000000	SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	41.9	HIGHMARK HEALTH	N	
		0000	00000	45-3540378	000000000	00000000000	STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.0	HIGHMARK HEALTH	N	
		0000	00000	72-1529328	000000000	00000000000	THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	25-1898743	000000000	00000000000	WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	25-1874990	000000000	00000000000	WSC REALTY PARTNERS, L.P.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
		0000	00000	51-0630744	000000000	00000000000	CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
		0000	00000	20-5661063	000000000	00000000000	CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.9	HIGHMARK HEALTH	N	
		0000	00000	45-5080712	000000000	00000000000	HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
		0000	00000	90-0812390	000000000	00000000000	PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.0	HIGHMARK HEALTH	N	
		0000	00000	25-1631855	000000000	00000000000	THE REGIONAL CANCER CENTER FOUNDATION	PA	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	20-8572620	000000000	00000000000	SVEC, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	25-1528055	000000000	00000000000	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	25-1181389	000000000	00000000000	COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	25-1430922	000000000	00000000000	EMERGycare, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	20-1017545	000000000	00000000000	ERIE MEDICAL COMPLEX, LLC	DE	NIA	SAINT VINCENT HEALTH CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
		0000	00000	25-1856341	000000000	00000000000	REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
		0000	00000	45-5550348	000000000	00000000000	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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	25-1578290	000000000	0000000000	ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA .. NIA ..	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	N			
0000		00000	25-1498145	000000000	0000000000	VANTAGE HEALTH GROUP	PA .. NIA ..	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1736527	000000000	0000000000	ALLEGHENY HEALTH NETWORK	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	N			
0000		00000	25-1403846	000000000	0000000000	HOME INFUSION, LLC	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N			
0000		15279	46-3476730	000000000	0000000000	CLINICAL SERVICES, INC	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Ownership		HIGHMARK HEALTH	N			
0000		00000	25-1385705	000000000	0000000000	PALLADIUM RISK RETENTION GROUP, INC.	VT .. PA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	83-0371265	000000000	0000000000	REGIONAL CANCER CENTER	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	20-3784338	000000000	0000000000	REGIONAL HOME HEALTH AND HOSPICE	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	N			
0000		00000	25-1679140	000000000	0000000000	SAINT VINCENT AFFILIATED PHYSICIANS	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1669168	000000000	0000000000	SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-0969488	000000000	0000000000	THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	16-0743222	000000000	0000000000	THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA .. NIA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	27-3035436	000000000	0000000000	WESTFIELD MEMORIAL HOSPITAL, INC	NY .. PA ..	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	45-368292	000000000	0000000000	SILVER RAIN, LP	PA .. NIA ..	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N			
0000		00000	25-1533746	000000000	0000000000	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA .. NIA ..	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	N			
0000		00000	95789	23-7328765	000000000	ASSOCIATED CLINICAL LABORATORIES, LP	PA .. NIA ..	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	95789	23-7328765	000000000	0000000000	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	47089	23-2541529	000000000	0000000000	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	95160	74-2489037	000000000	0000000000	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	96150	38-2289438	000000000	0000000000	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	95253	52-1542269	000000000	0000000000	UNITED CONCORDIA DENTAL PLANS, INC.	MD .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	60222	11-3008245	000000000	0000000000	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY .. IA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0812	HIGHMARK INC	85766	86-0307623	000000000	0000000000	UNITED CONCORDIA INSURANCE COMPANY	AZ .. PA ..	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0000		00000	20-4949337	000000000	0000000000	FORBES REGIONAL UROLOGIC	PA .. NIA ..	WEST PENN ALLEGHENY FOUNDATION, LLC	Ownership	20.0	HIGHMARK HEALTH	N			
0000		00000	25-1689871	000000000	0000000000	5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N			
0000		00000	25-1838458	000000000	0000000000	ALLEGHENY CLINIC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000		00000	30-0314897	000000000	0000000000	ALLEGHENY IMAGING OF MCCANDLESS	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	45.0	HIGHMARK HEALTH	N			
