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

OFFICERS

Name	Title
Cain-Aten Hayes	President
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

State of _____ ss
County of _____ ss

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

(Signature)
Cain-Aten Hayes
(Printed Name)
1.
President
(Title)

(Signature)
Ja'Ron Bridges
(Printed Name)
2.
Treasurer
(Title)

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

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[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 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	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	36,536,235	36,536,235
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(27,033,144)	(26,127,473)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	9,503,091	10,408,762
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	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.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	XXX	XXX
1. Member Months	XXX		26,237
2. Net premium income (including \$.....0 non-health premium income)	XXX	(56,919)	32,960,829
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	(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)	XXX	(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)	XXX	(2,031,888)	(3,840,086)
31. Federal and foreign income taxes incurred	XXX	(4,423)	(4,423)
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,027,465)	(3,835,663)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
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 Current Year	2 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 Current Year	2 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:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
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)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	(56,919)						(56,919)			
8. Hospital/medical benefits	1,034,344						1,034,344			XXX
9. Other professional services	232,787						232,787			XXX
10. Outside referrals									XXX	
11. Emergency room and out-of-area	77,566						77,566			XXX
12. Prescription drugs	(85,229)						(85,229)			XXX
13. Aggregate write-ins for other hospital and medical	26,286						26,286			XXX
14. Incentive pool, withhold adjustments and bonus amounts									XXX	
15. Subtotal (Lines 8 to 14)	1,285,755						1,285,755			XXX
16. Net reinsurance recoveries									XXX	
17. TOTAL Hospital and Medical (Lines 15 minus 16)	1,285,755						1,285,755			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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									XXX	
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page										
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. DME	23,348						23,348			XXX
1302. Hearing Hardware	2,938						2,938			XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	26,286						26,286			XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
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 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 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 \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
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	XXX	82,886	93,311	93,286	93,254
4. 2018	XXX	XXX	87,163	100,979	100,752
5. 2019	XXX	XXX	XXX	25,144	28,135
6. 2020	XXX	XXX	XXX	XXX	XXX

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	XXX	95,919	93,433	93,286	93,345
4. 2018	XXX	XXX	100,072	100,950	100,944
5. 2019	XXX	XXX	XXX	28,330	29,671
6. 2020	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(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 - 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	XXX	82,886	93,311	93,286	93,254
4. 2018	XXX	XXX	87,163	100,979	100,752
5. 2019	XXX	XXX	XXX	25,144	28,135
6. 2020	XXX	XXX	XXX	XXX	XXX

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	XXX	95,919	93,433	93,286	93,345
4. 2018	XXX	XXX	100,072	100,950	100,944
5. 2019	XXX	XXX	XXX	28,330	29,671
6. 2020	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(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 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
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 Collected During Year	2 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 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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)

NONE**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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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 ("GHLCC") 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 (PPMP) 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 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) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) 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) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) 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 DTL's are not recognized for amounts described in SSAP 101.

C. Major Components of Current Income Taxes Incurred

	(1)	(2)	(3)			
				2020	2019	Change (1-2)
Current income taxes incurred consist of the following major components:						
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)	<u>\$ -</u>

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"), formerly 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	<u>\$ 9,501,048</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 9,501,048</u>
b. Liabilities at fair value					
Total liabilities at fair value	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(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	9,501,048	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?
 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?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

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.

Yes[X] No[]

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?

2.2 If yes, date of change:

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

Yes[] No[X]

12/31/2016

12/31/2016

04/24/2018

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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.

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).

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?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

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

4.12 renewals?

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?

4.22 renewals?

Yes[] No[X]
Yes[] No[X]Yes[] No[X]
Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]

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.

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?

6.2 If yes, give full information:

Yes[] No[X]

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

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).

0.000%

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

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?

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.

Yes[] No[X]

Yes[] No[X]

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

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] 0

12.11 Name of real estate holding company \$..... 0

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

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[]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: Yes[] No[X]

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). Yes[] No[X]

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). Yes[] No[X]

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. Yes[] No[X]

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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[] No[X]

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.

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

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

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

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?

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.

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

\$ 0
\$ 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 Nature of Restriction	2 Description	3 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?

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

If no, attach a description with this statement.

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

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

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 Name of Custodian(s)	2 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:

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

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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
Dina L. Richard, Trinity Health	A
W. Dennis Cronin, Highmark	A
Susan Payden, Trinity Health	A
Kevin Marpoe, Highmark	A

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

GENERAL INTERROGATORIES (Continued)**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]	0
1.2 If yes, indicate premium earned on U.S. business only:	\$.....	0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....	0
1.31 Reason for excluding:	\$.....	0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$.....	0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$.....	0
1.6 Individual policies - Most current three years:		
1.61 TOTAL Premium earned	\$.....	0
1.62 TOTAL Incurred claims	\$.....	0
1.63 Number of covered lives	\$.....	0
All years prior to most current three years:		
1.64 TOTAL Premium earned	\$.....	0
1.65 TOTAL Incurred claims	\$.....	0
1.66 Number of covered lives	\$.....	0
1.7 Group policies - Most current three years:		
1.71 TOTAL Premium earned	\$.....	0
1.72 TOTAL Incurred claims	\$.....	0
1.73 Number of covered lives	\$.....	0
All years prior to most current three years:		
1.74 TOTAL Premium earned	\$.....	0
1.75 TOTAL Incurred claims	\$.....	0
1.76 Number of covered lives	\$.....	0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	(56,919)	32,960,829
2.2 Premium Denominator	(56,919)	32,960,829
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	1,884,368	3,289,215
2.5 Reserve Denominator	1,884,368	3,289,215
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$.....	0
5.32 Medical Only	\$.....	0
5.33 Medicare Supplement	\$.....	625,000
5.34 Dental & Vision	\$.....	0
5.35 Other Limited Benefit Plan	\$.....	0
5.36 Other	\$.....	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Reinsurance agreement includes continuation of coverage in event of company insolvency-aggregate max

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	40,691
8.2 Number of providers at end of reporting year	.....	0

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....	0
9.22 Business with rate guarantees over 36 months	.....	0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....	0
10.22 Amount actually paid for year bonuses	\$.....	0
10.23 Maximum amount payable withholds	\$.....	0
10.24 Amount actually paid for year withholds	\$.....	0

11.1 Is the reporting entity organized as:

Yes [] No [X]

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

\$..... 1,700,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
State of Ohio
State of North Carolina
Commonwealth of Kentucky

13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

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
15.2 Total incurred claims
15.2 Number of covered lives

\$ 0
\$ 0
..... 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?

