



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2020**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Gateway Health Plan of Ohio, Inc.**

NAIC Group Code	0812 (Current Period)	0812 (Prior Period)	NAIC Company Code	12325	Employer's ID Number	30-0282076
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[X]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	11/05/2004		Commenced Business	09/01/2005		
Statutory Home Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number)					
	Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)		(412)255-4640 (Area Code) (Telephone Number)			
Mail Address	Four Gateway Center, 444 Liberty Avenue, Ste 2100 (Street and Number or P.O. Box)		Pittsburgh, PA, US 15222-1222 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	c/o CT Corporation System, 1300 East 9th Street (Street and Number)					
	Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		(216)802-2121 (Area Code) (Telephone Number)			
Internet Website Address	www.gatewayhealthplan.com					
Statutory Statement Contact	Christopher Michael Cogan (Name)		(412)255-4693 (Area Code)(Telephone Number)(Extension)			
	CCogan@GatewayHealthPlan.com (E-Mail Address)		(412)255-4693 (Fax Number)			

**OFFICERS**

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

**OTHERS**

**DIRECTORS OR TRUSTEES**

David Arthur Blandino M.D. Karen Lynn Hanlon Peter Joseph Schied	Tony George Farah M.D. Stuart Michael Kilpinen James Lennox Woodward
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State of \_\_\_\_\_  
County of \_\_\_\_\_ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of 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	(Signature) Ja'Ron Bridges	(Signature) Frances Ann Woodward
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2021	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[ ] _____ _____ _____
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(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D) .....	1,164,757		1,164,757	1,174,355
2.	Stocks (Schedule D):				
2.1	Preferred stocks .....				
2.2	Common Stocks .....				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....287,907, Schedule E Part 1), cash equivalents (\$.....9,501,048, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA) .....	9,788,956		9,788,956	11,578,907
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives (Schedule DB) .....				
8.	Other invested assets (Schedule BA) .....				
9.	Receivables for securities .....				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	10,953,712		10,953,712	12,753,262
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	12,796		12,796	26,985
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,220		1,220	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 (\$.....0) and contracts subject to redetermination (\$.....894,240) .....	894,240		894,240	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 .....	49,449	46,866	2,584	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 adjustment in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	13,061		13,061	90,520
24.	Health care (\$.....0) and other amounts receivable .....	89,404	89,404		709,922
25.	Aggregate write-ins for other than invested assets .....	3,205	3,205		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	12,025,933	139,475	11,886,458	14,585,711
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	12,025,933	139,475	11,886,458	14,585,711
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Broker Commission Overpayment .....	3,205	3,205		
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) .....	3,205	3,205		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	1,819,107		1,819,107	3,264,913
2.	Accrued medical incentive pool and bonus amounts .....				
3.	Unpaid claims adjustment expenses .....	52,331		52,331	78,887
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	65,261		65,261	24,302
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserves .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....				
9.	General expenses due or accrued .....	6,277		6,277	122,497
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....	18		18	
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	16,858		16,858	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 .....	409,857		409,857	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) .....	2,383,367		2,383,367	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	(27,033,144)	(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	9,503,091	10,408,762
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	11,886,458	14,585,711
DETAILS OF WRITE-INS					
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		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....		26,237
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	(56,919)	32,960,829
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....		
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....		
5.	Risk revenue .....	X X X .....		
6.	Aggregate write-ins for other health care related revenues .....	X X X .....		
7.	Aggregate write-ins for other non-health revenues .....	X X X .....		
8.	TOTAL Revenues (Lines 2 to 7) .....	X X X .....	(56,919)	32,960,829
Hospital and Medical:				
9.	Hospital/medical benefits .....		1,034,344	20,040,498
10.	Other professional services .....		232,787	2,977,349
11.	Outside referrals .....			
12.	Emergency room and out-of-area .....		77,566	2,371,747
13.	Prescription drugs .....		(85,229)	2,290,657
14.	Aggregate write-ins for other hospital and medical .....		26,286	1,514,182
15.	Incentive pool, withhold adjustments and bonus amounts .....			
16.	Subtotal (Lines 9 to 15) .....		1,285,755	29,194,434
Less:				
17.	Net reinsurance recoveries .....			3,870
18.	TOTAL Hospital and Medical (Lines 16 minus 17) .....		1,285,755	29,190,564
19.	Non-health claims (net) .....			
20.	Claims adjustment expenses, including \$.....178,727 cost containment expenses .....		241,708	2,580,233
21.	General administrative expenses .....		99,145	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) .....		1,626,608	37,130,687
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(1,683,527)	(4,169,858)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		48,906	288,365
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27.	Net investment gains (losses) (Lines 25 plus 26) .....		48,906	288,365
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....397,267)] .....		(397,267)	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 .....	(2,031,888)	(3,840,086)
31.	Federal and foreign income taxes incurred .....	X X X .....	(4,423)	(4,423)
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(2,027,465)	(3,835,663)
DETAILS OF WRITE-INS				
0601.	.....	X X X .....		
0602.	.....	X X X .....		
0603.	.....	X X X .....		
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....		
0701.	.....	X X X .....		
0702.	.....	X X X .....		
0703.	.....	X X X .....		
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....		
1401.	DME .....		23,348	1,470,895
1402.	Hearing Hardware .....		2,938	37,501
1403.	Transportation Costs .....			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) .....		26,286	1,514,182
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page .....			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year .....	10,408,762	14,047,536
34.	Net income or (loss) from Line 32 .....	(2,027,465)	(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)	(4,423)
39.	Change in nonadmitted assets .....	1,126,217	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) .....	(905,671)	(3,638,774)
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	9,503,091	10,408,762
DETAILS OF WRITE-INS			
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page .....		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance .....	73,353	33,521,039
2.	Net investment income .....	74,731	323,656
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	148,084	33,844,695
5.	Benefit and loss related payments .....	892,552	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 .....	807,083	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) .....	1,699,635	44,448,897
11.	Net cash from operations (Line 4 minus Line 10) .....	(1,551,551)	(10,604,202)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....		
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....		
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....		
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....		
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....	(238,401)	(720,951)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(238,401)	(720,951)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(1,789,952)	(11,325,153)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	11,578,907	22,904,060
19.2	End of year (Line 18 plus Line 19.1) .....	9,788,956	11,578,907

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income .....	(56,919)						(56,919)			
2.	Change in unearned premium reserves and reserve for rate credit .....										
3.	Fee-for-service (net of \$.....0 medical expenses) .....										X X X .....
4.	Risk revenue .....										X X X .....
5.	Aggregate write-ins for other health care related revenues .....										X X X .....
6.	Aggregate write-ins for other non-health care related revenues .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
7.	TOTAL Revenues (Lines 1 to 6) .....	(56,919)						(56,919)			
8.	Hospital/medical benefits .....	1,034,344						1,034,344			X X X .....
9.	Other professional services .....	232,787						232,787			X X X .....
10.	Outside referrals .....										X X X .....
11.	Emergency room and out-of-area .....	77,566						77,566			X X X .....
12.	Prescription drugs .....	(85,229)						(85,229)			X X X .....
13.	Aggregate write-ins for other hospital and medical .....	26,286						26,286			X X X .....
14.	Incentive pool, withhold adjustments and bonus amounts .....										X X X .....
15.	Subtotal (Lines 8 to 14) .....	1,285,755						1,285,755			X X X .....
16.	Net reinsurance recoveries .....										X X X .....
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	1,285,755						1,285,755			X X X .....
18.	Non-health claims (net) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
19.	Claims adjustment expenses including \$.....178,727 cost containment expenses .....	241,708						241,708			
20.	General administrative expenses .....	99,145						99,145			
21.	Increase in reserves for accident and health contracts .....										X X X .....
22.	Increase in reserves for life contracts .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	1,626,608						1,626,608			
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(1,683,527)						(1,683,527)			
DETAILS OF WRITE-INS											
0501.	.....										X X X .....
0502.	.....										X X X .....
0503.	.....										X X X .....
0598.	Summary of remaining write-ins for Line 5 from overflow page .....										X X X .....
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X .....
0601.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0602.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0603.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0698.	Summary of remaining write-ins for Line 6 from overflow page .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
1301.	DME .....	23,348						23,348			X X X .....
1302.	Hearing Hardware .....	2,938						2,938			X X X .....
1303.	.....										X X X .....
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										X X X .....
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	26,286						26,286			X X X .....

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	(56,123)	.....	796	(56,919)
7.	Title XIX - Medicaid .....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8) .....	(56,123)	.....	796	(56,919)
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11) .....	(56,123)	.....	796	(56,919)



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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	896,421						896,421			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....	3,870						3,870			
1.4 Net .....	892,551						892,551			
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	1,819,107						1,819,107			
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....	1,819,107						1,819,107			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net healthcare receivables (a) .....	(1,835,139)						(1,835,139)			
7. Amounts recoverable from reinsurers December 31, current year ..										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	3,264,913						3,264,913			
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....										
8.4 Net .....	3,264,913						3,264,913			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....	3,870						3,870			
12. Incurred benefits:										
12.1 Direct .....	1,285,754						1,285,754			
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....										
12.4 Net .....	1,285,754						1,285,754			
13. Incurred medical incentive pools and bonuses .....										

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	15,827						15,827			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....	15,827						15,827			
2. Incurred but Unreported:										
2.1 Direct .....	1,803,280						1,803,280			
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	1,803,280						1,803,280			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	1,819,107						1,819,107			
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	1,819,107						1,819,107			

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

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	896,421	.....	1,819,107	.....	2,715,528	3,264,913
7.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8) .....	896,421	.....	1,819,107	.....	2,715,528	3,264,913
10.	Healthcare receivables (a) .....	89,404	.....	.....	.....	89,404	1,924,543
11.	Other non-health .....	.....	.....	.....	.....	.....	.....
12.	Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	.....
13.	TOTALS (Lines 9 - 10 + 11 + 12) .....	807,018	.....	1,819,107	.....	2,626,125	1,340,370

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	11,770	11,016	11,000	11,000	11,000
2.	2016 .....	54,611	68,420	68,221	68,243	68,243
3.	2017 .....	X X X	82,886	93,311	93,286	93,254
4.	2018 .....	X X X	X X X	87,163	100,979	100,752
5.	2019 .....	X X X	X X X	X X X	25,144	28,135
6.	2020 .....	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	12,049	11,016	11,000	11,000	11,000
2.	2016 .....	68,752	68,587	68,221	68,350	68,243
3.	2017 .....	X X X	95,919	93,433	93,286	93,345
4.	2018 .....	X X X	X X X	100,072	100,950	100,944
5.	2019 .....	X X X	X X X	X X X	28,330	29,671
6.	2020 .....	X X X	X X X	X X X	X X X	

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

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	78,501	68,243	4,681	6.859	72,924	92.896			72,924	92.896
2.	2017 .....	106,471	93,254	4,387	4.705	97,642	91.707	91	3	97,736	91.796
3.	2018 .....	109,247	100,752	5,067	5.030	105,819	96.862	192	6	106,017	97.044
4.	2019 .....	32,961	28,135	2,503	8.897	30,638	92.953	1,536	44	32,218	97.746
5.	2020 .....	(57)									

12 Grand Total

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

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

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	11,770	11,016	11,000	11,000	11,000
2.	2016 .....	54,611	68,420	68,221	68,243	68,243
3.	2017 .....	X X X	82,886	93,311	93,286	93,254
4.	2018 .....	X X X	X X X	87,163	100,979	100,752
5.	2019 .....	X X X	X X X	X X X	25,144	28,135
6.	2020 .....	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	12,049	11,016	11,000	11,000	11,000
2.	2016 .....	68,752	68,587	68,221	68,350	68,243
3.	2017 .....	X X X	95,919	93,433	93,286	93,345
4.	2018 .....	X X X	X X X	100,072	100,950	100,944
5.	2019 .....	X X X	X X X	X X X	28,330	29,671
6.	2020 .....	X X X	X X X	X X X	X X X	

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

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	78,501	68,243	4,681	6.859	72,924	92.896			72,924	92.896
2.	2017 .....	106,471	93,254	4,387	4.705	97,642	91.707	91	3	97,736	91.796
3.	2018 .....	109,247	100,752	5,067	5.030	105,819	96.862	192	6	106,017	97.044
4.	2019 .....	32,961	28,135	2,503	8.897	30,638	92.953	1,536	44	32,218	97.746
5.	2020 .....	(57)									

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

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

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

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

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

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

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

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....	65,261						65,261		
5. Aggregate write-ins for other policy reserves .....									
6. TOTALS (Gross) .....	65,261						65,261		
7. Reinsurance ceded .....									
8. TOTALS (Net) (Page 3, Line 4) .....	65,261						65,261		
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. TOTALS (Gross) .....									
13. Reinsurance ceded .....									
14. TOTALS (Net) (Page 3, Line 7) .....									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page ....									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) ....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