0000		00000	25-1838457	000000000	0000000000	ALLEGHENY MEDICAL PRACTICE NETWORK	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1320493	000000000	0000000000	ALLEGHENY SINGER RESEARCH INSTITUTE	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1875178	000000000	0000000000	ALLE-KISKI MEDICAL CENTER	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1737079	000000000	0000000000	CANONSBURG GENERAL HOSPITAL	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1798379	000000000	0000000000	FORBES HEALTH FOUNDATION	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	47-2368587	000000000	0000000000	JV HOLDCO, LLC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	84-2176985	000000000	0000000000	WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	59.6	HIGHMARK HEALTH	N			
0000		00000	26-1284448	000000000	0000000000	MCCANDLESS ENDOSCOPY CENTER	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1880238	000000000	0000000000	NORTH SHORE ENDOSCOPY CENTER	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N			
0000		00000	25-1652874	000000000	0000000000	OPTIMA IMAGING	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N			
0000		15279	46-3476730	000000000	0000000000	PALLADIUM RISK RETENTION GROUP, INC.	VT .. IA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	27-3982341	000000000	0000000000	PETERS TOWNSHIP SURGERY CENTER, LLC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0000		00000	25-1472073	000000000	0000000000	SUBURBAN HEALTH FOUNDATION	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	20-1107650	000000000	0000000000	WEST PENN ALLEGHENY FOUNDATION, LLC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	11-3683376	000000000	0000000000	ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	27-2344847	000000000	0000000000	WEST PENN AMBULATORY SURGICAL COMPANY, LLC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	25-1437405	000000000	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	000000000	0000000000	WEST PENN HOSPITAL FOUNDATION	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	26-1630719	000000000	0000000000	WEST PENN NUROSURGERY PC	PA .. NIA ..	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N			
0000		00000	27-1939478	000000000	0000000000	CHAUTAUQUA MEDICAL PRACTICE P.C.	NY .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership	100.0	HIGHMARK HEALTH	N			
0000		00000	25-1528055	000000000	0000000000	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Board of Directors		HIGHMARK HEALTH	N			
0000		00000	23-2919277	000000000	0000000000	TRISTATE REGIONAL ASSOCIATES LLP	PA .. NIA ..	WESTFIELD MEMORIAL HOSPITAL, INC ..	Ownership	1.5	HIGHMARK HEALTH	N			
0000		00000	23-7029185	000000000	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 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Relation- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0000 00000 00000	00000 22-2270533 000000000	000000000 00000000000	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC NY NIA WESTFIELD MEMORIAL HOSPITAL, INC Board of Directors HIGHMARK HEALTH N .. 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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54771 00000	23-1294723 45-3674900	HIGHMARK INC HIGHMARK HEALTH	95,600,000 (20,000,000)	29,400,000		788,446,251 357,218,836 (258,951,372)		136,053,138		(325,026,357) 18,028,986	675,073,032 404,647,822 (258,951,372)	(448,520,444)
00000	46-3823617	HM HEALTH SOLUTIONS INC.										
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 00000	51-0020405 47-1817274	HIGHMARK BCBSD INC HIGHMARK BCBSD HEALTH OPTIONS INC				(100,456,169) (83,721,426)					(100,456,169) (83,721,426)	
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)									(76,151,199)
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	(4,000,000)			(71,151,199)						(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
999999 Control Totals										XXX		

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
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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
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1232520193600000

2019

Document Code: 360

Health Life Supplement - March



1232520192050000

2019

Document Code: 205

Schedule SIS

Actuarial Opinion on Participating and Non-Participating Policies



1232520193710000

2019

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

Medicare Part D Coverage Supplement



12325201936500000

2019

Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

Approval for Relief related to one-year cooling off period for inde. CPA



1232520192240000

2019

Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



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Health Life Supplement - April



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LTC Supplemental Interrogatories



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Management's Report of Internal Control over Financial Reporting



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