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[X] No[]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
BALANCE SHEET (Pages 2 and 3)					
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
INCOME STATEMENT (Page 4)					
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
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,551,551)	(10,604,202)	(8,288,028)	(733,475)	(1,565,347)
RISK-BASED CAPITAL ANALYSIS					
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
ENROLLMENT (Exhibit 1)					
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
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	(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
UNPAID CLAIMS ANALYSIS					
(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
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 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)	XXX								
59. Subtotal	XXX	(56,123)						(56,123)	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	XXX	(56,123)						(56,123)	

DETAILS OF WRITE-INS

58001	XXX								
58002	XXX								
58003	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(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

R - Registered - Non-domiciled RRGs
 Q - Qualified - Qualified or accredited reinsurer

3
54

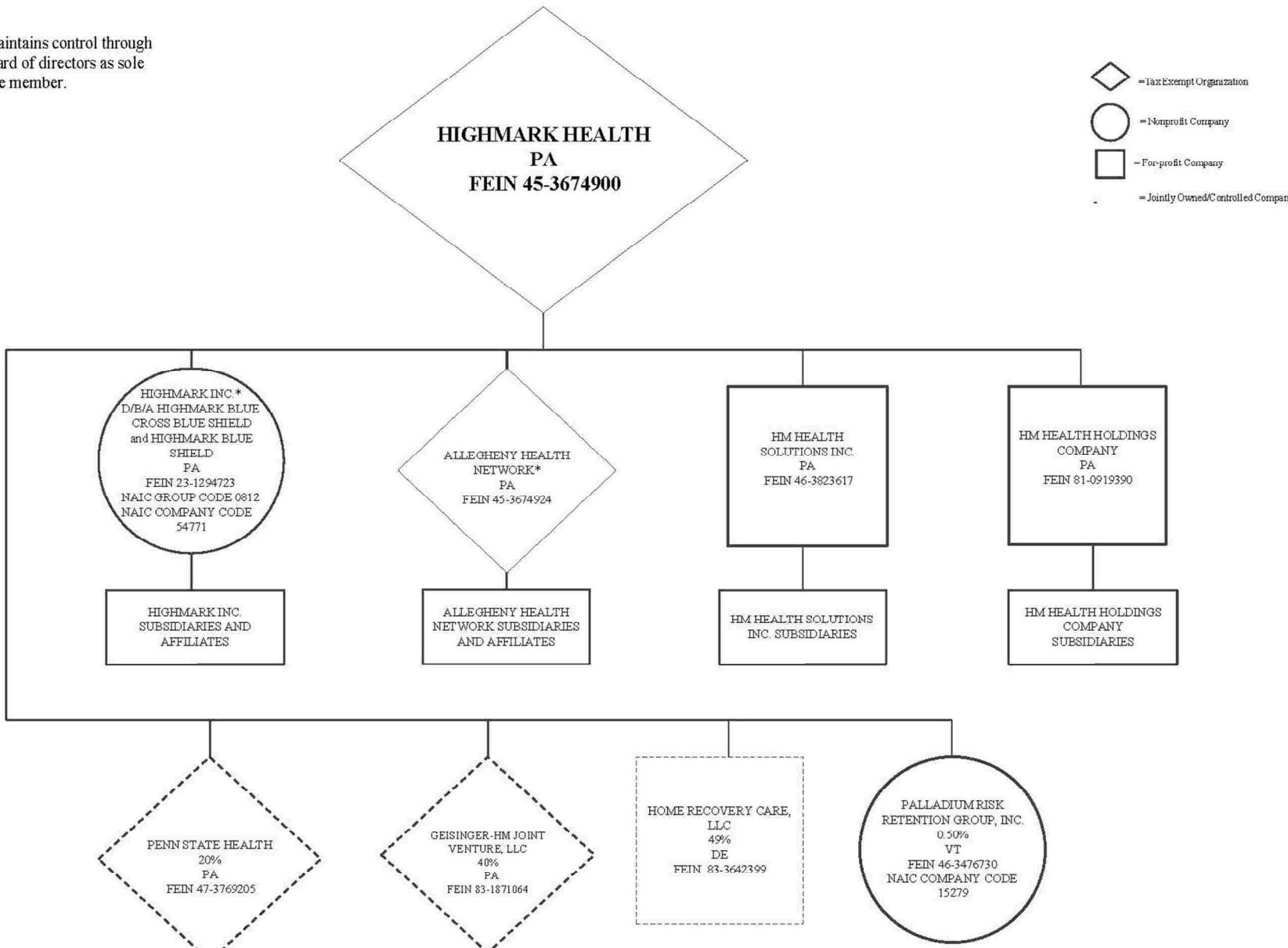
(b) Explanation of basis of allocation by state, premiums by state, etc.: Premiums are allocated based on situs of contract.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

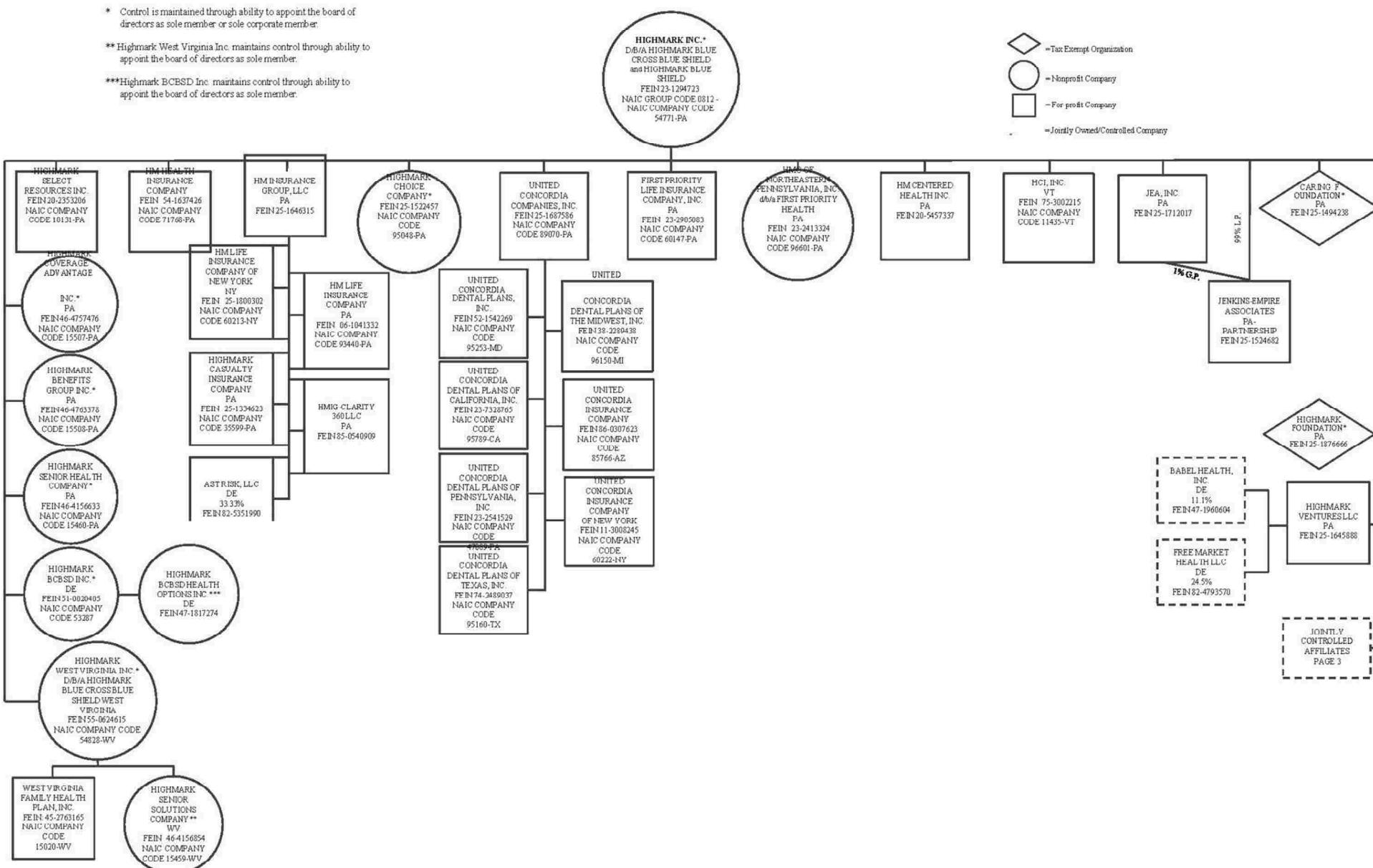
* Highmark Health maintains control through ability to appoint the board of directors as sole member or sole corporate member.



