



**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2020**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Gateway Health Plan of Ohio, Inc.**

NAIC Group Code 0812 , 0812 NAIC Company Code 12325 Employer's ID Number 30-0282076  
(Current Period) (Prior Period)

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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]  
 Other[X] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 11/05/2004 Commenced Business 09/01/2005

Statutory Home Office Four Gateway Center, 444 Liberty Avenue, Ste 2100 , Pittsburgh, PA, US 15222-1222  
(Street and Number) (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 (412)255-4640  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Four Gateway Center, 444 Liberty Avenue, Ste 2100 , Pittsburgh, PA, US 15222-1222  
(Street and Number or P.O. Box) (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 (216)802-2121  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.gatewayhealthplan.com

Statutory Statement Contact Christopher Michael Cogan (412)255-4693  
(Name) (Area Code)(Telephone Number)(Extension)

CCogan@GatewayHealthPlan.com (412)255-4693  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
Cain-Aten Hayes	President
Ja'Ron Bridges	Treasurer
Frances Ann Woodward	Secretary
Christopher Michael Cogan	Assistant Treasurer

**OTHERS**

**DIRECTORS OR TRUSTEES**

Peter J. Schied	Karen Lynn Hanlon
David Arthur Blandino M.D.	Stuart M. Kilpinen
Tony G. Farah M.D.	James Lennox Woodward

State of \_\_\_\_\_  
 County of \_\_\_\_\_ ss

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

_____ (Signature) Cain-Aten Hayes _____ (Printed Name) 1. President _____ (Title)	_____ (Signature) Ja'Ron Bridges _____ (Printed Name) 2. Treasurer _____ (Title)	_____ (Signature) Frances Ann Woodward _____ (Printed Name) 3. Secretary _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020

- a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,169,616		1,169,616	1,174,355
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....193,767), cash equivalents (\$.....9,535,909) and short-term investments (\$.....0) .....	9,729,676		9,729,676	11,578,907
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	10,899,292		10,899,292	12,753,262
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	13,064		13,064	26,985
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	14,084		14,084	7,169
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....83,365) and contracts subject to redetermination (\$.....894,240) .....	977,605		977,605	977,605
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				3,870
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....	54,398	46,866	7,532	7,532
18.1 Current federal and foreign income tax recoverable and interest thereon .....	8,846		8,846	4,423
18.2 Net deferred tax asset .....				4,423
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	11,537		11,537	90,520
24. Health care (\$.....1,800,143) and other amounts receivable .....	1,800,143	1,800,143		709,922
25. Aggregate write-ins for other-than-invested assets .....				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	13,778,968	1,847,009	11,931,959	14,585,711
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	13,778,968	1,847,009	11,931,959	14,585,711
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	177,023		177,023	3,264,913
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	7,506		7,506	78,887
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				24,302
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....	59,383		59,383	122,497
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....	18		18	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	22,287		22,287	335,998
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	335,687		335,687	335,687
23. Aggregate write-ins for other liabilities (including \$.....13,658 current) .....	13,658		13,658	14,665
24. Total liabilities (Lines 1 to 23) .....	615,561		615,561	4,176,949
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	36,536,235	36,536,235
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	(25,219,838)	(26,127,473)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	11,316,397	10,408,762
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	11,931,959	14,585,711
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat Liability Medicare .....	13,658		13,658	14,665
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	13,658		13,658	14,665
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X		14,027	26,237
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	41,370	19,059,936	32,960,829
3. Change in unearned premium reserves and reserves for rate credits .....	X X X			
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	41,370	19,059,936	32,960,829
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		(1,872,278)	11,799,925	20,040,498
10. Other professional services .....		246,344	2,024,260	2,977,349
11. Outside referrals .....				
12. Emergency room and out-of-area .....		76,826	1,532,644	2,371,747
13. Prescription drugs .....		(107,942)	1,494,226	2,290,657
14. Aggregate write-ins for other hospital and medical .....		25,682	747,996	1,514,182
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		(1,631,369)	17,599,051	29,194,434
<b>Less:</b>				
17. Net reinsurance recoveries .....			3,870	3,870
18. Total hospital and medical (Lines 16 minus 17) .....		(1,631,369)	17,595,181	29,190,564
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....141,153 cost containment expenses .....		156,556	1,242,926	2,580,233
21. General administrative expenses .....		71,375	3,211,990	5,359,890
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22) .....		(1,403,438)	22,050,097	37,130,687
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	1,444,809	(2,990,161)	(4,169,858)
25. Net investment income earned .....		43,738	162,443	288,365
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		43,738	162,443	288,365
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....406) (amount charged off \$.....0)] .....		406	(130,141)	41,406
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	1,488,953	(2,957,859)	(3,840,086)
31. Federal and foreign income taxes incurred .....	X X X	(4,423)	(2,071)	(4,423)
32. Net income (loss) (Lines 30 minus 31) .....	X X X	1,493,376	(2,955,788)	(3,835,663)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X			
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. DME .....		22,744	733,635	1,470,895
1402. Hearing Hardware .....		2,938	8,575	37,501
1403. Transportation Costs .....			5,786	5,786
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		25,682	747,996	1,514,182
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	10,408,762	14,047,536	14,047,536
34. Net income or (loss) from Line 32 .....	1,493,376	(2,955,788)	(3,835,663)
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(4,423)	(2,071)	(4,423)
39. Change in nonadmitted assets .....	(581,317)	45,922	201,312
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	907,635	(2,911,937)	(3,638,774)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	11,316,397	11,135,599	10,408,762
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	10,154	19,450,469	33,521,039
2. Net investment income .....	58,158	189,971	323,656
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	68,312	19,640,440	33,844,695
5. Benefit and loss related payments .....	1,328,252	23,578,378	37,495,206
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	357,845	4,266,470	6,962,536
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	0		(8,845)
10. TOTAL (Lines 5 through 9) .....	1,686,097	27,844,848	44,448,897
11. Net cash from operations (Line 4 minus Line 10) .....	(1,617,785)	(8,204,408)	(10,604,202)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....			
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(231,447)	(625,935)	(720,951)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(231,447)	(625,935)	(720,951)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(1,849,232)	(8,830,343)	(11,325,153)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	11,578,907	22,904,060	22,904,060
19.2 End of period (Line 18 plus Line 19.1) .....	9,729,676	14,073,717	11,578,907

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

20.0001				
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1,853							1,853		
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
Total Member Ambulatory Encounters for Period:										
7. Physician .....	1,991							1,991		
8. Non-Physician .....	1,411							1,411		
9. Total .....	3,402							3,402		
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (a) .....	42,167							42,167		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	42,167							42,167		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,332,122							1,332,122		
18. Amount Incurred for Provision of Health Care Services .....	(1,631,369)							(1,631,369)		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....42,167.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	634					634
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....	634					634
0599999 Unreported claims and other claim reserves .....						176,389
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						177,023
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....	1,332,122		177,023		1,509,144	3,264,913
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	1,332,122		177,023		1,509,144	3,264,913
10. Healthcare receivables (a) .....	1,800,143				1,800,143	1,924,543
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	(468,022)		177,023		(290,999)	1,340,370

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

## Notes to Financial Statement

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

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

		SSAP #	F/S Page	F/S Line #	2020	2019
<b>NET INCOME</b>						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				\$1,493,376	(\$3,835,663)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$0	\$0
(4)	NAIC SAP (1-2-3=4)				\$1,493,376	(\$3,835,663)
<b>SURPLUS</b>						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				\$11,316,397	\$10,408,762
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$0	\$0
(8)	NAIC SAP (5-6-7=8)				\$11,316,397	\$10,408,762

#### B. Use of Estimates in the Preparation of the Financial Statements

No Material Change

#### C. Accounting Policy

(1) – (5) – The Company owns no common stock, preferred stock, convertible securities, or SVO identified securities.

(6) The Company had no loan-backed securities.

(7) – (13) – No Material Change

#### D. Going Concern – Management has evaluated the Company’s ability to continue as a going concern.

There is no substantial doubt in its ability to continue as a going concern.

### 2. Accounting Changes and Corrections of Errors

No Material Change

## Notes to Financial Statement

### 3. Business Combinations and Goodwill

No Material Change

### 4. Discontinued Operations

None

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – No Material Change
- B. Debt Restructuring – No Material Change
- C. Reverse Mortgages – No Material Change
- D. Loan-Backed Securities – The Company has no loan-backed securities
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Policy for requiring collateral or other security – No Material Change
  - (2) Carrying amount and classification of both those assets and associated liabilities – No Material Change
  - (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
    - a. Aggregate amount of contractually obligated open collateral positions – No Material Change
    - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
    - c. Information about the sources and uses of that collateral – No Material Change
  - (4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change
  - (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change
  - (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change
  - (7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secure Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets – No Material Change
- M. Working Capital Finance Investments
  - (1) Disclose the gross assets amounts, non-admitted assets amounts, and net admitted assets amounts in aggregate regarding the book/adjusted carrying value of working capital finance investments by NAIC designation – None
  - (2) Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs – None
  - (3) Events of default of working capital finance investments during the reporting period - None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. 5GI Securities – No Material Change
- P. Short Sales – No Material Change
- Q. Prepayment Penalty and Acceleration Fees – No Material Change

## Notes to Financial Statement

### 6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

### 7. Investment Income

No Material Change

### 8. Derivative Instruments

None

### 9. Income Taxes

No Material Change

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A, B, & C – The nature of the relationship involved – No Material Change

D. Amounts Due from or to Related Parties – No Material Change

E. Guarantees - No Material Change

F. Material management contracts – No Material Change

G. Common Control - No Material Change

H. Deductions in Value - No Material Change

I. SCA that exceed 10% of Admitted Assets - No Material Change

J. Impaired SCAs - No Material Change

K. Foreign Subsidiary - No Material Change

L. Downstream Noninsurance Holding Company - No Material Change

M. SCA Balance Sheet Amount – No Material Change

N. SCA reflecting departure from NAIC statutory accounting principles – No Material Change

O. SCA and SSAP No. 48 Entity Loss Tracking – No Material Change

### 11. Debt

A. Outstanding Debt – No Material Change

B. FHLB (Federal Home Loan Bank) Agreements – None

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

#### A. Defined Benefit Plan

(1) Reconciliation of the beginning Change in benefit obligation – No Material Change

(2) Change in plan assets – No Material Change

(3) Funded Status – No Material Change

(4) Components of net periodic benefit cost – No Material Change

(5) The net gain or loss and net prior service cost or credit recognized in unassigned funds (surplus) for the period and reclassification adjustments of unassigned funds (surplus) – No Material Change

(6) The amount included in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost, showing separately the net gain or loss, net prior service cost or credit, net transition asset or obligation - No Material Change

(7) Weighted-average assumptions used to determine net period benefit cost – No Material Change

(8) The Amount of the accumulated benefit obligation for defined benefit pension plans – No Material Change

## Notes to Financial Statement

- (9) Assumed Health care cost trend rate for the next year used to measure the expected cost of benefit covered by the plan – No Material Change
- (10) The benefits expected to be paid in each of the five fiscal years, and in the aggregate for the five fiscal years thereafter. – No Material Change
- (11) Regulatory contribution requirements – No Material Change
- (12) Amounts and types of securities of the employer and related parties included in the plan assets – No Material Change
- (13) Alternative amortization – No Material Change
- (14) Substantive commitment – No Material Change
- (15) Cost of providing special or contractual termination benefits – No Material Change
- (16) Explanation of any significant change in benefit obligations or plan assets – No Material Change
- (17) The accumulated postretirement and pension benefit obligation and the fair value of plan assets for the defined postretirement and pension benefit plans in the first reporting date after the effective date of this standard and in each subsequent reporting period – No Material Change
- (18) Disclosure of the full transition surplus impact – No Material Change

B. Narrative Description of Investment Policies and Strategies – No Material Change

C. Fair Value of Plan Assets – No Material Change

D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – No Material Change

E. Defined Contribution Plans - No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

H. Post-Employment Benefits and Compensated Absences – No Material Change

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

### **13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No Material Change

### **14. Contingencies**

No Material Change

### **15. Leases**

A. Lessee Operating Lease – No Material Change

B. Lessor Leases – No Material Change

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

No Material Change

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

A. Transfers of Receivables reported as Sales – No Material Change

B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – No Material Change

(2) Servicing Assets and Liabilities

a. Risks inherent in servicing assets and servicing liabilities – None

b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None

c. Assumptions used to estimate the fair value – None

(3) Servicing assets and servicing liabilities are subsequently measured at fair value – No Material Change

## Notes to Financial Statement

(4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

- a. Each income statement presented – None
- b. Each statement of financial position presented, regardless of when the transfer occurred – None

(5) Transfers of financial assets accounted for as secured borrowing value – No Material Change

(6) Transfers of receivables with recourse – No Material Change

(7) Securities underlying repurchase and reverse repurchase agreements – No Material Change

C. Wash Sales – None

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

No Material Change

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

No Material Change

### 20. Fair Value Measurements

A. Fair Market Value at Reporting Date

#### 1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.	Assets at fair value					
01	Bonds					
02	Industrial and Miscellaneous					
03	Total Bonds					
04	Preferred Stock					
05	Domestic – Unaffiliated					
06	Foreign – Unaffiliated					
07	Total Preferred Stock					
08	Common Stock					
09	Domestic – Unaffiliated					
10	Total Common Stock					
11	Cash Equivalents	\$9,535,909				\$9,535,909
99	Subtotal – Assets at fair value	\$9,535,909				\$9,535,909
b.	Liabilities at fair value					
01						
02						
99	Subtotal – Liabilities at fair value					

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. GHPOI's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

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

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

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

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

## Notes to Financial Statement

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

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

**Short-term securities** – Short-term securities include securities with a maturity of less than one year but greater than 90 days at the date of purchase. Fair values of short-term securities are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. U.S. Government securities represent Level 1 securities, while Level 2 securities include corporate securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds.