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



UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building) .....	3,136	1,105	1,720		5,960
2.	Salaries, wages and other benefits .....	76,185	26,846	41,785		144,816
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .....					
4.	Legal fees and expenses .....	1,130	398	870		2,397
5.	Certifications and accreditation fees .....	174	61	95		331
6.	Auditing, actuarial and other consulting services .....	11,261	3,968	6,176		21,406
7.	Traveling expenses .....	221	78	121		419
8.	Marketing and advertising .....	1,190	419	652		2,261
9.	Postage, express and telephone .....	1,976	696	1,084		3,756
10.	Printing and office supplies .....	1,755	618	963		3,336
11.	Occupancy, depreciation and amortization .....	4,302	1,516	2,360		8,178
12.	Equipment .....	4,941	1,741	2,710		9,393
13.	Cost or depreciation of EDP equipment and software .....					
14.	Outsourced services including EDP, claims, and other services .....	65,253	22,994	35,789		124,035
15.	Boards, bureaus and association fees .....	817	288	448		1,552
16.	Insurance, except on real estate .....	603	212	331		1,146
17.	Collection and bank service charges .....	3	1	2	23,812	23,818
18.	Group service and administration fees .....					
19.	Reimbursements by uninsured plans .....					
20.	Reimbursements from fiscal intermediaries .....					
21.	Real estate expenses .....					
22.	Real estate taxes .....					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes .....					
23.2	State premium taxes .....					
23.3	Regulatory authority licenses and fees .....					
23.4	Payroll taxes .....	4,935	1,739	2,707		9,381
23.5	Other (excluding federal income and real estate taxes) .....					
24.	Investment expenses not included elsewhere .....	846	298	464	11,028	12,636
25.	Aggregate write-ins for expenses .....			870		870
26.	TOTAL Expenses Incurred (Lines 1 to 25) .....	178,727	62,980	99,145	34,840	(a) 375,693
27.	Less expenses unpaid December 31, current year .....		52,331		6,277	58,608
28.	Add expenses unpaid December 31, prior year .....		78,887	118,257	4,240	201,384
29.	Amounts receivable relating to uninsured plans, prior year .....					
30.	Amounts receivable relating to uninsured plans, current year .....					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	178,727	89,537	217,402	32,802	518,469
DETAILS OF WRITE-INS						
2501.	Miscellaneous Expenses .....			870		870
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) .....			870		870

(a) Includes management fees of \$.....366,289 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a)..... 42,841	..... 42,861
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....	.....
2.11	Preferred stocks of affiliates .....	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e)..... 40,846	..... 40,885
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income .....	..... 83,687	..... 83,746
11.	Investment expenses .....	.....	(g)..... 34,839
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 34,839
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 48,906
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....9,598 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D) .....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks .....			
2.2	Common stocks .....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens .....			
3.2	Other than first liens .....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company .....			
4.2	Properties held for the production of income .....			
4.3	Properties held for sale .....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6.	Contract loans .....			
7.	Derivatives (Schedule DB) .....			
8.	Other invested assets (Schedule BA) .....			
9.	Receivables for securities .....			
10.	Securities lending reinvested collateral assets (Schedule DL) .....			
11.	Aggregate write-ins for invested assets .....			
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....			
13.	Title plants (for Title insurers only) .....			
14.	Investment income due and accrued .....			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection .....			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3	Accrued retrospective premiums and contracts subject to redetermination .....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers .....			
16.2	Funds held by or deposited with reinsured companies .....			
16.3	Other amounts receivable under reinsurance contracts .....			
17.	Amounts receivable relating to uninsured plans .....	46,866	46,801	(65)
18.1	Current federal and foreign income tax recoverable and interest thereon .....			
18.2	Net deferred tax asset .....			
19.	Guaranty funds receivable or on deposit .....			
20.	Electronic data processing equipment and software .....			
21.	Furniture and equipment, including health care delivery assets .....			
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....			
23.	Receivables from parent, subsidiaries and affiliates .....			
24.	Health care and other amounts receivable .....	89,404	1,218,891	1,129,487
25.	Aggregate write-ins for other than invested assets .....	3,205		(3,205)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	139,475	1,265,692	1,126,217
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28.	TOTAL (Lines 26 and 27) .....	139,475	1,265,692	1,126,217
DETAILS OF WRITE-INS				
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page .....			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501.	Broker Commission Overpayment .....	3,205		(3,205)
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) .....	3,205		(3,205)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

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

Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	2020	2019
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (2,027,465)	\$ (3,835,663)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (2,027,465)	\$ (3,835,663)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 9,503,091	\$ 10,408,762
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 9,503,091	\$ 10,408,762

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

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

C. Accounting Policy

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

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

In addition, GHPOI uses the following accounting policies:

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

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

Notes to Financial Statements

2. Accounting Changes and Corrections of Errors - None
3. Business Combinations and Goodwill - None
4. Discontinued Operations - None
5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

(2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI)

There are no other-than-temporary impairments on any Loan-Backed Securities.

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities

There are no other-than-temporary impairments on any Loan-Backed Securities.

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss - None

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured 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

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	1,164,757	1,174,355	(9,598)		1,164,757	9.685	9.799
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets	\$ 1,164,757	\$ 1,174,355	\$ (9,598)	\$	\$ 1,164,757	9.685 %	9.799 %

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None

Notes to Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets  
GHPOI has no investments in joint ventures, partnerships, or limited liability companies.
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus  
All investment income due and accrued with amounts that are over 90 days past due are excluded.
- B. Total Amount Excluded  
No investment income was excluded from the financial statements.

8. Derivative Instruments - None

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability)  
(1) Change between years by tax character

	2020			2019			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 8,323,639	\$	\$ 8,323,639	\$ 8,137,801	\$	\$ 8,137,801	\$ 185,838	\$	\$ 185,838
(b) Statutory valuation allowance adjustments	8,308,238		8,308,238	8,118,047		8,118,047	190,191		190,191
(c) Adjusted gross deferred tax assets (1a - 1b)	15,401		15,401	19,754		19,754	(4,353)		(4,353)
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 15,401	\$	\$ 15,401	\$ 19,754	\$	\$ 19,754	\$ (4,353)	\$	\$ (4,353)
(f) Deferred tax liabilities	15,401	-	15,401	15,331		15,331	70	-	70
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ 4,423	\$	\$ 4,423	\$ (4,423)	\$ -	\$ (4,423)

(2) Admission calculation components SSAP No. 101

	2020			2019			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)				4,423		4,423	(4,423)		(4,423)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	1,425,464	XXX	XXX	1,560,651	XXX	XXX	(135,187)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	15,401		15,401	15,331		15,331	70		70
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 15,401	\$	\$ 15,401	\$ 19,754	\$	\$ 19,754	\$ (4,353)	\$	\$ (4,353)

(3) Ratio used as basis of admissibility

	2020	2019
(a) Ratio percentage used to determine recovery period and threshold limitation amount	778.597 %	590.376 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 9,503,091	\$ 10,404,339

(4) Impact of tax-planning strategies

For the years ending December 31, 2020 and 2019, the Corporation has not employed any tax planning strategies to admit DTAs.

Notes to Financial Statements

9. Income Taxes (Continued)

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	2020		2019		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 15,401	\$	\$ 19,754	\$	\$ (4,353)	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 15,401	\$	\$ 19,754	\$	\$ (4,353)	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

B. Regarding Deferred Tax Liabilities That Are Not Recognized

For the years ending December 31, 2020 and 2019, the Corporation does not have situations where DTLs are not recognized for amounts described in SSAP 101.

C. Major Components of Current Income Taxes Incurred

		(1)	(2)	(3)
Current income taxes incurred consist of the following major components:		2020	2019	Change (1-2)
1. Current Income Tax				
(a) Federal	\$	(4,423)	\$ (4,423)	\$ -
(b) Foreign				
(c) Subtotal	\$	(4,423)	\$ (4,423)	\$ -
(d) Federal income tax on net capital gains				
(e) Utilization of capital loss carry-forwards				
(f) Other				
(g) Federal and foreign income taxes incurred	\$	(4,423)	\$ (4,423)	\$ -
		(1)	(2)	(3)
		2020	2019	Change (1-2)
2. Deferred Tax Assets				
(a) Ordinary				
(1) Discounting of unpaid losses	\$	5,960	\$ 10,684	\$ (4,724)
(2) Unearned premium reserve				
(3) Policyholder reserves				
(4) Investments				
(5) Deferred acquisition costs				
(6) Policyholder dividends accrual				
(7) Fixed assets				
(8) Compensation and benefits accrual				
(9) Pension accrual				
(10) Receivables - nonadmitted		29,290	265,795	(236,505)
(11) Net operating loss carry-forward		8,288,389	7,854,468	433,921
(12) Tax credit carry-forward			4,423	(4,423)
(13) Other (including items less than 5% of total ordinary tax assets)			2,431	(2,431)
(99) Subtotal	\$	8,323,639	\$ 8,137,801	\$ 185,838
(b) Statutory valuation allowance adjustment		8,308,238	8,118,047	190,191
(c) Nonadmitted				
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	15,401	\$ 19,754	\$ (4,353)
(e) Capital				
(1) Investments	\$		\$	\$
(2) Net capital loss carry-forward				
(3) Real estate				
(4) Other (including items <5% of total capital tax assets)				
(99) Subtotal	\$		\$	\$
(f) Statutory valuation allowance adjustment				
(g) Nonadmitted				
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)				
(i) Admitted deferred tax assets (2d + 2h)	\$	15,401	\$ 19,754	\$ (4,353)



Notes to Financial Statements

9. Income Taxes (Continued)

	(1) 2020	(2) 2019	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)	15,401	15,331	70
(99) Subtotal	\$ 15,401	\$ 15,331	\$ 70
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)	-		-
(99) Subtotal	\$ -	\$	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 15,401	\$ 15,331	\$ 70
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ 4,423	\$ (4,423)

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

	2020	2019	Change
Adjusted gross deferred tax assets	15,401	19,754	(4,353)
Total deferred tax liabilities	15,401	15,331	70
Net deferred tax assets / (liabilities)	-	4,423	(4,423)
Tax effect of unrealized gains / (losses)			-
Change in net deferred income tax			(4,423)

D. Among the More Significant Book to Tax Adjustments

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

	2020	Effective Tax Rate
Provision computed at statutory rate	\$ (426,696)	-21.000 %
Change in valuation allowance	190,191	9.360
Non-deductible expenses		
Change in temporary differences recorded to surplus	236,505	11.640
Relationship management/support services		
Total	\$ -	- %

	2020	Effective Tax Rate
Federal and foreign income taxes incurred	\$ (4,423)	-0.218 %
Change in net deferred income taxes	4,423	0.218
Total statutory income taxes	\$ -	- %

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2020, GHPOI has \$39,468,520 net operating loss carryforwards, \$0 capital loss carry forwards, \$0 charitable contribution carryforwards, and \$0 AMT Tax Credit carryforwards.
- (2) Income tax expense available for recoupment - None
- (3) GHPOI has not made any deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

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

G. Federal or Foreign Income Tax Loss Contingencies

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2021.

SSAP 101 provides that deferred tax assets ("DTA's") are reduced by a statutory valuation allowance if, based on the weight of all available evidence, it's more likely than not that some or all of the DTA will not be realized. The Corporation considered all available evidence, both positive and negative, including projected future taxable income, tax planning strategies and recent core earnings from financial operations. Based on this evidence, a full valuation allowance was recognized against the Corporation's DTA's. However, a DTA was recognized, in 2019, for the AMT credit carryforwards described below for which collection is substantially certain. The remaining AMT credits were moved to a current receivable in 2020. Management will continue to monitor the Corporation's financial performance and assess the need for the valuation allowance in the future.

