



**QUARTERLY STATEMENT**  
 AS OF SEPTEMBER 30, 2021  
 OF THE CONDITION AND AFFAIRS OF THE  
**GATEWAY HEALTH PLAN OF OHIO, INC.**

NAIC Group Code.....0812.....0812.....NAIC Company Code.....12325....Employers ID Number.....30-0282076.....  
*(Current) (Prior)*

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....  
 Country of Domicile.....US.....

Licensed as business type:.....Other.....Is HMO Federally Qualified?.....NO.....  
 Incorporated/Organized.....11/05/2004.....Commenced Business.....09/01/2005.....

Statutory Home Office.....Four Gateway Center, 444 Liberty Avenue, Ste  
 2100.....Pittsburgh, PA, US 15222-1222.....  
 Main Administrative Office.....Four Gateway Center, 444 Liberty Avenue, Ste  
 2100.....Pittsburgh, PA, US 15222-1222.....412-255-4640.....  
*(Telephone)*

Mail Address.....Four Gateway Center, 444 Liberty Avenue, Ste  
 2100.....Pittsburgh, PA, US 15222-1222.....

Primary Location of Books and  
 Records.....c/o CT Corporation System, 1300 East 9th Street.....  
 Cleveland, OH, US 44114.....216-802-2121.....  
*(Telephone)*

Internet Website Address.....www.gatewayhealthplan.com.....

Statutory Statement Contact.....Christopher Michael Cogan.....412-255-4693.....  
*(Telephone)*  
 CCogan@GatewayHealthPlan.com.....412-255-4693.....  
*(E-Mail)*

OFFICERS

.....Karen Lynn Hanlon, Interim President.....Frances Ann Woodward, Secretary.....  
 .....Ja'Ron Bridges, Treasurer.....Christopher Michael Cogan, Assistant Treasurer.....

DIRECTORS OR TRUSTEES

.....David Arthur Blandino M.D.....Tony George Farah M.D.....  
 .....Karen Lynn Hanlon.....Deborah Lynn Rice-Johnson#.....  
 .....Tripathi Saurabh#.....

State of .....  
 County of .....  
 SS

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

|  |                                |                                   |
|--|--------------------------------|-----------------------------------|
| <hr/> <input type="checkbox"/>         | <hr/> <input type="checkbox"/> | <hr/> <input type="checkbox"/>    |
| Karen Lynn Hanlon<br>Interim President | Ja-Ron Bridges<br>Treasurer    | Frances Ann Woodward<br>Secretary |

Subscribed and sworn to before me  
 this \_\_\_\_\_ day of  
 \_\_\_\_\_

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

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## ASSETS

|  | Current Statement Date |                            |  | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|--|------------------------|----------------------------|--|---|
|  | 1<br>Assets            | 2<br>Nonadmitted<br>Assets | 3<br>Net Admitted<br>Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds.....  | 1,157,330              |                            | 1,157,330                                    | 1,164,757   |
| 2. Stocks:   |                        |                            |  |   |
| 2.1 Preferred stocks.....  |                        |                            |  |   |
| 2.2 Common stocks.....   |                        |                            |  |   |
| 3. Mortgage loans on real estate:  |                        |                            |  |   |
| 3.1 First liens.....   |                        |                            |  |   |
| 3.2 Other than first liens.....  |                        |                            |  |   |
| 4. Real estate:  |                        |                            |  |   |
| 4.1 Properties occupied by the company (less \$ encumbrances).....   |                        |                            |  |   |
| 4.2 Properties held for the production of income (less \$ encumbrances).....   |                        |                            |  |   |
| 4.3 Properties held for sale (less \$ encumbrances).....   |                        |                            |  |   |
| 5. Cash (\$ 82,078), cash equivalents (\$ 4,017,075) and short-term investments (\$ ).....   | 4,099,154              |                            | 4,099,154                                    | 9,788,956   |
| 6. Contract loans (including \$ premium notes).....  |                        |                            |  |   |
| 7. Derivatives.....  |                        |                            |  |   |
| 8. Other invested assets.....  |                        |                            |  |   |
| 9. Receivables for securities.....   |                        |                            |  |   |
| 10. Securities lending reinvested collateral assets.....   |                        |                            |  |   |
| 11. Aggregate write-ins for invested assets.....   |                        |                            |  |   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....   | 5,256,484              |                            | 5,256,484                                    | 10,953,712  |
| 13. Title plants less \$ charged off (for Title insurers only).....  |                        |                            |  |   |
| 14. Investment income due and accrued.....   | 13,817                 |                            | 13,817                                       | 12,796  |
| 15. Premiums and considerations:   |                        |                            |  |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....  | 1,220                  | 1,220                      | —  | 1,220   |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)..... |                        |                            |  |   |
| 15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ).....  |                        |                            |  | 894,240   |
| 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.....  |                        |                            |  | 2,584   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon.....  | 8,846                  |                            | 8,846  | 8,846   |
| 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.....  | 2,809                  |                            | 2,809  | 13,061  |
| 24. Health care (\$ ) and other amounts receivable.....  | 334,711                | 334,711                    | —  |   |
| 25. Aggregate write-ins for other-than-invested assets.....  | 3,055                  | 3,055                      | —  |   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....                            | 5,620,942              | 338,986                    | 5,281,956                                    | 11,886,458  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....   |                        |                            |  |   |
| 28. Total (Lines 26 and 27).....   | 5,620,942              | 338,986                    | 5,281,956                                    | 11,886,458  |
| <b>Details of Write-Ins</b>  |                        |                            |  |   |
| 1101.....  |                        |                            |  |   |
| 1102.....  |                        |                            |  |   |
| 1103.....  |                        |                            |  |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page.....   |                        |                            |  |   |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....  |                        |                            |  |   |
| 2501. Broker Commission Overpayment.....   | 3,055                  | 3,055                      | —  |   |
| 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).....  | 3,055                  | 3,055                      | —  |   |

## LIABILITIES, CAPITAL AND SURPLUS

|   | Current Period |                |              | Prior Year   |
|---|----------------|----------------|--------------|--------------|
|   | 1<br>Covered   | 2<br>Uncovered | 3<br>Total   | 4<br>Total   |
| 1. Claims unpaid (less \$ reinsurance ceded).....   | 30,532         |                | 30,532       | 1,819,107    |
| 2. Accrued medical incentive pool and bonus amounts.....  |                |                |              |              |
| 3. Unpaid claims adjustment expenses.....   | 1,647          |                | 1,647        | 52,331       |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act..... |                |                |              | 65,261       |
| 5. Aggregate life policy reserves.....  |                |                |              |              |
| 6. Property/casualty unearned premium reserve.....  |                |                |              |              |
| 7. Aggregate health claim reserves.....   |                |                |              |              |
| 8. Premiums received in advance.....  |                |                |              |              |
| 9. General expenses due or accrued.....   | 6,080          |                | 6,080        | 6,277        |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)).....                 |                |                |              |              |
| 10.2 Net deferred tax liability.....  |                |                |              |              |
| 11. Ceded reinsurance premiums payable.....   |                |                |              |              |
| 12. Amounts withheld or retained for the account of others.....   |                |                |              |              |
| 13. Remittances and items not allocated.....  |                |                |              | 18           |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....   |                |                |              |              |
| 15. Amounts due to parent, subsidiaries and affiliates.....   | 12,723         |                | 12,723       | 16,858       |
| 16. Derivatives.....  |                |                |              |              |
| 17. Payable for securities.....   |                |                |              |              |
| 18. Payable for securities lending.....   |                |                |              |              |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....  |                |                |              |              |
| 20. Reinsurance in unauthorized and certified (\$ ) companies.....  |                |                |              |              |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates.....  |                |                |              |              |
| 22. Liability for amounts held under uninsured plans.....   |                |                |              | 409,857      |
| 23. Aggregate write-ins for other liabilities (including \$13,658 current).....   | 13,658         |                | 13,658       | 13,658       |
| 24. Total liabilities (Lines 1 to 23).....  | 64,640         |                | 64,640       | 2,383,367    |
| 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            | 31,536,235   | 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            | (26,318,919) | (27,033,144) |
| 32. Less treasury stock, at cost:   |                |                |              |              |
| 32.1 shares common (value included in Line 26 \$ ).   | XXX            | XXX            |              |              |
| 32.2 shares preferred (value included in Line 27 \$ ).  | XXX            | XXX            |              |              |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32).....   | XXX            | XXX            | 5,217,316    | 9,503,091    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33).....   | XXX            | XXX            | 5,281,956    | 11,886,458   |
| <b>Details of Write-Ins</b>   |                |                |              |              |
| 2301. Escheat Liability Medicare.....   |                | 13,658         |              | 13,658       |
| 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       |
| 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 to Date |                  | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|------------------|--------------------|------------------------------|
|  |                      |                  |                    | 4                            |
|  | Uncovered            | Total            | Total              | Total                        |
| 1. Member Months.....  | XXX.....             |                  |                    |                              |
| 2. Net premium income (including \$ non-health premium income).....  | XXX.....             | (167,410).....   | 73,685.....        | (56,919).....                |
| 3. Change in unearned premium reserves and reserve for rate credits.....   | XXX.....             |                  |                    |                              |
| 4. Fee-for-service (net of \$ 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.....             | (167,410).....   | 73,685.....        | (56,919).....                |
| <b>Hospital and Medical:</b>   |                      |                  |                    |                              |
| 9. Hospital/medical benefits.....  |                      | (1,058,295)..... | (1,872,727).....   | 1,034,344.....               |
| 10. Other professional services.....   |                      | (116,384).....   | 253,591.....       | 232,787.....                 |
| 11. Outside referrals.....   |                      |                  |                    |                              |
| 12. Emergency room and out-of-area.....  |                      | 337,614.....     | 77,025.....        | 77,566.....                  |
| 13. Prescription drugs.....  |                      | 63,214.....      | (116,152).....     | (85,229).....                |
| 14. Aggregate write-ins for other hospital and medical.....  |                      | (542).....       | 25,749.....        | 26,286.....                  |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                      |                  |                    |                              |
| 16. Subtotal (Lines 9 to 15).....  |                      | (774,393).....   | (1,632,515).....   | 1,285,755.....               |
| <b>Less:</b>   |                      |                  |                    |                              |
| 17. Net reinsurance recoveries.....  |                      |                  |                    |                              |
| 18. Total hospital and medical (Lines 16 minus 17).....  |                      | (774,393).....   | (1,632,515).....   | 1,285,755.....               |
| 19. Non-health claims (net).....   |                      |                  |                    |                              |
| 20. Claims adjustment expenses, including \$6,180 cost containment expenses.....   |                      | (30,606).....    | 170,515.....       | 241,708.....                 |
| 21. General administrative expenses.....   |                      | 17,510.....      | 93,816.....        | 99,145.....                  |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....         |                      |                  |                    |                              |
| 23. Total underwriting deductions (Lines 18 through 22).....   |                      | (787,489).....   | (1,368,184).....   | 1,626,608.....               |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....  | XXX.....             | 620,079.....     | 1,441,869.....     | (1,683,527).....             |
| 25. Net investment income earned.....  |                      | 9,284.....       | 46,852.....        | 48,906.....                  |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....  |                      |                  |                    |                              |
| 27. Net investment gains (losses) (Lines 25 plus 26).....  |                      | 9,284.....       | 46,852.....        | 48,906.....                  |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$284,372) (amount charged off \$ )].....   |                      | 284,372.....     | 248.....           | (397,267).....               |
| 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.....             | 913,736.....     | 1,488,970.....     | (2,031,888).....             |
| 31. Federal and foreign income taxes incurred.....   | XXX.....             |                  | (4,423).....       | (4,423).....                 |
| 32. Net income (loss) (Lines 30 minus 31).....   | XXX.....             | 913,736.....     | 1,493,393.....     | (2,027,465).....             |
| <b>Details of Write-Ins</b>  |                      |                  |                    |                              |
| 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 (Lines 0701 through 0703 plus 0798) (Line 7 above).....   |                      | XXX.....         |                    |                              |
| 1401. DME.....   |                      |                  | (542).....         | 22,811.....                  |
| 1402. Hearing Hardware.....  |                      |                  |                    | 2,938.....                   |
| 1403.....  |                      |                  |                    |                              |
| 1498. Summary of remaining write-ins for Line 14 from overflow page.....   |                      |                  |                    |                              |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....  |                      |                  | (542).....         | 25,749.....                  |
| 2901.....  |                      |                  |                    |                              |
| 2902.....  |                      |                  |                    |                              |
| 2903.....  |                      |                  |                    |                              |
| 2998. Summary of remaining write-ins for Line 29 from overflow page.....   |                      |                  |                    |                              |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....  |                      |                  |                    |                              |

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

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year To<br>Date | 3<br>Prior Year<br>Ended<br>December 31 |
|--|------------------------------|----------------------------|---|
| 33. Capital and surplus prior reporting year.....                                      | 9,503,091                    | 10,408,762                 | 10,408,762                              |
| 34. Net income or (loss) from Line 32.....   | 913,736                      | 1,493,393                  | (2,027,465)                             |
| 35. Change in valuation basis of aggregate policy and claim reserves.....              |                              |                            |   |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                              |                            |   |
| 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.....  | (199,512)                    | (519,609)                  | 1,126,217                               |
| 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.....  | (5,000,000)                  |                            |   |
| 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).....                            | (4,285,776)                  | 969,361                    | (905,671)                               |
| 49. Capital and surplus end of reporting period (Line 33 plus 48).....                 | 5,217,316                    | 11,378,123                 | 9,503,091                               |
| <b>Details of Write-Ins</b>  |                              |                            |   |
| 4701.....  |                              |                            |   |
| 4702.....  |                              |                            |   |
| 4703.....  |                              |                            |   |
| 4798. Summary of remaining write-ins for Line 47 from overflow page.....               |                              |                            |   |
| <b>4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)</b>                |                              |                            |   |