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

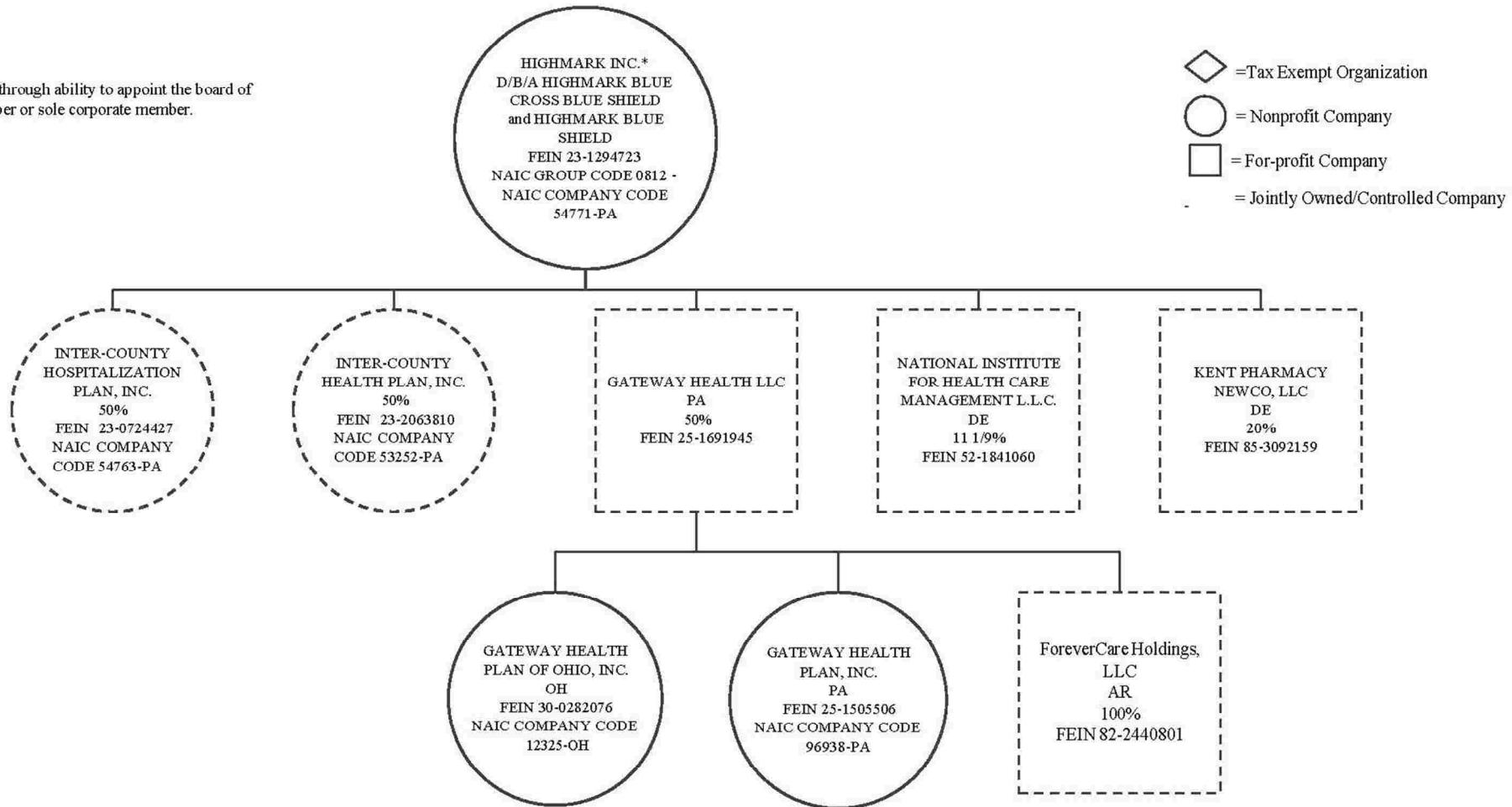


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

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.

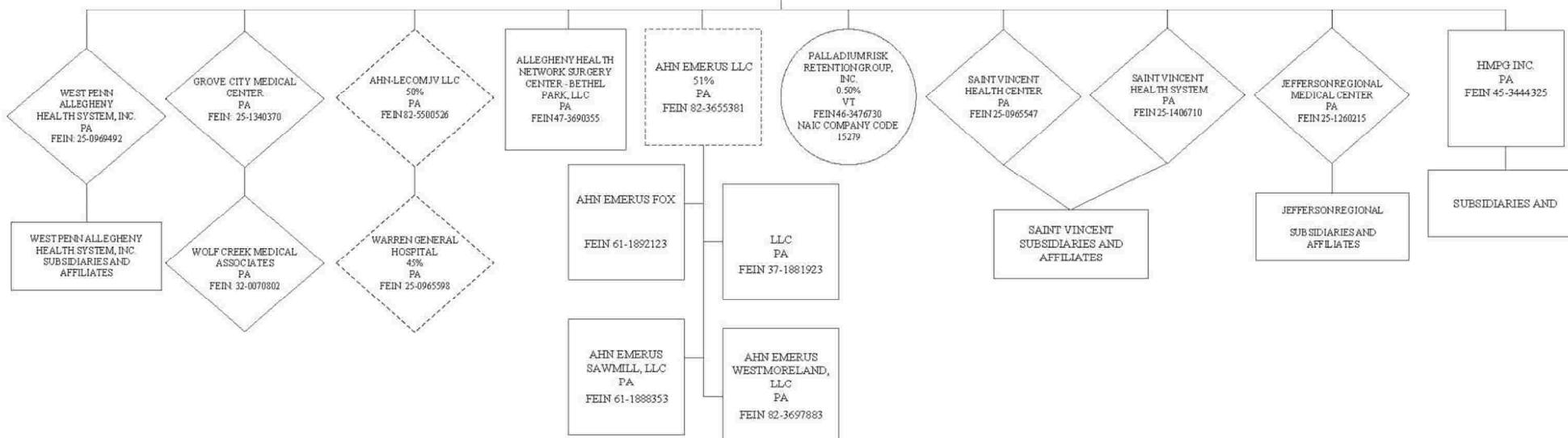
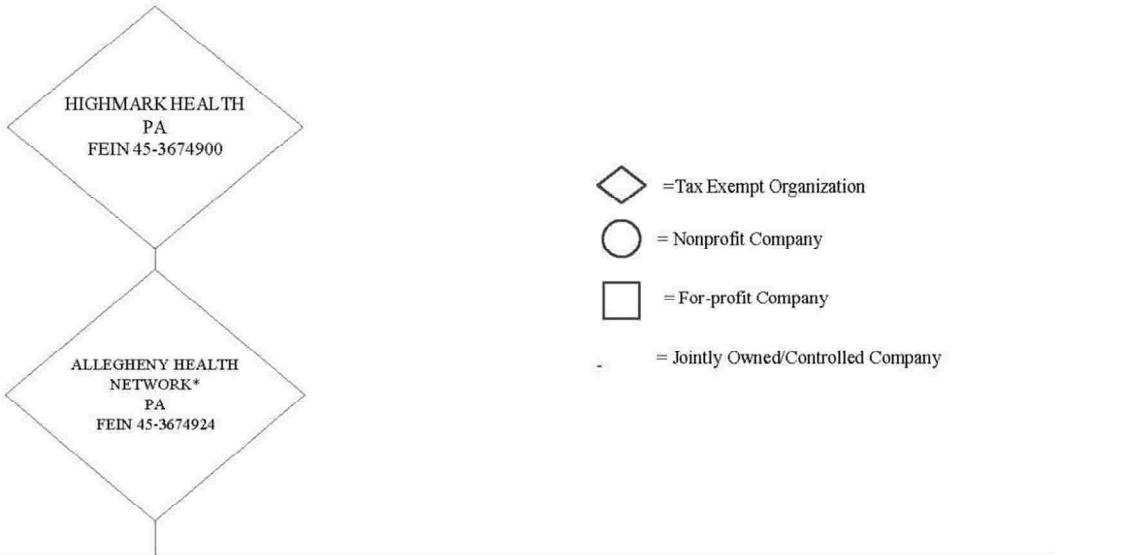