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

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended June 30, 2020 that were material to the statutory financial statements.

5. Derivative assets and liabilities – None

- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting ,  
C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value Included in Level 2
Bonds	\$1,481,357	\$1,169,616	\$1,481,357				
Cash Equivalents	\$9,535,909	\$9,535,909	\$9,535,909				

- D. Not Practicable to Estimate Fair Value – None  
E. Investments measured using NAV – None

### 21. Other Items

- A. Unusual or Infrequent Items – No Material Change  
B. Troubled Debt Restructuring – No Material Change  
C. Other Disclosures – No Material Change  
D. Business Interruption Insurance Recoveries – No Material Change  
E. State Transferable and Non-transferable Tax Credits – No Material Change  
F. Subprime-Mortgage-Related Risk Exposure – No Material Change  
G. Retained Assets – No Material Change  
H. Proceeds from Insurance-Linked Securities – No Material Change  
I. The Amount that could be realized on life insurance when the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy – No Material Change

## Notes to Financial Statement

### 22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through August 15, 2020 for the statutory statement issued on June 30, 2020.

Type II – Non-recognized Subsequent Events

Subsequent events have been considered through August 15, 2020 for the statutory statement issued on June 30, 2020.

None

### 23. Reinsurance

No Material Change

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

1. Did the reporting entity write accident and health insurance premium that is

subject to the Affordable Care Act risk sharing provisions (Yes/No)?

No

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

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

### 25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2019 were \$3,343,800. As of June 30, 2020, \$2,095,471 was paid for incurred claims and claims adjustment expenses attributed to insured events of prior years. Reserves remaining for prior years are now \$183,924 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$1,064,405 favorable prior-year development since December 31, 2019 to June 30, 2020. These changes are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. There were no significant changes in methodologies and assumptions used in the calculating the liability for unpaid losses and loss adjustment expenses.

### 26. Intercompany Pooling Arrangements

No Material Change

### 27. Structured Settlements

No Material Change

### 28. Health Care Receivables

A. Pharmacy Rebate Receivable

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

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

## Notes to Financial Statement

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements*	Pharmacy Rebates Billed or Otherwise Confirmed**	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2020					
03/31/2020	\$200,712				
12/31/2019	\$709,922	\$610,506	\$610,506		
09/30/2019	\$808,208	\$773,380	\$752,868		
06/30/2019	\$753,369	\$883,473	\$793,231		\$31,602
03/31/2019	\$874,031	\$859,196	\$808,603		\$24,195
12/31/2018	\$2,127,318	\$2,290,401	\$2,152,218	\$(112,463)	\$223,107
09/30/2018	\$2,165,660	\$2,331,563	\$2,078,774		\$215,075
06/30/2018	\$2,156,841	\$2,256,829	\$2,120,718		\$147,227
03/31/2018	\$1,875,977	\$2,069,954	\$2,125,696		\$(77,023)
12/31/2017	\$2,135,060	\$2,227,274	\$2,051,088		\$128,722
09/30/2017	\$1,761,866	\$2,015,818	\$1,895,452	\$(16,167)	\$159,649

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

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

B. Risk Sharing Receivables - No Material Change

### 29. Participating Policies

No Material Change

### 30. Premium Deficiency Reserves

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

(1)
\$0
06/30/2020
No

### 31. Anticipated Salvage and Subrogation

No Material Change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[X] No[ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
Civica Inc., SA MOB III LLC, Mercy Healthcare Foundation?Clinton, Saint Alphonsus Regional Rehabilitation Hospital, LLC, NOMC/MacNeal Radiation Therapy Joint Venture, LLC, St. Peter's Hospital College of Nursing, Sterling Surgical Center, LLC, Morton Plant Hospital Association, Inc., Bartow Regional Medical Center, Inc., Winter Haven Hospital, Inc., BayCare Alliant Hospital, Inc., St. Joseph's Hospital, Inc. d/b/a/ St. Joseph's Hospital ? South , Holy Cross Senior Services, Inc., Lourdes Health Support, LLC., CNY North Urgent Care, PLLC, Woodland Partners Real Estate LLC., NRRON, LLC., TIC, LLC., Western Massachusetts PET/CT Imaging Center, LLC were added. Saint Alphonsus Medical Center Nampa Medical Staff, Eagle ED Real Estate LLC., Oakland Health Alliance, LLC, California Healthcare Management Partners, Inc., Community Health Alliance, Inc., were removed.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]  
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[X] N/A[ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2016 .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2016 .....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 04/24/2018 .....
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

## INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0
13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes  No
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No  N/A   
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page \$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  No
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes  No
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes  No
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes  No
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

**GENERAL INTERROGATORIES (Continued)**

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]
- 18.2 If no, list exceptions:
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes[] No[X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes[] No[X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[] No[X]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... (3,602.144)%
1.2 A&H cost containment percent	..... 341.195%
1.3 A&H expense percent excluding cost containment expenses	..... 209.758%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] No[ ]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
			<b>NONE</b>						

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	L		(591)					(591)	
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	L		10,314					10,314	
35. North Dakota (ND)	N								
36. Ohio (OH)	L		32,444					32,444	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X		42,166					42,166	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X		42,166					42,166	
<b>DETAILS OF WRITE-INS</b>									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E Eligible - Reporting entities eligible or approved to write surplus lines in the state

N None of the above Not allowed to write business in the state

3

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

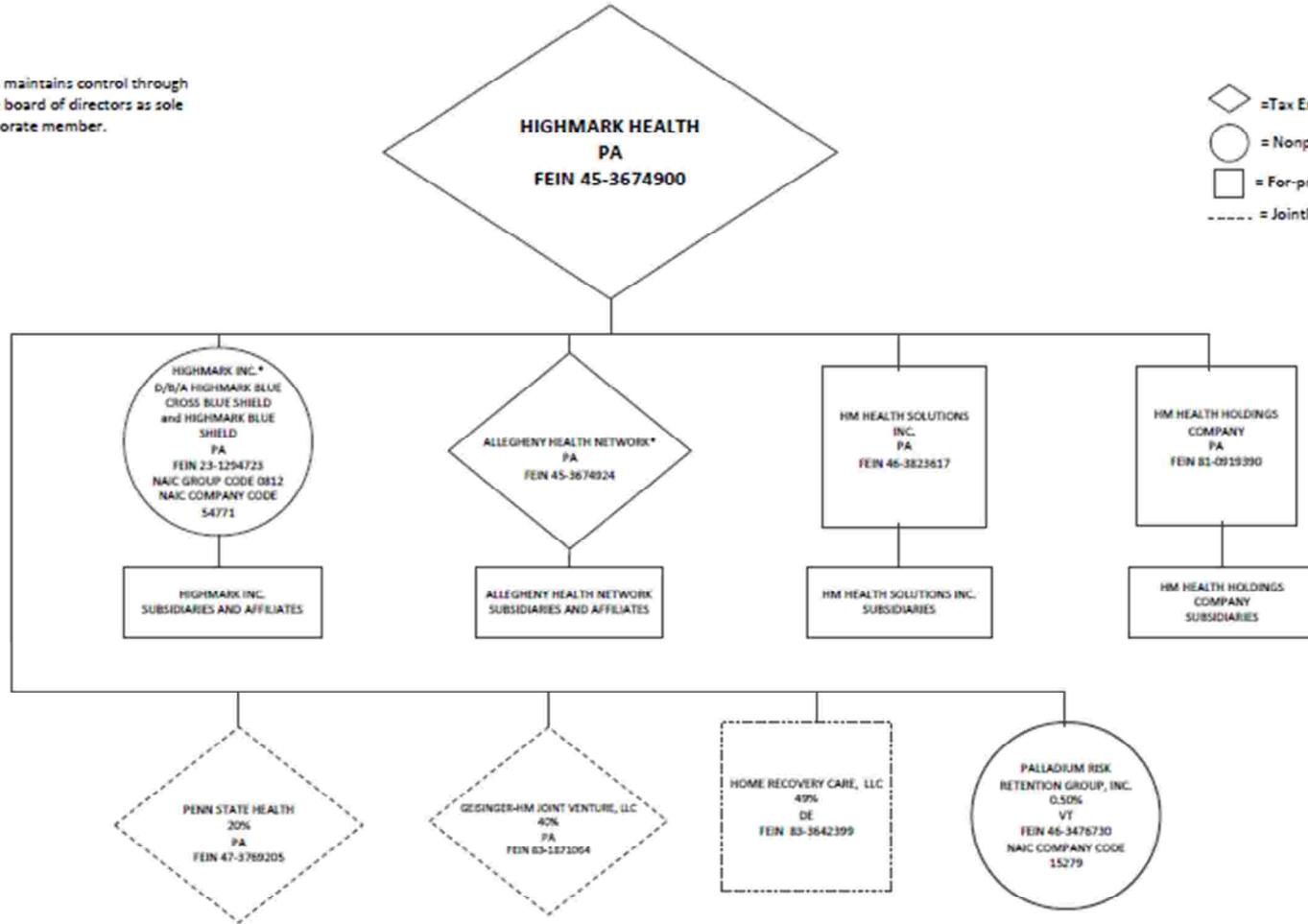
54

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

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

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

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



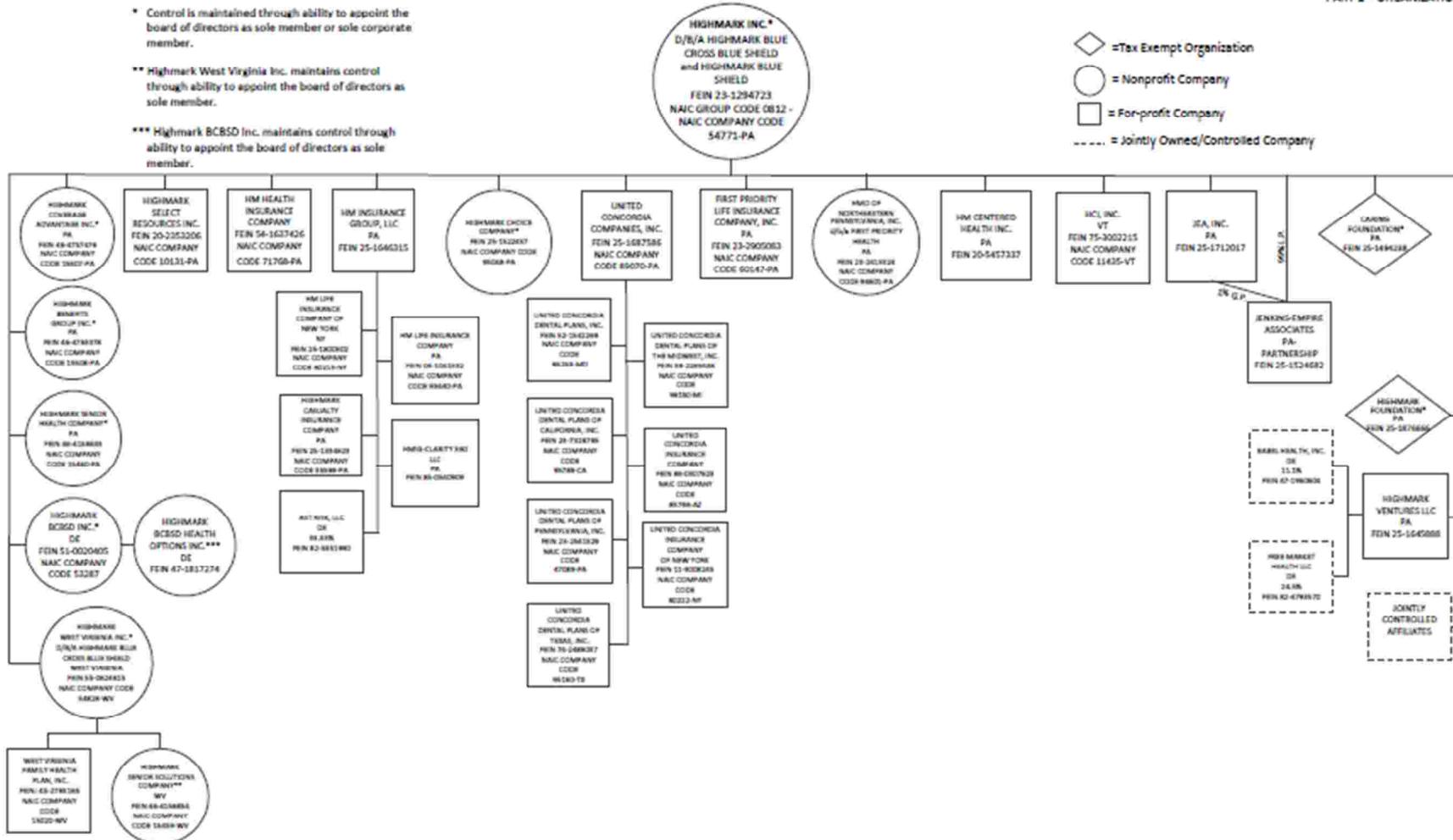
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

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

- \* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.
- \*\* Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.
- \*\*\* Highmark BCBSO Inc. maintains control through ability to appoint the board of directors as sole member.