**CASH FLOW**

|   | 1<br>Current Year To<br>Date | 2<br>Prior Year To<br>Date | 3<br>Prior Year<br>Ended<br>December 31 |
|---|------------------------------|----------------------------|---|
| <b>Cash from Operations</b>   |                              |                            |   |
| 1. Premiums collected net of reinsurance.....   | 661,569                      | 46,693                     | 73,353                                  |
| 2. Net investment income.....   | 15,492                       | 67,728                     | 74,731                                  |
| 3. Miscellaneous income.....  | —                            |                            |   |
| 4. Total (Lines 1 to 3).....  | 677,061                      | 114,421                    | 148,084                                 |
| 5. Benefit and loss related payments.....   | 1,259,488                    | 1,287,322                  | 892,552                                 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                             |                              |                            |   |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....   | 113,624                      | 436,185                    | 807,083                                 |
| 8. Dividends paid to policyholders.....   |                              |                            |   |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....                       | —                            |                            |   |
| 10. Total (Lines 5 through 9).....  | 1,373,112                    | 1,723,507                  | 1,699,635                               |
| 11. Net cash from operations (Line 4 minus Line 10).....  | (696,051)                    | (1,609,086)                | (1,551,551)                             |
| <b>Cash from Investments</b>  |                              |                            |   |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |   |
| 12.1 Bonds.....   |                              |                            |   |
| 12.2 Stocks.....  |                              |                            |   |
| 12.3 Mortgage loans.....  |                              |                            |   |
| 12.4 Real estate.....   |                              |                            |   |
| 12.5 Other invested assets.....   |                              |                            |   |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                                    |                              |                            |   |
| 12.7 Miscellaneous proceeds.....  | —                            |                            |   |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....  | —                            |                            |   |
| 13. Cost of investments acquired (long-term only):  |                              |                            |   |
| 13.1 Bonds.....   |                              |                            |   |
| 13.2 Stocks.....  |                              |                            |   |
| 13.3 Mortgage loans.....  |                              |                            |   |
| 13.4 Real estate.....   |                              |                            |   |
| 13.5 Other invested assets.....   |                              |                            |   |
| 13.6 Miscellaneous applications.....  | —                            |                            |   |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....   | —                            |                            |   |
| 14. Net increase (or decrease) in contract loans and premium notes.....   |                              |                            |   |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....  | —                            |                            |   |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |   |
| 16. Cash provided (applied):  |                              |                            |   |
| 16.1 Surplus notes, capital notes.....  |                              |                            |   |
| 16.2 Capital and paid in surplus, less treasury stock.....  | (5,000,000)                  |                            |   |
| 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).....   | 6,249                        | (235,280)                  | (238,401)                               |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | (4,993,751)                  | (235,280)                  | (238,401)                               |
| <b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>  |                              |                            |   |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....                | (5,689,802)                  | (1,844,366)                | (1,789,952)                             |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |   |
| 19.1 Beginning of year.....   | 9,788,956                    | 11,578,907                 | 11,578,907                              |
| 19.2 End of period (Line 18 plus Line 19.1).....  | 4,099,154                    | 9,734,542                  | 9,788,956                               |
| Note: Supplemental disclosures of cash flow information for non-cash transactions:                                      |                              |                            |   |
| 20.0001.....  |                              |                            |   |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare Supplement | 5<br>Vision Only | 6<br>Dental Only | 7<br>Federal Employees Health Benefits Plan | 8<br>Title XVIII Medicare | 9<br>Title XIX Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                          |                  |                  |   |                           |                         |             |
| <b>Total Members at end of:</b>                                |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 1. Prior Year.....   |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 2. First Quarter.....  |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 3. Second Quarter.....   |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 4. Third Quarter.....  |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 5. Current Year.....   |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 6. Current Year Member Months.....                             |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| <b>Total Member Ambulatory Encounters for Period:</b>          |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 7. Physician.....  | 87         |                                    |            |                          |                  |                  |   | 87                        |                         |             |
| 8. Non-Physician.....  | 193        |                                    |            |                          |                  |                  |   | 193                       |                         |             |
| 9. Total.....  | 280        |                                    |            |                          |                  |                  |   | 280                       |                         |             |
| 10. Hospital Patient Days Incurred.....                        |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 11. Number of Inpatient Admissions.....                        |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 12. Health Premiums Written (a).....                           | (167,410)  |                                    |            |                          |                  |                  |   | (167,410)                 |                         |             |
| 13. Life Premiums Direct.....                                  |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 14. Property/Casualty Premiums Written.....                    |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 15. Health Premiums Earned.....                                | (167,410)  |                                    |            |                          |                  |                  |   | (167,410)                 |                         |             |
| 16. Property/Casualty Premiums Earned.....                     |            |                                    |            |                          |                  |                  |   |                           |                         |             |
| 17. Amount Paid for Provision of Health Care Services.....     | 1,259,489  |                                    |            |                          |                  |                  |   | 1,259,489                 |                         |             |
| 18. Amount Incurred for Provision of Health Care Services..... | (774,393)  |                                    |            |                          |                  |                  |   | (774,393)                 |                         |             |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(167,410)

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| <b>Claims Unpaid (Reported)</b>                                    |                  |                   |                   |                    |                    |            |
| 0399999 - Aggregate accounts not individually listed-covered ..... |                  |                   |                   |                    | 4,176              | 4,176      |
| 0499999 - Subtotals .....  |                  |                   |                   |                    | 4,176              | 4,176      |
| 0599999 - Unreported claims and other claim reserves .....         |                  |                   |                   |                    |                    | 26,357     |
| 0799999 - Total claims unpaid .....                                |                  |                   |                   |                    |                    | 30,532     |
| 0899999 - Accrued medical incentive pool and bonus amounts .....   |                  |                   |                   |                    |                    |            |

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

|  | Claims Paid Year to Date   |  | Liability End of Current Quarter               |  | 5 | 6         |
|--|--|--|--|--|---|-----------|
|  | 1<br>On Claims Incurred Prior<br>to January 1 of Current<br>Year | 2<br>On Claims Incurred<br>During the Year | 3<br>On Claims Unpaid Dec.<br>31 of Prior Year | 4<br>On Claims Incurred<br>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  | 1,259,489  |  | 30,532   |  | – | 1,290,021 |
| 7. Title XIX – Medicaid  |  |  |  |  |   |           |
| 8. Other health  |  |  |  |  |   |           |
| 9. Health subtotal (Lines 1 to 8)                                | 1,259,489  |  | 30,532   |  | – | 1,290,021 |
| 10. Health care receivables (a)                                  | 334,711  |  |  |  |   | 334,711   |
| 11. Other non-health   |  |  |  |  |   |           |
| 12. Medical incentive pools and bonus amounts                    |  |  |  |  |   |           |
| 13. Totals (Lines 9-10+11+12)                                    | 924,778  |  | 30,532   |  | – | 955,310   |
| (a) Excludes \$ loans or advances to providers not yet expensed. |  |  |  |  |   | 1,729,703 |

## Notes to the 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 # | 09/30/2021   | 12/31/2020     |
|---|----------|----------|------------|--------------|----------------|
| <b>Net Income</b>   |          |          |            |              |                |
| (1) State basis (Page 4, Line 32, Columns 2 & 4).....   | XXX..... | XXX..... | XXX.....   | \$ 913,736   | \$ (2,027,465) |
| (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.....   | \$ 913,736   | \$ (2,027,465) |
| <b>Surplus</b>  |          |          |            |              |                |
| (5) State basis (Page 3, Line 33, Columns 3 & 4).....   | XXX..... | XXX..... | XXX.....   | \$ 5,217,316 | \$ 9,503,091   |
| (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.....   | \$ 5,217,316 | \$ 9,503,091   |
| <b>B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes</b>  |          |          |            |              |                |
| <b>C. Accounting Policy</b>   |          |          |            |              |                |
| (1) Short-term investments - No Significant Changes   |          |          |            |              |                |
| (2) GHPOI does not hold Mandatory Convertible securities and SVO Identified investments. Bonds are stated at amortized cost using the scientific interest method. |          |          |            |              |                |
| (3) Common stocks - No Significant Changes  |          |          |            |              |                |
| (4) Preferred stocks - No Significant Changes   |          |          |            |              |                |
| (5) Mortgage loans - No Significant Changes   |          |          |            |              |                |
| (6) GHPOI does not hold any loan-backed securities.   |          |          |            |              |                |
| (7) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes  |          |          |            |              |                |
| (8) Investments in joint ventures, partnerships and limited liability companies - No Significant Changes  |          |          |            |              |                |
| (9) Derivatives - No Significant Changes  |          |          |            |              |                |
| (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes   |          |          |            |              |                |
| (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes   |          |          |            |              |                |
| (12) Changes in capitalization policy - No Significant Changes  |          |          |            |              |                |
| (13) Pharmaceutical rebate receivables - No Significant Changes   |          |          |            |              |                |
| <b>D. Going Concern</b>   |          |          |            |              |                |
| Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.       |          |          |            |              |                |

#### 2. Accounting Changes and Corrections of Errors - No Significant Changes

#### 3. Business Combinations and Goodwill - No Significant Changes

#### 4. Discontinued Operations - No Significant Changes

#### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - No Significant Changes
- B. Debt Restructuring - No Significant Changes
- C. Reverse Mortgages - No Significant Changes
- D. Loan-Backed Securities - None
- 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

## Notes to the Financial Statements

### 5. Investments (Continued)

- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - No Significant Changes
- K. Low-Income Housing Tax Credits (LIHTC) - No Significant Changes
- L. Restricted Assets - No Significant Changes
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - No Significant Changes
- P. Short Sales - No Significant Changes
- Q. Prepayment Penalty and Acceleration Fees - No Significant Changes
- R. Reporting Entity's Share of Cash Pool by Asset type - None

### 6. Joint Ventures, Partnerships and Limited Liability Companies - No Significant Changes

### 7. Investment Income - No Significant Changes

### 8. Derivative Instruments - None

### 9. Income Taxes - No Significant Changes

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

- A. Nature of Relationships - No Significant Changes
- B. GHPOI returned \$5,000,000 in contributed surplus to its parent, Gateway Health LLC on February 26, 2021. GHPOI stopped operations as of 1/1/20, and will continue returning contributed surplus up to \$7,500,000 in order to maintain minimum RBC and Capital levels.  
On August 31, 2021 Highmark Inc. completed the acquisition of the remaining 50% stake in Gateway Health LLC & its subsidiaries from Trinity Health.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - No Significant Changes
- D. Amounts Due To or From Related Parties - No Significant Changes
- E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
- F. Guarantees or Contingencies - No Significant Changes
- G. Nature of Relationships that Could Affect Operations - No Significant Changes
- H. Amount Deducted for Investment in Upstream Company - No Significant Changes
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - No Significant Changes
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - No Significant Changes
- K. Foreign Subsidiary Value Using CARVM - No Significant Changes
- L. Downstream Holding Company Value Using Look-Through Method - No Significant Changes
- M. All SCA Investments - No Significant Changes
- N. Investment in Insurance SCAs - No Significant Changes
- O. SCA and SSAP No. 48 Entity Loss Tracking - No Significant Changes

### 11. Debt

- A. Debt, Including Capital Notes - No Significant Changes
- 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 - No Significant Changes
- C. Fair Value of Each Class of Plan Assets - No Significant Changes
- D. Expected Long-Term Rate of Return for the Plan Assets - No Significant Changes
- E. Defined Contribution Plans - No Significant Changes
- F. Multiemployer Plans - No Significant Changes
- G. Consolidated/Holding Company Plans - No Significant Changes
- H. Postemployment Benefits and Compensated Absences - No Significant Changes
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - No Significant Changes

## Notes to the Financial Statements

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** - No Significant Changes

**14. Liabilities, Contingencies and Assessments** - No Significant Changes

**15. Leases** - No Significant Changes

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk** - No Significant Changes

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

- A. Transfers of Receivables Reported as Sales - No Significant Changes
- 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** - No Significant Changes

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - No Significant Changes

**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.....                      | \$ 4,017,075        | \$        | \$        | \$                    | \$ 4,017,075        |
| Total assets at fair value/NAV.....              | <u>\$ 4,017,075</u> | <u>\$</u> | <u>\$</u> | <u>\$</u>             | <u>\$ 4,017,075</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 March 31, 2021 that were material to the statutory financial statements.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

## Notes to the Financial Statements

### 20. Fair Value Measurements (Continued)

#### 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.....                   | \$ 1,342,807         | \$ 1,157,330    | \$ 1,342,807 | \$ ..... | \$ ..... | \$ .....              | \$ .....                         |
| Cash Equivalents.....        | 4,017,045            | 4,017,045       | 4,017,045    | .....    | .....    | .....                 | .....                            |

#### D. Not Practicable to Estimate Fair Value - None

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

### 21. Other Items - No Significant Changes

### 22. Events Subsequent - No Significant Changes

### 23. Reinsurance - No Significant Changes

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

- A. Method Used to Estimate - No Significant Changes
- B. Method Used to Record - No Significant Changes
- C. Amount and Percent of Net Retrospective Premiums - No Significant Changes
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - No Significant Changes
- 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 31, 2020 were \$1,871,438. As of September 30, 2021, \$1,312,109 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$30,532 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$528,797 favorable prior-year development since December 30, 2020 and September 30, 2021. 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 - No Significant Changes

### 27. Structured Settlements - No Significant Changes

### 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 |
|------------|--|---|---|--|--|
| 09/30/2021 | \$ .....   | \$ .....  | \$ .....  | \$ .....   | \$ .....   |
| 06/30/2021 | .....  | .....   | .....   | .....  | .....  |
| 03/31/2021 | .....  | .....   | .....   | .....  | .....  |
| 12/31/2020 | .....  | .....   | .....   | .....  | .....  |
| 09/30/2020 | .....  | .....   | .....   | .....  | .....  |
| 06/30/2020 | .....  | .....   | .....   | .....  | .....  |
| 03/31/2020 | 200,712  | .....   | .....   | .....  | .....  |
| 12/31/2019 | 709,922  | 610,506   | 610,506   | .....  | 74,518   |
| 09/30/2019 | 808,208  | 773,380   | 752,868   | .....  | (10,561)   |
| 06/30/2019 | 753,369  | 883,473   | 793,321   | .....  | 43,370   |
| 03/31/2019 | 874,031  | 859,196   | 808,603   | .....  | 24,234   |
| 12/31/2018 | 2,127,318  | 2,290,401   | 2,152,218   | (112,463)  | 204,641  |

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

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

#### B. Risk-Sharing Receivables - No Significant Changes

### 29. Participating Policies - No Significant Changes

## Notes to the Financial Statements

### 30. Premium Deficiency Reserves

|   |            |
|---|------------|
| 1. Liability carried for premium deficiency reserves:             | \$         |
| 2. Date of the most recent evaluation of this liability:          | 09/30/2021 |
| 3. Was anticipated investment income utilized in the calculation? | NO         |

### 31. Anticipated Salvage and Subrogation - No Significant Changes

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO.....