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

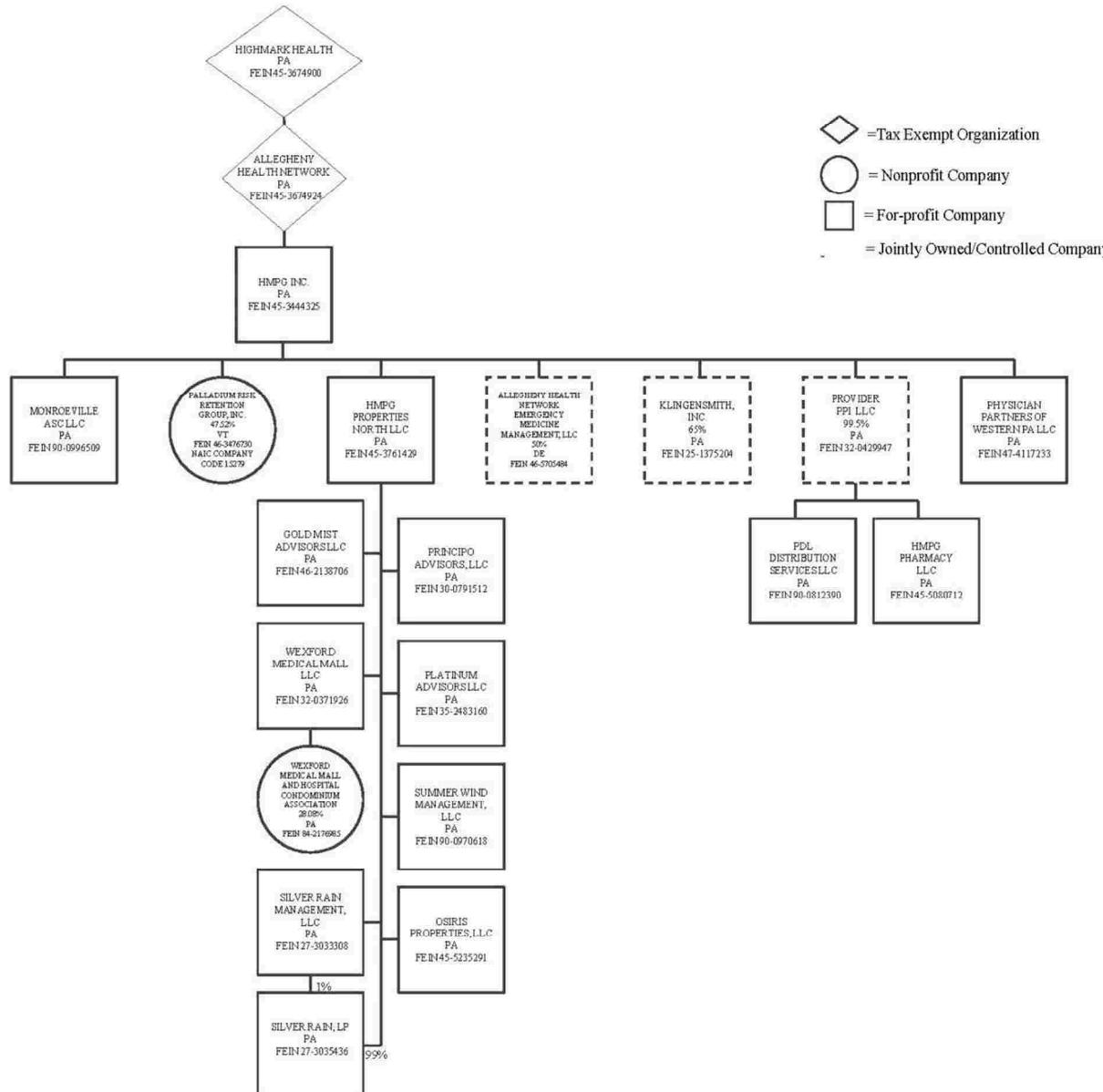
MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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



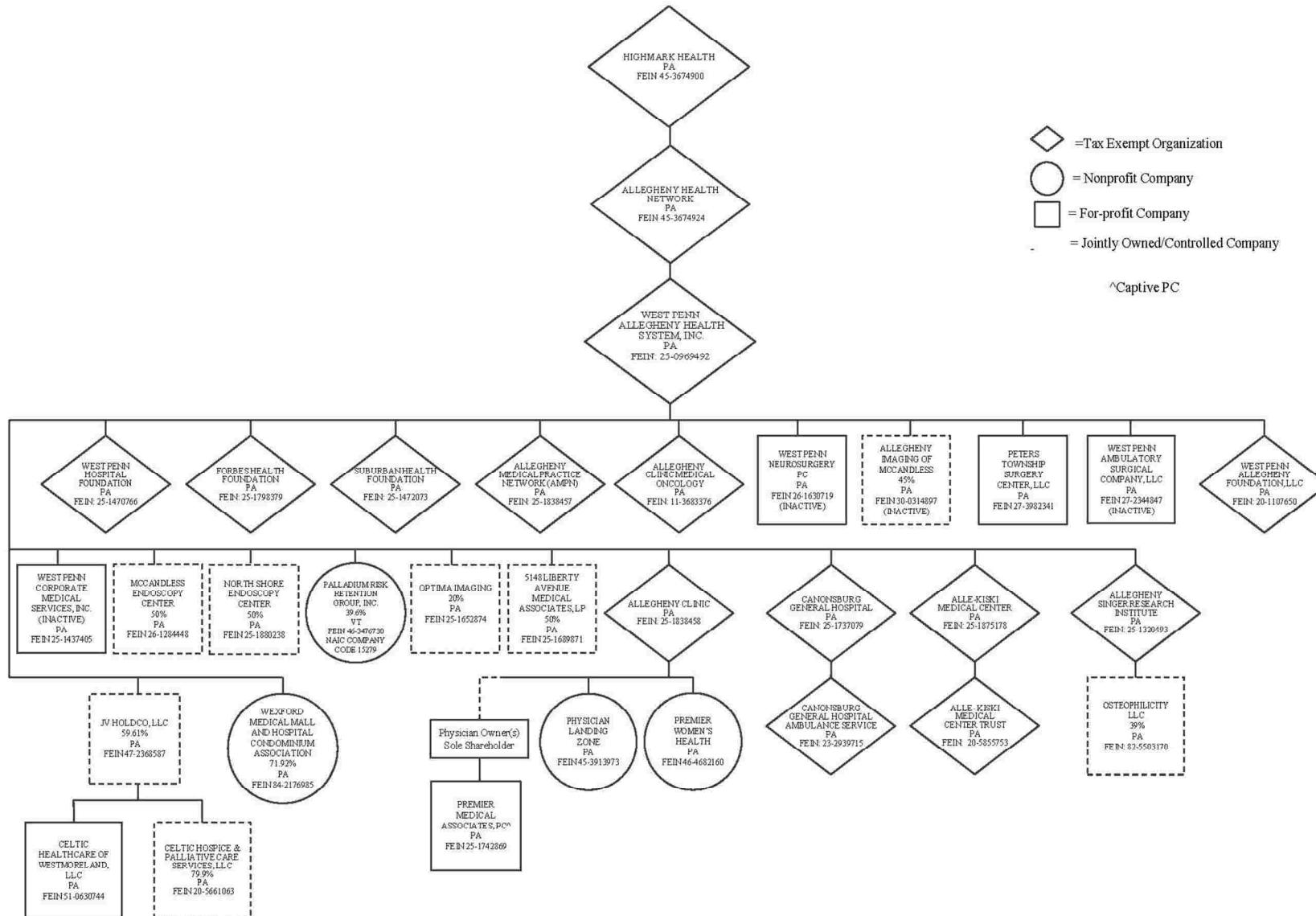
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