H. Repatriation Transition Tax (RTT) - None

Notes to Financial Statements

9. Income Taxes (Continued)

I. Alternative Minimum Tax (AMT) Credit

	Amount
(1) Gross AMT credit recognized as:	
a. Current year recoverable .....	\$ 8,846
b. Deferred tax asset (DTA) .....	
(2) Beginning balance of AMT credit carryforward .....	8,846
(3) Amounts recovered .....	8,846
(4) Adjustments .....	
(5) Ending balance of AMT credit carryforward (5=2-3-4) .....	\$ -
(6) Reduction for sequestration .....	
(7) Nonadmitted by reporting entity .....	
(8) Reporting entity ending balance (8=5-6-7) .....	\$ -

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

- A. GHPOI is a non-profit corporation and a wholly-owned subsidiary of Gateway Health, LLC ("GHLLC"), formally Gateway Health Plan, LP ("GHPLP"). GHLLC is a Pennsylvania limited partnership with the following partnership interests: Mercy Health Plan ("Mercy"), a subsidiary of Mercy Health System of Southeastern Pennsylvania ("MHS") as 49% limited partner and 1% general partner; Highmark Inc. ("Highmark") as 49% limited partner; and Highmark Ventures Inc. ("HVI"), a subsidiary of Highmark as 1% general partner. Highmark Health, a Pennsylvania non-profit corporation, is the parent corporation of Highmark. Trinity Health Corporation ("Trinity Health"), an Indiana non-profit corporation, is the parent corporation of MHS. These partnership interests are shown on the organizational chart attached as Schedule Y. GHPOI files its annual and quarterly financial statements under Highmark's NAIC group code (0812).
- B. GHPOI has an inter-company management agreement with Gateway Health, LLC ("GHLLC") to provide administrative services. As of December 31, 2020, \$366,289 was incurred to GHLLC for administrative services.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - None
- D. An inter-company (payable)/ receivable between GHPOI and Gateway Health Plan, Inc. ("GHPI") totaled \$13,061 at December 31,2020 and \$90,520 at December 31, 2019. The balance represents inter-company activity in the normal course of business. An inter-company (payable)/receivable between GHPOI and GHLLC totaled (\$16,858) at December 31, 2020 and (\$335,998) at December 31, 2019. The balance represents inter-company activity in the normal course of business.
- E. GHLLC operates under a Program Services Agreement ("PSA") with GHPOI.
- F. GHPOI has no guarantees or undertakings for the benefit of any affiliate or related party.
- G. GHLLC is a limited partnership with general partners Highmark Ventures Inc. (a subsidiary of Highmark) and Mercy Health Plan. The limited partners are Highmark and Mercy Health Plan. GHLLC is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation.
- H. GHPOI has no ownership in upstream entities.
- I. GHPOI has no investments in SCA entities.
- J. GHPOI has no investments in SCA entities.
- K. GHPOI has no foreign insurance subsidiary.
- L. GHPOI has no investments in downstream non-insurance holding companies.
- M. All SCA Investments  
GHPOI has no investments in SCA entities.
- N. Investment in Insurance SCAs  
GHPOI has no investments in SCA entities.
- O. SCA and SSAP No. 48 Entity Loss Tracking  
GHPOI has no investments in SCA entities and SSAP No. 48 Entity Loss Tracking.

11. Debt

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

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies of Plan Assets - None
- C. Fair Value of Each Class of Plan Assets - None
- D. Expected Long-Term Rate of Return for the Plan Assets - None
- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans - None

# Notes to Financial Statements

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)**

- H. Postemployment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

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

- A. GHPOI is a non-profit organization and, as such, does not have stock authorized or outstanding.
- B. GHPOI has no preferred stock outstanding.
- C. There are no restrictions placed on GHPOI's surplus, except risk-based capital requirements imposed by the NAIC, the Department, and GHPOI's regulatory agreement.
- D. No dividends paid in 2020.
- E. Company Profits Paid as Ordinary Dividends - None
- F. There were no restrictions placed on the GHPOI's surplus, including for whom the surplus is being held.
- G. GHPOI has no advances of surplus not repaid nor does GHPOI hold stock of affiliated companies for specific reasons.
- H. Stock Held for Special Purposes  
The amount of stock held by the GHPOI for special purposes is \$0.
- I. There were no changes in the balance of special surplus funds from the prior year.
- J. Unassigned Funds (Surplus)  
Unassigned funds (surplus) were not changed by unrealized gains and losses.
- K. Company-Issued Surplus Debentures or Similar Obligations  
GHPOI has no surplus notes.
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations  
No quasi-reorganizations have taken place as of December 31, 2020.
- M. No quasi-reorganizations have taken place as of December 31, 2020.

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments  
GHPOI has no contingent commitments.
- B. Assessments  
GHPOI has no assessments.
- C. Gain Contingencies  
GHPOI has no gain contingencies.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
GHPOI has no claims related extra contractual obligation and bad faith losses stemming from Lawsuits.
- E. Joint and Several Liabilities  
GHPOI has no joint and several liabilities.
- F. All Other Contingencies  
GHPOI has no other contingencies.

**15. Leases**

GHPOI has no leases.

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None**

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

- A. Transfers of Receivables Reported as Sales - None
- B. Transfers and Servicing of Financial Assets - None
- C. Wash Sales  
GHPOI had no wash sales.

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

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract  
(1) There is no revenue from the Company's Medicare Part D cost based reimbursement portion of the contract for the year 2020.

Notes to Financial Statements

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

- (2) As of December 31, 2020, The Company has recorded receivables whose account balance is greater than 10% of the Company's amounts receivable from uninsured accident and health plans of \$49,449.
- (3) As of December 31, 2020, the Company recorded \$409,857 in Medicare Part D allowances and reserves or adjustment of recorded revenues.
- (4) GHPOI has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

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

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.

(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					
Total Cash Equivalents	\$ 9,501,048	\$	\$	\$	\$ 9,501,048
Total assets at fair value/NAV	\$ 9,501,048	\$	\$	\$	\$ 9,501,048
b. Liabilities at fair value					
Total 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) 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 market funds, commercial paper, and discount notes or securities with a maturity of 3 months or less. Cash equivalents are designated as Level 1 or Level 2, depending on structure and the extent of credit-related features.

GHPOI uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. GHPOI performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. There were no adjustments to quoted market prices obtained from third party pricing services during the period ended December 31, 2020 that were material to the statutory financial statements.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 1,432,481	\$ 1,164,757	\$ 1,432,481	\$	\$	\$	\$
Cash Equivalents	9,501,048	9,501,048	9,501,048				

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

Notes to Financial Statements

21. Other Items

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring - None
- C. Other Disclosures
- D. Business Interruption Insurance Recoveries
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure - None
- G. Retained Assets - None
- H. Insurance-Linked Securities (ILS) Contracts - None
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - None

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through February 26, 2021 for the statutory statement issued on December 31, 2020.

Type II. – Nonrecognized Subsequent Events

On February 26, 2021, Gateway Health Plan of Ohio, Inc. returned \$5 million of capital to its parent, Gateway Health LLC.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( ) No (X)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?  
Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?  
Yes ( ) No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes ( ) No (X)

- B. Uncollectible Reinsurance - None
- C. Commutation of Reinsurance Reflected in Income and Expenses - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- E. Reinsurance Credit
  - (1) Reinsurance contracts subject to A-791 - None
  - (2) Reinsurance contracts not subject to A-791 - None
  - (3) Reinsurance contracts containing features which result in delays in payment - None
  - (4) Reinsurance accounting credit for contracts not subject to A-791 and not yearly renewable term - None
  - (5) Contracts with ceded risk not subject to A-791 accounted for differently under GAAP and SAP - None

Notes to Financial Statements

23. Reinsurance (Continued)

(6) Explanation of the accounting treatment disclosed in Note 23.E(5) if treated differently for GAAP and SAP - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

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

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Company as of December 31, 2020 that was subject to retrospective rating features was \$(145,700) that represented -256% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

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

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 21, 2019 were \$3,343,800. As of December 31, 2020, \$1,640,223 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,906,164 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$202,587 unfavorable prior-year development since December 31, 2019 and December 31, 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.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

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

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$	\$	\$	\$	\$
09/30/2020					
06/30/2020					
03/31/2020	200,712				
12/31/2019	709,922	610,506	610,506		73,103
09/30/2019	808,208	773,380	752,868		(149)
06/30/2019	753,369	883,473	793,231		31,854
03/31/2019	874,031	859,156	808,603		24,708
12/31/2018	2,127,318	2,290,401	2,152,218	(112,463)	209,894
09/30/2018	2,165,660	2,331,563	2,078,774		249,114
06/30/2018	2,156,841	2,256,829	2,120,718		129,976
03/31/2018	1,875,977	2,069,954	2,125,696		(124,565)

\*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 - None

29. Participating Policies - None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves:

\$
2. Date of the most recent evaluation of this liability:

12/31/2020
3. Was anticipated investment income utilized in the calculation?

NO

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

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

Table with 3 columns: 1 Name of Entity, 2 NAIC Company Code, 3 State of Domicile

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

Table with 2 columns: 1 Nationality, 2 Type of Entity

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

Table with 6 columns: 1 Affiliate Name, 2 Location (City, State), 3 FRB, 4 OCC, 5 FDIC, 6 SEC

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? The Company received an exemption from filing the annual audit
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]
10.2 If response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]
10.4 If response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]
10.6 If the response to 10.5 is no or n/a please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)



GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[ ] No[X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved

\$ ..... 0
- 12.13 Total book/adjusted carrying value

\$ ..... 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[ ] No[ ] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year?

Yes[ ] No[ ] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes[ ] No[ ] N/A[X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]
- 14.1a Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1b Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1c Compliance with applicable governmental laws, rules and regulations;
- 14.1d The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- 14.1e Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[ ] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[ ] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers

\$ ..... 0
- 20.12 To stockholders not officers

\$ ..... 0
- 20.13 Trustees, supreme or grand (Fraternal only)

\$ ..... 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers

\$ ..... 0
- 20.22 To stockholders not officers

\$ ..... 0
- 20.23 Trustees, supreme or grand (Fraternal only)

\$ ..... 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[ ] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others

\$ ..... 0
- 21.22 Borrowed from others

\$ ..... 0
- 21.23 Leased from others

\$ ..... 0
- 21.24 Other

\$ ..... 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[ ] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment

\$ ..... 0
- 22.22 Amount paid as expenses

\$ ..... 0
- 22.23 Other amounts paid

\$ ..... 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ ..... 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 For the reporting entity s securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

\$ ..... 0
- 24.05 For the reporting entity s securities lending program, report amount of collateral for other programs.

\$ ..... 0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[ ] No[ ] N/A[X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[ ] No[ ] N/A[X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[ ] No[ ] N/A[X]
- 24.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ ..... 0



GENERAL INTERROGATORIES (Continued)

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

\$ ..... 0

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

\$ ..... 0

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

Yes[X] No[ ]

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

25.21 Subject to repurchase agreements

\$ ..... 0

25.22 Subject to reverse repurchase agreements

\$ ..... 0

25.23 Subject to dollar repurchase agreements

\$ ..... 0

25.24 Subject to reverse dollar repurchase agreements

\$ ..... 0

25.25 Placed under option agreements

\$ ..... 0

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

\$ ..... 0

25.27 FHLB Capital Stock

\$ ..... 0

25.28 On deposit with states

\$ ..... 1,164,757

25.29 On deposit with other regulatory bodies

\$ ..... 0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$ ..... 0

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

\$ ..... 0

25.32 Other

\$ ..... 0

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
.....	.....	.....

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

Yes[ ] No[X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

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

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

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

Yes[ ] No[X]

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

26.41 Special Accounting Provision of SSAP No. 108

Yes[ ] No[X]

26.42 Permitted Accounting Practice

Yes[ ] No[X]

26.43 Other Accounting Guidance

Yes[ ] No[X]

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

Yes[ ] No[X]

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

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

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

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

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

Yes[ ] No[X]

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

\$ ..... 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

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

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

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

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

Yes[ ] No[X]

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

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

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

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

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

Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

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

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 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 .....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[ ] No[X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1  Statement (Admitted) Value	2  Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	1,164,757 .....	1,432,481 .....	267,724 .....
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals .....	1,164,757 .....	1,432,481 .....	267,724 .....

30.4 Describe the sources or methods utilized in determining the fair values:  
Rates were obtained from Custodian's Year End Reports.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]

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

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

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

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

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

Has the reporting-entity self-designated 5GI securities? Yes[ ] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

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

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

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

Has the reporting entity self-designated PLGI securities? Yes[ ] No[X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

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

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

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 (Continued)

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.
  - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes[ ] No[X] N/A[ ]

OTHER

- 37.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0
- 37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....

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

1	2
Name	Amount Paid
.....	.....

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

1	2
Name	Amount Paid
.....	.....



