



QUARTERLY STATEMENT
AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
GATEWAY HEALTH PLAN OF OHIO, INC.

NAIC Group Code.....0812.....0812..... NAIC Company Code.....12325..... Employer's 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 Number)
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 Number)
Internet Website Address.....www.gatewayhealthplan.com.....
Statutory Statement Contact.....Christopher Michael Cogan..... 412-255-4693.....
(Telephone Number)
CCogan@highmarkwholesale.com..... 412-255-4693.....
(E-Mail Address) (Fax Number)

OFFICERS

.....Ellen M. Duffield, 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.....
.....Saurabh Tripathi.....

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.

x Ellen M. Duffield x Ja'Ron Bridges x Frances Ann Woodward
President Treasurer Secretary

Subscribed and sworn to before me
this 10th day of
August, 2022

x Sara A. Aiuppy

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

Commonwealth of Pennsylvania - Notary Seal
Sara A. Aiuppy, Notary Public
Allegheny County
My commission expires January 18, 2023
Commission number 1343985
Member, Pennsylvania Association of Notaries



QUARTERLY STATEMENT
AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
GATEWAY HEALTH PLAN OF OHIO, INC.

| | | | | | | |
|---------------------------------------|---|------|-------------------|-------|----------------------|------------------------------------|
| NAIC Group Code | 0812 | 0812 | NAIC Company Code | 12325 | Employer's ID Number | 30-0282076 |
| | (Current) (Prior) | | | | | |
| Organized under the Laws of | OH | | | | | State of Domicile or Port of Entry |
| Country of Domicile | US | | | | | OH |
| Licensed as business type: | Other | | | | | Is HMO Federally Qualified? |
| Incorporated/Organized | 11/05/2004 | | | | | NO |
| Statutory Home Office | Four Gateway Center, 444 Liberty Avenue, Ste 2100 | | | | | Commenced Business |
| | | | | | | 09/01/2005 |
| Main Administrative Office | Four Gateway Center, 444 Liberty Avenue, Ste 2100 | | | | | |
| | Pittsburgh, PA, US 15222-1222 | | | | | |
| | | | | | | 412-255-4640 |
| | | | | | | (Telephone Number) |
| 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 Number) |
| Internet Website Address | www.gatewayhealthplan.com | | | | | |
| Statutory Statement Contact | Christopher Michael Cogan | | | | | 412-255-4693 |
| | | | | | | (Telephone Number) |
| | CCogan@highmarkwholecare.com | | | | | 412-255-4693 |
| | (E-Mail Address) | | | | | (Fax Number) |

OFFICERS

| | |
|------------------------------|--|
| Ellen M. Duffield, 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 |
| Saurabh Tripathi | |

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.

| | | |
|--------------------------------|-----------------------------|-----------------------------------|
| x _____ | x _____ | x _____ |
| Ellen M. Duffield President | Ja'Ron Bridges Treasurer | Frances Ann Woodward Secretary |

Subscribed and sworn to before me
this 11th 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: _____

x Diane J. Palmer

Commonwealth of Pennsylvania - Notary Seal
Diane J. Palmer, Notary Public
Allegheny County
My commission expires February 23, 2025
Commission number 1124892
Member, Pennsylvania Association of Notaries