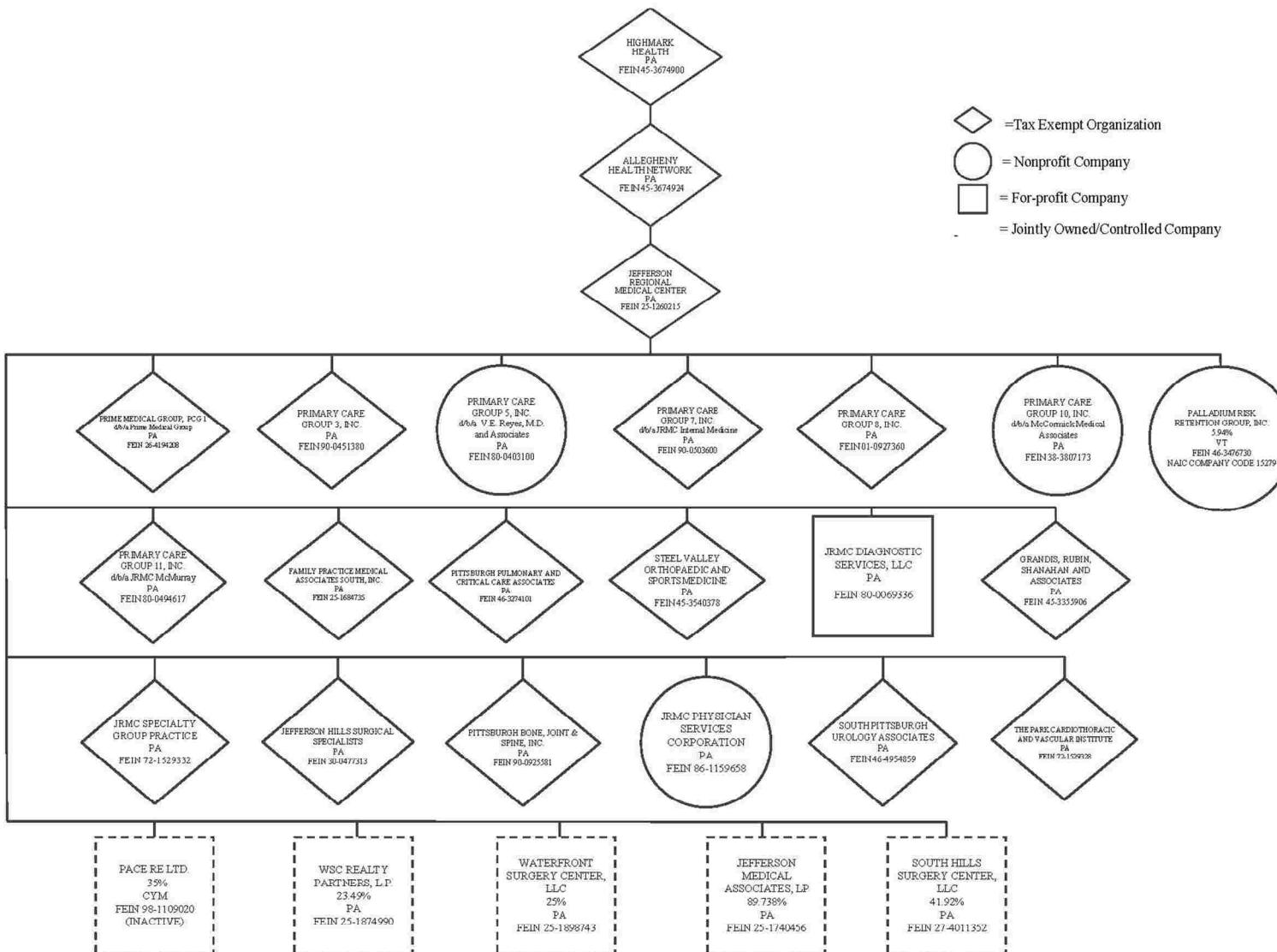
PART 1 - ORGANIZATIONAL CHART



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

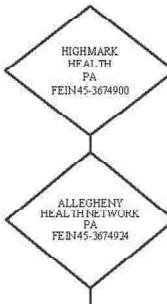
PART 1 - ORGANIZATIONAL CHART

*Support relationship, no formal governance control

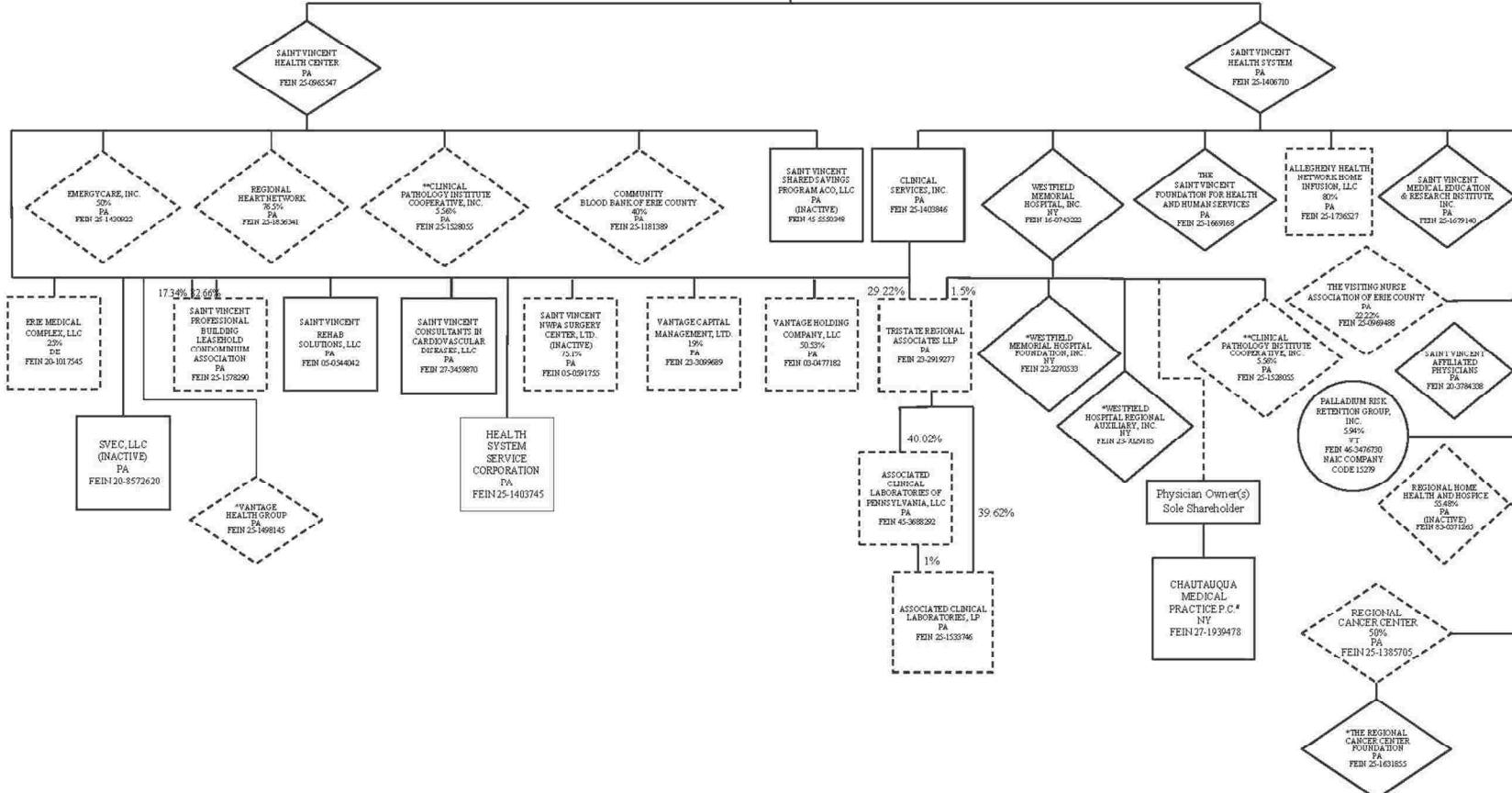
**SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