GENERAL INTERROGATORIES (Continued)

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

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

\$ ..... 0
- 15.2 Total incurred claims

\$ ..... 0
- 15.2 Number of covered lives

..... 0

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

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

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	11,886,458	14,585,711	29,043,837	37,490,285	29,595,611
2. TOTAL Liabilities (Page 3, Line 24) .....	2,383,367	4,176,949	14,996,301	21,245,565	16,938,905
3. Statutory minimum capital and surplus requirement .....	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	9,503,091	10,408,762	14,047,536	16,244,719	12,656,707
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	(56,919)	32,960,829	109,247,325	106,470,504	78,501,105
6. TOTAL Medical and Hospital Expenses (Line 18) .....	1,285,755	29,190,564	97,203,924	94,721,230	66,403,627
7. Claims adjustment expenses (Line 20) .....	241,708	2,580,233	5,076,353	4,388,639	4,638,412
8. TOTAL Administrative Expenses (Line 21) .....	99,145	5,359,890	11,199,114	9,077,923	6,495,797
9. Net underwriting gain (loss) (Line 24) .....	(1,683,527)	(4,169,858)	(1,793,283)	(4,156,072)	963,269
10. Net investment gain (loss) (Line 27) .....	48,906	288,365	384,679	167,750	65,788
11. TOTAL Other Income (Lines 28 plus 29) .....	(397,267)	41,406	(56,459)	(55,580)	(242,804)
12. Net income or (loss) (Line 32) .....	(2,027,465)	(3,835,663)	(1,456,217)	(4,043,903)	768,561
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(1,551,551)	(10,604,202)	(8,288,028)	(733,475)	(1,565,347)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	9,503,091	10,408,762	14,047,536	16,244,719	12,656,707
15. Authorized control level risk-based capital .....	778,597	1,762,323	4,378,478	4,187,770	3,044,803
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....		1,853	9,944	10,446	7,780
17. TOTAL Members Months (Column 6, Line 7) .....		26,237	125,769	115,902	88,897
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	(2,258.9)	88.6	89.0	89.0	84.6
20. Cost containment expenses .....	(314.0)	5.8	2.4	1.9	1.5
21. Other claims adjustment expenses .....	(110.6)	2.0	2.2	2.2	4.4
22. TOTAL Underwriting Deductions (Line 23) .....	(2,857.7)	112.7	101.6	103.9	98.8
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	2,957.7	(12.7)	(1.6)	(3.9)	1.2
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	2,626,125	9,286,848	6,273,415	10,014,183	9,775,551
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	1,340,370	9,641,142	10,403,075	11,787,146	13,095,875
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

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

If no, please explain:

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

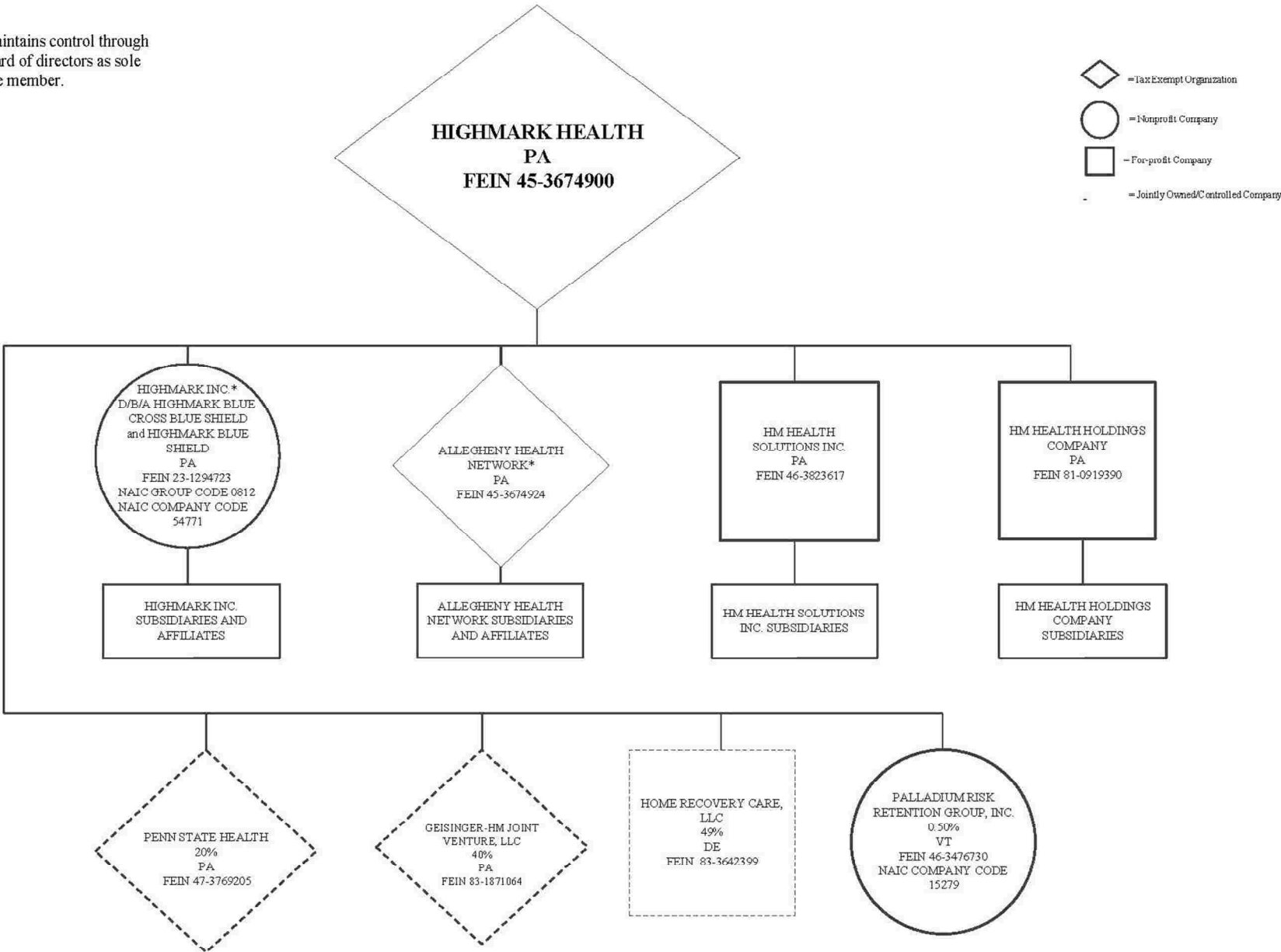
		1	Direct Business Only							
State, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L		13,689					13,689	
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		(49,861)					(49,861)	
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L		(19,952)					(19,952)	
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		(56,123)					(56,123)	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	X X X		(56,123)					(56,123)	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
N - None of the above - Not allowed to write business in the state
3
54
R - Registered - Non-domiciled RRGs
Q - Qualified - Qualified or accredited reinsurer

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

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

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





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

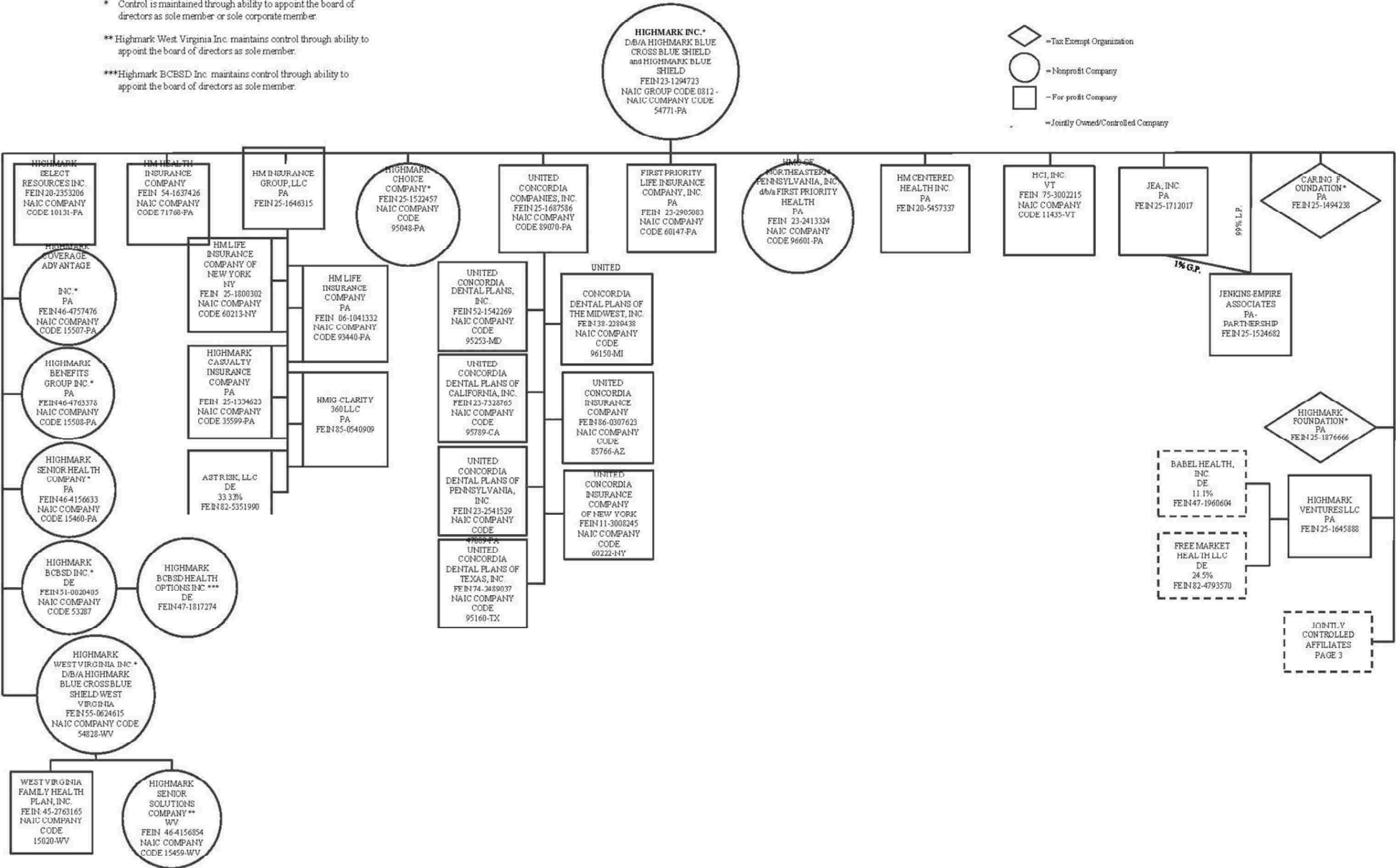
\*\*\*Highmark BCBSID Inc. maintains control through ability to appoint the board of directors as sole member.