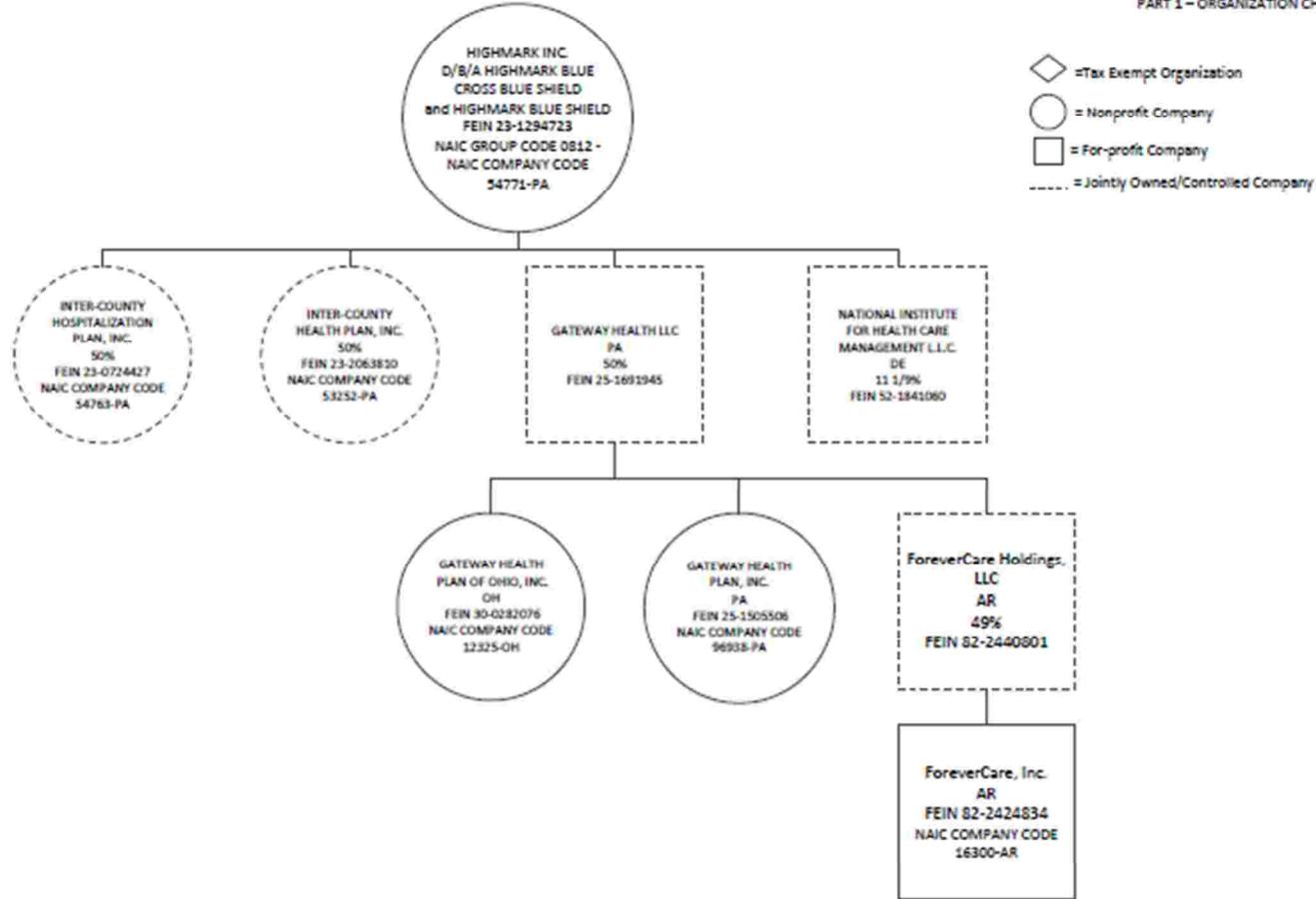
- ◇ = Tax Exempt Organization
- = Nonprofit Company
- = For-profit Company
- = Jointly Owned/Controlled Company



Q15.1

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

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



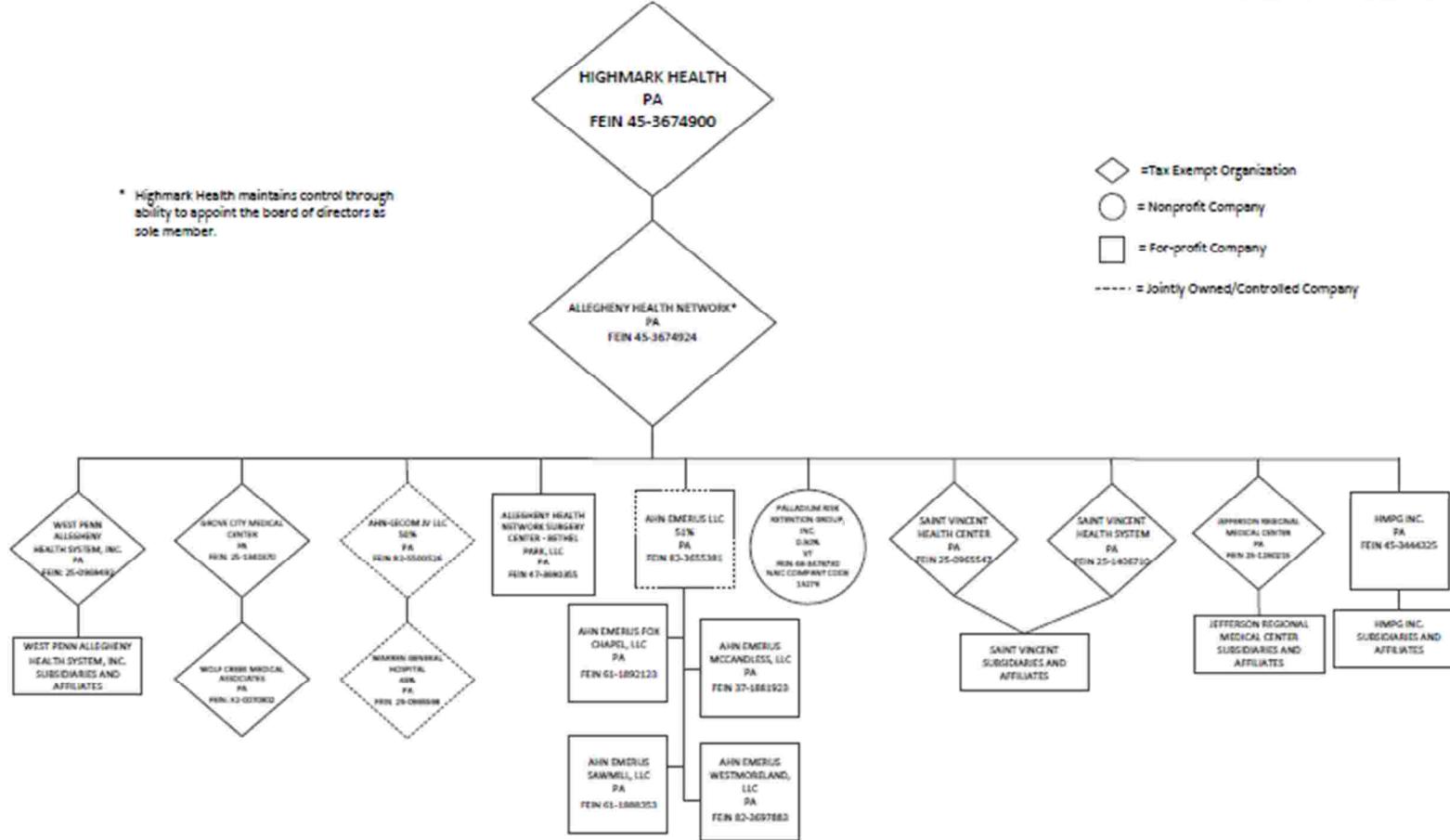
Q15.2

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

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

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

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



Q15.3

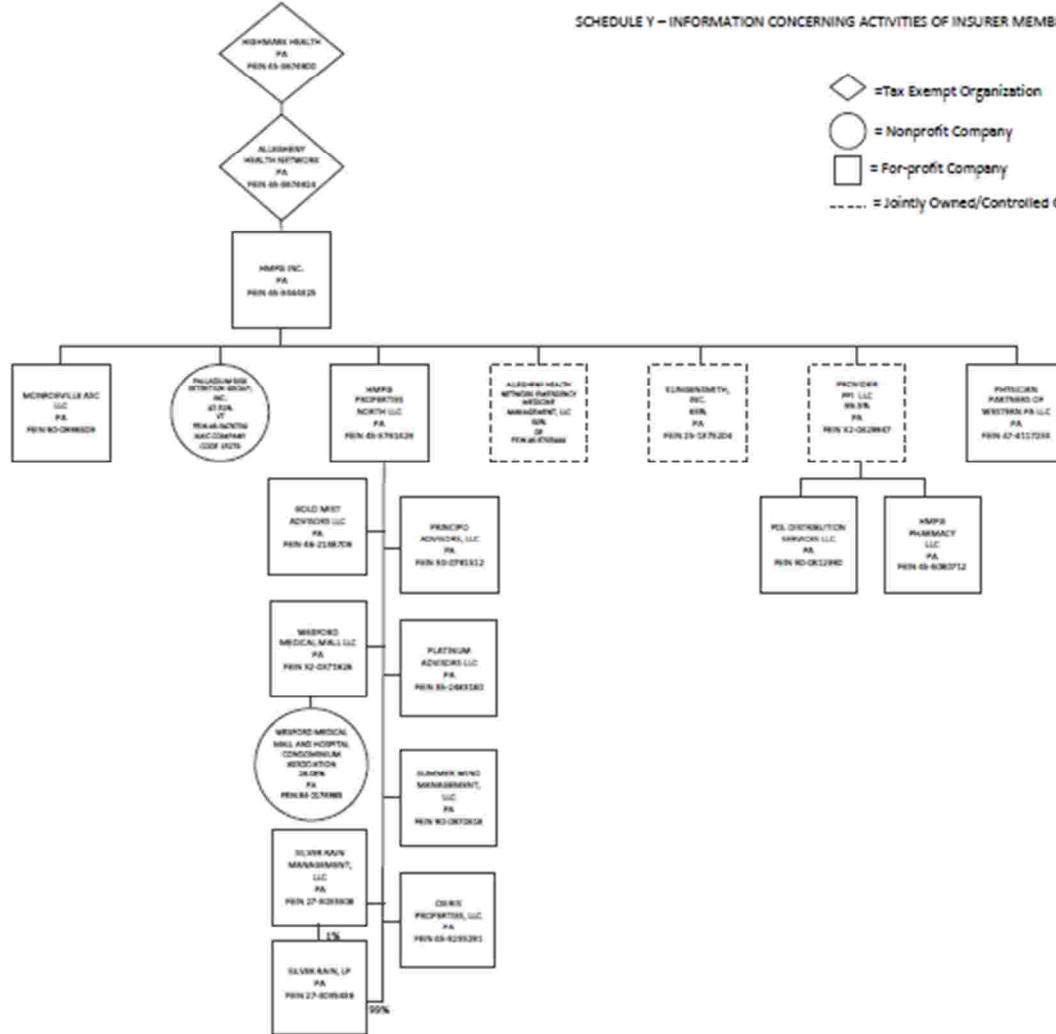
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