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

*Captive PC



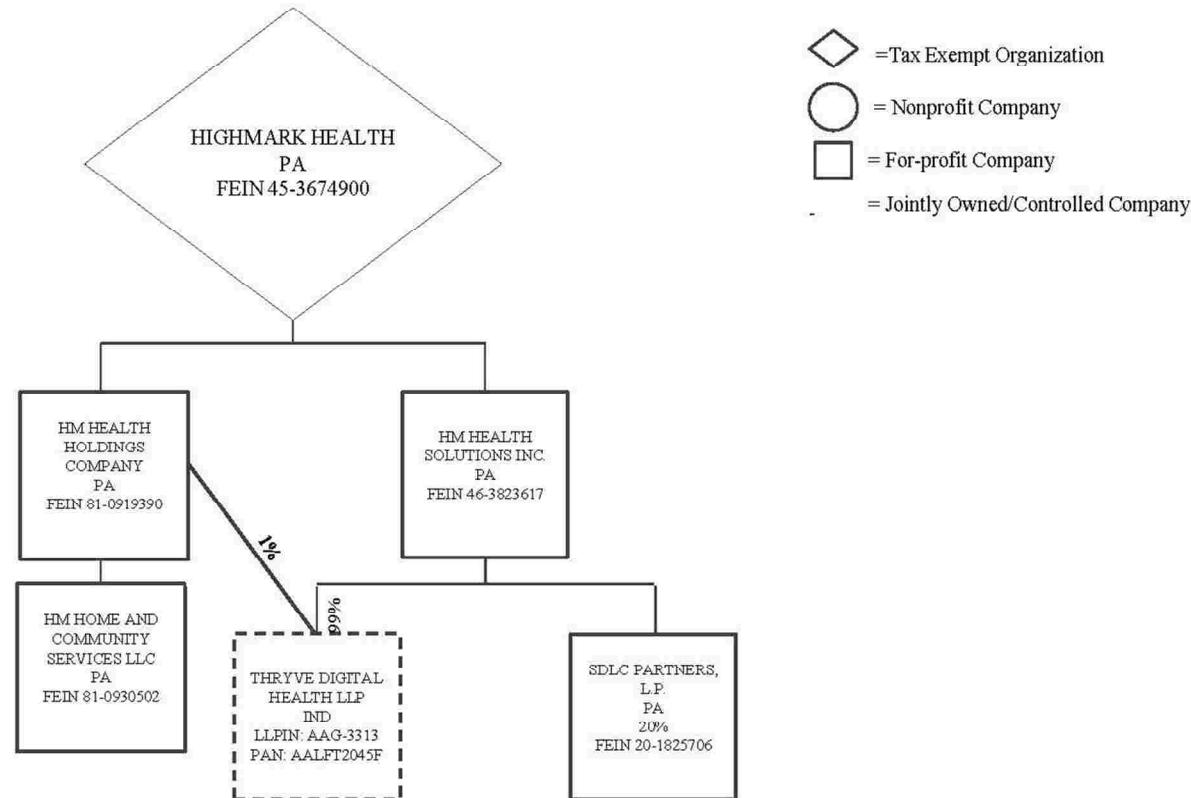
- ◇ = Tax Exempt Organization
- = Nonprofit Company
- = For-profit Company
- - - = Jointly Owned/Controlled Company



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - 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 Health System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)

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

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

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

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

Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)

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

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

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

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

Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)

Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent)

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

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

Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)

Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)

Central Ohio Medical 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 Parent)

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

Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)

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

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

Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)

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

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

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

New Albany Surgery Center, LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent)

MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)

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

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

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 Parent)

Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent)

Holy Cross Health, Inc. [Maryland]; FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)

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

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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)

Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)

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

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

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

Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)

The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)

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

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

Mercy Health Network, Inc. d/b/a MercyOne FEIN: 42-1478417 (50% Controlled by Trinity Health Corporation; 50% Controlled by CommonSpirit Health (Catholic Health Initiatives) [Iowa/Nebraska])

Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc.)

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

Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Parent)

Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by MHN)

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

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

Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Immediate Parent)

Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Immediate Parent)

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

Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Immediate Parent)

Mercy Health Services - Iowa, Corp. [Iowa/Nebraska]: FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JO

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

Mercy Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Cen

Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)

Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent)

MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-137308

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)
Health, Incorporated; FEIN: 31-1712115 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)
Siouxland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent)
Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)
Mercy/USP Health Ventures, L.L.C.; FEIN: 47-1290300 (55.71% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-137308
Siouxland Surgery Center Limited Liability Partnership; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)
Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)
Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)
Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)
Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% Controlled by Trinity Health)

The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)
Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)
Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent)
Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent)
Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)
Michiana Health Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent)
Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)
Edison Lakes ROC, LLC; FEIN: 27-1778694 (30% Controlled by Immediate Parent)
Saint Joseph Regional Medical Center - South Bend Campus Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)
Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)
SJRMC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)
Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent)

Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% Controlled by Trinity Health)

Saint Alphonsus Medical Center - Nampa, Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent)
MedNow, Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Parent)
Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% Controlled by Immediate Parent)
Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Parent)
Life Flight Network, LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent)
Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Parent)
Entity was Administratively dissolved 12/27/2019 in Idaho; we are waiting to hear from RHM as to Final disposition or Reinstatement; Emergency Medical Plazas of Idaho, LLC; FEIN: 81-4098266 (50% Controlled by Immediate Parent)
Entity was Administratively dissolved 3/5/2019 in Idaho; we are waiting to hear from RHM as to Final Disposition or Reinstatement; EMP Idaho Nampa, LLC; FEIN: 36-4851679 (100% Controlled by Immediate Parent)
Entity was Administratively dissolved 3/5/2019 in Idaho; we are waiting to hear from RHM as to Final Disposition or Reinstatement; EMP Idaho Boise, LLC; FEIN: 35-2577088 (100% Controlled by Immediate Parent)
Entity was Administratively dissolved 3/5/2019 in Idaho; we are waiting to hear from RHM as to Final Disposition or Reinstatement; EMP Idaho Eagle, LLC; FEIN: (100% Controlled by Immediate Parent)
Entity was Administratively dissolved 3/5/2019 in Idaho; we are waiting to hear from RHM as to Final Disposition or Reinstatement; EMP Idaho Twin Falls, LLC; FEIN: (100% Controlled by Immediate Parent)