◇ =Tax Exempt Organization

○ =Nonprofit Company

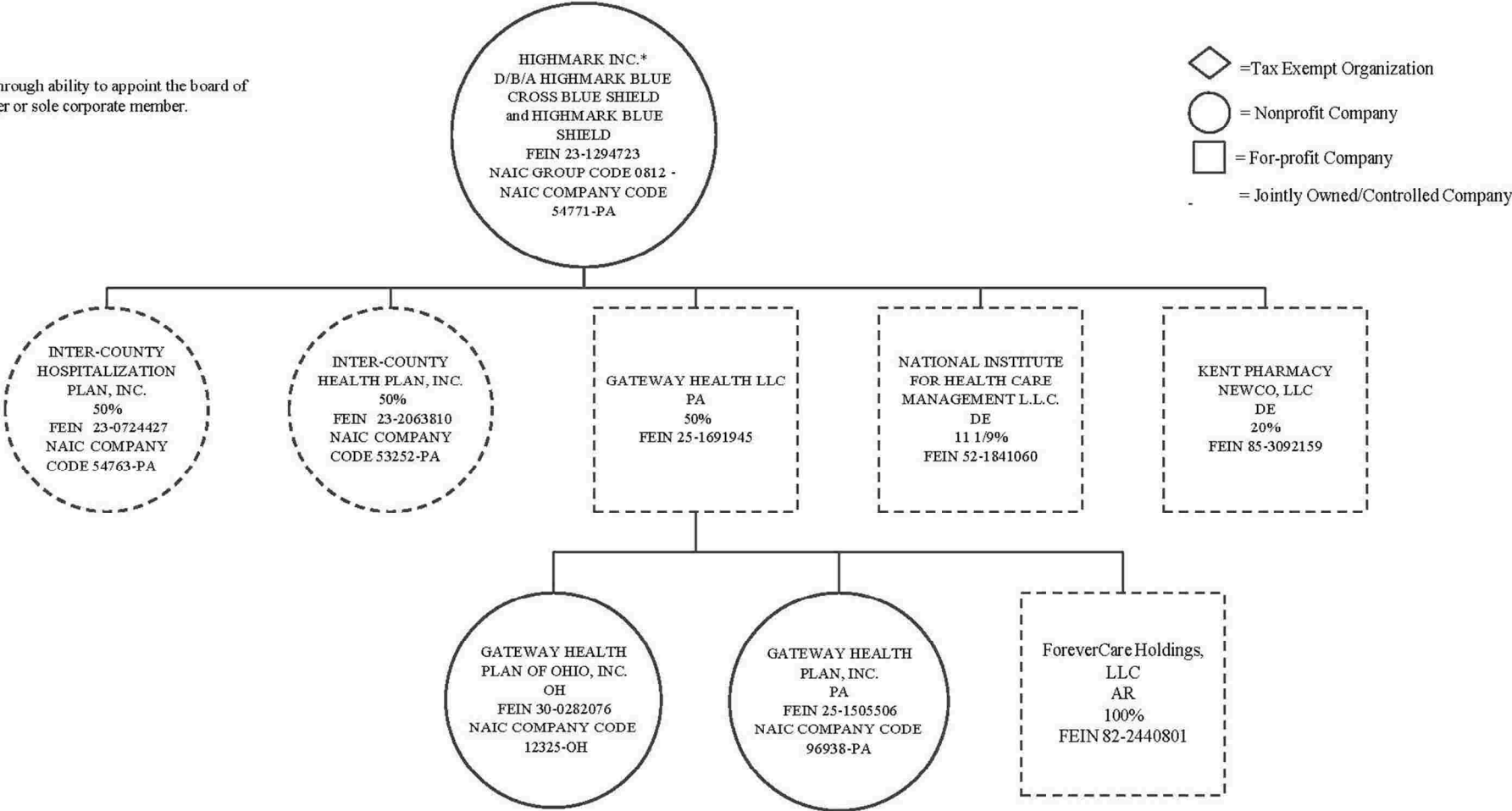
□ =For profit Company

— =Jointly Owned/Controlled Company

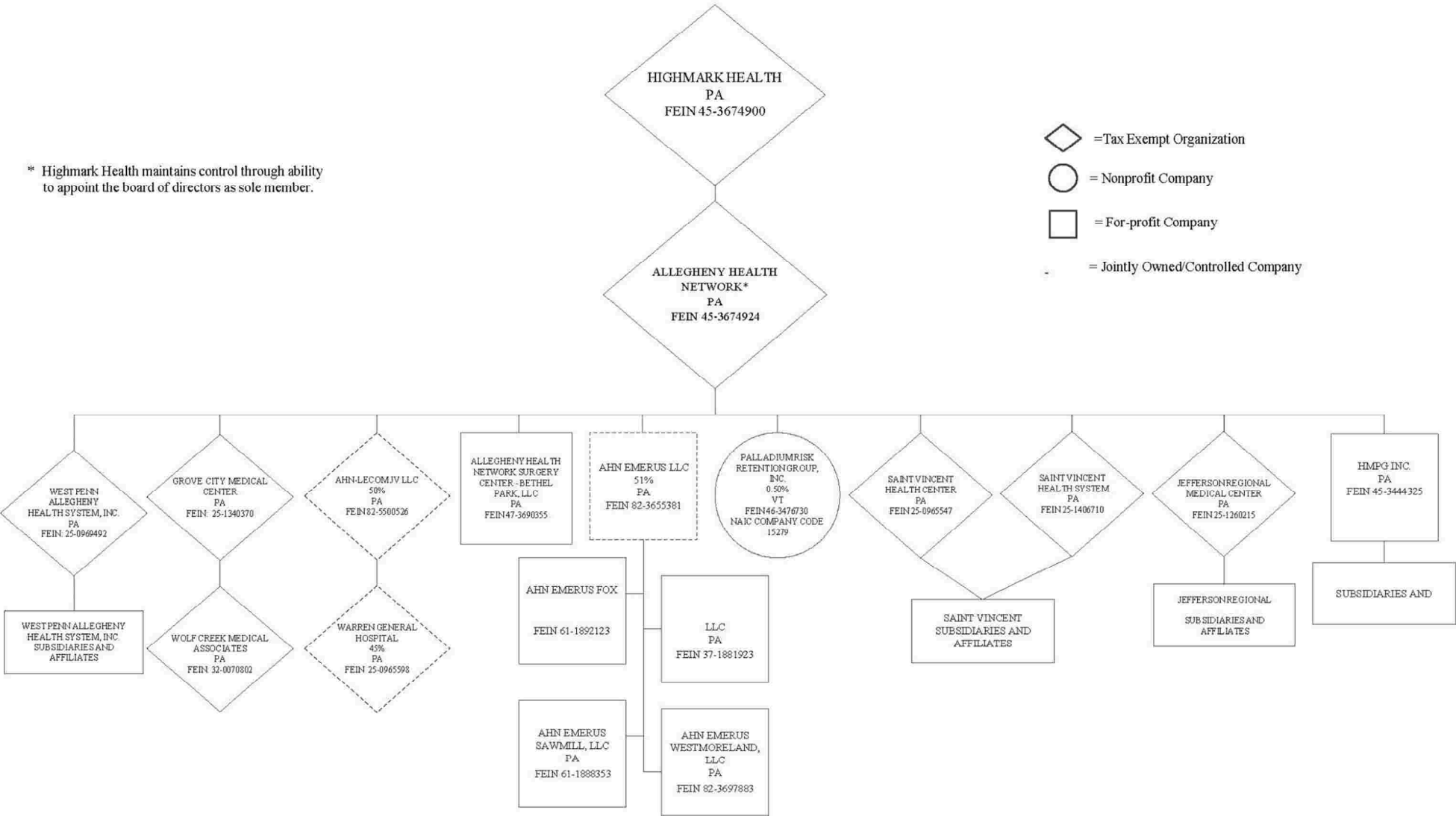


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

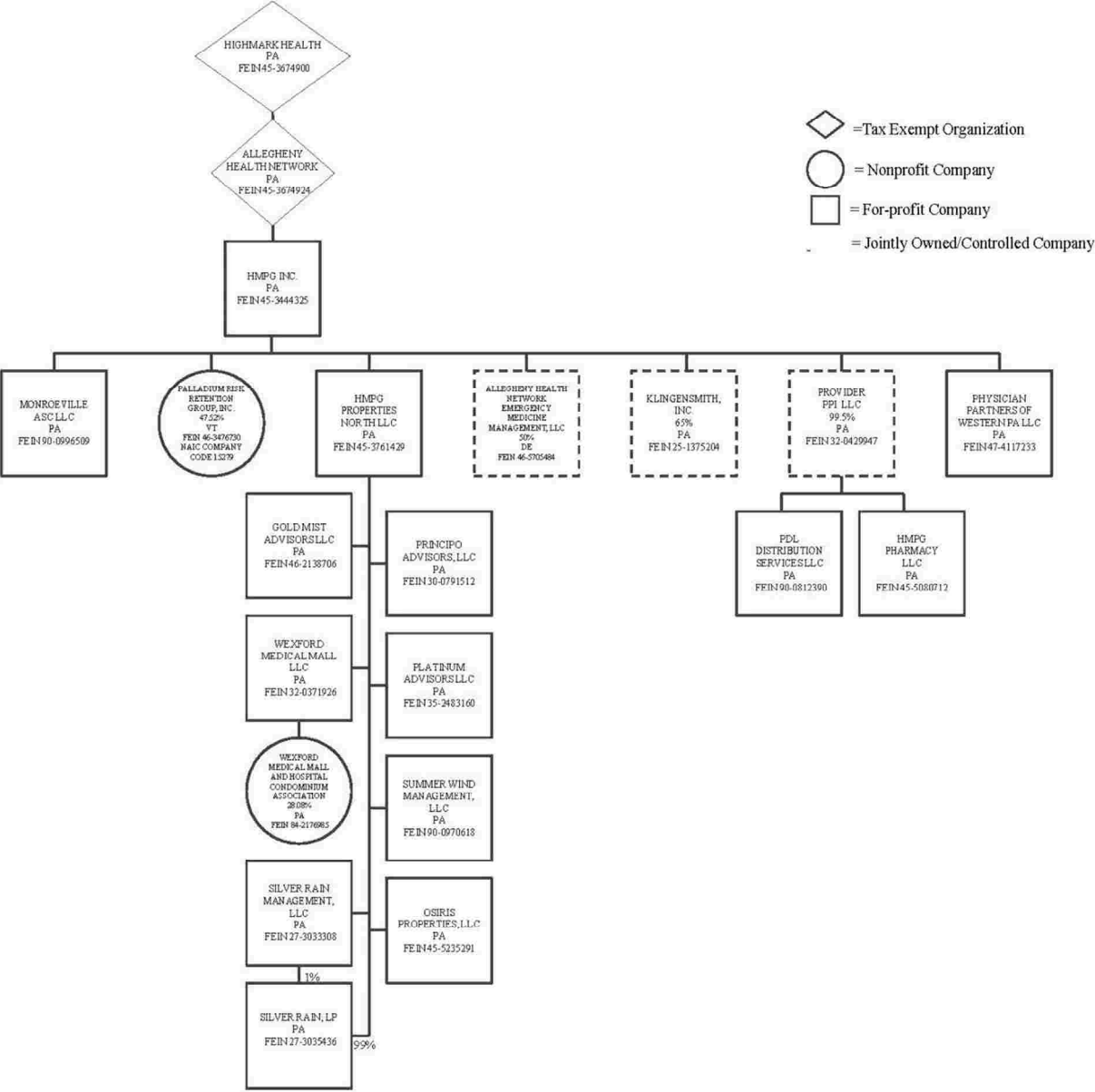
\* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.



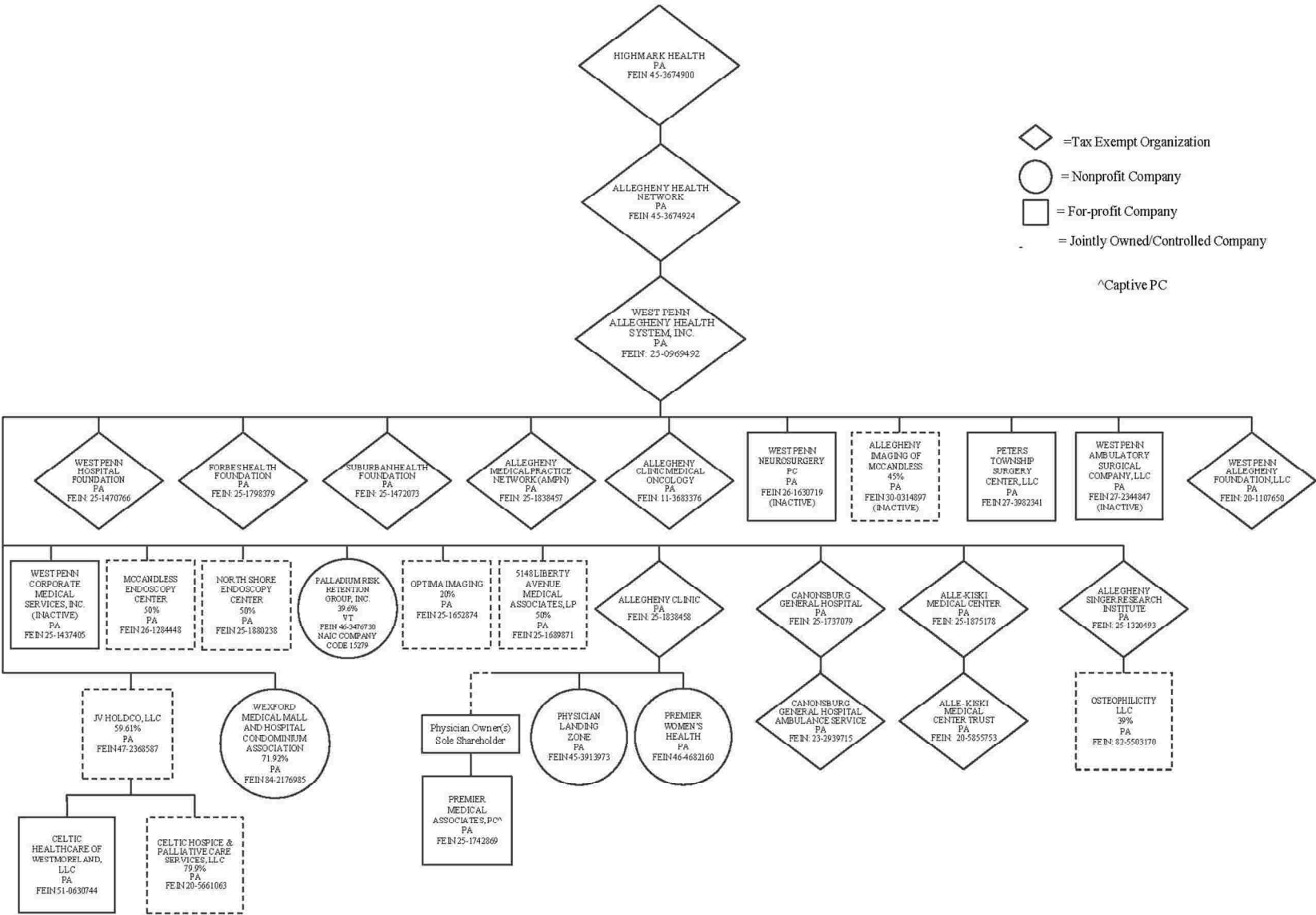
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