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

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

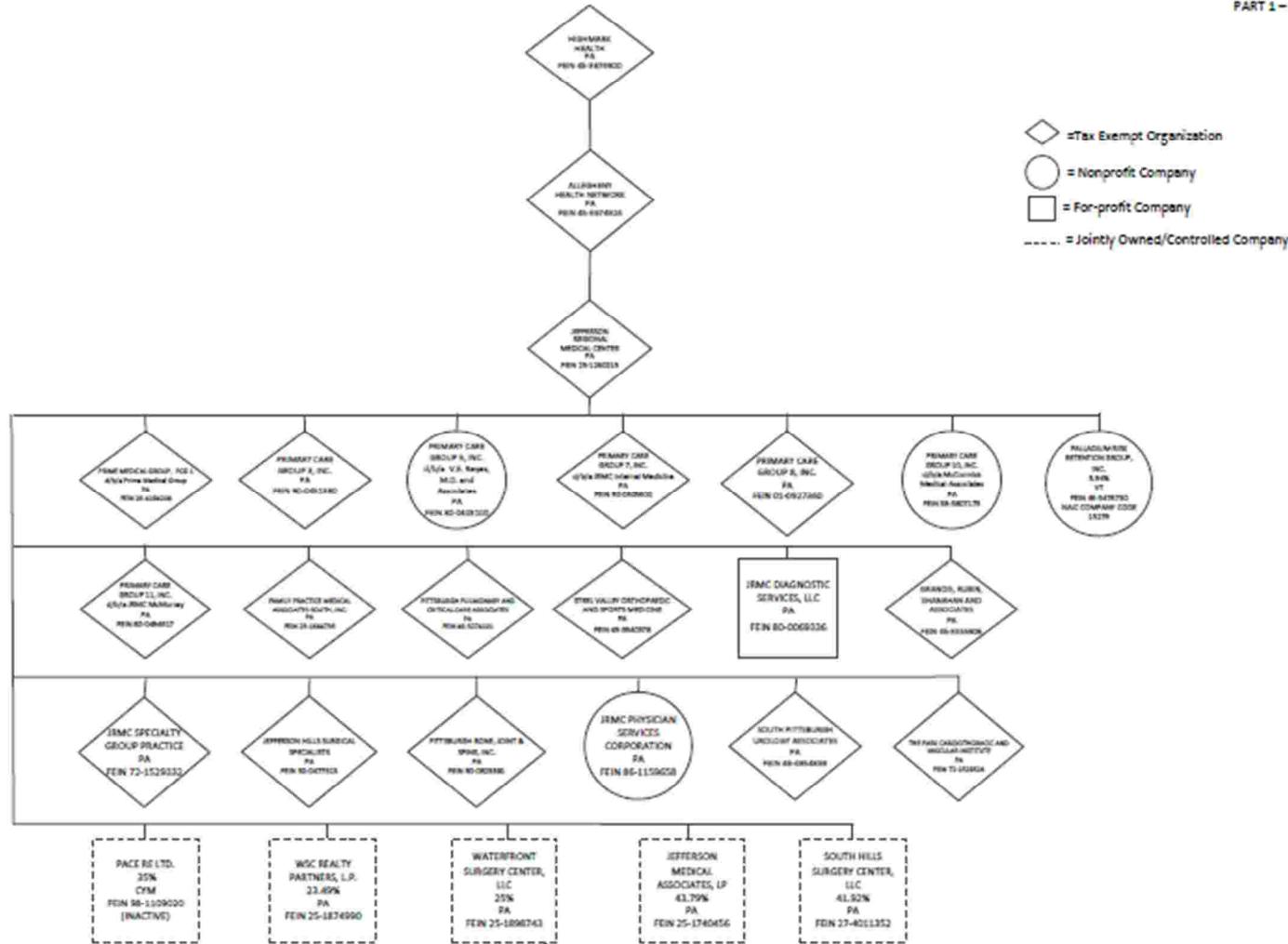


Q15.4



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

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

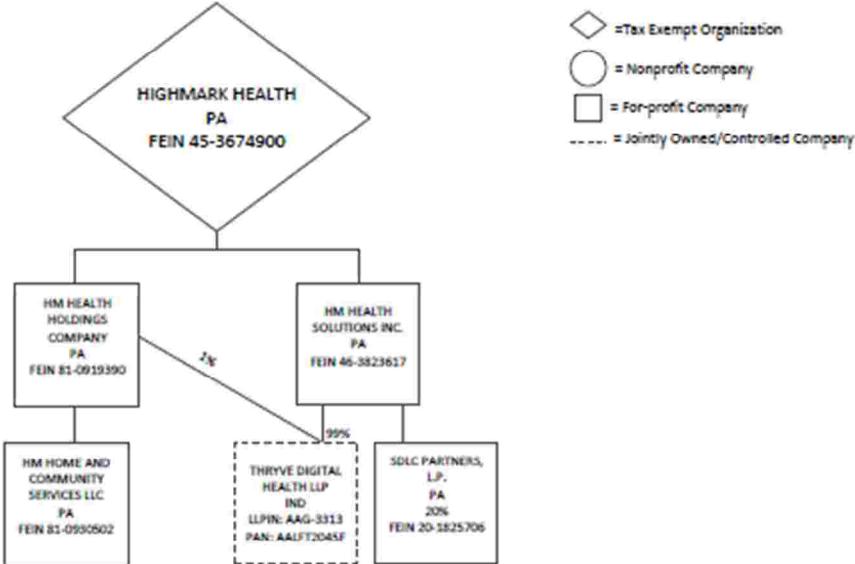


Q15.6



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

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



Q15.8

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)

Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 ( % Controlled by Trinity Health Corporation) THREE Services LLC; FEIN: 45-2603654 (100% Controlled by Immediate Parent)

Trinity Health Pharmacy Services, LLC; FEIN: 84-3130212 (100% Controlled by Immediate Parent) Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation) Michigan Co-Tenancy Laboratory (Trinity Health Corporation Partnership)

Mount Carmel Health System (Ohio); FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)

Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel New Albany Surgical Hospital; (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent) Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)

Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent) Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)

Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent) Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)

Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent) OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)

Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent) Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)

Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent) Central Ohio Medical Textiles; FEIN: 38-3643180 (50% Controlled by Immediate Parent)

Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)

SA MOB III LLC; FEIN: 20-1218559 (Mount Carmel Health System holds a 38.14% interest; Mount Carmel HealthProviders, Inc. holds a % interest) Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)

Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)

St. Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.14% Controlled by Immediate Parent; 6.27% Controlled by Mt. Carmel Health Providers, Inc.) Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)

MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent) Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent)

Columbus Cyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)

New Albany Surgery Center, LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent) MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)

St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Controlled by Immediate Parent)

Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Controlled by Immediate Parent) MediLuent MOB I Limited Partnership; FEIN: 20-4913370 (25% Controlled by Immediate Parent)

Eastwind Surgical, LLC; FEIN: 90-0739442 (30.77841% Controlled by Immediate Parent)

Health Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Controlled by Immediate Parent)

Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling; Interest held by Immediate Parent) Holy Cross Health, Inc. [Maryland]; FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)

Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)

Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent) Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent) Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)

Holy Cross Health Foundation, Inc.; FEIN: 20-8429450 (100% Controlled by Immediate Parent)

Chesapeake Potomac Regional Cancer Center, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent) Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (20% Controlled by Immediate Parent)

Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent)

Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent) The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)

Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent) Holy Cross Health Partners, LLC; FEIN: 82-2391212 (100% Controlled by Immediate Parent)

Mercy Health Network, Inc. d/b/a MercyOne; FEIN: 42-1478477 (50% Controlled by Immediate Parent; 50% Controlled by CommonsPrith Health (Catholic Health Initiatives) [Iowa/Nebraska] Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc.)

Mercy Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Immediate Parent)

Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Parent) Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by MHN)

N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Immediate Parent)

Mercy Hospital of Franciscan Sisters, Inc. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Immediate Parent) Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Immediate Parent)

Joanet Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Immediate Parent) Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Immediate Parent)

Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Immediate Parent) Mercy Health Services - Iowa, Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)

Mercy Health Network, Inc. JOA)

Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent)

Mercy Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center) Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)

Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent) MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Dubuque Mercy Health Foundation, Inc. dba MercyOne Dubuque Foundation; FEIN: 26-2227941 (100% Controlled by Immediate Parent) Dyersville Health Foundation, Inc. dba MercyOne Dyersville Medical Center; FEIN: 20-5383271 (100% Controlled by Immediate Parent) United Clinical Laboratories, Inc.; FEIN: 42-1268486 (33.33% Controlled by Immediate Parent)

Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)

Health Management Services, L.L.C.; FEIN: 46-1861361 (50% Controlled by MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) Tri-State Surgery Center, L.L.C.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)

Medical Associates/Mercy Family Care Network, L.L.C.; FEIN: 42-1478444 (100% Controlled by Immediate Parent) Tri-State Occupational Health, L.L.C.; FEIN: 90-1039315 (100% Controlled by Immediate Parent)

MercyOne New Hampton Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Hospice of North Iowa dba MercyOne North Iowa Hospice; FEIN: 42-1173708 (100% Controlled by Immediate Parent)

Mercy Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Parent)

Forest Park Imaging, LLC; FEIN: 13-4365966 (52.89% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)

Surgical Center Building Associates, LLC; FEIN: 31-1373080 (35% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080) Magnetics Resonance Services, LLC; FEIN: 42-1233088 (49% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Mason City Ambulatory Surgery Center, LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)) Mercy Heart Center Outpatient Services, LLC; FEIN: 13-4237594 (51% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Iowa Falls Clinic; FEIN: 42-1467712 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)) MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Hawarden Regional Healthcare Clinics, L.L.C.; FEIN: 42-6005851 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)) Mercy Medical Services, Inc. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Parent)

Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)

Health, Incorporated; FEIN: 31-1712115 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)) Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)

Siouxland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent) Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)

Mercy/JSP Health Ventures, L.L.C.; FEIN: 47-1290300 (55.71% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)) Siouxland Surgery Center Limited Liability Partnership; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)

Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)

Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent) Baum Harmon Mercy Hospital dba MercyOne Pringhar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)

Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Pringhar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent) Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% Controlled by Trinity Health)

The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent) Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent) Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent)

Select Health Network, Inc.; FEIN: 35-1922210 (50% Controlled by Immediate Parent)

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

Edison Lakes ROC, LLC; FEIN: 27-1778694 (30% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - South Bend Campus Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent) Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent) SJRMCC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)

Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent) Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% Controlled by Trinity Health)

ssus Medical Center - Nampa, Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent) Medidow, Inc.; FEIN: 82-0389277 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Parent) Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% Controlled by Immediate Parent)

Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Parent) Life Flight Network, LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent)

Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Parent)

Entity was Administratively dissolved 12/27/2019 in Idaho: we are waiting to hear from RHM as to Final disposition or Reinstatement; Emergency Medical Plazas of Idaho, LLC; FEIN: 81-4098266 (50% Controlled by Immediate Parent) Entity was Administratively dissolved 3/5/2019 in Idaho: we are waiting to hear from RHM as to Final

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Disposition or Reinstatement: EMP Idaho Nampa, LLC; FEIN: 36-4851679 (100% Controlled by Immediate Parent) Entity was Administratively dissolved 3/5/2019 in Idaho: we are waiting to hear from RHM as to Final Disposition or Reinstatement: EMP Idaho Boise, LLC; FEIN: 35-2577088 (100% Controlled by Immediate Parent) Entity was Administratively dissolved 3/5/2019 in Idaho: we are waiting to hear from RHM as to Final Disposition or Reinstatement: EMP Idaho Eagle, LLC; FEIN: (100% Controlled by Immediate Parent) Entity was Administratively dissolved 3/5/2019 in Idaho: we are waiting to hear from RHM as to Final Disposition or Reinstatement: EMP Idaho Twin Falls, LLC; FEIN: (100% Controlled by Immediate Parent)

Saint Alphonsus Regional Rehabilitation Hospital, LLC; FEIN: 63-0860407 (49% Controlled by Saint Alphonsus Diversified Care, Inc.) Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)

Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; FEIN: 82-0528861 (80% Controlled by Immediate Parent) Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% Controlled by Immediate Parent)

Saint Alphonsus Professional Medical Services LLC; FEIN: 46-0502210 (100% Controlled by Immediate Parent) Saint Alphonsus Specialty Services, Inc.; FEIN: 26-0553931 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Ontario, Inc.; FEIN: 27-1789847 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Controlled by Immediate Parent) Saint Alphonsus Foundation - Ontario, Inc.; FEIN: 20-2683560 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Baker City, Inc.; FEIN: 27-1790052 (100% Controlled by Immediate Parent)

Saint Alphonsus Foundation - Baker City, Inc.; FEIN: 94-3164869 (100% Controlled by Immediate Parent)

Eastern Oregon Coordinated Care Organization, LLC; FEIN: (100% Controlled by Saint Alphonsus Health System, Inc.) Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Controlled by Saint Alphonsus Health System, Inc.)

Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Controlled by Saint Alphonsus Health System, Inc.) Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% Controlled by Trinity Health Corporation)

Tri-Hospital Emergency Medical Services Corporation; FEIN: 38-2485700 (33.33% Controlled by Immediate Parent)

Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

St. Joseph Mercy Chelsea, Inc. dba St. Joseph Mercy Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Health System; dba St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent) Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Parent)

Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Parent)

Metropolitan Detroit Area Hospital Services, Inc.; FEIN: 38-1959953 (A Michigan Non-Profit Co-Op) Members include Trinity Health - Michigan d/b/a Saint Joseph Mercy Health System Park Central, L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent)

Together Health Network, L.L.C.; FEIN: 47-1573173 (47.5% Controlled by Immediate Parent) Sixty-Fourth Street, LLC; FEIN: 20-2443646 (53.94% Controlled by Immediate Parent)

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

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

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

Advantage Health/ Saint Mary's Medical Group d/b/a Mercy Health Physician Partners; FEIN: 27-2491974 (100% Controlled by Immediate Parent) Advent Rehabilitation LLC; FEIN: 38-3306673 (50% Controlled by Immediate Parent)

Life Circles; FEIN: 26-0170498 (25.5% Controlled by Immediate Parent)

Woodland Imaging Center, LLC dba Avant Imaging; FEIN: 76-0820959 (51% Controlled by Immediate Parent); IHA Health Services Corporation; FEIN: 38-3316559 (100% Controlled by Immediate Parent)

Huron Valley CT Center, LLC; FEIN: (100% Controlled by Immediate Parent) IHA Affiliation Corp.; FEIN: 38-3188895 (100% Controlled by Immediate Parent)

McAuley Health Partners ACO, LLC; FEIN: 83-0959900 (100% Controlled by Immediate Parent) Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent)

The Waterford Surgical Center, LLC; FEIN: 27-1110813 (33.02% Controlled by Immediate Parent)

Physician Direct Accountable Care Organization; FEIN: 45-5589234 (25% Controlled by Immediate Parent) Oakland Health Alliance, LLC; FEIN: 82-2021072 (100% Controlled by Immediate Parent)

Southeast Michigan Clinical Network, LLC; FEIN: 47-3856789 (100% Controlled by Immediate Parent)

Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446 (66.6% Controlled by Immediate Parent) Total Network, LLC; FEIN: (47.5% Controlled by Trinity Health - Michigan)

West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (17.36% Controlled by Mercy Health Partners; 10.70% Interest Held by Trinity Health - Michigan) Western Michigan Associates; FEIN: 38-2960292 (14.06% Controlled by Mercy Health Partners; 10.70% Controlled by Trinity Health - Michigan)

Northern Michigan Supply Alliance, L.L.C.; FEIN: 38-3453378 (50% Controlled by Immediate Parent) Mercy Health Partners; FEIN: 38-2589966 (100% Controlled by Immediate Parent)

Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent) Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent)

Muskegon SC, LLC; FEIN: 20-3244346 (34.88% Controlled by Immediate Parent)

West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Parent) Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Parent)

Mobile Health Resources, L.L.C.; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)

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

Western Michigan Associates; FEIN: 38-2960292 (14.06% Controlled by Mercy Health Partners; 10.70% Controlled by Trinity Health - Michigan)

West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (17.36% Controlled by Mercy Health Partners; 10.70% Interest Held by Trinity Health - Michigan) Hackley Health Ventures, Inc.; FEIN: 38-2589959 (100% Controlled by Immediate Parent)

Hackley Professional Pharmacy, Inc. dba Mercy Health Partners-Pharmacy Inc., dba Mercy Health Pharmacy - Lakes; dba Mercy Health Pharmacy - North Muskegon; FEIN: 38-2447870 (100% Controlled by Immediate Parent) Workplace Health of Grand Haven, Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent)

Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Immediate Parent) Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Parent) Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Parent)

Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Controlled by Immediate Parent)

Gottlieb Community Health Services Corporation dba MacNeal Hospital; FEIN: 36-3332852 (100% Controlled by Immediate Parent)

L. Medicine Labs, LLC; FEIN: 37-1878743 (100% Controlled by Immediate Parent) Primary Care Physicians Center, L.L.C.; FEIN: 36-4038505 (94% Controlled by GCHSC) Chicago Health System ACO, LLC; FEIN: 45-3020116 (100% Controlled by GCHSC)

MacNeal Health Providers, Inc. dba Chicago Health System, Inc.; FEIN: 36-3361297 (100% Controlled by GCHSC) Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Controlled by Immediate Parent) NOMC/MacNeal Radiation Therapy Joint Venture, L.L.C.; FEIN: 20-0812600 (45% Controlled by GCHSC)

Loyola University Medical Center; FEIN: 36-4015560 (100% Controlled by Immediate Parent)

Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Parent)

Loyola Ambulatory Surgery Center at Oakbrook, L.P.; FEIN: 36-4119522 (49% Controlled by Immediate Parent) RMLHP Corporation; FEIN: 36-4160869 (50% Controlled by Immediate Parent)

Loyola Medicine Transport LLC; FEIN: 47-4147171 (51% Controlled by Immediate Parent) Loyola Medical Group, LLC; FEIN: 32-0552496 (100% Controlled by LUMC)

South Campus Partners, Inc.; FEIN: 32-0517854 (49% Controlled by LUMC)

Palos Health Surgery Center, LLC; FEIN: 35-2634975 (48.5% Controlled by Loyola University Medical Center) Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Controlled by Immediate Parent)

Mercy Health System of Chicago [Illinois]; FEIN: 36-3163227 (100% Controlled by Trinity Health )

Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Parent) Mercy Advanced MRI, LLC; FEIN: 26-2116721 (100% Controlled by Immediate Parent)

Mercy Foundation, Inc.; FEIN: 36-3227350 (100% Controlled by Immediate Parent) Mercy Services Corporation; FEIN: 36-3227348 (100% Controlled by Immediate Parent)

Mercy Quality Health Partners ACO, LLC; FEIN: 38-3971072 (100% Controlled by Immediate Parent) Mercy Quality Health Partners, LLC; FEIN: 36-4798692 (100% Controlled by Immediate Parent)

Saint Agnes Medical Center [California]; FEIN: 94-1437173 (100% Controlled by Trinity Health)

Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; FEIN: 94-2839324 (100% Controlled by Immediate Parent) Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder licensed physicians appointed by SAMC - Not Controlled by SAMC)

Central Valley Health Plan, Inc.; FEIN: 61-1846844 (100% Controlled by Immediate Parent)

California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Controlled by Immediate Parent) Saint Agnes/USP Surgery Centers, LLC; FEIN: (50.1% Controlled by Saint Agnes Medical Center)

Renaissance Surgery Center, LLC; FEIN: 20-5977652 (Saint Agnes/USP Surgery Centers, LLC acquired 51% membership interest 9/1/2018) Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% Controlled by Trinity Health)

Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Health) Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Parent)

Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (48% Controlled by Immediate Parent) McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Parent)

Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Controlled by Immediate Parent)

BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC) Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559556 (100% Controlled by Trinity Health Corporation)

BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC) Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559556 (100% Controlled by Trinity Health Corporation)

Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% Controlled by Trinity Continuing Care Services/Trinity Health)

Holy Cross CareNet, Inc. (Operating Assets Sold 8.31.2018 but Entity Remains); FEIN: 52-1945054 (100% Controlled by Immediate Parent) Mercy Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% Controlled by Immediate Parent)

Mercy Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605 (100% Controlled by Immediate Parent) Trinity Continuing Care Services - Indiana, Inc.; FEIN: 93-0907047 (100% Controlled by Immediate Parent)

Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent) Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent)

Mercy Community Health, Inc.; FEIN: 06-1492707 (100% Controlled by Immediate Parent)

Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent) McAuley Center, Incorporated; FEIN: 06-1058086 (100% Controlled by Immediate Parent)

Mount St. Joseph dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998 (100% Controlled by Immediate Parent) Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Glacier Hills Foundation: FEIN: 20-8072723 (100% Controlled by Immediate Parent)

Trinity Continuing Care Services - Massachusetts: FEIN: 82-4005577 (100% Controlled by Immediate Parent)

Trinity Home Health Services (multistate operation - incorporated in Michigan): FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)

ASSETS OF THIS ENTITY WERE SOLD 10.31.2017 BUT ENTITY REMAINS - THHS Oakland: FEIN: 38-3320699 (100% Controlled by Immediate Parent)

Hospice of Muskegon County, Inc.: FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)

Mercy General Health Partners, Amicare Homocare dba North Ottawa at Home: FEIN: 38-3-321854 (100% Controlled by Immediate Parent) Saint Mary's Amicare Home Healthcare: FEIN: 38-3320700 (100% Controlled by Immediate Parent)

Trinity Health PACE: FEIN: 47-3073124 (100% Controlled by Immediate Parent) - incorporated in Michigan) Saint Joseph PACE Inc.: FEIN: 47-3129127 (100% Controlled by Immediate Parent)

LIFE St. Joseph of the Pines, Inc.: FEIN: 27-2159847 (100% Controlled by Immediate Parent)

Trinity Health LIFE Pennsylvania Inc. dba Mercy LIFE - West Philadelphia : FEIN: 47-5244984 (100% Controlled) Mercy LIFE of Alabama: FEIN: 27-3163002 (100% Controlled by Immediate Parent)

Mercy LIFE, Inc.: FEIN: 45-3086711 (100% Controlled by Immediate Parent)

LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey: FEIN: 26-1854750 (100% Controlled by Immediate Parent) Trinity Health Partners, L.L.C.: FEIN: 47-2798085 (100% Controlled by Trinity Health)

Trinity Health Partners - Michigan, L.L.C.: FEIN: 35-2534498 (100% Controlled by Immediate Parent) Trinity Health Partners - Idaho, L.L.C.: FEIN: 30-0875741 (100% Controlled by Immediate Parent) Trinity Health Partners - Illinois, L.L.C.: FEIN: 39-1828147 (100% Controlled by Immediate Parent) Trinity Health Partners - New Jersey, L.L.C.: FEIN: 36-4838390 (100% Controlled by Immediate Parent)

Trinity Health ACO, Inc.: FEIN: 47-3794666 (100% Controlled by Trinity Health)

Trinity Integrated Care, LLC: FEIN: 81-2772183 (100% Controlled by Immediate Parent) Trinity Accountable Care, LLC: FEIN: 81-2780900 (100% Controlled by Immediate Parent) Trinity Accountable Care II, LLC: FEIN: 84-2508775 (100% Controlled by Immediate Parent)

Trinity Health of the Mid-Atlantic Region (Effective 7.1.19- formerly Mercy Health System of Southeastern Pennsylvania) [Pennsylvania]: FEIN: 23-2212638 (100% Controlled by Trinity Health) Mercy Health Foundation of Southeastern Pennsylvania: FEIN: 23-2829864 (100% Controlled by Immediate Parent)

Mercy Catholic Medical Center of Southeastern Pennsylvania: FEIN: 23-1352191 (100% Controlled by Immediate Parent)

Mercy Catholic Medical Center - Mercy Fitzgerald Campus (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania): FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region) Mercy Catholic Medical Center - Mercy Philadelphia Campus (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania): FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region) Mercy Suburban Hospital (Inactive - Assets Sold 2/1/2016 but entity remains): FEIN: 23-1396763 (100% Controlled by Immediate Parent)

Nazareth Hospital: FEIN: 23-2794121 (100% Controlled by Immediate Parent)

Nazareth Medical Office Building Associates, L.P.: FEIN: 23-2388940 (63.85% Controlled by Immediate Parent) St. Agnes Continuing Care Center: FEIN: 23-2840137 (100% Controlled by Immediate Parent)

Mercy Health Plan: FEIN: 22-2483605 (100% Controlled by Immediate Parent) Mercy Accountable Care, LLC: FEIN: 46-2774097 (100% Controlled by Immediate Parent)

Gateway Health LLC (50% Controlled by Immediate Parent): FEIN: 25-1691945

Gateway Health Plan, Inc.: FEIN: 25-1505506 (100% Controlled by Immediate Parent) Gateway Health Plan of Ohio, Inc.: FEIN: 30-0282076 (100% Controlled by Immediate Parent)

Mercy Home Health Services: FEIN: 23-2325058 (100% Controlled by Immediate Parent) Mercy Home Health: FEIN: 23-1352099 (100% Controlled by Immediate Parent)

Mercy Family Support: FEIN: 23-2325059 (100% Controlled by Immediate Parent)

Mercy Physician Network (ENTITY IS INACTIVE AND WILL BE DISSOLVED AT A LATER DATE ): FEIN: 46-1187365 (100% Controlled by Immediate Parent) Nazareth Physician Services, Inc.: FEIN: 20-3261266 (100% Controlled by Immediate Parent)

N.E. Norton Services, Inc.: FEIN: 23-2497355 (100% Controlled by Immediate Parent)

East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains): FEIN: 23-2515999 (100% Controlled by Immediate Parent) Mercy Management of Southeastern Pennsylvania: FEIN: 23-2627944 (100% Controlled by Immediate Parent)