Saint Alphonsus Regional Rehabilitation Hospital, LLC; FEIN: 63-0860407 (49% Controlled by Saint Alphonsus Diversified Care, Inc)
Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)
Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; FEIN: 82-0526861 (80% Controlled by Immediate Parent)
Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% Controlled by Immediate Parent)
Saint Alphonsus Professional Medical Service LLC; FEIN: 46-0500210 (100% Controlled by Immediate Parent)
Saint Alphonsus Specialty Services, Inc.; FEIN: 26-0553931 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center - Ontario, Inc.; FEIN: 27-1789847 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Controlled by Immediate Parent)
Saint Alphonsus Foundation - Ontario, Inc.; FEIN: 20-2683560 (100% Controlled by Immediate Parent)
Saint Alphonsus Medical Center - Baker City, Inc.; FEIN: 27-1790052 (100% Controlled by Immediate Parent)
Saint Alphonsus Foundation - Baker City, Inc.; FEIN: 94-3164869 (100% Controlled by Immediate Parent)
Eastern Oregon Coordinated Care Organization, LLC; FEIN: (10% Controlled by Saint Alphonsus Health System, Inc)
Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Controlled by Saint Alphonsus Health System, Inc)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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-Michigan)

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: 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 - Michigan

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Muskegon SC, LLC; FEIN: 20-3244346 (34.88% Controlled by Immediate Parent
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Parent
Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Parent
Mobile Health Resources, L.L.C.; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent
Mercy Health Clinically Integrated Network, LLC dba Affinia Health Network; FEIN: 47-2070753 (100% Controlled by Immediate Parent
Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent
Western Michigan Associates; FEIN: 38-2960292 (14.06% Controlled by Mercy Health Partners; 10.70% Controlled by Trinity Health - Michigan
West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (17.36% Controlled by Mercy Health Partners; 10.70% Interest Held by Trinity Health - Michigan
Hackley Health Ventures, Inc.; FEIN: 38-2589959 (100% Controlled by Immediate Parent
Hackley Professional Pharmacy, Inc. dba Mercy Health Partners-Pharmacy Inc.; dba Mercy Health Pharmacy - Lakes; dba Mercy Health Pharmacy - North Muskegon; FEIN: 38-2447870 (100% Controlled by Immediate Parent
Workplace Health of Grand Haven, Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent

Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Trinity Health Corporation)

Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Parent
Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Parent
Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Controlled by Immediate Parent
Gottlieb Community Health Services Corporation dba MacNeal Hospital; FEIN: 36-3332852 (100% Controlled by Immediate Parent
L. Medicine Labs, LLC; FEIN: 37-1878743 (100% Controlled by Immediate Parent
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 Parent
Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Parent
Loyola Ambulatory Surgery Center at Oakbrook, L.P.; FEIN: 36-4119522 (49% Controlled by Immediate Parent
RMLHP Corporation; FEIN: 36-4160869 (50% Controlled by Immediate Parent
Loyola Medicine Transport, LLC; FEIN: 47-4147171 (51% Controlled by Immediate Parent
Loyola Medical Group, LLC; FEIN: 32-0552496 (100% Controlled by LUMC
South Campus Partners, Inc.; FEIN: 32-0517854 (49% Controlled by LUMC
Palos Health Surgery Center, LLC; FEIN: 35-2634975 (48.5% Controlled by Loyola University Medical Center
Loyola Physician Partners, LLC; FEIN: 37-1756257 (100% Controlled by Immediate Parent

Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Controlled by Trinity Health)

Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Parent
Mercy Foundation, Inc.; FEIN: 36-3227350 (100% Controlled by Immediate Parent
Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% Controlled by Trinity Health)

Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; FEIN: 94-2839324 (100% Controlled by Immediate Parent
Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder licensed physicians appointed by SAMC - 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 Center
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 Center
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 Health)

Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Health)

Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Parent
Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (48% Controlled by Immediate Parent

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Parent)

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

BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc.)

BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC)

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 Heath 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 Pennsylvanialnc. 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)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Controlled by Immediate Parent
 Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent
 Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent
Mercy Health Plan; FEIN: 22-2483605 (100% Controlled by Immediate Parent
 Gateway Health 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 Parent
Mercy Physician Network (ENTITY IS INACTIVE AND WILL BE DISSOLVED AT A LATER DATE); FEIN: 46-1187365 (100% Controlled by Immediate Parent
Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent
N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Controlled by Immediate Parent
East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Controlled by Immediate Parent
Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent
 Mercy/Manor Partnership (50% Controlled by Immediate Parent); FEIN: 52-193101
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 Region
 Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent
 LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent
 St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent
 St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent
 Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent
 Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent
 Langhorne MOB Partners, L.P.; FEIN: 23-2622772 (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 Region
 LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent
 Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016. WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent
 Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Controlled by Immediate Parent
St. Mary's Health Care System, Inc. [Georgia] dba St. Mary's Hospital; FEIN: 58-0566223 (100% Controlled by Trinity Health)
 St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Controlled by Immediate Parent
 St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Immediate Parent
 Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by Immediate Parent
 Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Immediate Parent
 Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Immediate Parent
 St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Immediate Parent
 St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Immediate Parent
 St. Mary's Highland Hills, Inc. dba St. Mary's Highland Hills Village and dba Highland Hills Village; FEIN: 02-0576648 (100% Controlled by Immediate Parent
 Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Immediate Parent
Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Controlled by Trinity Health)
 St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health)
 St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Controlled by Immediate Parent
 LIFE St Francis, a New Jersey Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Controlled by Immediate Parent

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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 Health)

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

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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Kenmore Mercy Foundation, Inc.: FEIN: 16-1162971 (100% Controlled by Immediate Parent)

KMH Homes, Inc.; FEIN: 16-1387890 (100% Controlled by Immediate Parent; Operationally Inactive)

Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Controlled by Immediate Parent)

Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Controlled by Immediate Parent)

Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Controlled by Immediate Parent)

Alsace Abbott Corporation; FEIN: 16-1355092 (100% Controlled by Immediate Parent)

Aurora Mercy Corp.; FEIN: 16-1354302 (100% Controlled by Immediate Parent)

Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Controlled by Immediate Parent)

Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Controlled by Immediate Parent)

Mount St. Mary's Hospital Foundation, Inc.; FEIN: 16-1360884 (100% Controlled by Immediate Parent)

Mount St. Mary's Child Care Center, Inc.; FEIN: 16-1523352 (100% Controlled by Immediate Parent)

The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Controlled by Immediate Parent)

The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Controlled by Immediate Parent)

Niagara Medicine, P.C.; FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)

Assets were sold 4/13/2015 but entity remains with CHS: Nazareth, Inc.; FEIN: 16-0813142 (100% Controlled by Immediate Parent; Operationally Inactive)

WNY Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Controlled by Immediate Parent); FEIN: 16-143436

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 Inactive)

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

McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Controlled by Immediate Parent)

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

St. Clare Apartments Housing Development Fund Company, Inc. (50% Controlled by Immediate Parent); FEIN: 16-078264

Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Parent)

Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Parent)

Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Parent; Operationally Inactive); FEIN: 45-4134007

Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Parent)

Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Parent)

Our Lady of Victory Housing Development Fund 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 Parent)

Catholic Medical Partners-Accountable Care IPA, Inc.; FEIN: (% Controlled by Immediate Parent)

