



QUARTERLY STATEMENT
AS OF MARCH 31, 2023
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..... 412-544-5458.....
(Telephone Number)

.....chris.cogan@highmarkhealth.org..... 412-544-5458.....
(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..... Ellen M. Duffield#.....
.....Tony George Farah M.D..... Kevin L. Jenkins#.....
.....Alexis A. Miller#.....

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 _____ 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 _____

ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds.....	1,141,818		1,141,818	1,144,442
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 (\$ (70,132)), cash equivalents (\$ 1,257,038) and short-term investments (\$).....	1,186,906		1,186,906	1,164,313
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).....	2,328,723		2,328,723	2,308,755
13.	Title plants less \$ charged off (for Title insurers only).....				
14.	Investment income due and accrued.....	18,494		18,494	26,225
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.....				
	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 (\$).....				
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.....				
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.....	110		110	
24.	Health care (\$) and other amounts receivable.....				
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).....	2,359,228	3,055	2,356,173	2,343,826
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28.	Total (Lines 26 and 27).....	2,359,228	3,055	2,356,173	2,343,826
Details of Write-Ins					
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	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)				14,476
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
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	1,095		1,095	1,338
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				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	7,428		7,428	11,866
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				
23. Aggregate write-ins for other liabilities (including \$ current)	18,501		18,501	18,477
24. Total liabilities (Lines 1 to 23)	27,023		27,023	46,157
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	28,236,235	28,236,235
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(25,907,085)	(25,938,566)
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	2,329,149	2,297,669
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,356,173	2,343,826
Details of Write-Ins				
2301. Escheat Liability Medicare	18,501		18,501	18,477
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)	18,501		18,501	18,477
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
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX			
2. Net premium income (including \$ non-health premium income).....	XXX			
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			
Hospital and Medical:				
9. Hospital/medical benefits.....		(20,562)	(52,746)	(207,697)
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....			24,441	13,401
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		(20,562)	(28,305)	(194,296)
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....		(20,562)	(28,305)	(194,296)
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$ cost containment expenses.....			1	462
21. General administrative expenses.....		9,729	8,320	32,701
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).....		(10,834)	(19,984)	(161,133)
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	10,834	19,984	161,133
25. Net investment income earned.....		19,425	6,130	84,957
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26).....		19,425	6,130	84,957
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
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	30,259	26,115	246,090
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	30,259	26,115	246,090
Details of Write-Ins				
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.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
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	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year.....	2,297,669	5,346,863	5,346,863
34.	Net income or (loss) from Line 32.....	30,259	26,115	246,090
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.....			
39.	Change in nonadmitted assets.....	1,220	4,715	4,715
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.....			(3,300,000)
	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).....	31,479	30,830	(3,049,194)
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	2,329,149	5,377,693	2,297,669
Details of Write-Ins				
4701.....				
4702.....				
4703.....				
4798. Summary of remaining write-ins for Line 47 from overflow page.....				
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....				

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	1,220		
2. Net investment income.....	29,539	7,544	77,400
3. Miscellaneous income.....			
4. Total (Lines 1 to 3).....	30,760	7,544	77,400
5. Benefit and loss related payments.....	(6,086)	(22,211)	(183,105)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	9,729	8,321	34,810
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).....	3,642	(13,890)	(148,295)
11. Net cash from operations (Line 4 minus Line 10).....	27,117	21,435	225,695
Cash from Investments			
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).....			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			(3,300,000)
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).....	(4,525)	123,473	137,802
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(4,525)	123,473	(3,162,198)
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	22,592	144,907	(2,936,504)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,164,313	4,100,817	4,100,817
19.2 End of period (Line 18 plus Line 19.1).....	1,186,906	4,245,724	1,164,313
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
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 Period:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written (a).....														
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	(6,086)							(6,086)						
18. Amount Incurred for Provision of Health Care Services.....	(20,562)							(20,562)						

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0899999 – Accrued medical incentive pool and bonus amounts						

NONE

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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Dental only						
5. Vision only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare	(6,086)				(6,086)	14,476
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	(6,086)				(6,086)	14,476
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)	(6,086)				(6,086)	14,476

(a) Excludes \$ loans or advances to providers not yet expensed.