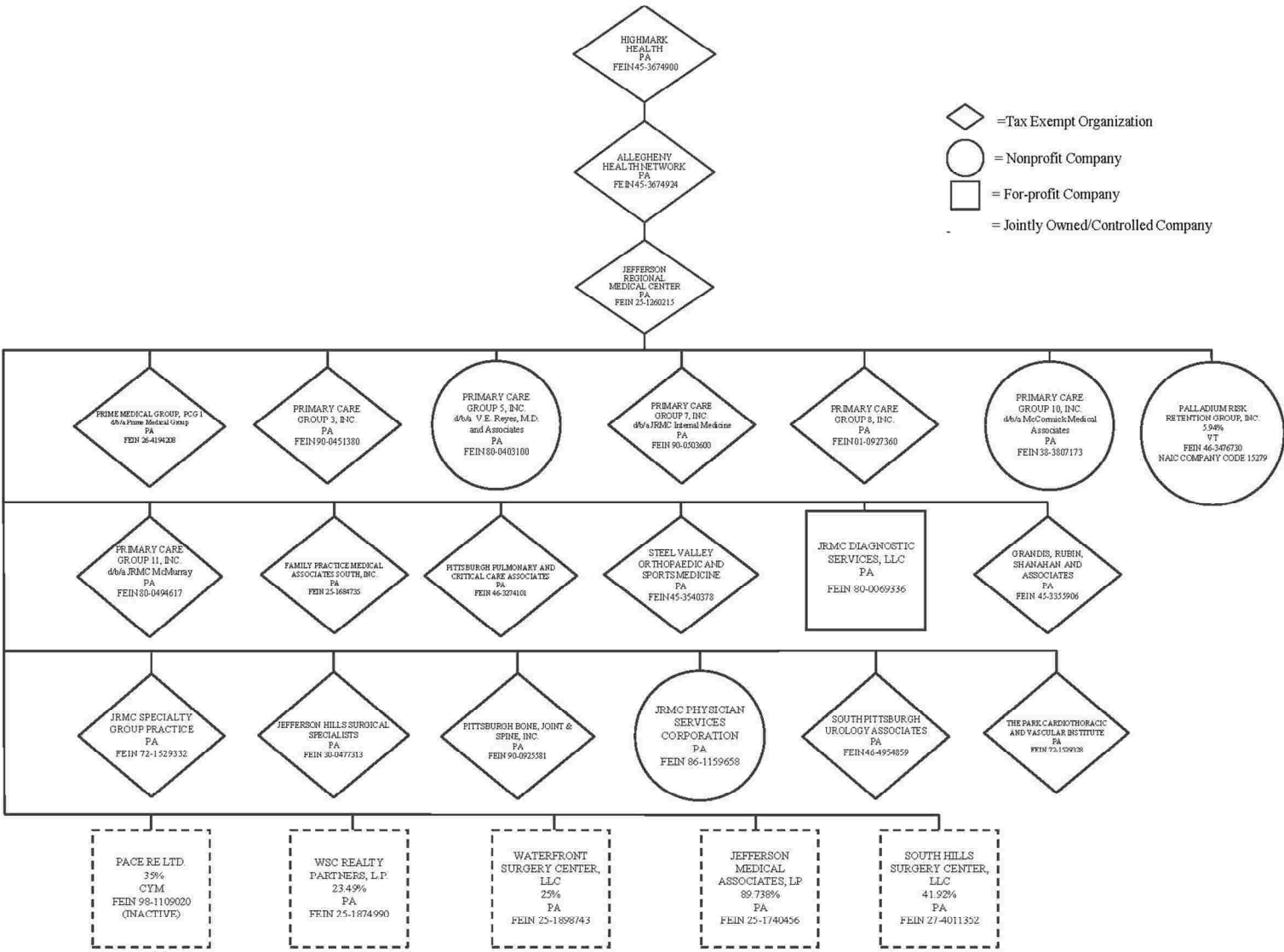
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



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



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



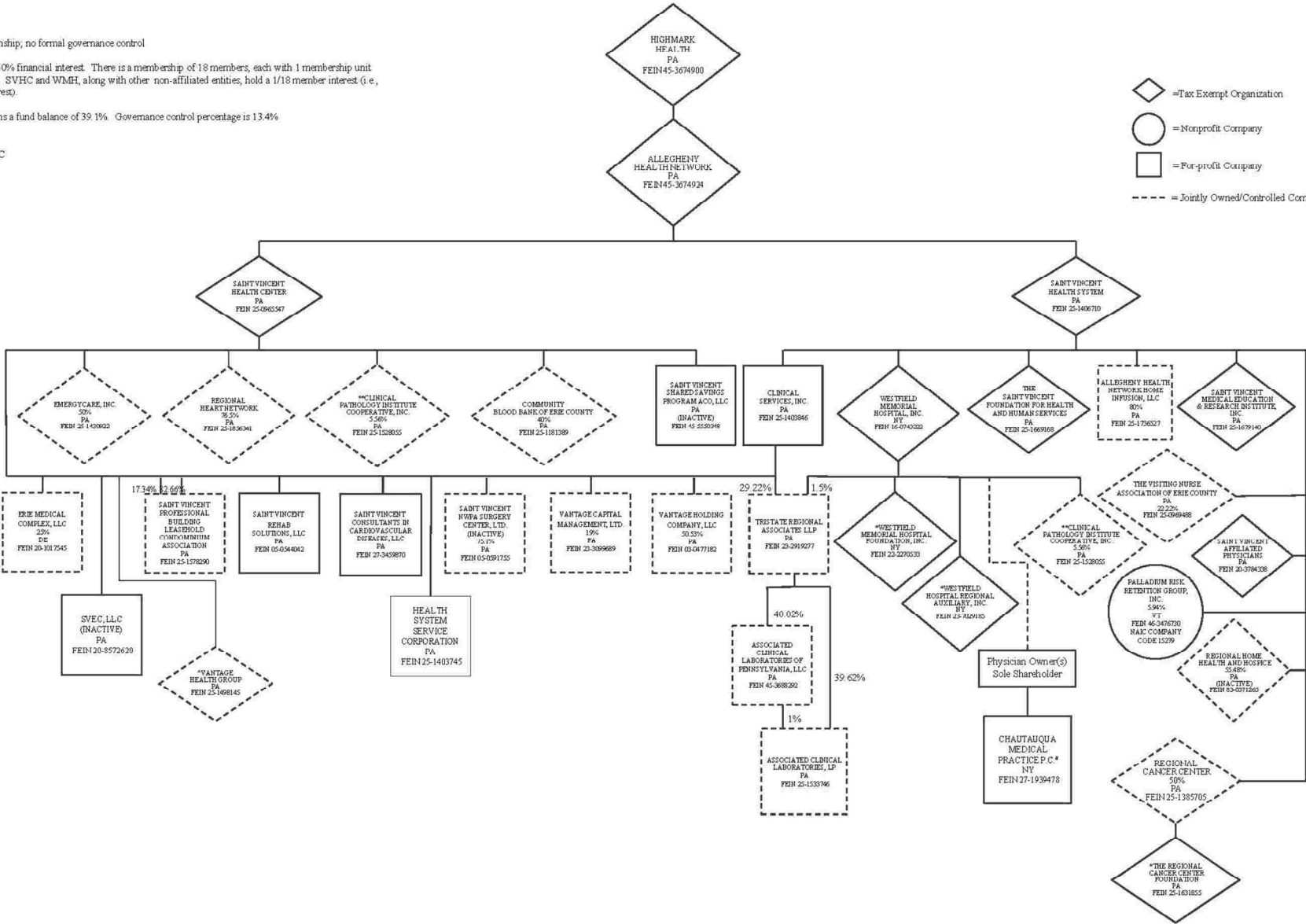
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

\*Support relationship, no formal governance control

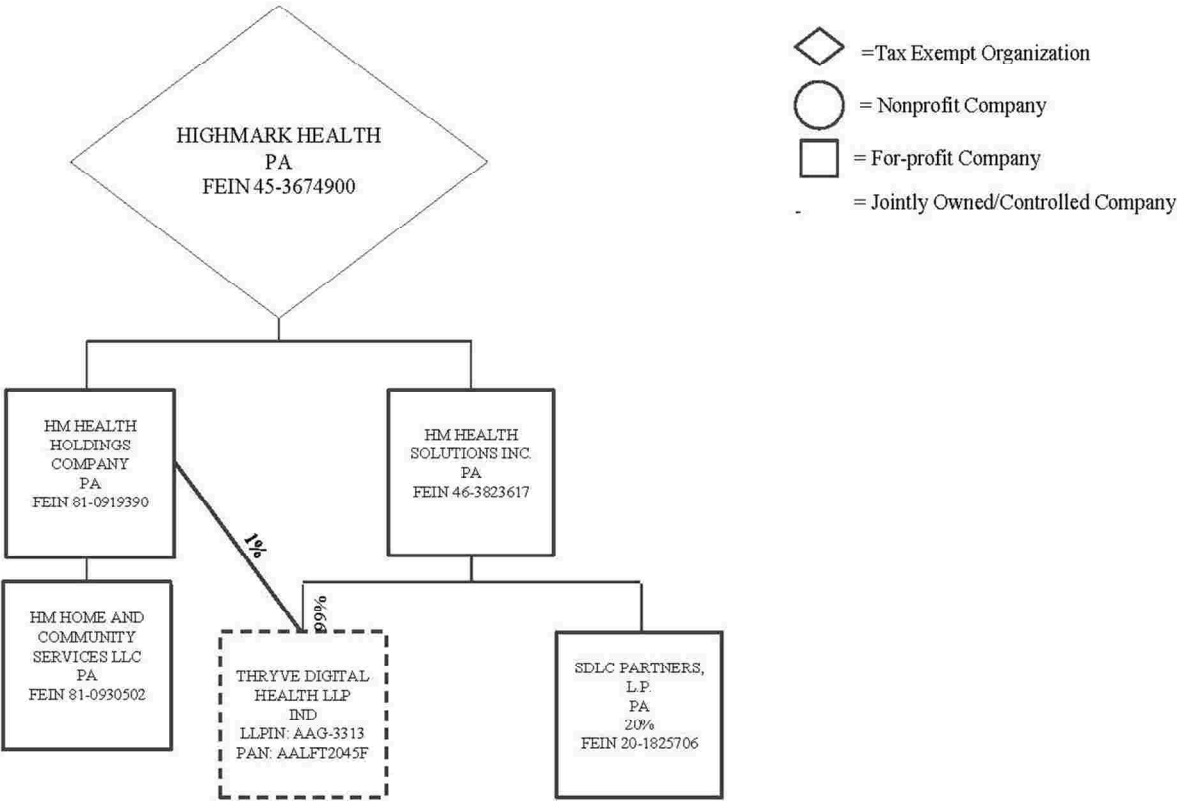
\*\*SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

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

^Captive PC



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 - ORGANIZATIONAL CHART

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

Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 (Trinity has no ownership or membership interest in Civica – only voting rights and rights to appoint BOD members attendant to our position as a 'Governing Member.')

THRE 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)

Mercy Care Center; FEIN: 85-3904921 (100% Controlled by Trinity Health Corporation)

THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC)

THPH Of New England, LLC; FEIN: (100% Controlled by THPH Urgent Care, LLC)

THPH of Ft. Lauderdale, LLC; FEIN: (100% Controlled by THPH Urgent Care, LLC)

THPH of Columbus, LLC; FEIN: (100% Controlled by THPH Urgent Care, LLC)

Mount Carmel Heath System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporatio

Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Paren

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

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

Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Paren

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 Paren

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

Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Paren

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 Pare

OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Paren

Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Paren

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 Textile ; FEIN: 38-3643188 (50% Controlled by Immediate Parent

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

SA MOB III LLC; FEIN: 20-1218559 (Mount Carmel Health System holds a 38.14% interest; Mount Carmel HealthProviders, Inc. holds a % interes

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 Paren

MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Paren

Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent

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

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 Paren

Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Controlled by Immediate Paren

Medilucent MOB I Limited Partnership; FEIN: 20-4913370 (25% Controlled by Immediate Parent

Eastwind Surgical, LLC; FEIN: 90-0739342 (30.77841% Controlled by Immediate Parent

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

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 Corporatio

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

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

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

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

40.10

Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent  
Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Paren  
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 Paren  
Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Paren  
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 Paren  
Holy Cross Health Partners, LLC; FEIN 82-2391212(100% Controlled by Immediate Parent  
Mercy Health Network, Inc. d/b/a MercyOne FEIN: 42-1478417 (50% Controlled by Trinity Health Corporation; 50% Controlled bCommonSpirit 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 Paren  
Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Paren  
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 Paren  
Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN:42-1264647 (100% Controlled by Immediate Paren  
Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Immediate Paren  
Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Immediate Paren  
Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN:42-1240996 (100% Controlled by Immediate Paren  
Mercy Health Services - Iowa, Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JO  
Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Paren  
Mercy Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Cen  
Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% Controlled by Immediate Paren  
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: 31-137308  
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 Pare  
Dyersville Health Foundation, Inc. dba MercyOne Dyersville Foundation; FEIN: 20-5383271 (100% Controlled by Immediate Paren  
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: 31-137308  
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 Paren  
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 Paren  
Mercy Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Pare  
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 Paren  
Surgical Center Building Associates, LLC; FEIN: 31-1373080 (35% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080  
YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080  
Magnetic Resonance Services, LLC; FEIN: 42-1328388 (49% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-137308  
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: 31-137308  
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: 31-137308  
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: 31-137308  
Mercy Medical Services, Inc. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Paren