CH Emmaus, Inc.; FEIN 82-1852345 (100% Controlled by Immediate Parent)

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

Assets were sold 3/7/2016 but entity remains with CHS: St. Francis Home of Williamsville, New York (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent)

Baycare Health System, Inc. (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled; Other Parties to the JOA include Morton Plant Mease Health Care, 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 Parent Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)

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

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

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

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

South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entity

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)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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 Parent

St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Controlled by Trinity Health Corporation

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

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

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

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

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

St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Controlled by Trinity Health Corporation

St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Controlled by Immediate Parent

John Knox Village of Tampa Bay, Inc. ; FEIN: 58-1377711 (100% Controlled by Immediate Parent

HealthPoint Medical Group, Inc. ; FEIN: 59-3244268 (100% Controlled by Immediate Parent

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

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

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

St. Anthony's Professional Building and Services, Inc.; FEIN: 59-2018848 (100% Controlled by Immediate Parent

St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Controlled by Trinity Health Corporation

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

St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Controlled by Immediate Parent

St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Controlled by Immediate Parent

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

Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Controlled by Trinity Health

Saint Joseph's Health System, Inc. [Georgia]; FEIN: 58-1744848 (100% Controlled by Trinity Health

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

Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Parent

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

Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent

SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent

Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SJHS/JOC Holdings, Inc.); FEIN: 45-27218

Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% Controlled by Trinity Health

Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Parent

Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent

Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent

Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Parent

Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Parent

Holy Cross Senior Services, Inc.; FEIN: 83-2256461 (100% Controlled by Immediate Parent

Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH); FEIN: 35-23256

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 Parent

S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled by Immediate Parent

SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-179665

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Controlled by Immediate Parent

SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Controlled by Immediate Parent

Plaza Corporation of Central New York (50% SJHHC, 50% Crouse Hospital); FEIN: 22-280084

Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Parent

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

Mandorla Gardens Housing Development Fund Company, Inc. (50% PNH, 50% Loretto Geriatric); FEIN: 27-399317

Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled by Immediate Parent)
Laboratory Alliance of Central New York, LLC (50% SJHHC, 50% Crouse Health Hospital, Inc.); FEIN: 16-153620
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 Parent
St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled by Immediate Parent
Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-18927
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 Parent
Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Controlled by Immediate Parent
Lourdes Health Support, LLC; FEIN: 16-1611707 (40% Controlled by Franciscan Management Services, Inc
St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-154048
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 Parent
Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Controlled by Immediate Parent
Near Northside Holdings, LLC; FEIN: Not Yet Applied For (100% Controlled by Immediate Parent
Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent
Oswego Health Home Care, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-246373
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 Health
Trinity Health of New England Urgent Care, LLC; FEIN: 84-2665996 (51% Controlled by Trinity Health of New England Corporation, Inc.; 49% Controlled by Premier Health Consultants, L
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent
Woodland Partners Real Estate LLC; FEIN: 83-3371094; (55% Controlled by Saint Francis Hospital and Medical 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 Parent
Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent
Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278
Medworks, LLC (51% SFHMO); FEIN: 06-149048
Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Controlled by Immediate Parent
Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent
SFH/FF, LLC; FEIN: 06-1489749; (100% Controlled by MSRH
Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization ; FEIN: 06-1450168 (100% Controlled by Immediate Parent
Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Controlled by Immediate Parent
Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Controlled by THONE
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled by Immediate Parent
Southern New England Healthcare Organization, Inc. (50% Interest held by Trinity Health of New England Corporation, Inc.); FEIN: 06-139125
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

NRON, 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: 83-354613 (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; Saint 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

Farran 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

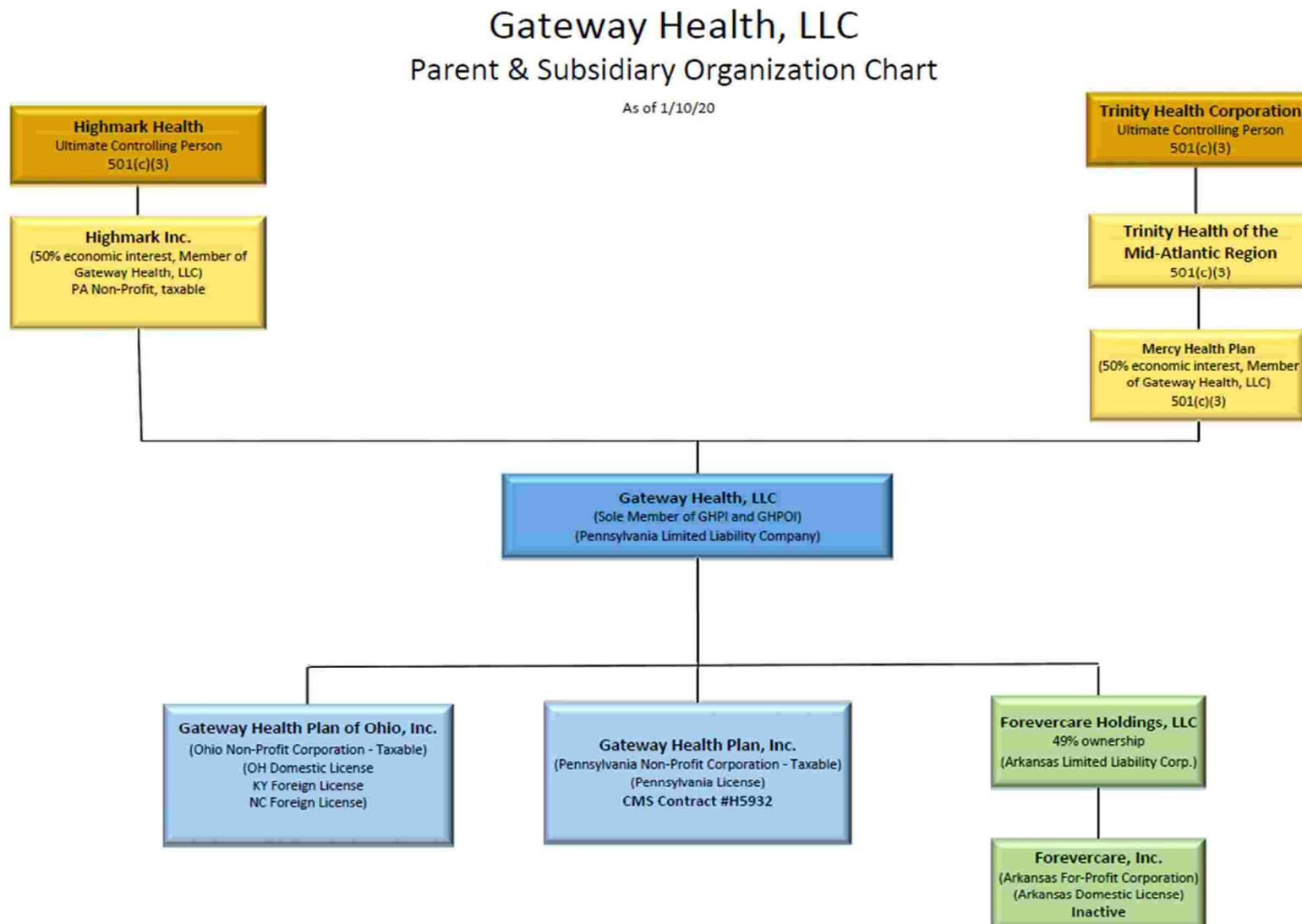
Saint Mary's Physician Partners, LLC dba Valley Health Alliance; FEIN: 46-5760769 (100% Controlled by Immediate Paren

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



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

1Forevercare 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%