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 #	03/31/2023	12/31/2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 30,259	\$ 246,090
(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	\$ 30,259	\$ 246,090
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,329,149	\$ 2,297,669
(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	\$ 2,329,149	\$ 2,297,669

B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

C. Accounting Policy

- (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

D. Going Concern

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 - 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

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. Transfer 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:

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- 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					
Cash Equivalents	\$ 1,257,038			\$	\$ 1,257,038
Total assets at fair value/NAV	<u>\$ 1,257,038</u>	<u></u>	<u></u>	<u>\$</u>	<u>\$ 1,257,038</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, 2023 that were material to the statutory financial statements.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

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	\$ 1,129,270	\$ 1,141,818	\$ 1,129,270	\$	\$	\$	\$
Cash Equivalents	1,257,038	1,257,038	1,257,038				

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 - None
- 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

Notes to the Financial Statements

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, 2022 were \$14,476. As of March 31, 2023, \$(6,086) has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid and claim adjustment expenses. Therefore there has been a \$20,562 favorable prior-year development since December 31, 2022 and March 31, 2023. 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 - No Significant Changes

B. Risk-Sharing Receivables - No Significant Changes

29. Participating Policies - No Significant Changes

30. Premium Deficiency Reserves - No Significant Changes

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?.....
- 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?.....NO.....
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 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.....
- 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.....12/31/2021...
- 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 / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying 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		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 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 *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
BNY Mellon N.A.	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
Ja'Ron Bridges (Gateway/Treasurer)	A
Christopher Cogen (Gateway/Assistant Treasurer)	A
John Orner (Highmark Chief Investment Officer)	A
Kevin Marpoe (Highmark Dir Investments & Treas)	A
Income Research & Management (IR&M)	U

- 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
	Ja'Ron Bridges (Gateway/Treasurer)			NO
	Christopher Cogen (Gateway/Assistant Treasurer)			NO
	John Orner (Highmark Chief Investment Officer)			NO
	Kevin Marpoe (Highmark Dir 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:

a. 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.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. 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:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. 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.

d. 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:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. 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.

d. The fund only or predominantly holds bonds in its portfolio.

e. 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.

f. 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.....%

1.2 A&H cost containment percent.....%

1.3 A&H expense percent excluding cost containment expenses.....%
- 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	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

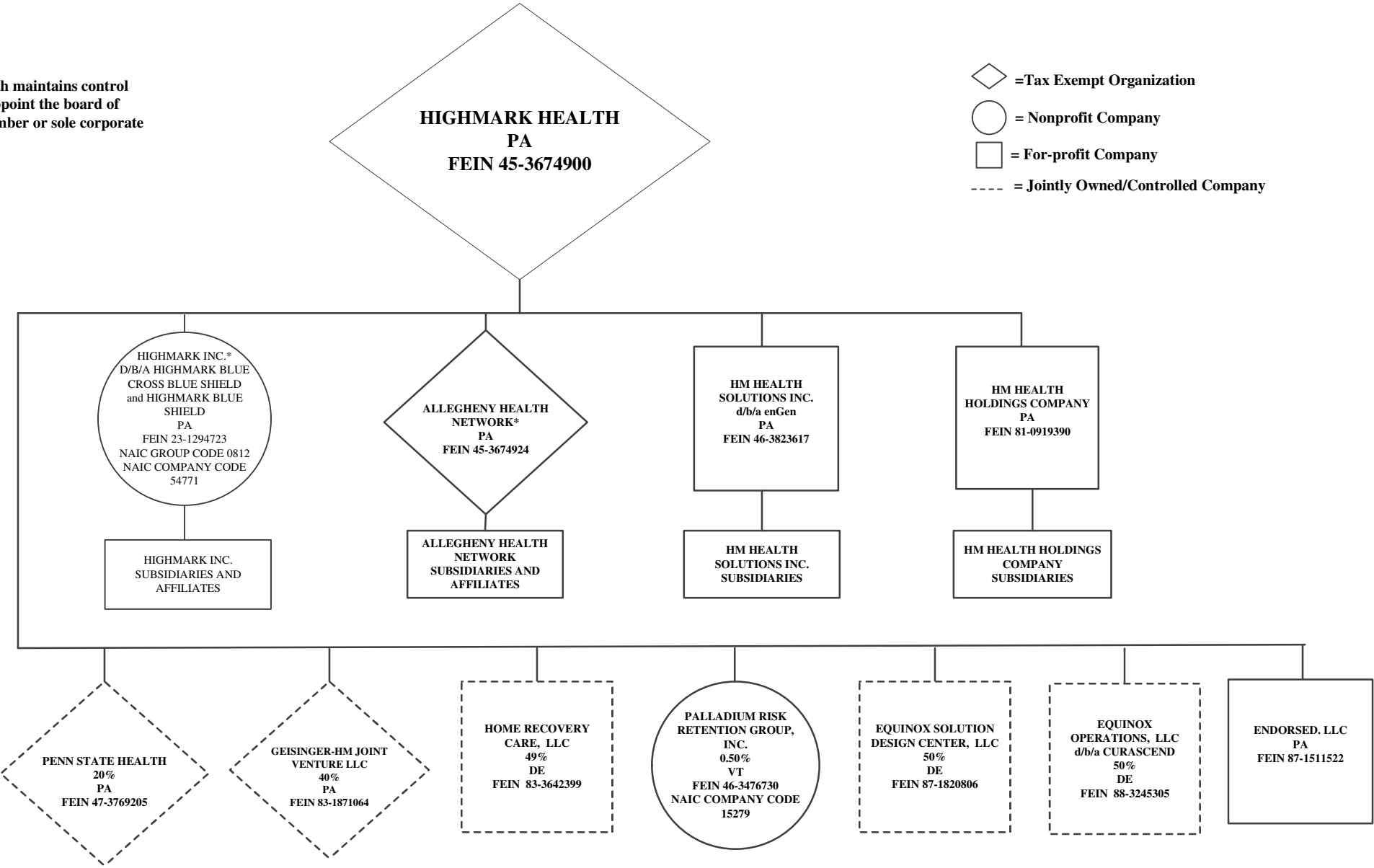
			Direct Business Only									
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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									
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									
35.	North Dakota	ND	N									
36.	Ohio	OH	L									
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									
60.	Reporting entity contributions for employee benefits plans		XXX									
61.	Total (Direct Business)		XXX									
Details of Write-Ins												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX									

