



**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....				1,220	1,220	
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....				1,220	1,220	

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 – Aggregate of Amounts Not Individually Listed				4,865	4,865	
0299999 – Claim Overpayment Receivables				4,865	4,865	
0799999 – Gross Health Care Receivables				4,865	4,865	

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....						
2. Claim overpayment receivables .....	84,538		4,865		89,403	89,404
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....	84,538		4,865		89,403	89,404

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....					4,176	4,176
0499999 - Subtotals.....					4,176	4,176
0699999 - Total amounts withheld.....						26,357
0799999 - Total claims unpaid.....						30,532
0899999 - Accrued medical incentive pool and bonus amounts.....						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Gateway Health Plan Inc.....	124,102					124,102	
0199999 – Individually listed receivables.....	124,102					124,102	
0399999 – Total gross amounts receivable.....	124,102					124,102	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Gateway Health LLC	Management Services	2,836	2,836	
0199999 – Individually listed payable		2,836	2,836	
0399999 – Total gross payables		2,836	2,836	

**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	796,563	100.000	XXX	XXX		796,563
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	796,563	100.000	XXX	XXX		796,563
13. Total (Line 4 plus Line 12).....	796,563	100.000 %	XXX	XXX		796,563

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc.

2. Pittsburgh, PA  
(LOCATION)

NAIC Group Code: 00812

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2021

NAIC Company Code: 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
Total Member Ambulatory Encounters for Year:										
7. Physician .....	15							15		
8. Non-Physician .....	25							25		
9. Total .....	40							40		
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	(541)							(541)		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	(541)							(541)		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	20,310							20,310		
18. Amount Incurred for Provision of Health Care Services .....	(341)							(341)		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (541)

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc.

2. Pittsburgh, PA  
(LOCATION)

NAIC Group Code: 00812

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2021

NAIC Company Code: 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
Total Member Ambulatory Encounters for Year:										
7. Physician .....	51							51		
8. Non-Physician .....	70							70		
9. Total .....	121							121		
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	(46,159)							(46,159)		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	(46,159)							(46,159)		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,817,238							1,817,238		
18. Amount Incurred for Provision of Health Care Services .....	873,828							873,828		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (46,159)

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc.

2. Pittsburgh, PA  
(LOCATION)

NAIC Group Code: 00812

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
Total Member Ambulatory Encounters for Year:										
7. Physician .....	21							21		
8. Non-Physician .....	98							98		
9. Total .....	119							119		
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	(120,710)							(120,710)		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	(120,710)							(120,710)		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	(1,040,985)							(1,040,985)		
18. Amount Incurred for Provision of Health Care Services .....	(1,780,961)							(1,780,961)		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (120,710)

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc.

2. Pittsburgh, PA  
(LOCATION)

NAIC Group Code: 00812

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 12325

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
Total Member Ambulatory Encounters for Year:										
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 (b) .....	(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 .....	796,563							796,563		
18. Amount Incurred for Provision of Health Care Services .....	(907,474)							(907,474)		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

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(31) Schedule S - Part 1 - Section 2