Mercy/Manor Partnership (50% Controlled by Immediate Parent): FEIN: 52-1931012 Mercy Eastwick, Inc.: FEIN: 23-2184261 (100% Controlled by Immediate Parent)

St. Mary Medical Center (Pennsylvania): FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Region) Langhorne Physician Services: FEIN: 23-2571699 (100% Controlled by Immediate Parent)

LIFE St. Mary: FEIN: 26-2976184 (100% Controlled by Immediate Parent)

St. Mary Emergency Medical Services: FEIN: 46-5354512 (100% Controlled by Immediate Parent) St. Mary Building and Development: FEIN: 46-1827502 (100% Controlled by Immediate Parent) Langhorne Services, Inc.: FEIN: 23-2625981 (100% Controlled by Immediate Parent)

Langhorne Services II, Inc.: FEIN: 23-3799549 (100% Controlled by Immediate Parent) Langhorne MOB Partners, L.P.: FEIN: 23-2622772 (42.857% Controlled by Immediate Parent)

The Ambulatory Surgery Center at St. Mary, LLC: FEIN: 23-2871204 (51% Controlled by Immediate Parent) SMMC MOB II Limited Partnership: FEIN: 36-4559669 (65.75% Controlled by Immediate Parent)

Quality Health Alliance LLC: FEIN: 46-5686622 (100% Controlled by Immediate Parent) Quality Health Alliance - ACO LLC: FEIN: 46-5675954 (100% Controlled by Immediate Parent)

Endoscopy Center at St. Mary, LP: FEIN: 20-5253361 (16.349% Controlled by Immediate Parent) St. Mary Rehabilitation Hospital, LLP: FEIN: 27-3938747 (59% Controlled by SMMC)

Hear Institute of St. Mary, LLC: FEIN: 45-4903701 (10% Controlled by SMMC)

St. Francis Hospital, Inc. (Delaware): FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region) LIFE at St. Francis Healthcare, Inc.: FEIN: 45-2569214 (100% Controlled by Immediate Parent)

Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2018, WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED. Franciscan Eldercare Corporation: FEIN: 22-3006880 (100% Controlled by Immediate Parent) Delaware Care Collaboration ("DCC") LLC: FEIN: 47-4069475 (100% Controlled by Immediate Parent)

St. Mary's Health Care System, Inc. [Georgia] dba St. Mary's Hospital: FEIN: 58-6564223 (100% Controlled by Trinity Health) St. Mary's Foundation, Inc.: FEIN: 58-2544232 (100% Controlled by Immediate Parent)

St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks: FEIN: 47-3752176 (100% Controlled by Immediate Parent) Sacred Heart Enterprises, LLC: FEIN: 35-2534772 (100% Controlled by Immediate Parent)

Cobb Enterprises, LLC: FEIN: 20-8356011 (100% Controlled by Immediate Parent)

Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital: FEIN: 26-1720984 (100% Controlled by Immediate Parent) St. Mary's Good Samaritan Foundation, Inc.: FEIN: 81-1660088 (100% Controlled by Immediate Parent)

St. Mary's Medical Group, Inc.: FEIN: 26-1858563 (100% Controlled by Immediate Parent)

St. Mary's Highland Hills, Inc. dba St. Mary's Highland Hills Village and dba Highland Hills Village: FEIN: 02-0576648 (100% Controlled by Immediate Parent) Athens Residential Properties, LLC: FEIN: Not Issued (100% Controlled by Immediate Parent)

Maxis Health System [Pennsylvania]: FEIN: 91-1949002 (100% Controlled by Trinity Health)

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

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

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

Central New Jersey Heart Services, LLC: FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Center) St. Francis Medical Associates, P.A.: FEIN: 83-2199054 (100% Controlled by Immediate Parent)

St. Peter's Health Partners (New York): FEIN: 45-3570715 (100% Controlled by Trinity Health)

United Laboratory Network IPA, LLC: FEIN: 14-1827292 (SPHP holds 16.5% Interest; Samaritan Hospital of Troy, New York holds 16.5% Interest) The Burdett Care Center, Inc. d/b/a Burdett Birth Center: FEIN: 27-2153849 (100% Controlled by SPHP)

Capital Region UC LLC d/b/a WellNow: FEIN: 38-4124497 (25% Interest Held by SPHP)

Innovative Health Alliance of New York, LLC (100% Controlled by Immediate Parent): FEIN: 46-5676066 St. Peter's Hospital Foundation, Inc.: FEIN: 22-2262982 (100% Controlled by Immediate Parent)

Manning Medical, PLLC (Normally Controlled by SPHP Physician in accordance with NY law: SPHP exercises control through an Agreement and Reserve Powers): FEIN: 46-4331512

Albany Advanced Imaging, P.L.L.C. dba St. Peter's Health Partners Imaging (Manning Medical PLLC controls 44.65%; Albany Radiology Partners, PLLC controls 55.35%): FEIN: 14-1813068 St. Peter's Health Partners Medical Associates, P.C.: FEIN: 46-1177336 (100% Controlled by Immediate Parent)

St. Peter's Hospital of the City of Albany dba St. Peter's Hospital: FEIN: 14-1348692 (100% Controlled by Immediate Parent)

Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center: FEIN: 14-1438749 (100% Controlled by Immediate Parent) St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%): FEIN: 46-0463892

Our Lady of Mercy Life Center: FEIN: 14-1743506 (100% Controlled by Immediate Parent) Everett Road ASC, LLC: FEIN: 83-3542382 (SPHCA holds 20% Interest)

St. Peter's Hospital College of Nursing: FEIN: 84-3744949 (100% Controlled by SPHCA) The Community Hospice, Inc.: FEIN: 14-1608921 (100% Controlled by Immediate Parent)

The Community Hospice Foundation, Inc.: FEIN: 22-2692940 (100% Controlled by Immediate Parent) Samaritan Hospital of Troy, New York dba Samaritan Hospital: FEIN: 14-1338544 (100% Controlled by Immediate Parent)

Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital): FEIN: 14-1338544 (100% Controlled by Immediate Parent) Samaritan Hospital - Albany Memorial Campus (dba of Samaritan Hospital): FEIN: 14-1338544 (100% Controlled by Immediate Parent)

Alliance for Better Health Care, LLC (JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%): FEIN: 47-2920659

The Northeast Health Foundation, Inc.: FEIN: 22-2743478 (100% Controlled by Immediate Parent) Samaritan Child Care Center, Inc.: FEIN: 14-1710225 (100% Controlled by Immediate Parent)

Sunnyview Hospital and Rehabilitation Center: FEIN: 14-1338386 (100% Controlled by Immediate Parent)

Sunnyview Hospital and Rehabilitation Center Foundation, Inc.: FEIN: 22-2505127 (100% Controlled by Immediate Parent) LTC Eddy, Inc. dba The Eddy: FEIN: 22-2564710 (100% Controlled by Immediate Parent)

The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center: FEIN: 22-2570478 (100% Controlled by Immediate Parent) Capital Region Geriatric Center, Inc. dba Eddy Village Green: FEIN: 14-1701597 (100% Controlled by Immediate Parent)

Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center: FEIN: 14-1725101 (100% Controlled by Immediate Parent) Senior Care Connection, Inc. dba Eddy Senior Care: FEIN: 14-1708754 (100% Controlled by Immediate Parent)

Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association: FEIN: 14-1514867 (100% Controlled by Immediate Parent) Beverwyck, Inc. dba Eddy Village Green at Beverwyck: FEIN: 14-1717028 (100% Controlled by Immediate Parent)

Glen Eddy, Inc.: FEIN: 14-1794150 (100% Controlled by Immediate Parent)

The Glen at Hilland Meadows, Inc.: FEIN: 16-1529639 (50% Controlled by Immediate Parent)

Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge: FEIN: 80-0102840 (100% Controlled by Immediate Parent) The Marjorie Doyle Rockwell Center, Inc.: FEIN: 14-1792885 (100% Controlled by Immediate Parent) Beechwood, Inc. dba Eddy Property Services: FEIN: 14-1651563 (100% Controlled by Immediate Parent) Samaritan Medical Office Building, Inc.: FEIN: 14-1607244 (100% Controlled by Immediate Parent)

Eddy Licensed Home Care Agency, Inc.: FEIN: 14-1818568 (100% Controlled by Immediate Parent)

Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment: FEIN: 14-1795732 (100% Controlled by Immediate Parent) Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge: FEIN: 14-1756230 (100% Controlled by Immediate Parent)

St. James Mercy Health System (New York): FEIN: 22-3127184 (100% Controlled by Trinity Health) SJM Properties, Inc.: FEIN: 16-1294991 (100% Controlled by Immediate Parent)

Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) (New York): FEIN: 22-2565278

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

Sisters of Charity Hospital of Buffalo, New York: FEIN: 16-0743187 (100% Controlled by Immediate Parent) Sisters Hospital Foundation, Inc.: FEIN: 22-2283077 (100% Controlled by Immediate Parent)  
Kenmore Mercy Hospital: FEIN: 16-0762843 (100% Controlled by Immediate Parent)  
Kenmore Mercy Foundation, Inc.: FEIN: 16-1162971 (100% Controlled by Immediate Parent)  
KMH Homes, Inc.: FEIN: 16-1387890 (100% Controlled by Immediate Parent: Operationally Inactive) Catholic Health System Continuing Care Foundation: FEIN: 20-0947831 (100% Controlled by Immediate Parent) Mercy Hospital of Buffalo: FEIN: 16-0756336 (100% Controlled by Immediate Parent)  
Orchard Park Mercy Corp.: FEIN: 16-1470350 (100% Controlled by Immediate Parent) Alsace Abbott Corporation: FEIN: 16-1355092 (100% Controlled by Immediate Parent) Aurora Mercy Corp.: FEIN: 16-1354302 (100% Controlled by Immediate Parent)  
Mercy Hospital Foundation, Inc.: FEIN: 22-2209721 (100% Controlled by Immediate Parent) Mount St. Mary's Hospital of Niagara Falls: FEIN: 16-1523353 (100% Controlled by Immediate Parent)  
Mount St. Mary's Hospital Foundation, Inc.: FEIN: 16-1360884 (100% Controlled by Immediate Parent) Mount St. Mary's Child Care Center, Inc.: FEIN: 16-1523352 (100% Controlled by Immediate Parent)  
The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.: FEIN: 16-1582926 (100% Controlled by Immediate Parent) The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.: FEIN: 51-0217790 (100% Controlled by Immediate Parent)  
Niagara Medicine, P.C.: FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)  
Assets were sold 4/13/2015 but entity remains with CHS: Nazareth, Inc.: FEIN: 16-0813142 (100% Controlled by Immediate Parent: Operationally Inactive) WNY Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Controlled by Immediate Parent): FEIN: 16-1434368

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Niagara Homemaker Services, Inc.: FEIN: 16-1317960 (100% Controlled by Immediate Parent)

Assets were sold 3/7/2016 but entity remains with CHS: St. Vincent's Home for the Aged: FEIN: 16-0743167 (100% Controlled by Immediate Parent: Operationally Inactive)

Assets were sold 3/7/2016 but entity still remains with CHS: St. Elizabeth's Home of Lancaster, New York: FEIN: 16-0743154 (100% Controlled by Immediate Parent : Operationally Inactive) McAuley-Seton Home Care Corporation: FEIN: 16-1310062 (100% Controlled by Immediate Parent)

St. Francis Geriatric and Healthcare Services, Inc.: FEIN: 16-1523535 (100% Controlled by Immediate Parent)

St. Clare Apartments Housing Development Fund Company, Inc. (50% Controlled by Immediate Parent): FEIN: 16-0782647 Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.: FEIN: 26-1252884 (100% Controlled by Immediate Parent) Catholic Health System Infusion Pharmacy, Inc.: FEIN: 20-0198518 (100% Controlled by Immediate Parent)

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

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

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

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

Catholic Medical Partners-Accountable Care IPA, Inc.: FEIN: (% Controlled by Immediate Parent) CH Emmaus, Inc.: FEIN: 82-1852345 (100% Controlled by Immediate Parent)

Sterling Surgical Center, LLC: FEIN: 16-1607894 (100% Controlled by CH Emmaus)

Assets were sold 3/7/2016 but entity remains with CHS: St. Francis Home of Williamsville, New York (inactive): FEIN: 16-0743153 (100% Controlled by Immediate Parent) Baycare Health System, Inc. (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled: Other Parties to the JOA include Morton Plant Mease Health Care,

Morton Plant Mease Health Care, Inc.: FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System: Membership of this entity is a Directors Model - the Trustees of Mease Hospital, Inc. d/b/a Mease Countryside Hospital: FEIN: 59-0855412 (100% Controlled by Immediate Parent)

