



QUARTERLY STATEMENT  
AS OF MARCH 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE  
Gateway Health Plan of Ohio, Inc.

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

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

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

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

Subscribed and sworn to before me this  
13<sup>th</sup> day of May, 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[ ]

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

Donna J. Clark  
(Notary Public Signature)

Commonwealth of Pennsylvania - Notary Seal  
Donna J. Clark, Notary Public  
Allegheny County  
My commission expires March 17, 2024  
Commission number 1240483  
Member, Pennsylvania Association of Notaries



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Internet Web Site Address www.gatewayhealthplan.com

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)

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(Signature)	(Signature)	(Signature)
Cain-Aten Hayes	Ja'Ron Bridges	Frances Ann Woodward
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 15th day of May, 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)

Commonwealth of Pennsylvania - Notary Seal  
Donna J. Clark, Notary Public  
Allegheny County  
My commission expires March 17, 2024  
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