**NONE**

(32) Schedule S - Part 2

**NONE**

(33) Schedule S - Part 3 - Section 2

**NONE**

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	2021	2020	2019	2018	2017
<b>A. OPERATIONS ITEMS</b>					
1 Premiums					
2 Title XVIII-Medicare		1	18	93	97
3 Title XIX-Medicaid					
4 Commissions and reinsurance expense allowance					
5 Total hospital and medical expenses			4	1	163
<b>B. BALANCE SHEET ITEMS</b>					
6 Premiums receivable					
7 Claims payable					
8 Reinsurance recoverable on paid losses			4		
9 Experience rating refunds due or unpaid					
10 Commissions and reinsurance expense allowances due					
11 Unauthorized reinsurance offset					
12 Offset for reinsurance with Certified Reinsurers					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13 Funds deposited by and withheld from (F)					
14 Letters of credit (L)					
15 Trust agreements (T)					
16 Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17 Multiple Beneficiary Trust					
18 Funds deposited by and withheld from (F)					
19 Letters of credit (L)					
20 Trust agreements (T)					
21 Other (O)					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1 Cash and invested assets (Line 12)	5,255,609		5,255,609
2 Accident and health premiums due and unpaid (Line 15)			
3 Amounts recoverable from reinsurers (Line 16.1)			
4 Net credit for ceded reinsurance	XXX		
5 All other admitted assets (Balance)	145,715		145,715
6 Total assets (Line 28)	5,401,324		5,401,324
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1)	30,532		30,532
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)			
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	23,929		23,929
15 Total liabilities (Line 24)	54,461		54,461
16 Total capital and surplus (Line 33)	5,346,863	XXX	5,346,863
17 Total liabilities, capital and surplus (Line 34)	5,401,324		5,401,324
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses		XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables		XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance		XXX	XXX

**SCHEDULE T – PART 2**  
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

**NONE**

**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? (Yes/No)	*
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	
0000		00000	87-1820806	-	0000000000		EQUINOX SOLUTION DESIGN CENTER, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	50.000	HIGHMARK HEALTH	N	
0000		00000	87-1511522	-	0000000000		ENDORSED. LLC	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	83-1871064	-	0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	47-3769205	-	0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	Board of Directors	-	HIGHMARK HEALTH	N	
0000		15279	46-3476730	-	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	81-0919390	-	0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	81-0930502	-	0000000000		HM HOME AND COMMUNITY SERVICES LLC D/B/A HELION	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	00-0000000	-	0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.000	HIGHMARK HEALTH	N	
0000		00000	00-0000000	-	0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.000	HIGHMARK HEALTH	N	
0000		00000	85-1504668	-	0000000000		HMHS IT HOLDINGS LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	86-3364274	-	0000000000		LUMEVITY LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	45-3913973	-	0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1742869	-	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	46-4682160	-	0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	45-3444325	-	0000000000		HMPG INC.	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1260215	-	0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	82-3655381	-	0000000000		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.000	HIGHMARK HEALTH	N	
0000		00000	82-3697883	-	0000000000		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1340370	-	0000000000		GROVE CITY MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	82-5500526	-	0000000000		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.000	HIGHMARK HEALTH	N	

Annual Statement for the Year 2021 of the Gateway Health Plan of Ohio, Inc.

**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? (Yes/No)	*
0000		00000	25-0965598	-	0000000000		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	47-3690355	-	0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.000	HIGHMARK HEALTH	N	
0000		15279	46-3476730	-	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-0965547	-	0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1406710	-	0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-0969492	-	0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	82-5503170	-	0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.000	HIGHMARK HEALTH	N	
0000		00000	20-5855753	-	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1604818	-	0000000000		ALLE-KISKI PARAMEDIC UNIT FOR LIFE SUPPORT EMERGENCY RESPONSE	PA	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1533746	-	0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.000	HIGHMARK HEALTH	N	
0000		00000	23-2939715	-	0000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	27-3459870	-	0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1403745	-	0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	05-0591755	-	0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.100	HIGHMARK HEALTH	N	
0000		00000	25-1578290	-	0000000000		ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	82.660	HIGHMARK HEALTH	N	
0000		00000	23-2919277	-	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.220	HIGHMARK HEALTH	N	
0000		00000	23-3099689	-	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.000	HIGHMARK HEALTH	N	
0000		00000	03-0477182	-	0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.530	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	12325	30-0282076	-	0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTH LLC	Board of Directors	-	HIGHMARK HEALTH	N	

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**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? (Yes/No)	*
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 BCBS HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBS INC.	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1494238	-	0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	Board of Directors	-	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60147	23-2905083	-	0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1691945	-	0000000000		GATEWAY HEALTH LLC	PA	NIA	JEA, INC.	Ownership	1.000	HIGHMARK HEALTH	N	
0000		00000	25-1691945	-	0000000000		GATEWAY HEALTH LLC	PA	NIA	HIGHMARK INC.	Ownership	99.000	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 BCBS 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	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	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	-	0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors	-	HIGHMARK HEALTH	N	

