



**QUARTERLY STATEMENT**  
 AS OF SEPTEMBER 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..... 412-255-4693.....  
 (Telephone Number)

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 Pennsylvania  
 County of Allegheny

SS

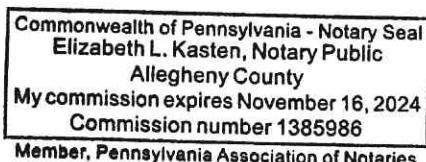
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

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

Subscribed and sworn to before me  
 this 14th day of  
November 2022

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

x Elizabeth Kasten





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**OFFICERS**

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 Ja'Ron Bridges, Treasurer ..... Christopher Michael Cogan, Assistant Treasurer .....  
 (Signature) (Signature)

**DIRECTORS OR TRUSTEES**

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

State of ..... Pennsylvania .....  
 County of ..... Allegheny .....  
 (Signature)

SS

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

Subscribed and sworn to before me

this 10<sup>th</sup> day of

November 2022

Donna J. Clark

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