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG 3
2. R – Registered – Non-domiciled RRGs 54
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
4. Q – Qualified - Qualified or accredited reinsurer
5. N – None of the above - Not allowed to write business in the state

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION 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.

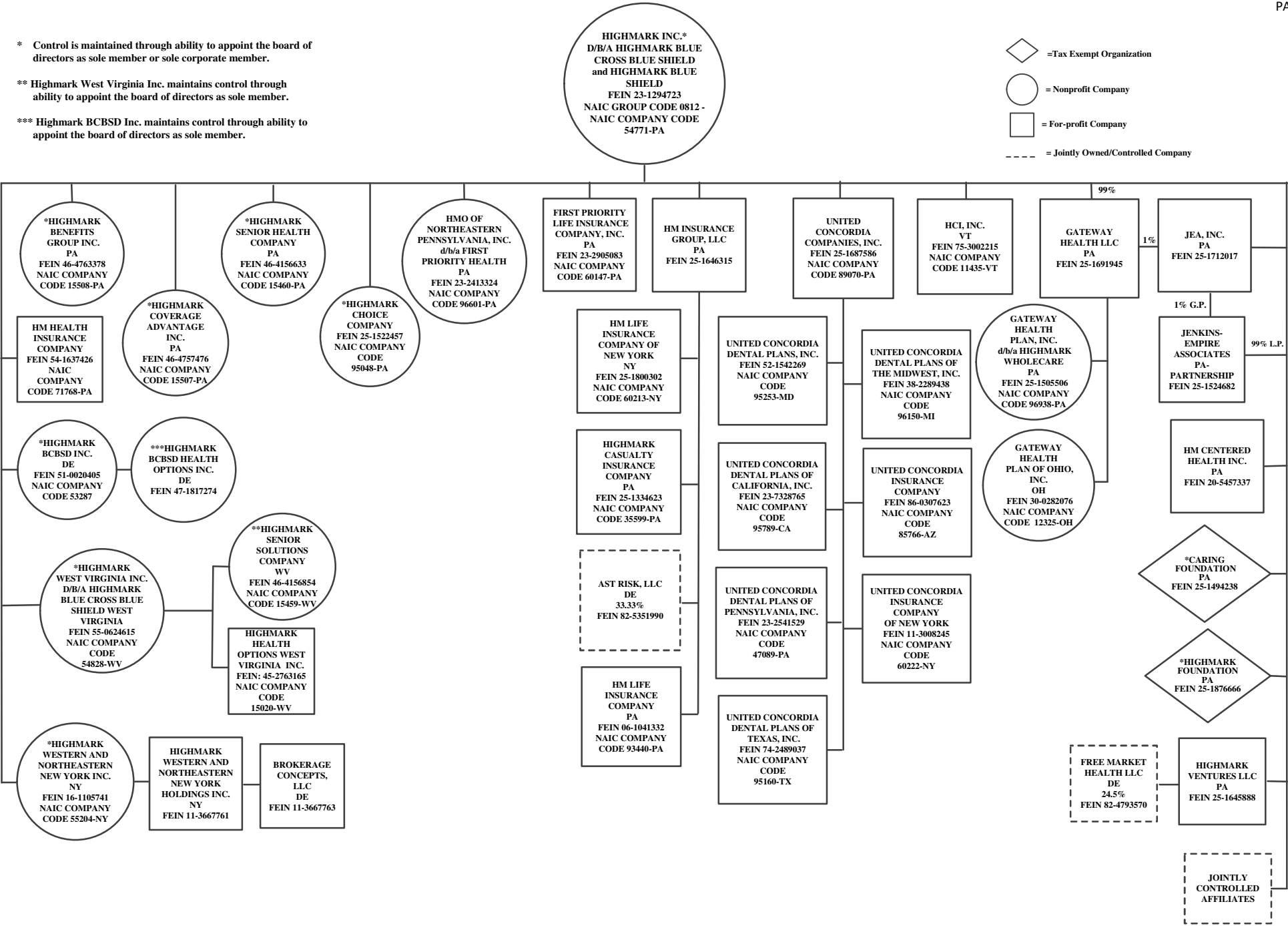
*** Highmark BCBSD Inc. maintains control through ability to appoint the board of directors as sole member.