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**SCHEDULE Y**

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	-	0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	Board of Directors	-	HIGHMARK HEALTH	N	1
0000		00000	25-1712017	-	0000000000		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	N	2
0000		00000	25-1524682	-	0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	99.000	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		EVIO PHARMACY SOLUTIONS, LLC	DE	NIA	HIGHMARK INC.	Ownership	20.000	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	100.000	HIGHMARK HEALTH	N	
0000		00000	47-1960604	-	0000000000		BABEL HEALTH LLC	DE	NIA	HIGHMARK VENTURES LLC	Ownership	11.100	HIGHMARK HEALTH	N	
0000		00000	82-4793570	-	0000000000		FREE MARKET HEALTH LLC	DE	NIA	HIGHMARK VENTURES LLC	Ownership	24.500	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	100.000	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	35599	25-1334623	-	0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	93440	06-1041332	-	0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60213	25-1800302	-	0000000000		HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	85-0540909	-	0000000000		HMIG-CLARITY 360 LLC	PA	NIA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	82-5351990	-	0000000000		AST RISK, LLC	DE	NIA	HM INSURANCE GROUP, LLC	Ownership	33.330	HIGHMARK HEALTH	N	
0000		00000	47-4117233	-	0000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	46-5705484	-	0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.000	HIGHMARK HEALTH	N	
0000		00000	45-3761429	-	0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1375204	-	0000000000		KLINGENSMITH, INC	PA	NIA	HMPG INC.	Ownership	65.000	HIGHMARK HEALTH	N	
0000		00000	90-0996509	-	0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.000	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	99.500	HIGHMARK HEALTH	N	
0000		00000	46-2138706	-	0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	N	
0000		00000	45-5235291	-	0000000000		OSIRIS PROPERTIES, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	N	

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**SCHEDULE Y**

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
0000		00000	35-2483160	-	0000000000		PLATINUM ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	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 CONDOMINIUM ASSOCIATION	PA	NIA	WEXFORD MEDICAL MALL LLC	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1524682	-	0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.000	HIGHMARK HEALTH	N	
0000		00000	25-1684735	-	0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	45-3355906	-	0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	30-0477313	-	0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1740456	-	0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	89.738	HIGHMARK HEALTH	N	
0000		00000	72-1529332	-	0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	98-1109020	-	0000000000		PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	35.000	HIGHMARK HEALTH	N	
0000		15279	46-3476730	-	0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	90-0925581	-	0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	46-3274101	-	0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	80-0494617	-	0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	90-0451380	-	0000000000		PRIMARY CARE GROUP 3, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	80-0403100	-	0000000000		PRIMARY CARE GROUP 5, 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	

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**SCHEDULE Y**

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	25-1528055	-	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 ST. VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1578290	-	0000000000			PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.340	HIGHMARK HEALTH	N	
0000		00000	25-1498145	-	0000000000		VANTAGE HEALTH GROUP ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1736527	-	0000000000			PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	80.000	HIGHMARK HEALTH	N	

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**SCHEDULE Y**

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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	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	
0000		00000	25-1838458	-	0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors	-	HIGHMARK HEALTH	N	

Annual Statement for the Year 2021 of the Gateway Health Plan of Ohio, Inc.

**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? (Yes/No)	*
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	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Board of Directors	-	HIGHMARK HEALTH	N	
0000		00000	25-1737079	-	0000000000		CANONSBURG GENERAL HOSPITAL	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	100.000	HIGHMARK HEALTH	N	
0000		00000	25-1880238	-	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	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	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	
0000		00000	23-2919277	-	0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.500	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? (Yes/No)	*
.0000		.00000	23-7029185	-	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC.	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors	-	HIGHMARK HEALTH	N	
.0000		.00000	22-2270533	-	0000000000		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of 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.														