1.2 If yes, has the report been filed with the domiciliary state?..... 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?..... NO.....

2.2 If yes, date of change:.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES.....  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... YES.....

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
On August 31, 2021, Highmark, Inc. acquired the remaining 50% interest in Gateway Health LLC and its subsidiaries that was previously owned by Trinity Health Corporation's subsidiary Mercy Health Plan.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO.....

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....  
If yes, complete and file the merger history data file with the NAIC.

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1              | 2                 | 3                 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
|                |                   |                   |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO.....  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2016.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2016.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 04/24/2018.....

6.4 By what department or departments?  
Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... YES.....

6.6 Have all of the recommendations within the latest financial examination report been complied with?..... YES.....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO.....

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO.....

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?..... NO.....

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

| 1              | 2                      | 3   | 4   | 5    | 6   |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
|                |                        |     |     |      |     |

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES.....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?..... NO.....

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... YES.....  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$.....

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... NO .....

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... NO .....

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... NO .....

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... N/A .....

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....

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

16.3 Total payable for securities lending reported on the liability page ..... \$ .....

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... YES .....

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... NO .....

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

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

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

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

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... NO .....

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... NO .....

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central<br>Registration<br>Depository<br>Number | 2<br>Name of Firm or Individual                          | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|--|--|------------------------------------|----------------------|---|
|  | Ja'Ron Bridges (Gateway employee/Treasurer)              |                                    |                      | NO  |
|  | Christopher Cogen (Gateway employee Assistant Treasurer) |                                    |                      | NO  |
|  | John Orner (Highmark Chief Investment Officer)           |                                    |                      | NO  |
|  | Kevin Marpoe (Highmark Director Investments & Treasury)  |                                    |                      | NO  |
|  | Rocaton  |                                    |                      | NO  |
|  | Income Research & Management (IR&M) - unaffiliated       |                                    |                      | NO  |
|  | BlackRock - unaffiliated                                 |                                    |                      | NO  |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... YES

18.2 If no, list exceptions:

19 By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... NO

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- 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? ..... NO

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

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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? ..... NO

**GENERAL INTERROGATORIES****PART 2 – HEALTH**

|     |   |           |  |
|-----|---|-----------|--|
| 1.  | Operating Percentages:  |           |  |
| 1.1 | A&H loss percent  | 458.882 % |  |
| 1.2 | A&H cost containment percent  | (3.692)%  |  |
| 1.3 | A&H expense percent excluding cost containment expenses   | 11.514 %  |  |
| 2.1 | Do you act as a custodian for health savings accounts?  | NO        |  |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date.   | \$        |  |
| 2.3 | Do you act as an administrator for health savings accounts?   | NO        |  |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date.  | \$        |  |
| 3.  | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?  | YES       |  |
| 3.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? |           |  |

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

| 1<br>NAIC Company<br>Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type of<br>Reinsurance Ceded | 7<br>Type of Business<br>Ceded | 8<br>Type of Reinsurer | 9<br>Certified Reinsurer<br>Rating (1 through 6) | 10<br>Effective Date<br>of Certified<br>Reinsurer<br>Rating |
|---------------------------|----------------|---------------------|------------------------|----------------------------------|-----------------------------------|--------------------------------|------------------------|--|---|
|                           |                |                     |                        |                                  |                                   |                                |                        |  |   |

**NONE**

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

| States, Etc.   | 1<br>Active Status<br>(a) | Direct Business Only   |                           |                         |                     |  |   |                                  |                                |                              |
|--|---------------------------|--|---------------------------|-------------------------|---------------------|--|---|----------------------------------|--------------------------------|------------------------------|
|  |                           | 2<br>Accident & Health Premiums, Including Policy, Membership and Other Fees | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>CHIP Title XXI | 6<br>Federal Employees Health Benefits Plan Premiums | 7<br>Life & Annuity Premiums & Other Considerations | 8<br>Property/ Casualty Premiums | 9<br>Total Columns 2 Through 8 | 10<br>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  |                           | (541)                   |                     |  |   |                                  |                                | (541)                        |
| 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  |                           | (46,159)                |                     |  |   |                                  |                                | (46,159)                     |
| 35. North Dakota   | ND                        | N  |                           |                         |                     |  |   |                                  |                                |                              |
| 36. Ohio   | OH                        | L  |                           | (120,710)               |                     |  |   |                                  |                                | (120,710)                    |
| 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. US Virgin Islands  | VI                        | N  |                           |                         |                     |  |   |                                  |                                |                              |
| 56. Northern Mariana Islands                                   | MP                        | N  |                           |                         |                     |  |   |                                  |                                |                              |
| 57. Canada   | CAN                       | N  |                           |                         |                     |  |   |                                  |                                |                              |
| 58. Aggregate Other Alien                                      | OT                        | XXX  |                           |                         |                     |  |   |                                  |                                |                              |
| 59. Subtotal   |                           | XXX  |                           | (167,410)               |                     |  |   |                                  |                                | (167,410)                    |
| 60. Reporting entity contributions for employee benefits plans |                           | XXX  |                           |                         |                     |  |   |                                  |                                |                              |
| 61. Total (Direct Business)                                    |                           | XXX  |                           | (167,410)               |                     |  |   |                                  |                                | (167,410)                    |

**Details of Write-Ins**

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

(a) Active Status Counts

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

3 R – Registered - Non-domiciled RRGs

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

– Q – Qualified - Qualified or accredited reinsurer

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

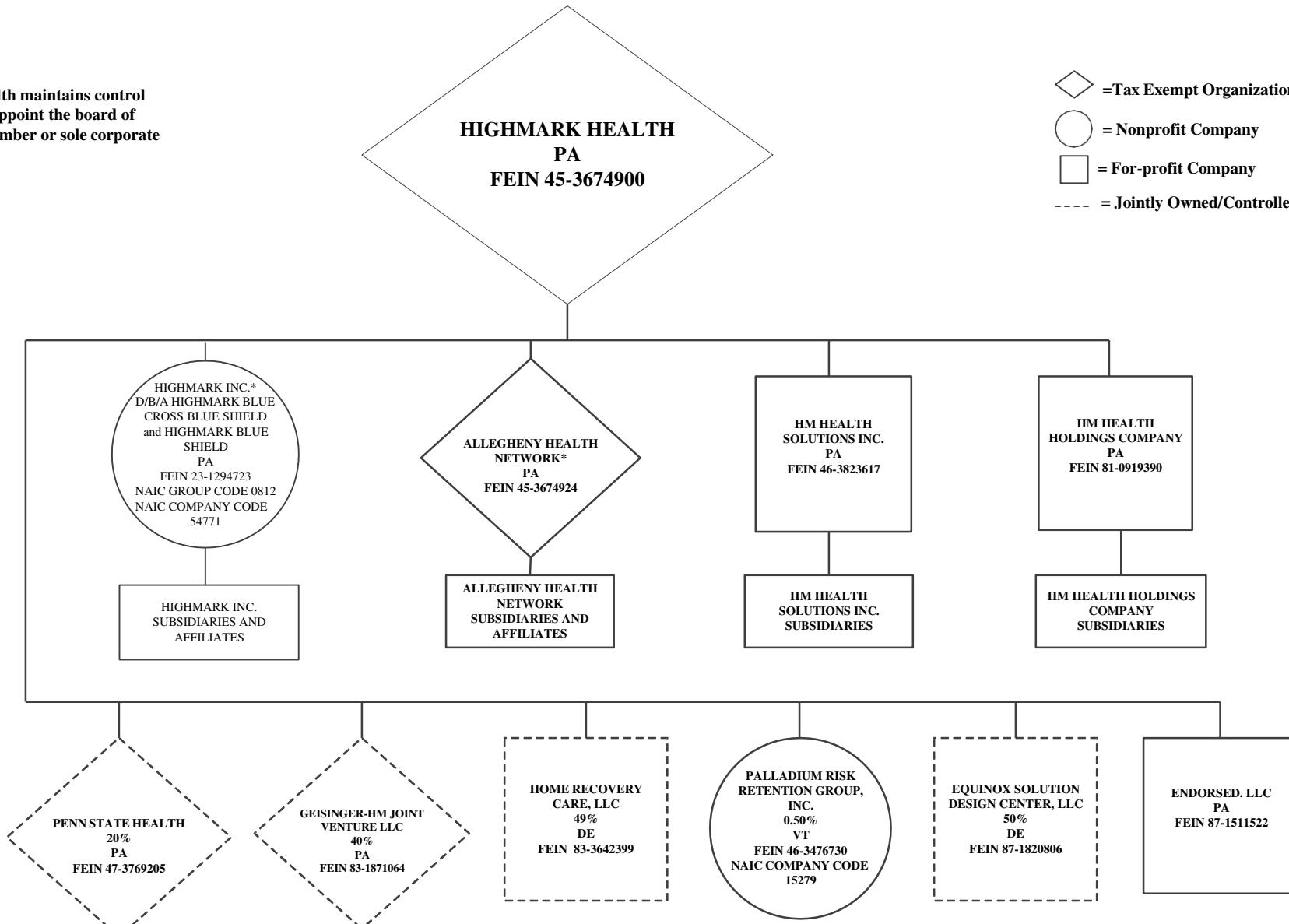
54

## 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.

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



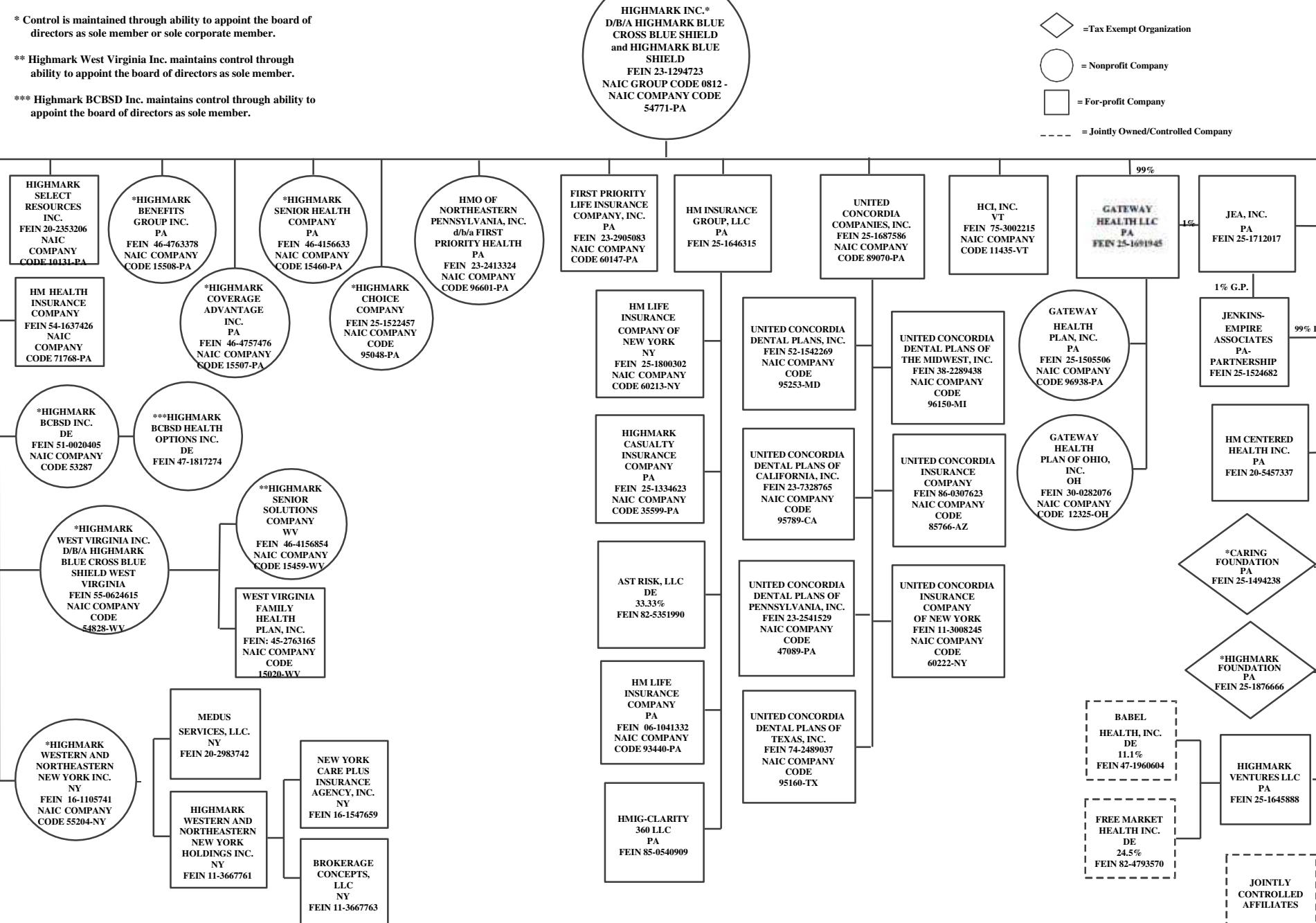
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