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Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Pare  
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 Paren  
Siouxland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Paren  
Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Paren  
Mercy/USP Health Ventures, L.L.C. ; FEIN: 47-1290300 (55.71% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-137308  
Siouxland Surgery Center Limited Liability Partnershi; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)  
Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Paren  
Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Pare  
Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Paren  
Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Pare  
Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% Controlled by Trinity Healt  
The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Paren  
Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Paren  
Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Paren  
Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent  
Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)  
Michiana Heath Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent)  
Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)  
Edison Lakes ROC, LLC ; FEIN: 27-1778694 (30% Controlled by Immediate Parent  
Saint Joseph Regional Medical Center - South Bend CampuInc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent  
Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Paren  
SJPMC 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 Healt  
Saint Alphonsus Medical Center - Nampa, Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Paren  
MedNow, Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent  
Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Paren  
Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% Controlled by Immediate Paren  
Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Paren  
Life Flight Network, LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent  
Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Paren  
Entity was Adminstratively 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 Par  
Entity was Adminstratively dissolved 3/5/2019 in Idaho; we are waiting to hear from RHM as to Final Disposition or Reinstatement; EMP Idaho Nampa, LLC; FEIN: 36-4851679 (100% Controlled by Immediate Pare  
Entity was Adminstratively 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 Pare  
Entity was Adminstratively 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 Par  
Entity was Adminstratively 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 Par  
Saint Alphonsus Regional Rehabilitation Hospital, LLC; FEIN: 63-0860407 (49% Controlled by Saint Alphonsus Diversified Care, In  
Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent  
Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; FEIN: 82-0526861 (80% Controlled by Immediate Parent  
Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% Controlled by Immediate Paren  
Saint Alphonsus Professional Medical ServiceLLC; FEIN: 46-0500210 (100% Controlled by Immediate Parent  
Saint Alphonsus Specialty Services, Inc.; FEIN: 26-0553931 (100% Controlled by Immediate Paren  
Saint Alphonsus Medical Center - Ontario, Inc.; FEIN: 27-1789847 (100% Controlled by Immediate Paren  
Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Controlled by Immediate Paren  
Saint Alphonsus Foundation - Ontario, Inc. ; FEIN: 20-2683560 (100% Controlled by Immediate Paren  
Saint Alphonsus Medical Center - Baker City, Inc.; FEIN: 27-1790052 (100% Controlled by Immediate Paren  
Saint Alphonsus Foundation - Baker City, Inc.; FEIN: 94-3164869 (100% Controlled by Immediate Paren  
Eastern Oregon Coordinated Care Organization, LLC; FEIN: (10% Controlled by Saint Alphonsus Health System, In  
Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Controlled by Saint Alphonsus Health System, In

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
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Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Controlled by Saint Alphonsus Health System, Inc	
Summit Health Plan, Inc.; OR INSURANCE DIVISION CORPORATION FORMED 2/14/2020; FEIN: 83-3295864 (10% Controlled by SAHS	
Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% Controlled by Trinity Health Corporation	
Joint Venture Hospital Laboratories, L.L.C.; FEIN:	(16.67% Controlled by Trinity Health-Michiga
Tri-Hospital Emergency Medical Services Corporation; FEIN: 38-2485700 (33.33% Controlled by Immediate Paren	
Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Pare	
St. Joseph Mercy Chelsea, Inc. dba St. Joseph Mercy Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Heal System; dba Chelseacare; dba Chelseacare Pharmacy; dba SRSLY; dba St. Joseph Mercy Chelsea-Cancer Center	
(New MI Corporation, Incorporated 1.31.18); FEIN: 82-4757260 (51% Controlled by Immediate Parent; 49% Controlled by University of Michigan)	
St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393	(100% Controlled by Immediate Pare
Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Pare	
St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Pare	
St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Pare	
Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Paren	
Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Paren	
Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Paren	
Metropolitan Detroit Area Hospital Services, Inc.; FEIN: 38-1958953 (A Michigan Non-Profit Co-Op); Members include Trinity Health- Michigan d/b/a Saint Joseph Mercy Health System (33.30% Interest); Henry Ford Health System, Inc.; and University of Michigan	
Health Park Central, L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent	
Together Health Network, L.L.C.; FEIN: 47-1573173 ; (47.5% Controlled by Immediate Parent	
Sixty-Fourth Street, LLC; FEIN: FEIN: 20-2443646;(53.94% Controlled by Immediate Parent	
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970	(52.5% Controlled by Immediate Paren
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 Paren
Parkprop, LLC;FEIN: 27-3074736 (100% Controlled by Immediate Parent	
Probility Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Paren	
Advantage Health/ Saint Mary's Medical Group d/b/a Mercy Health Physician Partners; FEIN: 27-2491974 (100% Controlled by Immediate Paren	
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 Paren
IHA Affiliation Corp.; FEIN: 38-3188895	(100% Controlled by Immediate Paren
McAuley Health Partners ACO, LLC; FEIN: 83-0959900	(100% Controlled by Immediate Paren
IHA Olma Primary Care Risk, LLC; FEIN:	(100% Controlled by IHA Health Services Corporatio
IHA Olma Primary Non Risk, LLC; FEIN:	(100% Controlled by IHA Health Services Corporatio
IHA Olma Specialty Services, LLC; FEIN:	(100% Controlled by IHA Health Services Corporatio
Catherine McAuley Health Services Corporation; FEIN: 38-2507173	(100% Controlled by Immediate Paren
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 Paren
Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446	(66.6% Controlled by Immediate Paren
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 - Michiga	
Northern Michigan Supply Alliance, L.L.C.; FEIN: 38-3453378 (50% Controlled by Immediate Paren	
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 Paren	
Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Paren	
Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Paren	
Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Paren	

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Muskegon SC, LLC; FEIN: 20-3244346 (34.88% Controlled by Immediate Paren  
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Pare  
Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Paren  
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 Paren  
Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Paren  
Western Michigan Associates; FEIN: 38-2960292 (14.06% Controlled by Mercy Health Partners; 10.70% Controlled by Trinity Health - Michiga  
West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (17.36% Controlled by Mercy Health Partners; 10.70% Interest Held by Trinity Health - Michiga  
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 Pare  
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 Trinity Health Corporatio  
Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Paren  
Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Paren  
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 Paren  
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 GCHS  
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 Paren  
Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Paren  
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 Transpor 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 Cente  
Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Controlled by Immediate Paren  
Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Controlled by Trinity Health  
Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Paren  
Mercy Foundation, Inc. ; FEIN:36-3227350 (100% Controlled by Immediate Parent  
Saint Agnes Medical Center [Californial]; FEIN: 94-1437713 (100% Controlled by Trinity Healt  
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 Pare  
Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder licensed physicians appointed by SAMC - Not Controlled by SA  
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: 36-4896811 (50.1% Controlled by Saint Agnes Medical Cente  
Renaissance Surgery Center, LLC; FEIN: 20-5977652 (Saint Agnes/USP Surgery Centers, LLC acquired 51% membership interest 9/1/201  
Saint Agnes/Dignity/USP Surgery Centers, L.L.C.; FEIN: 84-3522377 (50.1% Controlling Interest held by Saint Agnes Medical Cente  
Central California Healthcare Holdings, LLC; FEIN: 47-4538833 (71.35% Controlling Interest held by Saint Agnes/Dignity/USP Surgery Centers, L.L.C  
Sierra Pacific Surgery Center, LLC; FEIN: 95-4810282 (100% Controlled by Central California Healthcare Holdings, LL  
FSC Hospital, LLC ; FEIN: 77-0528014 (100% Controlled by Central California Healthcare Holdings, LL  
Fresno Surgery Center, L.P.; FEIN: 77-0011624 (75.102212% Controlling Interest held by FSC Hospital, LLC; 24.897788% held by Central California Healthcare Holdings, LL  
Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% Controlled by Trinity Healt  
Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Healt  
Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Paren  
Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (48% Controlled by Immediate Paren

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McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Paren  
Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Controlled by Immediate Parent  
BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc.  
BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC

Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % Controlled by Trinity Health Corporati

Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% Controlled by Trinity Continuing Care Services/Trinity Healt  
Holy Cross CareNet, Inc. (Operating Assets Sold 8.31.2018 but Entity Remains); FEIN: 52-1945054 (100% Controlled by Immediate Paren  
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% Controlled by Immediate Parent  
Mercy Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605(100% Controlled by Immediate Paren  
Trinity Continuing Care Services - Indiana, Inc.; FEIN: 93-0907047 (100% Controlled by Immediate Paren  
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Paren  
Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Paren  
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 Pare  
Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent  
Glacier Hills Foundation; FEIN: 20-8072723 (100% Controlled by Immediate Paren  
Trinity Continuing Care Services - Massachusetts dba Farren Care Center (PLEASE NOTE: PER THE FEBRUARY 2018 TRANSFER OF ASSETS, MEMBERSHIP AND SERVICES OF FARREN CARE CENTER, INC. (MA) TO TCCS - MA, FARREN CARE CENTER IS A DBA OF TCCS -  
MA; AND, AS THE FEIN FOR FARREN CARE CENTER, INC. (MA) WAS NOT TRANSFERRED, THIS SHELL ENTITY REMAINS WITH THONE);  
Farren Care Center, Inc.; FEIN: 04-2501711 (100% Controlled by Immediate Parent

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

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 Service  
Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent  
Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent

Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michiga

Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Paren  
LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Paren  
Trinity Health LIFE PennsylvaniaInc. 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 Paren

Trinity Health Partners, L.L.C. ; FEIN: 47-2798085 (100% Controlled by Trinity Health

Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% Controlled by Immediate Parent  
Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% Controlled by Immediate Parent  
Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% Controlled by Immediate Parent  
Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% Controlled by Immediate Parent

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

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

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

Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Paren  
Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Paren  
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 Reg  
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 Reg  
Mercy Suburban Hospita (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Paren  
Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent  
Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent

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St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Controlled by Immediate Paren  
Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent  
Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent  
Mercy Health Plan; FEIN: 22-2483605 (100% Controlled by Immediate Parent  
Gateway Health LLC (50% Controlled by Immediate Parent); FEIN: 25-169194  
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 Paren  
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. Physician Services, Inc.; FEIN: 23-2497355 (100% Controlled by Immediate Parent  
East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Controlled by Immediate Pare  
Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent  
Mercy/Manor Partnership (50% Controlled by Immediate Parent); FEIN: 52-193101  
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 Regio  
Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Paren  
LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent  
St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent  
St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent  
Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent  
Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent  
Langhorne MOB Partners, L.P.; FEIN: 23-2622772 (42.857% Controlled by Immediate Parent  
The Ambulatory Surgery Center at St. Mary, LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent  
SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (65.75% Controlled by Immediate Parent  
Quality Health Alliance LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent  
Quality Health Alliance - ACOLLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent  
Endoscopy Center at St. Mary, LP; FEIN: 20-5253361 (16.349% Controlled by Immediate Parent  
St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC  
Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC  
St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Regio  
LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent  
Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016- WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent  
Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Controlled by Immediate Paren  
St. Mary's Health Care System, Inc. [Georgia] dba St. Mary's Hospital; FEIN: 58-0566223 (100% Controlled by Trinity Healt  
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 Immedicate Parent  
Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Immediate Paren  
Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Immediate Paren  
St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Immediate Paren  
St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Immediate Parent  
St. Mary's Highland Hills, Inc. dba St. Mary's Highland Hills Village and dba Highland Hills Village; FEIN: 02-0576648 (100% Controlled by Immediate Parent  
Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Immediate Parent  
Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Controlled by Trinity Healt  
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 Paren

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LifeCare Physicians Professional Corporation (Discontinued Entity but not Dissolved or Merged); Managed and Controlled but not Controlled by St. Francis Medical Center); FEIN: 26-1649  
St. Francis Community Health Services, LLC (Inactive Entity but not Dissolved or Merged); FEIN: 46-1801229 (100% Controlled by Immediate Pare  
Central New Jersey Heart Services, LLC; FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Cente  
St. Francis Medical Associates, P.A.; FEIN: 83-2199054 (100% Controlled by Immediate Paren

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% Interes  
Capital Region UC LLC d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP  
Innovative Health Alliance of New Yor , LLC (100% Controlled by Immediate Parent); FEIN: 46-567606  
St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Paren  
Manning Medical, PLLC (Nominally Controlled by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-43315  
Albany Advanced Imaging, P.L.L.C. dba St. Peter's Health Partners Imaging (Manning Medical PLLC controls 44.65%; Albany Radiology Partners, PLLC controls 55.35%); FEIN: 14-181306  
St. Peter's Health Partners Medical Associates, P.C.; FEIN: 46-1177336 (100% Controlled by Immediate Parent  
St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Paren  
Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Controlled by Immediate Paren  
St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-046389  
Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Paren  
Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest  
St. Peter's Hospital College of Nursing; FEIN: 84-3744949 (100% Controlled by SPHC  
The Community Hospice, Inc.; FEIN: 14-1608921 (100% Controlled by Immediate Paren  
The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Paren  
Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled by Immediate Paren  
Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Paren  
Samaritan Hospital - Albany Memorial Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Paren  
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.; 22-2743478 (100% Controlled by Immediate Paren  
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 Paren  
Sunnyview Hospital and Rehabilitation Center Foundation, In; FEIN: 22-2505127 (100% Controlled by Immediate Parent  
LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Paren  
The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Paren  
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 Paren  
Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Paren  
Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Pare  
Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent  
Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent  
The Glen at Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent  
Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent  
The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Controlled by Immediate Parent  
Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Paren  
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 Paren  
Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Paren  
Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; FEIN: 14-1756230 (100% Controlled by Immediate Paren

St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Healt

SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by Immediate Parent

Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) [New York]; FEIN: 22-256527

Sisters of Charity Hospital of Buffalo, New York; FEIN: 16-0743187 (100% Controlled by Immediate Paren  
Sisters Hospital Foundation, Inc.; FEIN: 22-2283077 (100% Controlled by Immediate Paren  
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Controlled by Immediate Paren