**SCHEDULE Y**

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54771	23-1294723	HIGHMARK INC	147,490,000	(6,448,881)			476,311,853	82,413,659		(355,574,822)	344,191,809	
	45-3674900	HIGHMARK HEALTH	31,010,000				419,826,470			32,860,502	483,696,972	
	46-3823617	HM HEALTH SOLUTIONS INC					189,229,058				189,229,058	
12325	30-0282076	GATEWAY HEALTH PLAN OF OHIO, INC.		(5,000,000)			(48,280)				(5,048,280)	
96938	25-1505506	GATEWAY HEALTH PLAN, INC.	(125,000,000)				(382,843,199)	(49,188)			(507,892,387)	
	25-1691945	GATEWAY HEALTH, LLC	62,500,000	5,000,000			288,483,735				355,983,735	
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.					(19,642,674)	(17,497,207)			(37,139,881)	
53287	51-0020405	HIGHMARK BCBSD INC.					(78,552,519)			(14,852,217)	(93,404,736)	
	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS INC					(159,274,978)	(29,573,342)		14,852,217	(173,996,103)	
15508	46-4763378	HIGHMARK BENEFITS GROUP INC					(26,202,997)	8,458,419			(17,744,578)	
		HIGHMARK COVERAGE										
15507	46-4757476	ADVANTAGE INC					(12,531,136)	1,003,479			(11,527,657)	
10131	20-2353206	HIGHMARK SELECT RESOURCES INC.					(173,333)	(14,621)			(187,954)	
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY					(231,550,758)	20,628,848			(210,921,910)	
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.					(74,358,352)	442,529		(1,164,418)	(75,080,241)	
71768	54-1637426	HM HEALTH INSURANCE COMPANY					(33,173,742)	(3,995,992)			(37,169,734)	
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA, INC.					(7,317,321)	(2,322,392)			(9,639,713)	
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.					(1,065)	(116,216)			(117,281)	
54763	23-0724427	INTER-COUNTY HOSPITALIZATION PLAN, INC.					1,065				1,065	
95048	25-1522457	HIGHMARK CHOICE COMPANY					(119,746,598)	(59,454,819)			(179,201,417)	
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC.	(38,000,000)	(750,000)			35,478,459				(3,271,541)	
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY					(8,566,044)	940,367			(7,625,677)	
15020	45-2763165	WEST VIRGINIA FAMILY HEALTH PLAN, INC.					377,494				377,494	
11435	75-3002215	HCI, INC					(1,359,613)				(1,359,613)	
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY					(5,010,965)	16,002,202		(6,797,415)	4,193,822	
93440	06-1041332	HM LIFE INSURANCE COMPANY	(30,000,000)				(74,732,444)	(16,865,726)		7,961,832	(113,636,338)	

**SCHEDULE Y**

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NEW YORK					(2,801,266)				(2,801,266)	
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	(2,000,000)				1,615,700				(384,300)	
47089	23-2541529	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.					(1,312,186)				(1,312,186)	
95160	74-2489037	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.					(146,707)				(146,707)	
96150	38-2289438	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.					(206,767)				(206,767)	
95253	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.					(724,709)				(724,709)	
60222	11-3008245	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK		750,000			134,488				884,488	
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY	(46,000,000)				(104,696,513)				(150,696,513)	
	25-1645888	HIGHMARK VENTURES LLC					(1,730,374)				(1,730,374)	
	25-1712017	JEA, INC		6,448,881			(3,495)				6,445,386	
	25-1524682	JENKINS-EMPIRE ASSOCIATES					(31,895,530)				(31,895,530)	
	20-5457337	HM CENTERED HEALTH					(17,983)				(17,983)	
	81-0930502	HM HOME AND COMMUNITY SERVICES LLC					14,274,079			3,941,815	18,215,894	
	25-1494238	CARING FOUNDATION								5,000,000	5,000,000	
	25-1742869	PREMIER MEDICAL ASSOCIATES, PC								7,318,871	7,318,871	
55204	16-1105741	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.					(46,766,966)				(46,766,966)	
	11-3667763	BROKERAGE CONCEPTS, LLC					(343,887)				(343,887)	
	45-3674924	ALLEGHENY HEALTH NETWORK								296,453,635	296,453,635	
	25-1876666	HIGHMARK FOUNDATION								10,000,000	10,000,000	
9999999	Control Totals		-	-	-	-	-	-	XXX	-	-	-