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

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

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

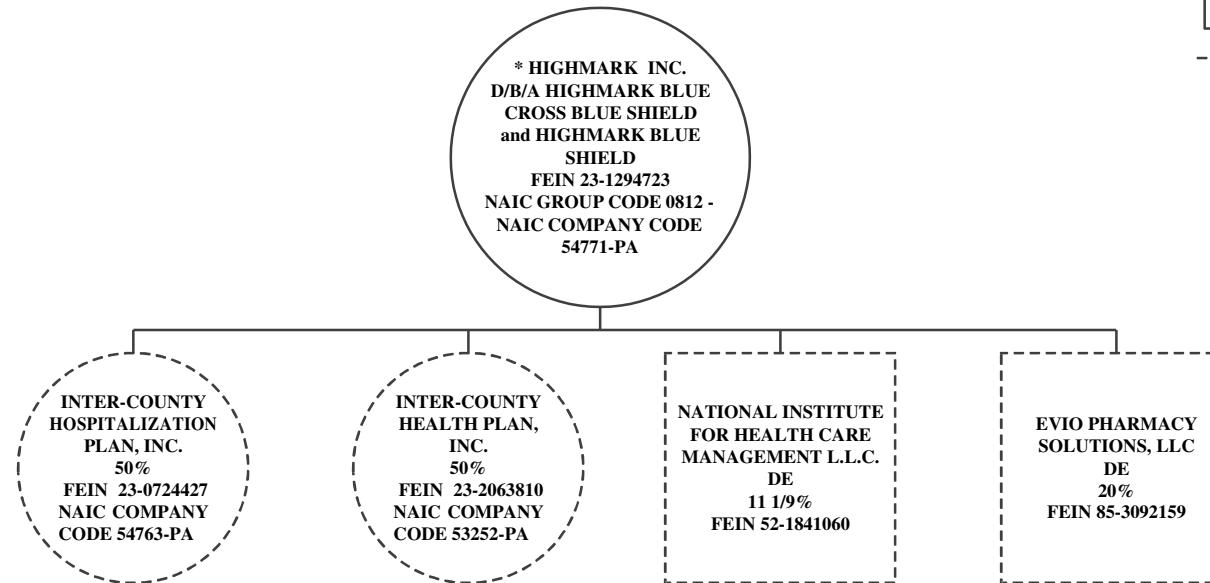


## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

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

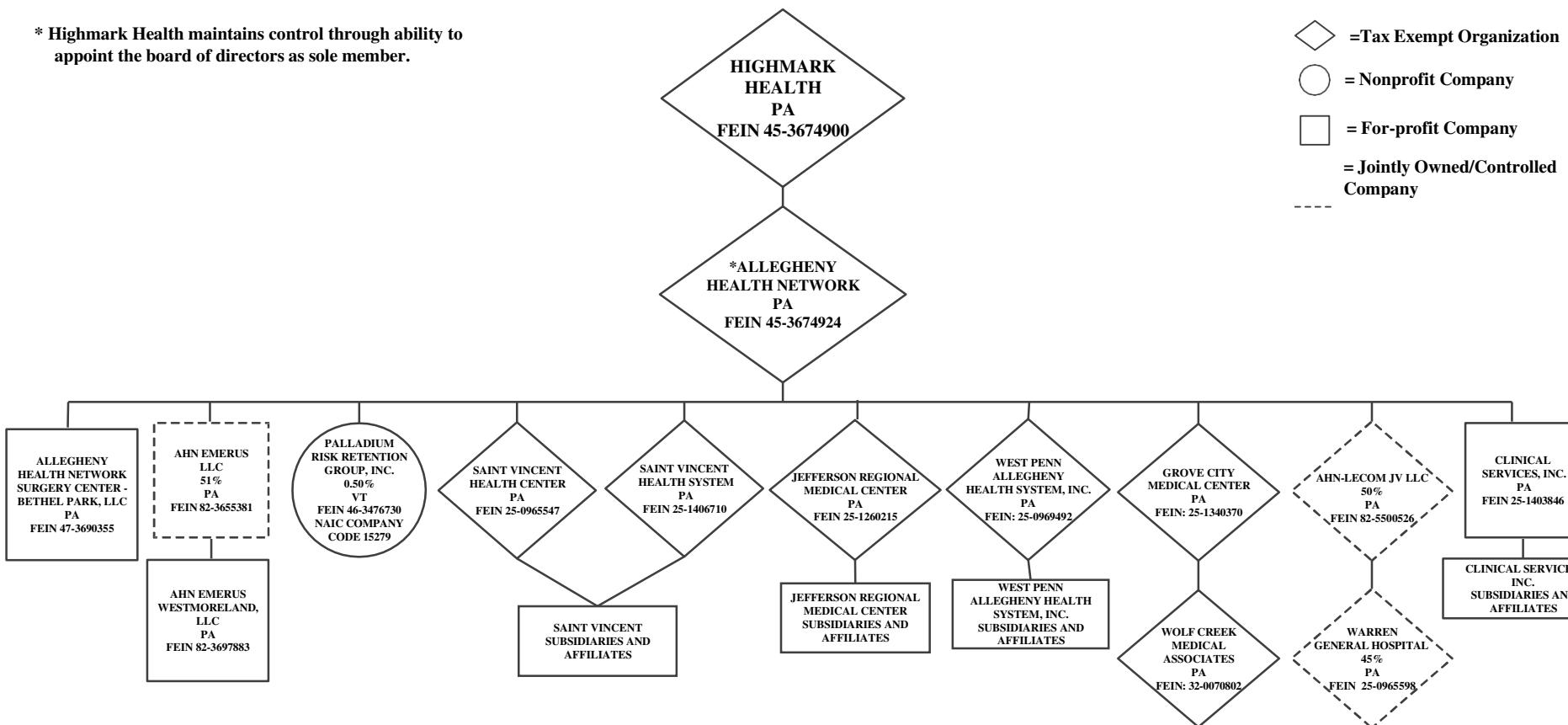
◇ = Tax Exempt Organization  
○ = Nonprofit Company  
□ = For-profit Company  
--- = Jointly Owned/Controlled Company



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

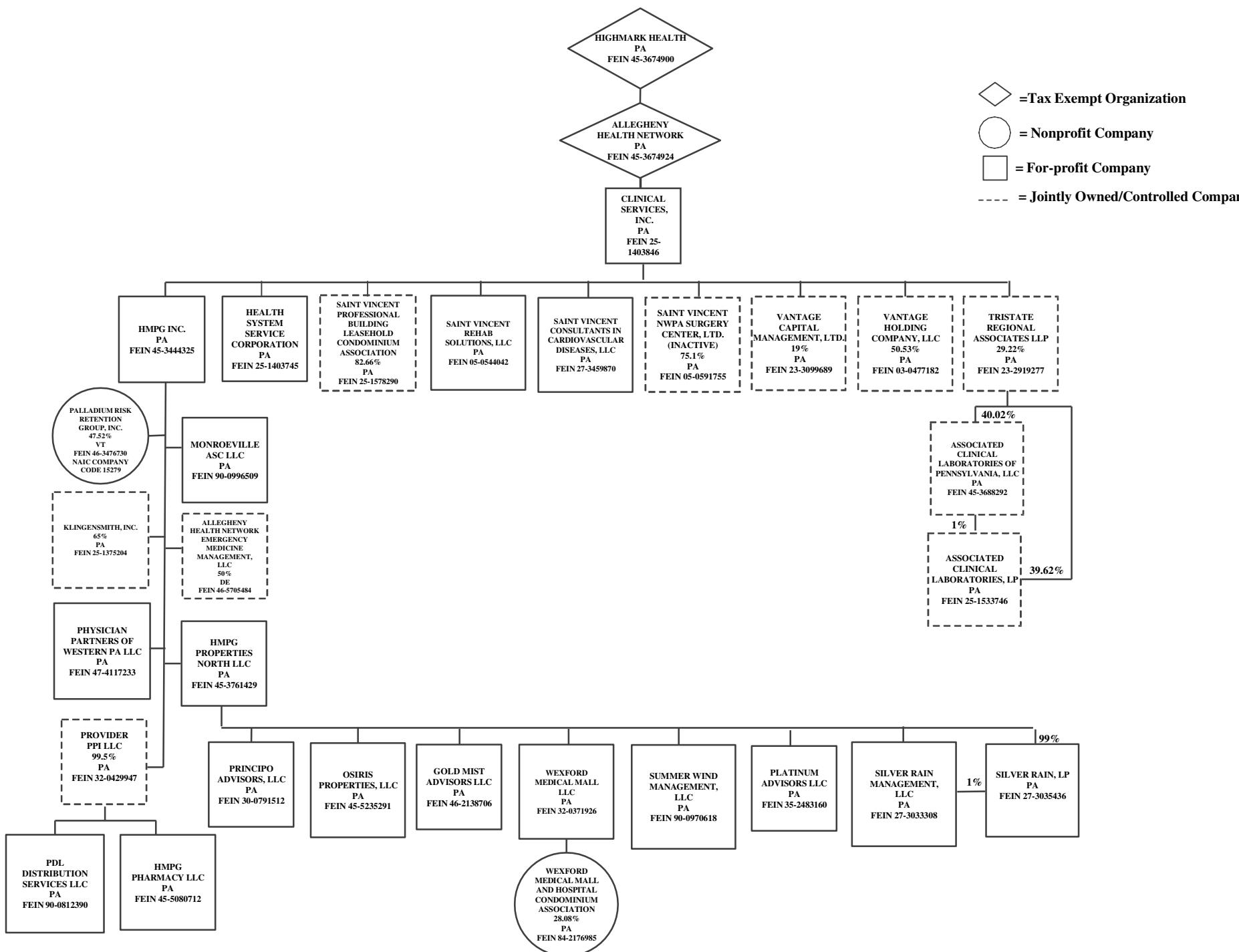
### PART 1 - ORGANIZATIONAL CHART

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



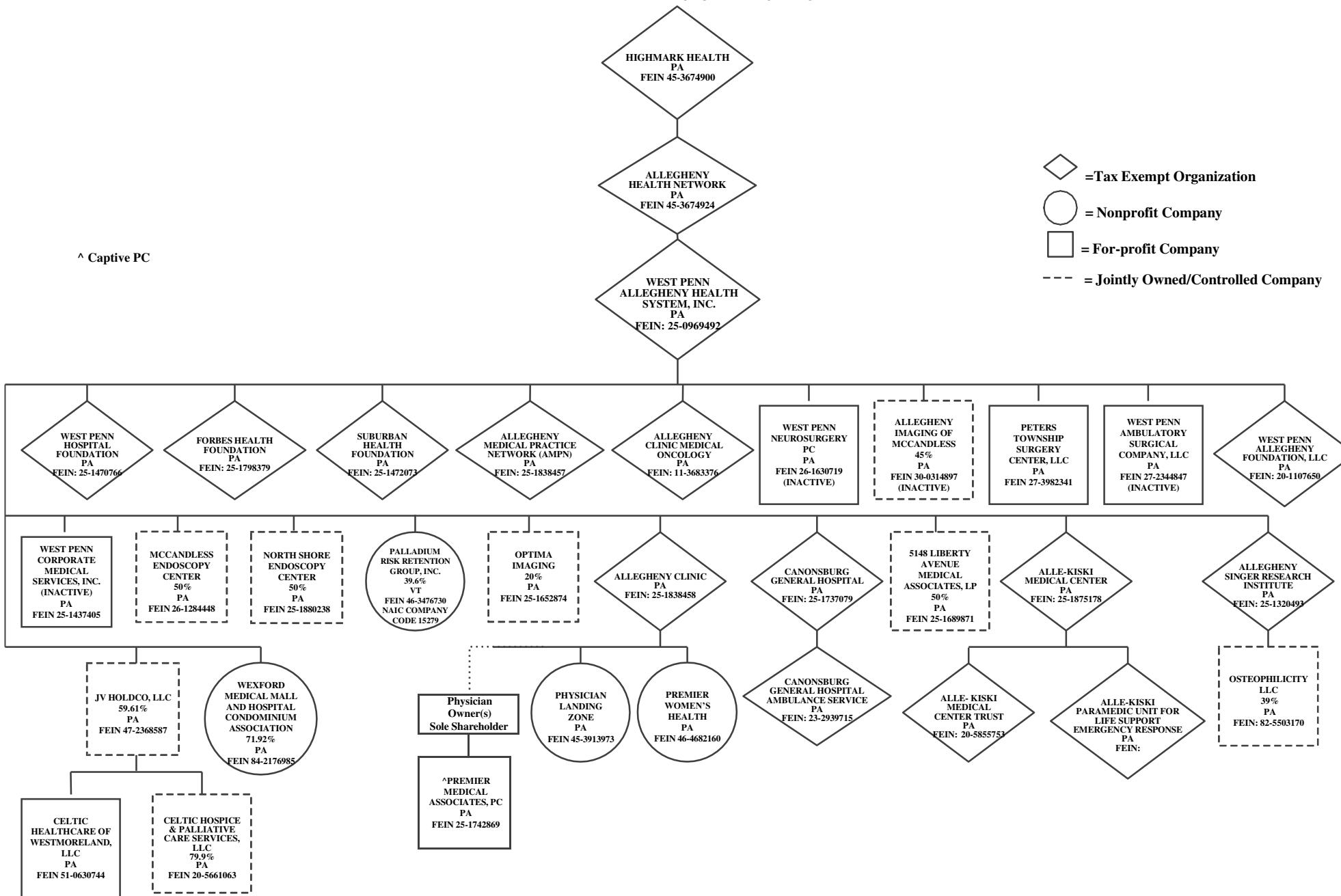
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