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Kenmore Mercy Foundation, Inc.; FEIN: 16-1162971 (100% Controlled by Immediate Paren  
KMH Homes, Inc.; FEIN: 16-1387890 (100% Controlled by Immediate Parent; Operationally Inactiv )  
Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Controlled by Immediate Paren  
Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Controlled by Immediate Paren  
Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Controlled by Immediate Parent  
Alsace Abbott Corporation; FEIN: 16-1355092 (100% Controlled by Immediate Paren  
Aurora Mercy Corp.; FEIN: 16-1354302 (100% Controlled by Immediate Parent  
Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Controlled by Immediate Paren  
Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Controlled by Immediate Paren  
Mount St. Mary's Hospital Foundation, Inc.; FEIN: 16-1360884 (100% Controlled by Immediate Paren  
Mount St. Mary's Child Care Center, Inc.; FEIN: 16-1523352 (100% Controlled by Immediate Paren  
The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Controlled by Immediate Paren  
The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Controlled by Immediate Paren  
Niagara Medicine, P.C.; FEIN:45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreeemen  
Assets were sold 4/13/2015 but entity remains with CHS: Nazareth, Inc.; FEIN: 16-0813142 (100% Controlled by Immediate Pare ; Operationally Inactive)  
WNY Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Controlled by Immediate Parent); FEIN: 16-143436  
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 Inacti  
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 Pare; Operationally Inactive)  
McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Controlled by Immediate Paren  
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: 16-078264  
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Paren  
Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Paren  
Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Paren; Operationally Inactive); FEIN: 45-4134007  
Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Paren  
Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Paren  
Our Lady of Victory Housing Development Fund Cor (100% Controlled by Immediate Parent); FEIN: 14-193064  
Smithtown GP, LLC (100% Controlled by Immediate Parent); FEIN: 57-319275  
Victory Ridge Apartments, L.P. (80% Controlled by Immediate Parent); FEIN: 57-121973  
Trinity Medical WNY, P.C.; FEIN: 27-2576645 (Captive PC  
Salus Medical Care, P.C.; FEIN: (100% Controlled by Immediate Paren  
Catholic Medical Partners-Accountable Care IPA, Inc. ; FEIN: ( % Controlled by Immediate Paren  
CH Emmaus, Inc.; FEIN 82-1852345 (100% Controlled by Immediate Parent  
Sterling Surgical Center, LLC; FEIN: 16-1607894 (100% Controlled by CH Emmau  
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 Pare  
Baycare Health System, Inc. (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled; Other Parties to the JOA include Morton Pla  
Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) [Florida]; FEIN: 59-2796965  
Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System; Membership of this entity is a Director  
Model - the members of the Board of Directors of Morton Plant Mease Health Care, Inc. are the Members of this Corporation's Immediate Parent)  
Trustees of Mease Hospital , Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Paren Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Paren  
Morton Plant Hospital Association, Inc. d/b/a Morton Plant Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Paren  
Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Paren  
Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center; FEIN: 59-0624462 (100% Controlled by Immediate Paren  
Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Controlled by Immediate Paren  
South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entit  
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 Alliant Hospital, Inc.; FEIN: 05-0615150 (100% Controlled by Immediate Parent)

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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 individual  
BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc. ); FEIN: 59-3140335 (100% Controlled by Immediate Paren  
St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporatio  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporati  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporati  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporati  
St. Joseph's Hospital, Inc. d/b/a/ St. Joseph's Hospital - South; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporati  
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporati  
St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Controlled by Trinity Health Corporatio  
St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Controlled by Immediate Paren  
John Knox Village of Tampa Bay, Inc. ; FEIN: 58-1377711 (100% Controlled by Immediate Paren  
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 Paren  
St. Joseph's Enterprises, Inc.; FEIN: 59-2822516 (100% Controlled by Immediate Paren  
St. Anthony's Professional Building and Services, Inc.; FEIN: 59-2018848 (100% Controlled by Immediate Paren  
St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Controlled by Trinity Health Corporatio  
St. Anthony's Hospital Auxillary, Inc.; FEIN: 59-0201974 (100% Controlled by Immediate Paren  
St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Controlled by Immediate Paren  
St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Controlled by Immediate Paren  
Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% Controlled by Trinity Healt  
Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Controlled by Trinity Healt  
Saint Joseph's Health System, Inc. [Georgia]; FEIN: 58-1744848 (100% Controlled by Trinity Healt  
Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Controlled by Immediate Paren  
Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Paren  
Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Pare  
Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent  
SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Paren  
Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SJHS/JOC Holdings, Inc.); FEIN: 45-27218  
Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% Controlled by Trinity Healt  
Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Paren  
Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent  
Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Paren  
Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Paren  
Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Paren  
Holy Cross Senior Services, Inc.; FEIN: 83-2256461 (100% Controlled by Immediate Paren  
Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH); FEIN: 35-23256  
Atlantic Coast Health Network, LLC (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH); FEIN: 47-475658  
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 Paren  
S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled by Immediate Paren  
SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-179665  
St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Controlled by Immediate Pare  
SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Controlled by Immediate Parent  
Plaza Corporation of Central New York (50% SJHHC, 50% Crouse Hospital); FEIN: 22-280084  
Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Paren  
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: 27-399317  
Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Paren

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Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled by Immediate Paren  
Laboratory Alliance of Central New York, LLC (50% SJHHC, 50% Crouse Health Hospital, Inc.);FEIN: 16-153620  
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 Sea  
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  
St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Paren  
St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled by Immediate Paren  
Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-18927  
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 Paren  
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: 16-154048  
Central New York Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-155971  
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 Pare  
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 Paren  
Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent  
Oswego Health Home Care, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-246373  
St. Joseph's Physician Health, P.C.; FEIN: 16-1516863 (Captive PC  
St. Joseph's Medical, P.C.; FEIN: 27-3899821 (Captive PC  
St. Joseph's Imaging Associates, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-110429  
CNY North Urgent Care, PLLC; FEIN: 35-2605215 (100% Controlled by St. Joseph's Medical. P.C  
Concordia Healthcare Network, LLC; FEIN: 84-1939474 100% Controlled by Immediate Parent  
Concordia Healthcare Network IPA, LLC; FEIN: TBD (100% Controlled by Concordia Health Network, LLC  
Concordia Health ACO, LLC; FEIN: TBD (100% Controlled by St. Joseph's Health, Inc  
Trinity Health Of New England Corporation, Inc. (formerly Trinity Health - New England, Inc.) (Connecticut); FEIN: 06-1491191 (100% Controlled by Trinity Healt  
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, L  
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Paren  
Woodland Partners Real Estate LLC; FEIN: 83-3371094; (55% Controlled by Saint Francis Hospital and Medical Cente  
Lighthouse Surgery Center, LLC; FEIN:83-2096116 (26% Controlled by Saint Francis Hospital and Medical Center/74% by Physicia  
Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Paren  
Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Paren  
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Paren  
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Paren  
Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278  
Medworks, LLC (51% SFHMC); FEIN: 06-149048  
Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Controlled by Immediate Paren  
Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Pare  
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Paren  
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 Pare  
Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Controlled by Immediate Paren  
Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Controlled by THONE  
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled by Immediate Paren  
Southern New England Healthcare Organization, Inc. (50% Interest held by Trinity Health of New England Corporation, Inc.); FEIN: 06-139125  
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

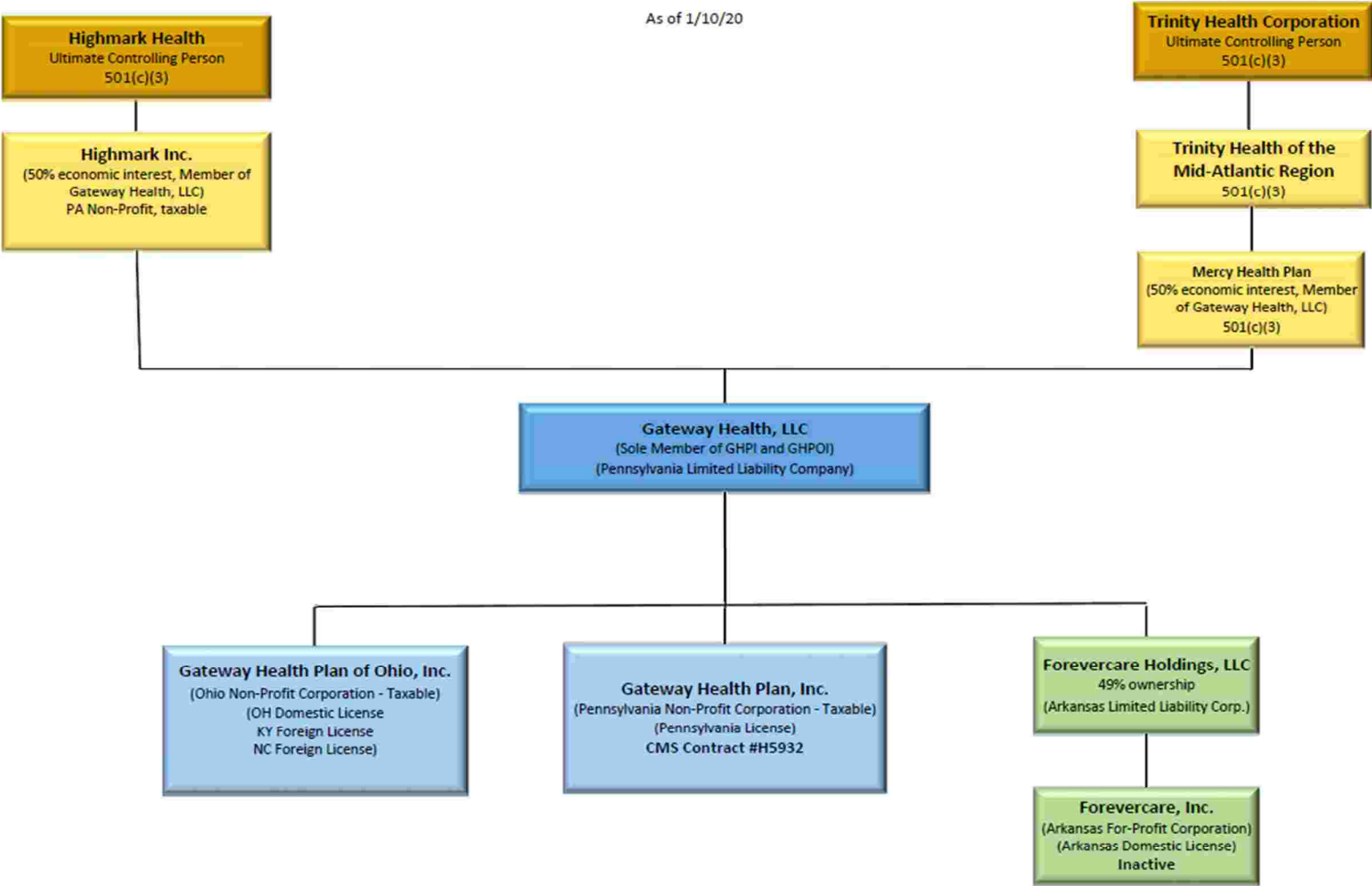
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

Southern New England Affiliated Physicians Purchasing Group; FEIN: 81-4362177 (100% Controlled by Immediate Pare  
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, LLC d/b/a Valley Health Alliance; and Southern New England Healthcare Organization, Inc.)  
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (50% Controlled by THONE; 20% Controlled by JMM  
Johnson Memorial Hospital, Inc.; FEIN: 47-5676956 (100% Controlled by Immediate Paren  
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 Paren  
The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100%  
Controlled by Immediate Parent)  
Assets Transferred to THHS, but entity remains: Providence HomeCare, Inc. dba Mercy Home Care, Inc.; FEIN: 04-3317426 (100% Controlled by Immediate Paren  
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 Group; FEIN: 04-3029929 (100% Controlled by Immediate Parent)  
System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Paren  
Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Controlled by Immediate Paren  
Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Controlled by Immediate Paren  
The Lifepath Partners, LLC (JV with NEPA; 50% Controlled by Immediate Parent); FEIN: 26-002108  
Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Service  
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 Paren  
Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent  
Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent  
Trinity Health Of New England ACO LLC; FEIN: 83-3165256 (33.3% Controlling Interest held by each of Mercy Care Alliance, LLC; Sain Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Southern New England Healthcare Organization, Inc.)  
Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Controlled by Immediate Paren  
Mercy Specialist Physicians, Inc. dba Trinity Health of New England Medical Group ; FEIN: 26-4033168 (100% Controlled by Immediate Paren  
Mercy Medical Group, Inc. dba Trinity Health of New England Medical Group; FEIN: 45-4884805 (100% Controlled by Immediate Paren  
Farren Care Center, Inc. (PLEASE NOTE: PER THE FEBRUARY 2018 TRANSFER OF ASSETS, MEMBERSHIP AND SERVICES OF FARREN CARE CENTER, INC. (MA) TO TCCS - MA, FARREN CARE CENTER IS A DBA OF TCCS - MA; AND, AS THE FEIN FOR FARREN CARE  
CENTER, INC. (MA) WAS NOT TRANSFERRED, THIS SHELL ENTITY REMAINS WITH THONE); 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 Paren  
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 Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (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 Grou  
Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Paren  
Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent  
Saint Mary's Physician Partners, LLC dba Valley Health Alliance; FEIN: 46-5760769 (100% Controlled by Immediate Paren  
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, LLC d/b/a Valley Health Alliance; and Southern New England Healthcare Organization, Inc.)  
Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Paren  
Scovill Street Medical Building Association, Inc.; FEIN: 06-1232868 (81% Controlled by Immediate Paren

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



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%