Trustees of Mease Hospital, Inc. d/b/a Mease Duredin Hospital: FEIN: 59-0855412 (100% Controlled by Immediate Parent) Morton Plant Hospital Association, Inc. d/b/a Morton Plant Hospital: FEIN: 59-0624462 (100% Controlled by Immediate Parent)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital: FEIN: 59-0624462 (100% Controlled by Immediate Parent)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center: FEIN: 59-0624462 (100% Controlled by Immediate Parent) Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center: FEIN: 59-0624462 (100% Controlled by Immediate Parent)

South Florida Baptist Hospital, Inc.: FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System: Membership of this entity consists of 21 Bartow Regional Medical Center, Inc.: FEIN: 47-5387418 (100% Controlled by Immediate Parent)

Winter Haven Hospital, Inc.: FEIN: 59-0724462 (100% Controlled by Immediate Parent)

Winter Haven Hospital, Inc. dba Winter Haven Women's Hospital: FEIN: 59-0724462 (100% Controlled by Immediate Parent)

Baycare Physician Partners, LLC: FEIN: 45-2908908 (100% Controlled by Immediate Parent)

Baycare Physician Partners ACO, LLC: FEIN: 46-5720072 (Members are Baycare Health System and 2 Individuals)

BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc.): FEIN: 59-3140335 (100% Controlled by Immediate Parent) St Joseph's Hospital, Inc.: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)

St Joseph's Hospital, Inc. d/b/a St. Joseph's Children's Hospital: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation) St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation) St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)

St. Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - South: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation)

St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center: FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation) St. Joseph's Health Care Center, Inc.: FEIN: 59-2593686 (100% Controlled by Trinity Health Corporation)

St. Joseph's Hospital of Tampa Foundation, Inc.: FEIN: 59-1100828 (100% Controlled by Immediate Parent) John Knox Village of Tampa Bay, Inc.: FEIN: 58-1377711 (100% Controlled by Immediate Parent) HealthPoint Medical Group, Inc.: FEIN: 59-3244268 (100% Controlled by Immediate Parent)

Franciscan Properties, Inc.: FEIN: 59-2822519 (100% Controlled by Immediate Parent)

St. Joseph's Community Care, Inc.: FEIN: 59-3152608 (100% Controlled by Immediate Parent) St. Joseph's Enterprises, Inc.: FEIN: 59-2822516 (100% Controlled by Immediate Parent)

St. Anthony's Professional Building and Services, Inc.: FEIN: 59-2018848 (100% Controlled by Immediate Parent) St. Anthony's Hospital, Inc.: FEIN: 59-2043026 (100% Controlled by Trinity Health Corporation)

St. Anthony's Hospital Auxillary, Inc.: FEIN: 59-0201974 (100% Controlled by Immediate Parent)

St. Anthony's Health Care Foundation, Inc.: FEIN: 59-2128991 (100% Controlled by Immediate Parent) St. Anthony's Physicians Surgery Center, LLC: FEIN: 01-0861245 (100% Controlled by Immediate Parent)

Allegheny Franciscan Ministries, Inc. (Florida): FEIN: 58-1492325 (100% Controlled by Trinity Health)

Global Health Ministry d/b/a Global Health Volunteers (MI): FEIN: 42-1253527 (100% Controlled by Trinity Health) Saint Joseph's Health System, Inc. (Georgia): FEIN: 58-1744848 (100% Controlled by Trinity Health)

Saint Joseph's Mercy Care Services, Inc. dba Mercy Care: FEIN: 58-1752700 (100% Controlled by Immediate Parent) Mercy Senior Care, Inc. dba Mercy Care Rome: FEIN: 58-1366508 (100% Controlled by Immediate Parent)

Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.): FEIN: 58-1448522 (100% Controlled by Immediate Parent) Mercy Services Downtown, Inc.: FEIN: 27-2046353 (100% Controlled by Immediate Parent)

SHS/IOC Holdings, Inc.: FEIN: 47-2299757 (100% Controlled by Immediate Parent)

Emory/Saint Joseph's, Inc. (IOC - 49% Controlled by SHS/IOC Holdings, Inc.): FEIN: 45-2721833 Holy Cross Hospital, Inc. (Florida): FEIN: 59-0791028 (100% Controlled by Trinity Health)

Holy Cross Primary Care, Inc.: FEIN: 81-2531495 (100% Controlled by Immediate Parent) Nursing Network, Inc.: FEIN: 59-1145192 (100% Controlled by Immediate Parent)

Holy Cross Outpatient Services, Inc.: FEIN: 46-5421068 (100% Controlled by Immediate Parent) Holy Cross Physician Partners, LLC: FEIN: 36-4712116 (100% Controlled by Immediate Parent)

Holy Cross Physician Partners ACO, LLC: FEIN: 46-5530455 (100% Controlled by Immediate Parent) Holy Cross Senior Services, Inc.: FEIN: 83-2256461 (100% Controlled by Immediate Parent)

Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH): FEIN: 35-2325646 Atlantic Coast Health Network, LLC (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH): FEIN: 47-4756582

St. Joseph's Health, Inc. (New York): FEIN: 47-4754987 (100% Controlled by Trinity Health)

St. Joseph's Hospital Health Center: FEIN: 15-0532254 (100% Controlled by Immediate Parent)

S.J. Management Company of Syracuse, Inc.: FEIN: 27-1763712 (100% Controlled by Immediate Parent) SLS, LLC (51% SIMCS, 34% Fresenius, 15% Physicians): FEIN: 20-1796650

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center: FEIN: 20-2497520 (100% Controlled by Immediate Parent) SIPE Practice Management Services, Inc.: FEIN: 45-4164964 (100% Controlled by Immediate Parent)

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

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

Mandorla Gardens Housing Development Fund Company, Inc. (50% PNH, 50% Loretto Geriatric): FEIN: 27-3993174 Enriched Resources for Independent Elderly, Inc.: FEIN: 16-1163209 (100% Controlled by Immediate Parent)

Pizza Foundation of Central New York: FEIN: 22-2800935 (100% Controlled by Immediate Parent) Laboratory Alliance of Central New York, LLC (50% SJHC, 50% Crouse Health Hospital, Inc.): FEIN: 16-1536202

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

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

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

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

Radisson SJI Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC): FEIN: 46-1892799 Franciscan Associates, Inc.: FEIN: 20-2991688 (100% Controlled by Immediate Parent)

FHS Services, Inc. d/b/a Oneida Lifeline, Franciscan Lifeline: FEIN: 27-2995699 (100% Controlled by Immediate Parent) Franciscan Management Services, Inc.: FEIN: 16-1351193 (100% Controlled by Immediate Parent)

Lourdes Health Support, LLC: FEIN: 16-1611707 (40% Controlled by Franciscan Management Services, Inc.) St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS): FEIN: 16-1540486

Central New York Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.): FEIN: 16-1559710 Franciscan Health Support, Inc.: FEIN: 16-1236354 (100% Controlled by Immediate Parent)

Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support): FEIN: 16-1236354 (100% Controlled by Immediate Parent) Health Care Management Administrators, Inc.: FEIN: 16-1450960 (100% Controlled by Immediate Parent)

Near Northside Holdings, LLC: FEIN: Not Yet Applied For (100% Controlled by Immediate Parent) Embracing Age, Inc.: FEIN: 46-1051881 (100% Controlled by Immediate Parent)

Oswego Health Home Care, LLC (40% Embracing Age and 60% Oswego Health): FEIN: 47-2463736 St. Joseph's Physician Health, P.C.: FEIN: 16-1516863 (Captive PC)

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

St. Joseph's Imaging Associates, PLLC (60% Prospect Hill Radiology Group, 40% SIMPC): FEIN: 16-1104293 CNY North Urgent Care, PLLC: FEIN: 35-2605215 (100% Controlled by St. Joseph's Medical, P.C.)

Concordia Healthcare Network, LLC: FEIN: (50% Controlled by Immediate Parent)

Trinity Health Of New England Corporation, Inc. (Formerly Trinity Health - New England, Inc.) (Connecticut): FEIN: 06-1491191 (100% Controlled by Trinity Health)

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

Woodland Partners Real Estate LLC: FEIN: 83-3371094 (55% Controlled by Saint Francis Hospital and Medical Center)

Lighthouse Surgery Center, LLC: FEIN: 83-2096116 (26% Controlled by Saint Francis Hospital and Medical Center/74% by Physicians) Saint Francis Hospital and Medical Center Foundation, Inc.: FEIN: 06-1008255 (100% Controlled by Immediate Parent)

Collaborative Laboratory Services, LLC: FEIN: 06-1520109 (100% Controlled by Immediate Parent) Mount Sinai Hospital Foundation, Inc.: FEIN: 22-2584082 (100% Controlled by Immediate Parent)

Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.: FEIN: 06-0660403 (100% Controlled by Immediate Parent) Saint Francis GI Endoscopy, LLC (49% SFHMC): FEIN: 20-5540278

Medworks, LLC (51% SFHMC): FEIN: 06-1490483

Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health): FEIN: 06-1384686 (100% Controlled by Immediate Parent) Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs): FEIN: 06-1433273 (100% Controlled by Immediate Parent)

Mount Sinai Rehabilitation Hospital, Inc.: FEIN: 06-1422973 (100% Controlled by Immediate Parent)

SFH/FF, LLC: FEIN: 06-1489749 (100% Controlled by MSRH)

Trinity Health Of New England Provider Network Organization, Inc. (Formerly Trinity Health-New England Physician Network Organization : FEIN: 06-1450168 (100% Controlled by Immediate Parent) Saint Francis Emergency Medical Group, Inc.: FEIN: 45-1994612 (100% Controlled by Immediate Parent)

Total Health Connecticut, LLC: FEIN: 47-4070024 (40% Controlled by THONE)

Asylum Hill Family Medicine Center, Inc.: FEIN: 06-1450170 (100% Controlled by Immediate Parent)

Southern New England Healthcare Organization, Inc. (50% Interest held by Trinity Health of New England Corporation, Inc.): FEIN: 06-1391257 Saint Francis HealthCare Partners Foundation, Inc.: FEIN: 20-8176133 (100% Controlled by Saint Francis HealthCarePartners, Inc.) Saint Francis Healthcare Partners ACO, Inc.: FEIN: 46-1315402 (100% Controlled by Immediate Parent)

The Connecticut Care Alliance, LLC: FEIN: 81-3460138 (100% Controlled by Immediate Parent)

Southern New England Affiliated Physicians Purchasing Group: FEIN: 81-4362177 (100% Controlled by Immediate Parent)

Trinity Health Of New England ACO, LLC: FEIN: 83-3165256 (33.3% Controlling Interest held by each of Mercy Care Alliance, LLC, Saint Mary's Physician Partners, Connecticut Occupational Medicine Partners, LLC: FEIN: 06-1586674 (50% Controlled by THONE: 20% Controlled by JMMC)

Johnson Memorial Hospital, Inc.: FEIN: 47-5676956 (100% Controlled by Immediate Parent)

NRRON, LLC: FEIN: 81-2004513 (25% Controlled by Johnson Memorial Hospital, Inc.) TIC, LLC: FEIN: 81-2022269 (15% Controlled by Johnson Memorial Hospital, Inc.)

Trinity Health Of New England Emergency Medical Services, Inc.: FEIN: 83-3546613 (100% Controlled by Immediate Parent)

The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for

Assets Transferred to THHS, but entity remains: Providence HomeCare, Inc. dba Mercy Home Care, Inc.: FEIN: 04-3317426 (100% Controlled by Immediate Parent)

Mercy Inpatient Medical Associates, Inc. dba Breast Care Center dba MercyCare - Forest Park dba Providence Prenatal Center of Holyoke dba Trinity Health of New England Medical System Coordinated Services, Inc. dba Life Laboratories: FEIN: 04-2938161 (100% Controlled by Immediate Parent)

Catherine Horan Building Corporation: FEIN: 04-2938160 (100% Controlled by Immediate Parent)

Catherine Horan Building Associates Limited Partnership: FEIN: 04-2723429 (100% Controlled by Immediate Parent) The Lifepath Partners, LLC (JV with NEPA: 50% Controlled by Immediate Parent): FEIN: 26-0021080

Greater Springfield MRI Limited Partnership: FEIN: 04-3178855 (50% Controlled by System Coordinated Services) Mercy Health Accountable Care Organization, LLC: FEIN: 82-1007572 (100% Controlled by Immediate Parent)

Mercy Physicians, P.C. dba Trinity Health of New England Medical Group: FEIN: 000857412 (100% Controlled by Immediate Parent) Brightside, Inc.: FEIN: 04-2182395 (100% Controlled by Immediate Parent)

Mercy Care Alliance, LLC: FEIN: 47-1561725 (100% Controlled by Immediate Parent)