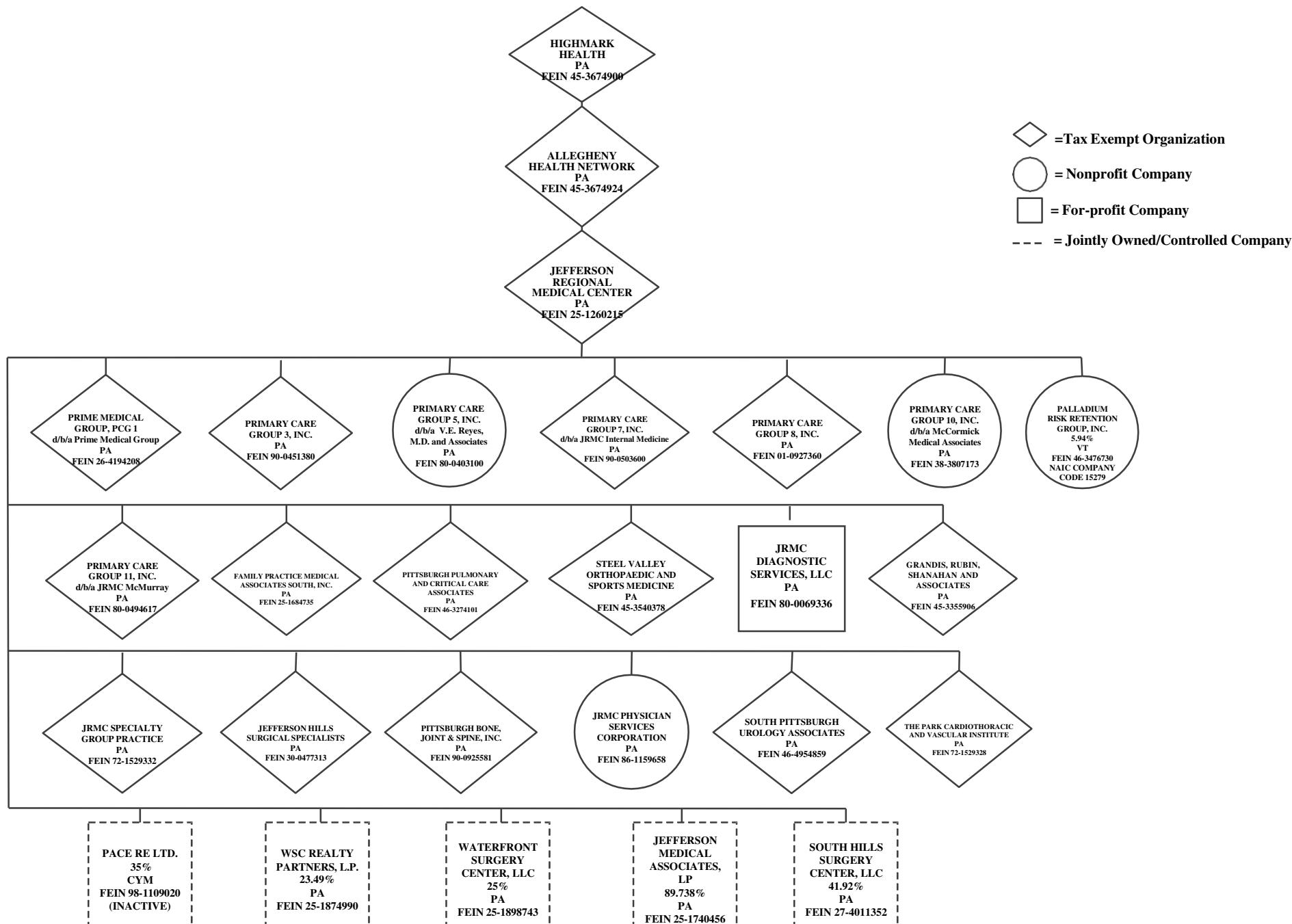
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### 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

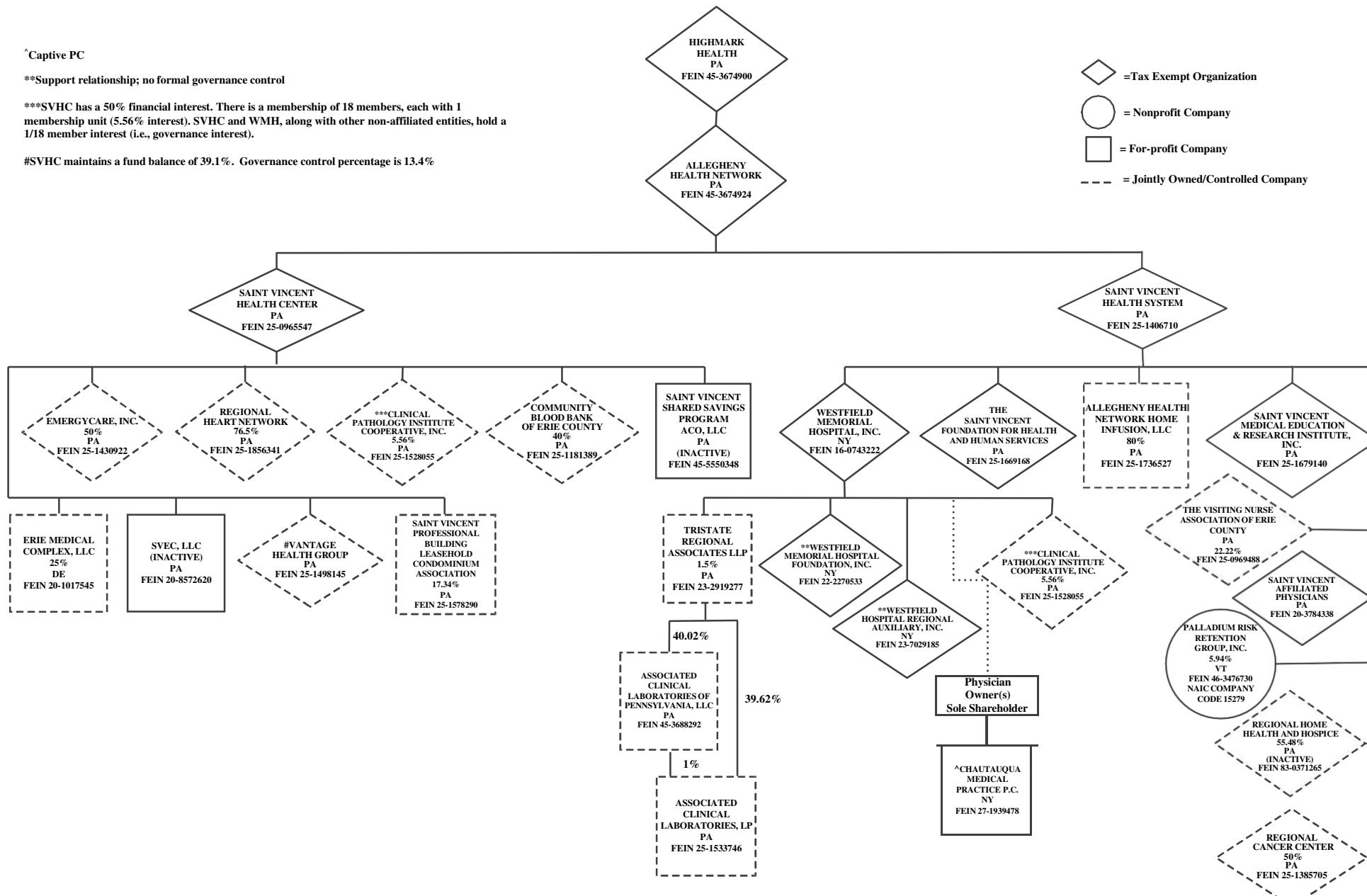
### PART 1 - ORGANIZATIONAL CHART

<sup>^</sup>Captive PC

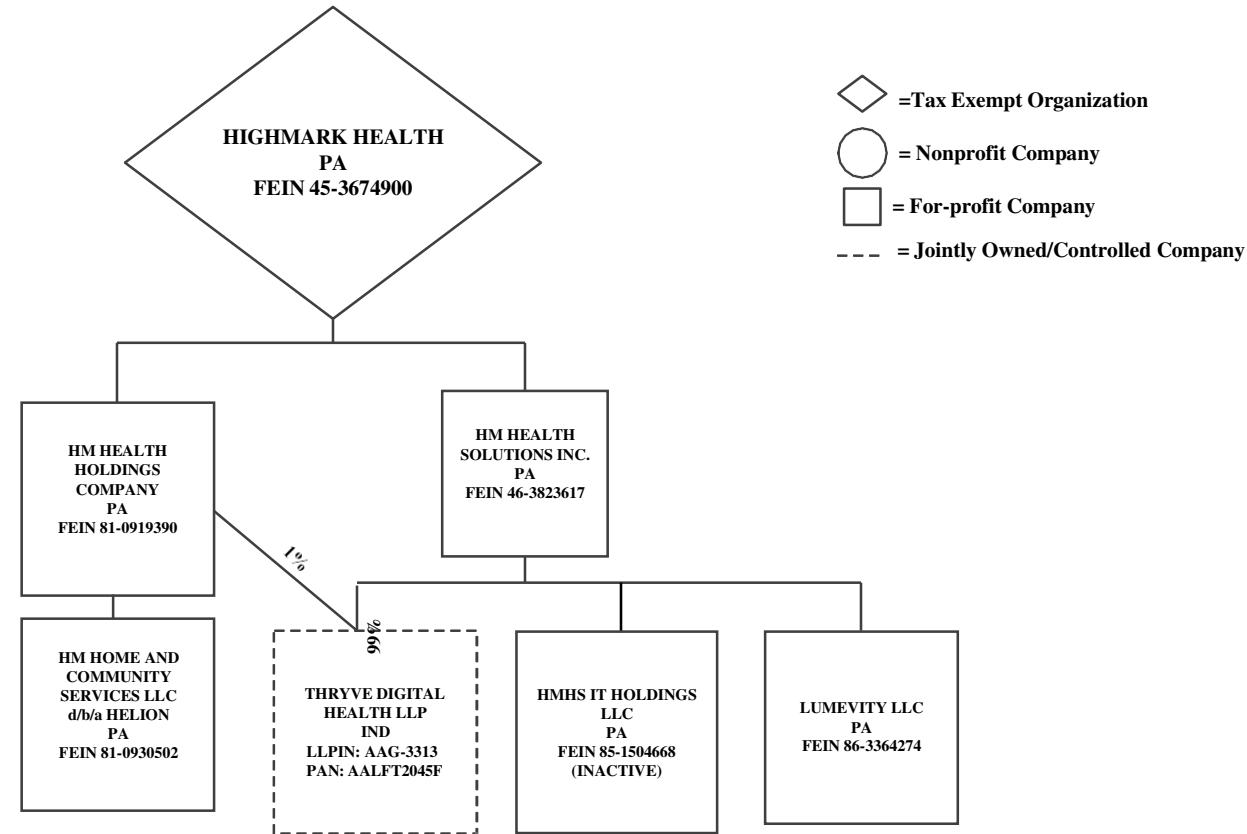
\*\*Support relationship; no formal governance control