**SCHEDULE Y**

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
HIGHMARK SELECT RESOURCES INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HCI, INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
GATEWAY HEALTH PLAN OF OHIO, INC.	GATEWAY HEALTH LLC	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
WEST VIRGINIA FAMILY HEALTH PLAN, INC.	HIGHMARK WEST VIRGINIA INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
PALLADIUM RISK RETENTION GROUP, INC.	HMPG INC.	47.520 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
PALLADIUM RISK RETENTION GROUP, INC.	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	39.600 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK SENIOR SOLUTIONS COMPANY	HIGHMARK WEST VIRGINIA INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK SENIOR HEALTH COMPANY	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK COVERAGE ADVANTAGE INC	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK BENEFITS GROUP INC	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK CASUALTY INSURANCE COMPANY	HM INSURANCE GROUP, LLC	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	UNITED CONCORDIA COMPANIES, INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
INTER-COUNTY HEALTH PLAN, INC.	HIGHMARK INC.	50.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
INTER-COUNTY HEALTH PLAN, INC.	INDEPENDENCE HOSPITAL INDEMNITY PLAN, INC.	50.000 %	NO	INDEPENDENCE HEALTH GROUP, INC.	0936	100.000 %	NO
HIGHMARK BCBSD INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
INTER-COUNTY HOSPITALIZATION PLAN, INC.	HIGHMARK INC.	50.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
INTER-COUNTY HOSPITALIZATION PLAN, INC.	INDEPENDENCE HOSPITAL INDEMNITY PLAN, INC.	50.000 %	NO	INDEPENDENCE HEALTH GROUP, INC.	0936	100.000 %	NO
HIGHMARK INC	HIGHMARK HEALTH	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK WEST VIRGINIA INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HM LIFE INSURANCE COMPANY OF NEW YORK	HM INSURANCE GROUP, LLC	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	UNITED CONCORDIA COMPANIES, INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HM HEALTH INSURANCE COMPANY	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
UNITED CONCORDIA INSURANCE COMPANY	UNITED CONCORDIA COMPANIES, INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
UNITED CONCORDIA COMPANIES, INC.	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HM LIFE INSURANCE COMPANY	HM INSURANCE GROUP, LLC	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO
HIGHMARK CHOICE COMPANY	HIGHMARK INC.	100.000 %	NO	HIGHMARK HEALTH	0812	100.000 %	NO

**SCHEDULE Y**

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.....	UNITED CONCORDIA COMPANIES, INC.....	100.000 %	NO	HIGHMARK HEALTH.....	0812.....	100.000 %	NO
UNITED CONCORDIA DENTAL PLANS, INC.....	UNITED CONCORDIA COMPANIES, INC.....	100.000 %	NO	HIGHMARK HEALTH.....	0812.....	100.000 %	NO
UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.....	UNITED CONCORDIA COMPANIES, INC.....	100.000 %	NO	HIGHMARK HEALTH.....	0812.....	100.000 %	NO
HMO OF NORTHEASTERN PENNSYLVANIA, INC.....	HIGHMARK INC.....	100.000 %	NO	HIGHMARK HEALTH.....	0812.....	100.000 %	NO
GATEWAY HEALTH PLAN, INC.....	GATEWAY HEALTH LLC.....	100.000 %	NO	HIGHMARK HEALTH.....	0812.....	100.000 %	NO

**SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes
2. Will an actuarial opinion be filed by March 1?.....	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	Yes
<b>April Filing</b>	
5. Will Management's Discussion and Analysis be filed by April 1?.....	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	Yes
<b>June Filing</b>	
8. Will an audited financial report be filed by June 1?.....	Waived
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Waived

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>March Filing</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No
<b>April Filing</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	NO
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES
<b>August Filing</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	No

**SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES**

Explanation

Barcode

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