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

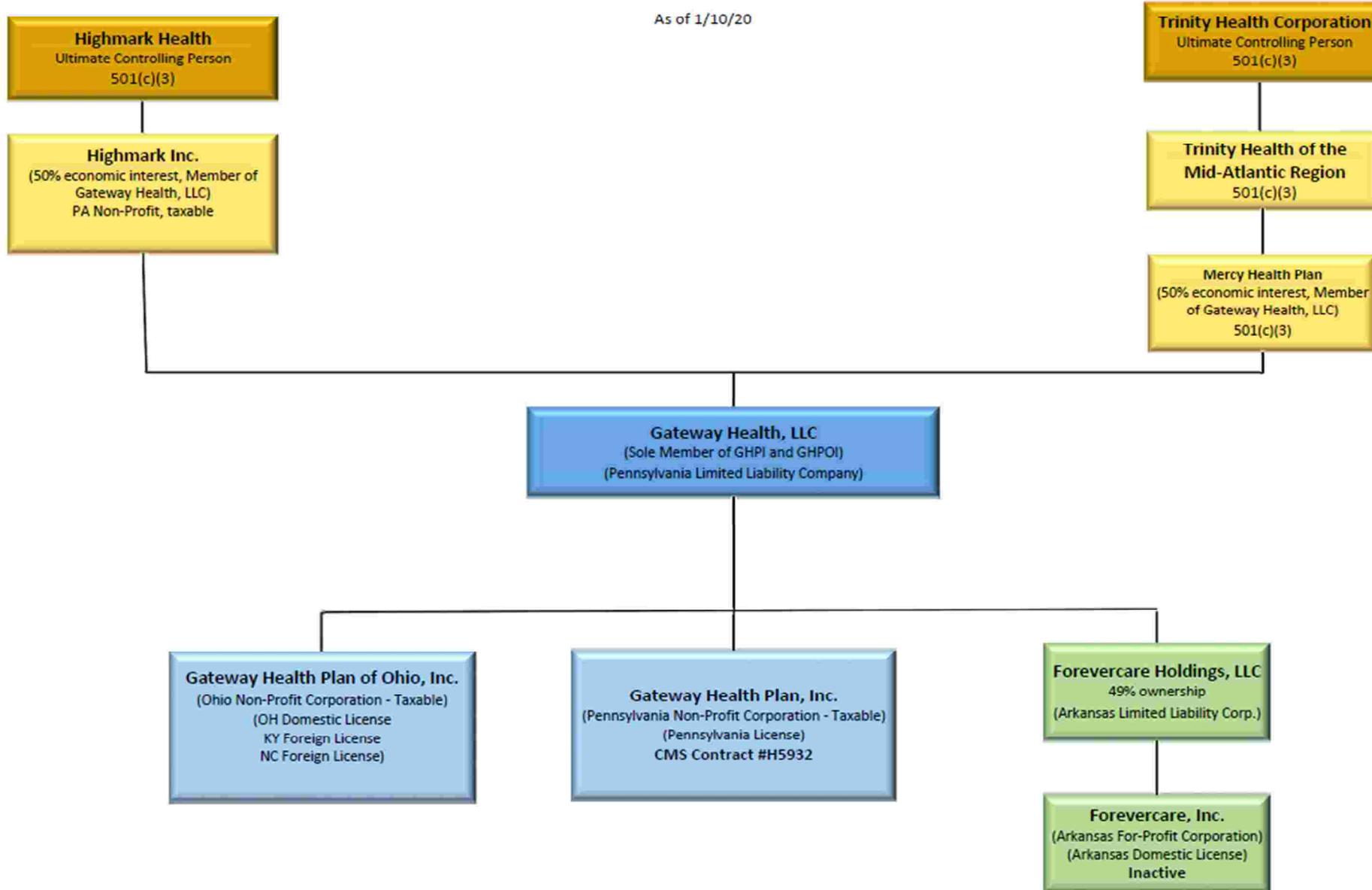
### PART 1 - ORGANIZATIONAL CHART

Trinity Health Of New England ACO LLC: FEIN: 83-3165256 (33.3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Pioneer Valley Cardiology Associates, Inc.: FEIN: 45-4208896 (100% Controlled by Immediate Parent)  
Mercy Specialist Physicians, Inc. dba Trinity Health of New England Medical Group: FEIN: 26-4033168 (100% Controlled by Immediate Parent) Mercy Medical Group, Inc. dba Trinity Health of New England Medical Group: FEIN: 45-4884805 (100% Controlled by Immediate Parent) Farren Care Center, Inc.: FEIN: 04-2501711 (100% Controlled by Immediate Parent)  
Riverbend Medical Group, Inc. dba Trinity Health of New England Medical Group: FEIN: 81-1807730 (100% Controlled by Immediate Parent) Sisters of Providence Care Centers, Inc.: FEIN: 22-2541103 (100% Controlled by Immediate Parent)  
Western Massachusetts PET/CT Imaging Center, LLC: FEIN: 20-4744663 (50% Controlled by The Mercy Hospital, Inc.; 50% Controlled by Alliance Imaging, Inc.) Saint Mary's Hospital, Inc.: FEIN: 06-0646844 (100% Controlled by Immediate Parent)  
The Harold Lasever Regional Cancer Center, Inc.: FEIN: 06-1548409 (50% Controlled by Immediate Parent) Heart Center of Greater Waterbury, Inc.: FEIN: 83-0416893 (50% Controlled by Immediate Parent)  
Franklin Medical Group, P.C. dba Trinity Health of New England Medical Group: FEIN: 06-1470493 (Nominee Shareholder of Physician Group) Diagnostic Imaging of Southbury, LLC: FEIN: 06-1487582 (60% Controlled by Immediate Parent)  
Naugatuck Valley MRI, LLC: FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)  
Saint Mary's Physician Partners, LLC dba Valley Health Alliance: FEIN: 46-5760769 (100% Controlled by Immediate Parent)  
Trinity Health Of New England ACO LLC: FEIN: 83-3165256 (33.3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Saint Mary's Hospital Foundation, Inc.: FEIN: 22-2528400 (100% Controlled by Immediate Parent)  
Scovill Street Medical Building Association, Inc.: FEIN: 06-1232868 (81% Controlled by Immediate Parent)

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

**Gateway Health, LLC**  
**Parent & Subsidiary Organization Chart**

As of 1/10/20



Q15.15

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

**<sup>1</sup>Forevercare Holdings, LLC Provider Ownership**

Arkansas Pharmacy Providers, LLC	10.2%
Community Service, Inc.	10.2%
Ouachita County Medical Center	10.2%
Rehabilitation Network Outpatient Services	10.2%
Arkansas Community Healthcare Providers, LLC	10.2%

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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	45-3674900	000000000	0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3674924	000000000	0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	54771	23-1294723	000000000	0000000000		HIGHMARK INC	PA	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000		00000	46-3823617	000000000	0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	83-3642399	000000000	0000000000		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.0	HIGHMARK HEALTH	N	
0000		00000	83-1871064	000000000	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-3769205	000000000	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-1825706	000000000	0000000000		SDLC PARTNERS, L.P.	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	81-0919390	000000000	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	81-0930502	000000000	0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	45-3913973	000000000	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1742869	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-4682160	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3444325	000000000	0000000000		HMPG INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1260215	000000000	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	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	25-1340370	000000000	0000000000		GROVE CITY MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	32-0070802	000000000	0000000000		WOLF CREEK MEDICAL ASSOCIATES	PA	NIA	GROVE CITY MEDICAL CENTER	Board of Directors		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		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	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1406710	000000000	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	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	82-5503170	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 AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3459870	000000000	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1403745	000000000	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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	05-0591755	000000000	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
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	23-3099689	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 HEALTH LLC	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96938	25-1505506	000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTH LLC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-2440801	000000000	0000000000		FOREVERCARE HOLDINGS, LLC	AR	NIA	GATEWAY HEALTH LLC	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	
0000		00000	25-1691945	000000000	0000000000		GATEWAY HEALTH LLC	PA	NIA	HIGHMARK INC.	Ownership	50.0	HIGHMARK HEALTH	N	0000003
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	
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	
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	0000001
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	0000002
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	

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
0000 0812	HIGHMARK INC	00000 15459	82-4793570 46-4156854	000000000 000000000	000000000 000000000		FREE MARKET HEALTH LLC HIGHMARK SENIOR SOLUTIONS COMPANY	DE	NIA	HIGHMARK VENTURES LLC	Ownership	24.5	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15020	45-2763165	000000000	000000000		WEST VIRGINIA FAMILY HEALTH PLAN, INC	WV	IA	HIGHMARK WEST VIRGINIA INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	35599	25-1334623	000000000	000000000		HIGHMARK CASUALTY INSURANCE COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	93440	06-1041332	000000000	000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60213	25-1800302	000000000	000000000		HM LIFE INSURANCE COMPANY OF NEW YORK	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	85-0540909	000000000	000000000		HMIG-CLARITY 360 LLC	NY	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	82-5351990	000000000	000000000		AST RISK, LLC	PA	NIA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-4117233	000000000	000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC	DE	NIA	HM INSURANCE GROUP, LLC	Ownership	33.3	HIGHMARK HEALTH	N	
0000		00000	46-5705484	000000000	000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3761429	000000000	000000000		HMPG PROPERTIES NORTH LLC	DE	NIA	HMPG INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	25-1375204	000000000	000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	90-0996509	000000000	000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	65.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730	000000000	000000000		PALLADIUM RISK RETENTION GROUP, INC.	PA	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	32-0429947	000000000	000000000		PROVIDER PPI LLC	VT	IA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-2138706	000000000	000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG INC.	Ownership	99.5	HIGHMARK HEALTH	N	
0000		00000	45-5235291	000000000	000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	35-2483160	000000000	000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	30-0791512	000000000	000000000		PRINCIPO ADVISORS, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-3033308	000000000	000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	27-3035436	000000000	000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.0	HIGHMARK HEALTH	N	
0000		00000	90-0970618	000000000	000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	32-0371926	000000000	000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	84-2176985	000000000	000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEXFORD MEDICAL MALL LLC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1524682	000000000	000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	25-1684735	000000000	000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3355906	000000000	000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0477313	000000000	000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1740456	000000000	000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	43.8	HIGHMARK HEALTH	N	
0000		00000	80-0069336	000000000	000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	86-1159658	000000000	000000000		JRMC PHYSICIAN SERVICES CORPORATION	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529332	000000000	000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	98-1109020	000000000	000000000		PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.0	HIGHMARK HEALTH	N	

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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	

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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								
0000		00000	25-1403846	000000000	0000000000		HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.0	HIGHMARK HEALTH	N	
0000		00000	15279	46-3476730	000000000	0000000000	CLINICAL SERVICES, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1385705	000000000	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	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	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3688292	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	
0812	HIGHMARK INC	95789	23-7328765	000000000	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	47089	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95160	74-2489037	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96150	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95253	52-1542269	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	60222	11-3008245	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	85766	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1689871	000000000	0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1838458	000000000	0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	N	
0000		00000	30-0314897	000000000	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000		000000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	45.0	HIGHMARK HEALTH	N	

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**RESPONSE**

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12325202036500002

2020

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS**

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**NONE**

**SCHEDULE A - VERIFICATION****Real Estate**

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

**NONE****SCHEDULE B - VERIFICATION****Mortgage Loans**

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

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,174,355	1,183,589
2. Cost of bonds and stocks acquired .....		
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....	4,738	9,234
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	1,169,616	1,174,355
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	1,169,616	1,174,355

## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,171,996			(2,380)	1,171,996	1,169,616		1,174,355
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	1,171,996			(2,380)	1,171,996	1,169,616		1,174,355
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	1,171,996			(2,380)	1,171,996	1,169,616		1,174,355

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**SI03 Schedule DA Part 1 ..... NONE**

**SI03 Schedule DA Verification ..... NONE**

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	11,426,517	21,037,707
2.	Cost of cash equivalents acquired .....	667,392	11,878,810
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	2,558,000	21,490,000
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	9,535,909	11,426,517
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	9,535,909	11,426,517

<b>E01</b>	<b>Schedule A Part 2</b>	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 3</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 3</b>	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b>	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b>	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08</b>	<b>Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10</b>	<b>Schedule DB Part E</b>	<b>NONE</b>
<b>E11</b>	<b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E12</b>	<b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
PNC Operating Medicaid Acct 1060	Jeannette, PA					42,024	30,974	28,945	X X X
PNC Operating Medicare Acct 1061	Jeannette, PA					314,958	394,676	397,931	X X X
PNC Medicare Claims Acct 1070	Jeannette, PA					(256,719)	(276,597)	(233,110)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			100,263	149,053	193,767	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			100,263	149,053	193,767	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			100,263	149,053	193,767	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
. 261941108	DREYFUS TREAS INSTL CASH MGMT .....		06/02/2020 .....	0.000 .....	X X X .....	2,073,127 .....		9,654 .....
. 38142B880	GOLDMAN SACHS FDS FIN SQ FED-FST MM .....		06/30/2020 .....	0.000 .....	X X X .....	7,462,782 .....	399 .....	29,772 .....
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....					9,535,909 .....	399 .....	39,426 .....
8899999	Total Cash Equivalents .....					9,535,909 .....	399 .....	39,426 .....

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