\*\*\*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%



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

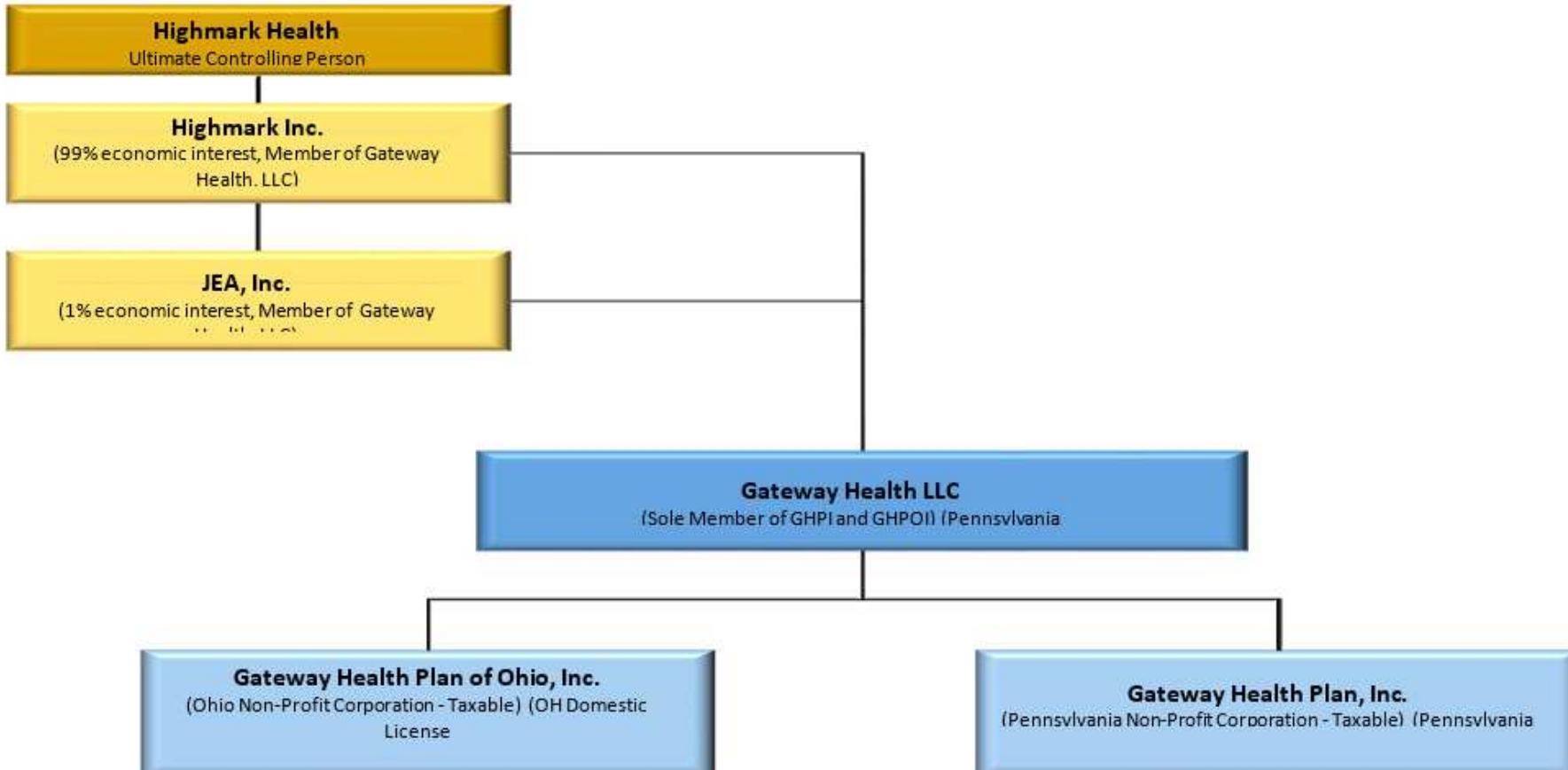


**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

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

Effective 8/31/21



## SCHEDULE Y

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

| 1          | 2             | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16  |
|------------|---------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|-----|
| Group Code | Group Name    | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates     | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *   |
| 0000       |               | 00000             | 45-3674900 | —            | 0000000000 |  | HIGHMARK HEALTH                                 | PA                   | UIP                              | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
| 0000       |               | 00000             | 45-3674924 | —            | 0000000000 |  | ALLEGHENY HEALTH NETWORK                        | PA                   | NIA                              | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
| 0812       | HIGHMARK INC. | 54771             | 23-1294723 | —            | 0000000000 |  | HIGHMARK INC                                    | PA                   | IA                               | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                | 123 |
| 0000       |               | 00000             | 46-3823617 | —            | 0000000000 |  | HM HEALTH SOLUTIONS INC.                        | PA                   | NIA                              | HIGHMARK HEALTH                                | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
| 0000       |               | 00000             | 83-3642399 | —            | 0000000000 |  | HOME RECOVERY CARE, LLC                         | DE                   | NIA                              | HIGHMARK HEALTH                                | Ownership  | 49.000                                     | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | EQUINOX SOLUTION DESIGN CENTER, LLC             | DE                   | NIA                              | HIGHMARK HEALTH                                | Ownership  | 50.000                                     | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | ENDORSED, LLC                                   | PA                   | NIA                              | HIGHMARK HEALTH                                | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | GEISINGER-HM JOINT VENTURE, LLC                 | PA                   | NIA                              | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | PENN STATE HEALTH                               | PA                   | NIA                              | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | PALLADIUM RISK RETENTION GROUP, INC.            | VT                   | IA                               | HIGHMARK HEALTH                                | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | HM HEALTH HOLDINGS COMPANY                      | PA                   | NIA                              | HIGHMARK HEALTH                                | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | HM HOME AND COMMUNITY SERVICES LLC D/B/A HELION | PA                   | NIA                              | HM HEALTH HOLDINGS COMPANY                     | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | THRYVE DIGITAL HEALTH LLP                       | IND                  | NIA                              | HM HEALTH HOLDINGS COMPANY                     | Ownership  | 1.000                                      | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | THRYVE DIGITAL HEALTH LLP                       | IND                  | NIA                              | HM HEALTH SOLUTIONS INC.                       | Ownership  | 99.000                                     | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | HMHS IT HOLDINGS LLC                            | PA                   | NIA                              | HM HEALTH SOLUTIONS INC.                       | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | LUMEVITY LLC                                    | PA                   | NIA                              | HM HEALTH SOLUTIONS INC.                       | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | PHYSICIAN LANDING ZONE                          | PA                   | NIA                              | ALLEGHENY CLINIC                               | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | PREMIER MEDICAL ASSOCIATES, PC                  | PA                   | NIA                              | ALLEGHENY CLINIC                               | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | PREMIER WOMEN'S HEALTH                          | PA                   | NIA                              | ALLEGHENY CLINIC                               | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | HMPG INC.                                       | PA                   | NIA                              | CLINICAL SERVICES, INC.                        | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | JEFFERSON REGIONAL MEDICAL CENTER               | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK                       | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | AHN EMERUS LLC                                  | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK                       | Ownership  | 51.000                                     | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | AHN EMERUS                                      | PA                   | NIA                              | AHN EMERUS LLC                                 | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | WESTMORELAND, LLC                               | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK                       | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | GROVE CITY MEDICAL CENTER                       | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK                       | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | WOLF CREEK MEDICAL ASSOCIATES                   | PA                   | NIA                              | GROVE CITY MEDICAL CENTER                      | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |     |
|            |               |                   |            |              |            |  | AHN-LECOM JV LLC                                | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK                       | Ownership  | 50.000                                     | HIGHMARK HEALTH                              | N                                |     |

## SCHEDULE Y

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

| 1          | 2             | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14   | 15                               | 16 |
|------------|---------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|--|----------------------------------|----|
| Group Code | Group Name    | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates   | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)                                  | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
|            |               |                   |            |              |            |  |   |                      |                                  |   |  |  |  |                                  |    |
|            |               | 00000             | 25-0965598 | —            | 0000000000 |  | WARREN GENERAL HOSPITAL<br>ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC | PA                   | NIA                              | AHN-LECOM JV LLC  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 47-3690355 | —            | 0000000000 |  | PALLADIUM RISK RETENTION GROUP, INC.  | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
|            |               | 15279             | 46-3476730 | —            | 0000000000 |  | SAINT VINCENT HEALTH CENTER   | VT                   | IA                               | ALLEGHENY HEALTH NETWORK  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-0965547 | —            | 0000000000 |  | SAINT VINCENT HEALTH SYSTEM   | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-1406710 | —            | 0000000000 |  | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.   | PA                   | NIA                              | ALLEGHENY HEALTH NETWORK  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-0969492 | —            | 0000000000 |  | OSTEOPHILICITY LLC  | PA                   | NIA                              | ALLEGHENY SINGER RESEARCH INSTITUTE   | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 82-5503170 | —            | 0000000000 |  | ALLE-KISKI MEDICAL CENTER TRUST   | PA                   | NIA                              | ALLE-KISKI MEDICAL CENTER   | Ownership  | 39.000                                     | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 20-5855753 | —            | 0000000000 |  | ALLE-KISKI PARAMEDIC UNIT FOR LIFE SUPPORT EMERGENCY RESPONSE                       | PA                   | NIA                              | ALLE-KISKI MEDICAL CENTER ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-1604818 | —            | 0000000000 |  | ASSOCIATED CLINICAL LABORATORIES, LP  | PA                   | NIA                              | ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC                           | Ownership  | 1.000                                      | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-1533746 | —            | 0000000000 |  | CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE                                       | PA                   | NIA                              | CANONSBURG GENERAL HOSPITAL   | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 23-2939715 | —            | 0000000000 |  | SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC                           | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 27-3459870 | —            | 0000000000 |  | HEALTH SYSTEM SERVICE CORPORATION   | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-1403745 | —            | 0000000000 |  | SAINT VINCENT NWPA SURGERY CENTER, LTD  | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 05-0591755 | —            | 0000000000 |  | SAINT VINCENT REHAB SOLUTIONS, LLC  | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 75.100                                     | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 05-0544042 | —            | 0000000000 |  | ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD   | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 25-1578290 | —            | 0000000000 |  | CONDOMINIUM ASSOCIATION   | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 82.660                                     | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 23-2919277 | —            | 0000000000 |  | TRISTATE REGIONAL ASSOCIATES LLP  | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 29.220                                     | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 23-3099689 | —            | 0000000000 |  | VANTAGE CAPITAL MANAGEMENT, LTD   | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 19.000                                     | HIGHMARK HEALTH                              | N                                |    |
|            |               | 00000             | 03-0477182 | —            | 0000000000 |  | VANTAGE HOLDING COMPANY, LLC  | PA                   | NIA                              | CLINICAL SERVICES, INC  | Ownership  | 50.530                                     | HIGHMARK HEALTH                              | N                                |    |
| 16.1       | HIGHMARK INC. | 12325             | 30-0282076 | —            | 0000000000 |  | GATEWAY HEALTH PLAN OF OHIO, INC.   | OH                   | RE                               | GATEWAY HEALTH LLC  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |

## SCHEDULE Y

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

| 1          | 2            | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|--------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name   | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates                   | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)           | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0812       | HIGHMARK INC | 96938             | 25-1505506 | —            | 0000000000 |  | GATEWAY HEALTH PLAN, INC.                                     | PA                   | IA                               | GATEWAY HEALTH LLC                                       | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 47-1817274 | —            | 0000000000 |  | HIGHMARK BCBSD HEALTH OPTIONS INC.                            | DE                   | NIA                              | HIGHMARK BCBSD INC.                                      | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 25-1494238 | —            | 0000000000 |  | CARING FOUNDATION FIRST PRIORITY LIFE INSURANCE COMPANY, INC. | PA                   | NIA                              | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 60147             | 23-2905083 | —            | 0000000000 |  | INSURANCE COMPANY, INC.                                       | PA                   | IA                               | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 25-1691945 | —            | 0000000000 |  | GATEWAY HEALTH LLC  | PA                   | NIA                              | HIGHMARK INC.  | Ownership  | 50.000                                     | HIGHMARK HEALTH                              | N                                | 3  |
| 0812       | HIGHMARK INC | 11435             | 75-3002215 | —            | 0000000000 |  | HCI, INC.   | VT                   | IA                               | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | Y                                |    |
| 0812       | HIGHMARK INC | 53287             | 51-0020405 | —            | 0000000000 |  | HIGHMARK BCBSD INC.   | DE                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 15508             | 46-4763378 | —            | 0000000000 |  | HIGHMARK BENEFITS GROUP INC.                                  | PA                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 15507             | 46-4757476 | —            | 0000000000 |  | HIGHMARK COVERAGE ADVANTAGE INC.                              | PA                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 25-1876666 | —            | 0000000000 |  | HIGHMARK FOUNDATION   | PA                   | NIA                              | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 10131             | 20-2353206 | —            | 0000000000 |  | HIGHMARK SELECT RESOURCES INC.                                | PA                   | IA                               | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 15460             | 46-4156633 | —            | 0000000000 |  | HIGHMARK SENIOR HEALTH COMPANY                                | PA                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 25-1645888 | —            | 0000000000 |  | HIGHMARK VENTURES LLC   | PA                   | NIA                              | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 54828             | 55-0624615 | —            | 0000000000 |  | HIGHMARK WEST VIRGINIA INC.                                   | WV                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 20-5457337 | —            | 0000000000 |  | HM CENTERED HEALTH, INC.                                      | PA                   | NIA                              | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 71768             | 54-1637426 | —            | 0000000000 |  | HM HEALTH INSURANCE COMPANY                                   | PA                   | IA                               | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 25-1646315 | —            | 0000000000 |  | HM INSURANCE GROUP, LLC                                       | PA                   | NIA                              | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 96601             | 23-2413324 | —            | 0000000000 |  | HMO OF NORTHEASTERN PENNSYLVANIA, INC.                        | PA                   | IA                               | HIGHMARK INC.  | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC | 55204             | 16-1105741 | —            | 0000000000 |  | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.               | NY                   | IA                               | HIGHMARK INC.  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 20-2983742 | —            | 0000000000 |  | MEDUS SERVICES, LLC   | NY                   | NIA                              | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.          | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 11-3667761 | —            | 0000000000 |  | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC.      | NY                   | NIA                              | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.          | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 16-1547659 | —            | 0000000000 |  | NEW YORK CARE PLUS INSURANCE AGENCY, INC.                     | NY                   | NIA                              | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC. | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |              | 00000             | 11-3667763 | —            | 0000000000 |  | BROKERAGE CONCEPTS, LLC                                       | DE                   | NIA                              | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC. | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |

## SCHEDULE Y

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

| 1          | 2                              | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|--------------------------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name                     | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates                 | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0936       | INDEPENDENCE HEALTH GROUP INC. | 53252             | 23-2063810 | —            | 0000000000 |  | INTER-COUNTY HEALTH PLAN, INC.                              | PA                   | IA                               | HIGHMARK INC.                                  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                | 1  |
| 0936       | INDEPENDENCE HEALTH GROUP INC. | 54763             | 23-0724427 | —            | 0000000000 |  | INTER-COUNTY HOSPITALIZATION PLAN, INC.                     | PA                   | IA                               | HIGHMARK INC.                                  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                | 2  |
| 0000       |                                | 00000             | 25-1712017 | —            | 0000000000 |  | JEA, INC.   | PA                   | NIA                              | HIGHMARK INC.                                  | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 25-1524682 | —            | 0000000000 |  | JENKINS-EMPIRE ASSOCIATES                                   | PA                   | NIA                              | HIGHMARK INC.                                  | Ownership  | 99.00                                      | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 95048             | 25-1522457 | —            | 0000000000 |  | HIGHMARK CHOICE COMPANY                                     | PA                   | IA                               | HIGHMARK INC.                                  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 85-3092159 | —            | 0000000000 |  | KENT PHARMACY NEWCO, LLC                                    | DE                   | NIA                              | HIGHMARK INC.                                  | Ownership  | 20.00                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 52-1841060 | —            | 0000000000 |  | NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC           | DE                   | NIA                              | HIGHMARK INC.                                  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 89070             | 25-1687586 | —            | 0000000000 |  | UNITED CONCORDIA COMPANIES, INC.                            | PA                   | IA                               | HIGHMARK INC.                                  | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 47-1960604 | —            | 0000000000 |  | BABEL HEALTH LLC  | DE                   | NIA                              | HIGHMARK VENTURES LLC                          | Ownership  | 11.10                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 82-4793570 | —            | 0000000000 |  | FREE MARKET HEALTH LLC                                      | DE                   | NIA                              | HIGHMARK VENTURES LLC                          | Ownership  | 24.50                                      | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 15459             | 46-4156854 | —            | 0000000000 |  | HIGHMARK SENIOR SOLUTIONS COMPANY                           | WV                   | IA                               | HIGHMARK WEST VIRGINIA INC.                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 15020             | 45-2763165 | —            | 0000000000 |  | WEST VIRGINIA FAMILY HEALTH PLAN, INC                       | WV                   | IA                               | HIGHMARK WEST VIRGINIA INC.                    | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 35599             | 25-1334623 | —            | 0000000000 |  | HIGHMARK CASUALTY INSURANCE COMPANY                         | PA                   | IA                               | HM INSURANCE GROUP, LLC                        | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 93440             | 06-1041332 | —            | 0000000000 |  | HM LIFE INSURANCE COMPANY                                   | PA                   | IA                               | HM INSURANCE GROUP, LLC                        | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0812       | HIGHMARK INC.                  | 60213             | 25-1800302 | —            | 0000000000 |  | HM LIFE INSURANCE COMPANY OF NEW YORK                       | NY                   | IA                               | HM INSURANCE GROUP, LLC                        | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 85-0540909 | —            | 0000000000 |  | HMIC-CLARITY 360 LLC  | PA                   | NIA                              | HM INSURANCE GROUP, LLC                        | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 82-5351990 | —            | 0000000000 |  | AST RISK, LLC   | DE                   | NIA                              | HM INSURANCE GROUP, LLC                        | Ownership  | 33.33                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 47-4117233 | —            | 0000000000 |  | PHYSICIAN PARTNERS OF WESTERN PA LLC                        | PA                   | NIA                              | HMPG INC.                                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 46-5705484 | —            | 0000000000 |  | ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC | DE                   | NIA                              | HMPG INC.                                      | Ownership  | 50.00                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 45-3761429 | —            | 0000000000 |  | HMPG PROPERTIES NORTH LLC                                   | PA                   | NIA                              | HMPG INC.                                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 25-1375204 | —            | 0000000000 |  | KLINGENSMITH, INC   | PA                   | NIA                              | HMPG INC.                                      | Ownership  | 65.00                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 90-0996509 | —            | 0000000000 |  | MONROEVILLE ASC LLC   | PA                   | NIA                              | HMPG INC.                                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 15279             | 46-3476730 | —            | 0000000000 |  | PALLADIUM RISK RETENTION GROUP, INC.                        | VT                   | IA                               | HMPG INC.                                      | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 32-0429947 | —            | 0000000000 |  | PROVIDER PPI LLC  | PA                   | NIA                              | HMPG INC.                                      | Ownership  | 99.50                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 46-2138706 | —            | 0000000000 |  | GOLD MIST ADVISORS LLC                                      | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 45-5235291 | —            | 0000000000 |  | OSIRIS PROPERTIES, LLC                                      | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |                                | 00000             | 35-2483160 | —            | 0000000000 |  | PLATINUM ADVISORS LLC                                       | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.00                                     | HIGHMARK HEALTH                              | N                                |    |

## SCHEDULE Y

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

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates       | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0000       |            | 00000             | 30-0791512 | —            | 0000000000 |  | PRINCIPO ADVISORS, LLC                            | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-3033308 | —            | 0000000000 |  | SILVER RAIN MANAGEMENT, LLC                       | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-3035436 | —            | 0000000000 |  | SILVER RAIN, LP                                   | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 99.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 90-0970618 | —            | 0000000000 |  | SUMMER WIND MANAGEMENT, LLC                       | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 32-0371926 | —            | 0000000000 |  | WEXFORD MEDICAL MALL LLC                          | PA                   | NIA                              | HMPG PROPERTIES NORTH LLC                      | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 84-2176985 | —            | 0000000000 |  | WEXFORD MEDICAL MALL AND HOSPITAL                 | PA                   | NIA                              |  | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1524682 | —            | 0000000000 |  | CONDOMINIUM ASSOCIATION                           | PA                   | NIA                              | WEXFORD MEDICAL MALL LLC                       | Ownership  | 1.000                                      | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1684735 | —            | 0000000000 |  | JENKINS-EMPIRE ASSOCIATES                         | PA                   | NIA                              | JEA INC.                                       | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 45-3355906 | —            | 0000000000 |  | FAMILY PRACTICE MEDICAL                           | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 30-0477313 | —            | 0000000000 |  | ASSOCIATES SOUTH, INC.                            | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 45-1740456 | —            | 0000000000 |  | GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES           | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 80-0069336 | —            | 0000000000 |  | JEFFERSON HILLS SURGICAL SPECIALISTS              | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 86-1159658 | —            | 0000000000 |  | JEFFERSON MEDICAL ASSOCIATES, LP                  | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 89.738                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 72-1529332 | —            | 0000000000 |  | JRMC DIAGNOSTIC SERVICES, LLC                     | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 98-1109020 | —            | 0000000000 |  | JRMC PHYSICIAN SERVICES CORPORATION               | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 15279             | 46-3476730 | —            | 0000000000 |  | JRMC SPECIALTY GROUP PRACTICE                     | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 90-0925581 | —            | 0000000000 |  | PACE RE LTD                                       | CYM                  | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 35.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 46-3274101 | —            | 0000000000 |  | PALLADIUM RISK RETENTION GROUP, INC.              | VT                   | IA                               | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 38-3807173 | —            | 0000000000 |  | PITTSBURGH BONE, JOINT & SPINE, INC.              | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 80-0494617 | —            | 0000000000 |  | PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 46-3274101 | —            | 0000000000 |  | PRIMARY CARE GROUP 10, INC.                       | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 38-3807173 | —            | 0000000000 |  | PRIMARY CARE GROUP 11, INC.                       | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 80-0494617 | —            | 0000000000 |  | PRIMARY CARE GROUP 3, INC                         | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 90-0451380 | —            | 0000000000 |  | PRIMARY CARE GROUP 5, INC                         | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 80-0403100 | —            | 0000000000 |  | PRIMARY CARE GROUP 7, INC.                        | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 90-0503600 | —            | 0000000000 |  | PRIMARY CARE GROUP 7, INC.                        | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |

## SCHEDULE Y

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

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates                         | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0000       |            | 00000             | 01-0927360 | —            | 0000000000 |  | PRIMARY CARE GROUP 8, INC.  | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 26-4194208 | —            | 0000000000 |  | PRIME MEDICAL GROUP, PCG 1  | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-4011352 | —            | 0000000000 |  | SOUTH HILLS SURGERY CENTER, LLC                                     | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 41.920                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 46-4954859 | —            | 0000000000 |  | SOUTH PITTSBURGH UROLOGY ASSOCIATES                                 | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 45-3540378 | —            | 0000000000 |  | STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE                        | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 72-1529328 | —            | 0000000000 |  | THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE                      | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1898743 | —            | 0000000000 |  | WATERFRONT SURGERY CENTER, LLC                                      | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 25.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1874990 | —            | 0000000000 |  | WSC REALTY PARTNERS, L.P.   | PA                   | NIA                              | JEFFERSON REGIONAL MEDICAL CENTER              | Ownership  | 23.490                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 51-0630744 | —            | 0000000000 |  | CELTIC HEALTHCARE OF WESTMORELAND, LLC                              | PA                   | NIA                              | JV HOLDCO, LLC                                 | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 20-5661063 | —            | 0000000000 |  | CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC                      | PA                   | NIA                              | JV HOLDCO, LLC                                 | Ownership  | 79.900                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 45-5080712 | —            | 0000000000 |  | HMPG PHARMACY LLC   | PA                   | NIA                              | PROVIDER PPI LLC                               | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 90-0812390 | —            | 0000000000 |  | PDL DISTRIBUTION SERVICES LLC                                       | PA                   | NIA                              | PROVIDER PPI LLC                               | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1631855 | —            | 0000000000 |  | THE REGIONAL CANCER CENTER FOUNDATION                               | PA                   | NIA                              | REGIONAL CANCER CENTER                         | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 20-8572620 | —            | 0000000000 |  | SVEC, LLC   | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1528055 | —            | 0000000000 |  | CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC.                      | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1181389 | —            | 0000000000 |  | COMMUNITY BLOOD BANK OF ERIE COUNTY                                 | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1430922 | —            | 0000000000 |  | EMERGycare, INC   | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 20-1017545 | —            | 0000000000 |  | ERIE MEDICAL COMPLEX, LLC   | DE                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Ownership  | 25.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1856341 | —            | 0000000000 |  | REGIONAL HEART NETWORK  | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 45-5550348 | —            | 0000000000 |  | SAINT VINCENT SHARED SAVINGS PROGRAM, ACO, LLC                      | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1578290 | —            | 0000000000 |  | ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Ownership  | 17.340                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1498145 | —            | 0000000000 |  | VANTAGE HEALTH GROUP  | PA                   | NIA                              | SAINT VINCENT HEALTH CENTER                    | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1736527 | —            | 0000000000 |  | ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC                         | PA                   | NIA                              | SAINT VINCENT HEALTH SYSTEM                    | Ownership  | 80.000                                     | HIGHMARK HEALTH                              | N                                |    |

## SCHEDULE Y

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

| 1          | 2             | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                                      | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|---------------|-------------------|------------|--------------|------------|--|---|----------------------|---|--|--|--|--|----------------------------------|----|
| Group Code | Group Name    | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity        | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0000       |               | 00000             | 25-1403846 | —            | 0000000000 | CLINICAL SERVICES, INC.  | PA  | NIA                  | ALLEGHENY HEALTH NETWORK                | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 15279             | 46-3476730 | —            | 0000000000 | PALLADIUM RISK RETENTION GROUP, INC.                                   | VT  | IA                   | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-1385705 | —            | 0000000000 | REGIONAL CANCER CENTER   | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 83-0371265 | —            | 0000000000 | REGIONAL HOME HEALTH AND HOSPICE                                       | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Ownership                                      | 55.480   | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 20-3784338 | —            | 0000000000 | SAINT VINCENT AFFILIATED PHYSICIANS                                    | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-1679140 | —            | 0000000000 | SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC.             | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-1669168 | —            | 0000000000 | THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES             | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-0969488 | —            | 0000000000 | THE VISITING NURSE ASSOCIATION OF ERIE COUNTY                          | PA  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 16-0743222 | —            | 0000000000 | WESTFIELD MEMORIAL HOSPITAL, INC.                                      | NY  | NIA                  | SAINT VINCENT HEALTH SYSTEM             | Board of Directors                             | —  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 27-3035436 | —            | 0000000000 | SILVER RAIN, LP  | PA  | NIA                  | SILVER RAIN MANAGEMENT, LLC             | Ownership                                      | 1.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 45-3688292 | —            | 0000000000 | ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC                  | PA  | NIA                  | TRISTATE REGIONAL ASSOCIATES LLP        | Ownership                                      | 40.020   | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-1533746 | —            | 0000000000 | ASSOCIATED CLINICAL LABORATORIES, LP                                   | PA  | NIA                  | TRISTATE REGIONAL ASSOCIATES LLP        | Ownership                                      | 39.620   | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 95789             | 23-7328765 | —            | 0000000000 | UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.                      | CA  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 47089             | 23-2541529 | —            | 0000000000 | UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.                    | PA  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 95160             | 74-2489037 | —            | 0000000000 | UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.                           | TX  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 96150             | 38-2289438 | —            | 0000000000 | UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.                     | MI  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 95253             | 52-1542269 | —            | 0000000000 | UNITED CONCORDIA DENTAL PLANS, INC.                                    | MD  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 60222             | 11-3008245 | —            | 0000000000 | UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK                         | NY  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0812       | HIGHMARK INC. | 85766             | 86-0307623 | —            | 0000000000 | UNITED CONCORDIA INSURANCE COMPANY                                     | AZ  | IA                   | UNITED CONCORDIA COMPANIES, INC.        | Ownership                                      | 100.000  | HIGHMARK HEALTH                            | N  |                                  |    |
| 0000       |               | 00000             | 25-1689871 | —            | 0000000000 | 5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP                             | PA  | NIA                  | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership                                      | 50.000   | HIGHMARK HEALTH                            | N  |                                  |    |

## SCHEDULE Y

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

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates               | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 0000       |            | 00000             | 25-1838458 | —            | 0000000000 |  | ALLEGHENY CLINIC  | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 30-0314897 | —            | 0000000000 |  | ALLEGHENY IMAGING OF MCCANDLESS                           | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 45.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1838457 | —            | 0000000000 |  | ALLEGHENY MEDICAL PRACTICE NETWORK                        | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1320493 | —            | 0000000000 |  | ALLEGHENY SINGER RESEARCH INSTITUTE                       | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1875178 | —            | 0000000000 |  | ALLE-KISKI MEDICAL CENTER CANONSBURG GENERAL HOSPITAL     | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1737079 | —            | 0000000000 |  |   | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1798379 | —            | 0000000000 |  | FORBES HEALTH FOUNDATION                                  | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 47-2368587 | —            | 0000000000 |  | JV HOLDCO, LLC  | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 59.610                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 84-2176985 | —            | 0000000000 |  | WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 26-1284448 | —            | 0000000000 |  | MCCANDLESS ENDOSCOPY CENTER                               | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 50.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1880238 | —            | 0000000000 |  | NORTH SHORE ENDOSCOPY CENTER                              | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 50.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1652874 | —            | 0000000000 |  | OPTIMA IMAGING  | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 20.000                                     | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 15279             | 46-3476730 | —            | 0000000000 |  | PALLADIUM RISK RETENTION GROUP, INC.                      | VT                   | IA                               | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-3982341 | —            | 0000000000 |  | PETERS TOWNSHIP SURGERY CENTER, LLC                       | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1472073 | —            | 0000000000 |  | SUBURBAN HEALTH FOUNDATION                                | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 20-1107650 | —            | 0000000000 |  | WEST PENN ALLEGHENY FOUNDATION, LLC                       | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 11-3683376 | —            | 0000000000 |  | ALLEGHENY CLINIC MEDICAL ONCOLOGY                         | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-2344847 | —            | 0000000000 |  | WEST PENN AMBULATORY SURGICAL COMPANY, LLC                | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1437405 | —            | 0000000000 |  | WEST PENN CORPORATE MEDICAL SERVICES, INC.                | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1470766 | —            | 0000000000 |  | WEST PENN HOSPITAL FOUNDATION                             | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 26-1630719 | —            | 0000000000 |  | WEST PENN NEUROSURGERY PC                                 | PA                   | NIA                              | WEST PENN ALLEGHENY HEALTH SYSTEM, INC.        | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 27-1939478 | —            | 0000000000 |  | CHAUTAUQUA MEDICAL PRACTICE P.C.                          | NY                   | NIA                              | WESTFIELD MEMORIAL HOSPITAL, INC.              | Ownership  | 100.000                                    | HIGHMARK HEALTH                              | N                                |    |
| 0000       |            | 00000             | 25-1528055 | —            | 0000000000 |  | CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC.            | PA                   | NIA                              | WESTFIELD MEMORIAL HOSPITAL, INC.              | Board of Directors   | —  | HIGHMARK HEALTH                              | N                                |    |

**SCHEDULE Y**

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

| 1<br>Group<br>Code | 2<br>Group Name | 3<br>NAIC<br>Company<br>Code | 4<br>ID Number | 5<br>Federal<br>RSSD | 6<br>CIK   | 7<br>Name of<br>Securities<br>Exchange if<br>Publicly Traded<br>(U.S. or<br>International) | 8<br>Names of Parent, Subsidiaries<br>Or Affiliates | 9<br>Domiciliary<br>Location | 10<br>Relationship<br>to Reporting<br>Entity | 11<br>Directly Controlled by (Name of<br>Entity/Person) | 12<br>Type of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence, Other) | 13<br>If Control is<br>Ownership<br>Provide<br>Percentage | 14<br>Ultimate Controlling<br>Entity(ies) / Person(s) | 15<br>Is an SCA<br>Filing<br>Required?<br>(Y/N) | 16<br>* |
|--------------------|-----------------|------------------------------|----------------|----------------------|------------|--|---|------------------------------|--|---|---|---|---|---|---------|
| 0000               |                 | 00000                        | 23-2919277     | —                    | 0000000000 | TRISTATE REGIONAL<br>ASSOCIATES LLP  | PA  | NIA                          | WESTFIELD MEMORIAL<br>HOSPITAL, INC          | Ownership   | 1.500   | HIGHMARK HEALTH   | N   |   |         |
| 0000               |                 | 00000                        | 23-7029185     | —                    | 0000000000 | WESTFIELD HOSPITAL<br>REGIONAL AUXILIARY, INC  | NY  | NIA                          | WESTFIELD MEMORIAL<br>HOSPITAL, INC          | Board of<br>Directors                                   | —   | HIGHMARK HEALTH   | N   |   |         |
| 0000               |                 | 00000                        | 22-2270533     | —                    | 0000000000 | WESTFIELD MEMORIAL<br>HOSPITAL FOUNDATION, INC   | NY  | NIA                          | WESTFIELD MEMORIAL<br>HOSPITAL, INC          | Board of<br>Directors                                   | —   | HIGHMARK HEALTH   | N   |   |         |

| Asterisk | Explanation   |
|----------|---|
| 1        | Inter-County Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.          |
| 2        | Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board. |
| 3        | Gateway Health LLC: 50/50 membership between Highmark Inc. and Mercy Health Plan. Each member elects 50% of the Board.  |

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

|   | Response     |
|---|--------------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | .....No..... |

**EXPLANATION:**

1. .....

**BARCODES:**

1.  1 2 3 2 5 2 0 2 1 3 6 5 0 0 0 0 3

**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A – VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B – VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....                      | 1,164,757         | 1,174,355                            |
| 2. Cost of bonds and stocks acquired.....  |                   |                                      |
| 3. Accrual of discount.....  |                   |                                      |
| 4. Unrealized valuation increase (decrease).....   |                   |                                      |
| 5. Total gain (loss) on disposals.....   |                   |                                      |
| 6. Deduct consideration for bonds and stocks disposed of.....  |                   |                                      |
| 7. Deduct amortization of premium.....   | 7,427             | 9,598                                |
| 8. Total foreign exchange change in book / adjusted carrying value.....                                  |                   |                                      |
| 9. Deduct current year's other-than-temporary impairment recognized.....                                 |                   |                                      |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... |                   |                                      |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....              | 1,157,330         | 1,164,757                            |
| 12. Deduct total nonadmitted amounts.....  |                   |                                      |
| 13. Statement value at end of current period (Line 11 minus Line 12).....                                | 1,157,330         | 1,164,757                            |

**SCHEDULE D – PART 1B**

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

| NAIC Designation                       | 1<br>Book / Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | 2<br>Acquisitions<br>During Current<br>Quarter | 3<br>Dispositions<br>During Current<br>Quarter | 4<br>Non-Trading<br>Activity During<br>Current Quarter | 5<br>Book / Adjusted<br>Carrying Value<br>End of First<br>Quarter | 6<br>Book / Adjusted<br>Carrying Value<br>End of Second<br>Quarter | 7<br>Book / Adjusted<br>Carrying Value<br>End of Third<br>Quarter | 8<br>Book / Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|--|---|--|--|--|---|--|---|---|
| <b>Bonds</b>                           |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a).....                     | 1,159,842   |  |  | (2,512)  | 1,162,324   | 1,159,842  | 1,157,330   | 1,164,756   |
| 2. NAIC 2 (a).....                     |   |  |  |  |   |  |   |   |
| 3. NAIC 3 (a).....                     |   |  |  |  |   |  |   |   |
| 4. NAIC 4 (a).....                     |   |  |  |  |   |  |   |   |
| 5. NAIC 5 (a).....                     |   |  |  |  |   |  |   |   |
| 6. NAIC 6 (a).....                     |   |  |  |  |   |  |   |   |
| 7. Total Bonds.....                    | 1,159,842   |  |  | (2,512)  | 1,162,324   | 1,159,842  | 1,157,330   | 1,164,756   |
| <b>Preferred Stock</b>                 |   |  |  |  |   |  |   |   |
| 8. NAIC 1.....                         |   |  |  |  |   |  |   |   |
| 9. NAIC 2.....                         |   |  |  |  |   |  |   |   |
| 10. NAIC 3.....                        |   |  |  |  |   |  |   |   |
| 11. NAIC 4.....                        |   |  |  |  |   |  |   |   |
| 12. NAIC 5.....                        |   |  |  |  |   |  |   |   |
| 13. NAIC 6.....                        |   |  |  |  |   |  |   |   |
| 14. Total Preferred Stock.....         |   |  |  |  |   |  |   |   |
| 15. Total Bonds & Preferred Stock..... | 1,159,842   |  |  | (2,512)  | 1,162,324   | 1,159,842  | 1,157,330   | 1,164,756   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ ; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

(SI-03) Schedule DA - Part 1

**NONE**

(SI-03) Schedule DA - Verification - Short-Term Investments

**NONE**

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

**NONE**

(SI-05) Schedule DB - Part C - Section 1

**NONE**

(SI-06) Schedule DB - Part C - Section 2

**NONE**

(SI-07) Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year.....                          | 9,501,048         | 11,426,517                           |
| 2. Cost of cash equivalents acquired.....  | 2,430,034         | 682,531                              |
| 3. Accrual of discount.....  |                   |                                      |
| 4. Unrealized valuation increase (decrease).....   |                   |                                      |
| 5. Total gain (loss) on disposals.....   |                   |                                      |
| 6. Deduct consideration received on disposals.....                                       | 7,914,007         | 2,608,000                            |
| 7. Deduct amortization of premium.....   |                   |                                      |
| 8. Total foreign exchange change in book / adjusted carrying value.....                  |                   |                                      |
| 9. Deduct current year's other-than-temporary impairment recognized.....                 |                   |                                      |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 4,017,075         | 9,501,048                            |
| 11. Deduct total nonadmitted amounts.....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11).....                | 4,017,075         | 9,501,048                            |

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

(E-04) Schedule D - Part 3

**NONE**

(E-05) Schedule D - Part 4

**NONE**

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository   | 2<br>Code | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest<br>Received During<br>Current Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month During Current<br>Quarter |                   |                  | 9<br>* |
|---|-----------|--------------------------|--|--|---|-------------------|------------------|--------|
|   |           |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |        |
| PNC Operating Medicaid Acct 1060 – Jeannette, PA  |           |                          |  |  | 6,531   | 5,781             | 5,015            | XXX    |
| PNC Operating Medicare Acct 1061 – Jeannette, PA  |           |                          |  |  | 398,224   | 171,916           | 332,556          | XXX    |
| PNC Medicare Claims Acct 1070 – Jeannette, PA   |           |                          |  |  | (253,135)   | (876,197)         | (255,492)        | XXX    |
| 0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories      |           |                          |  |  |   |                   |                  | XXX    |
| 0199999 – Total Open Depositories   |           |                          |  |  | 151,619   | (698,499)         | 82,078           | XXX    |
| 0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories |           |                          |  |  |   |                   |                  | XXX    |
| 0299999 – Total Suspended Depositories  |           |                          |  |  |   |                   |                  | XXX    |
| 0399999 – Total Cash on Deposit   |           |                          |  |  | 151,619   | (698,499)         | 82,078           | XXX    |
| 0499999 – Cash in Company's Office  |           | XXX                      | XXX  |  |   |                   |                  | XXX    |
| 0599999 – Total   |           |                          |  |  | 151,619   | (698,499)         | 82,078           | XXX    |

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

| 1<br>CUSIP   | 2<br>Description                         | 3<br>Code | 4<br>Date Acquired | 5<br>Rate of Interest | 6<br>Maturity Date | 7<br>Book / Adjusted<br>Carrying Value | 8<br>Amount of Interest<br>Due and Accrued | 9<br>Amount Received<br>During Year |
|--|--|-----------|--------------------|-----------------------|--------------------|--|--|-------------------------------------|
| <b>Exempt Money Market Mutual Funds – as Identified by SVO</b>         |  |           |                    |                       |                    |  |  |                                     |
| 261941-10-8.....   | DREYFUS TREAS INSTL CASH MGMT.....       |           | 09/02/2021.....    |                       | XXX.....           | 2,113,061.....                         |  | 143.....                            |
| 38142B-88-0.....   | GOLDMAN SACHS FDS FIN SQ FED-FST MM..... |           | 09/30/2021.....    |                       | XXX.....           | 1,904,014.....                         | 10.....                                    | 134.....                            |
| 8599999 – Exempt Money Market Mutual Funds – as Identified by SVO..... |  |           |                    |                       |                    | 4,017,075.....                         | 10.....                                    | 277.....                            |
| 9999999 – Total Cash Equivalents.....                                  |  |           |                    |                       |                    | 4,017,075.....                         | 10.....                                    | 277.....                            |