◊ = Tax Exempt Organization

○ = Nonprofit Company

□ = For-profit Company

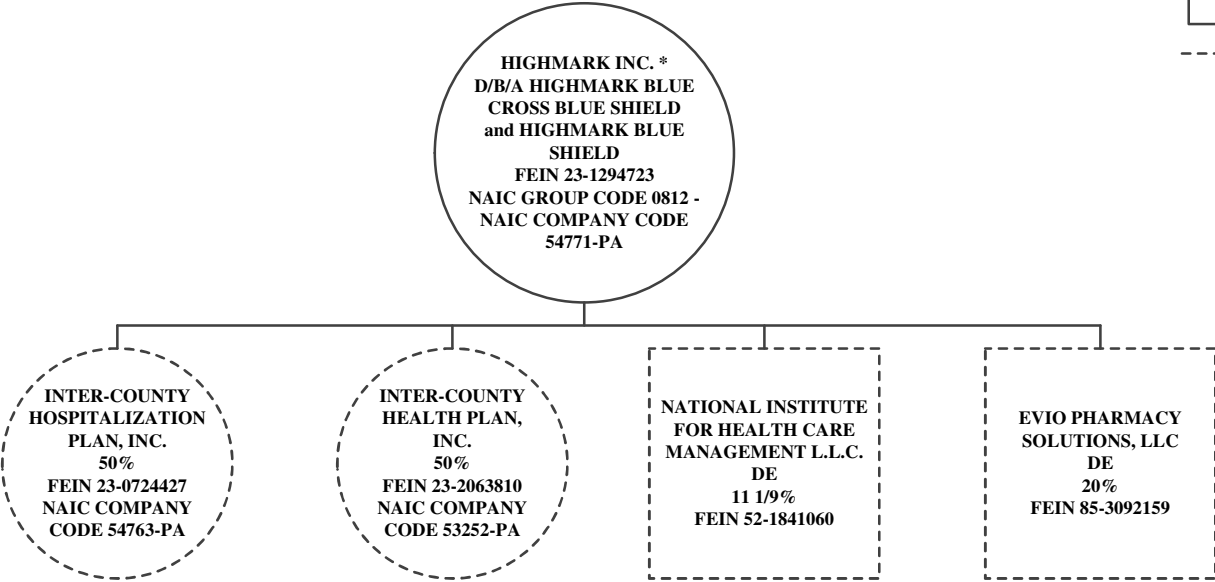
--- = Jointly Owned/Controlled Company



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

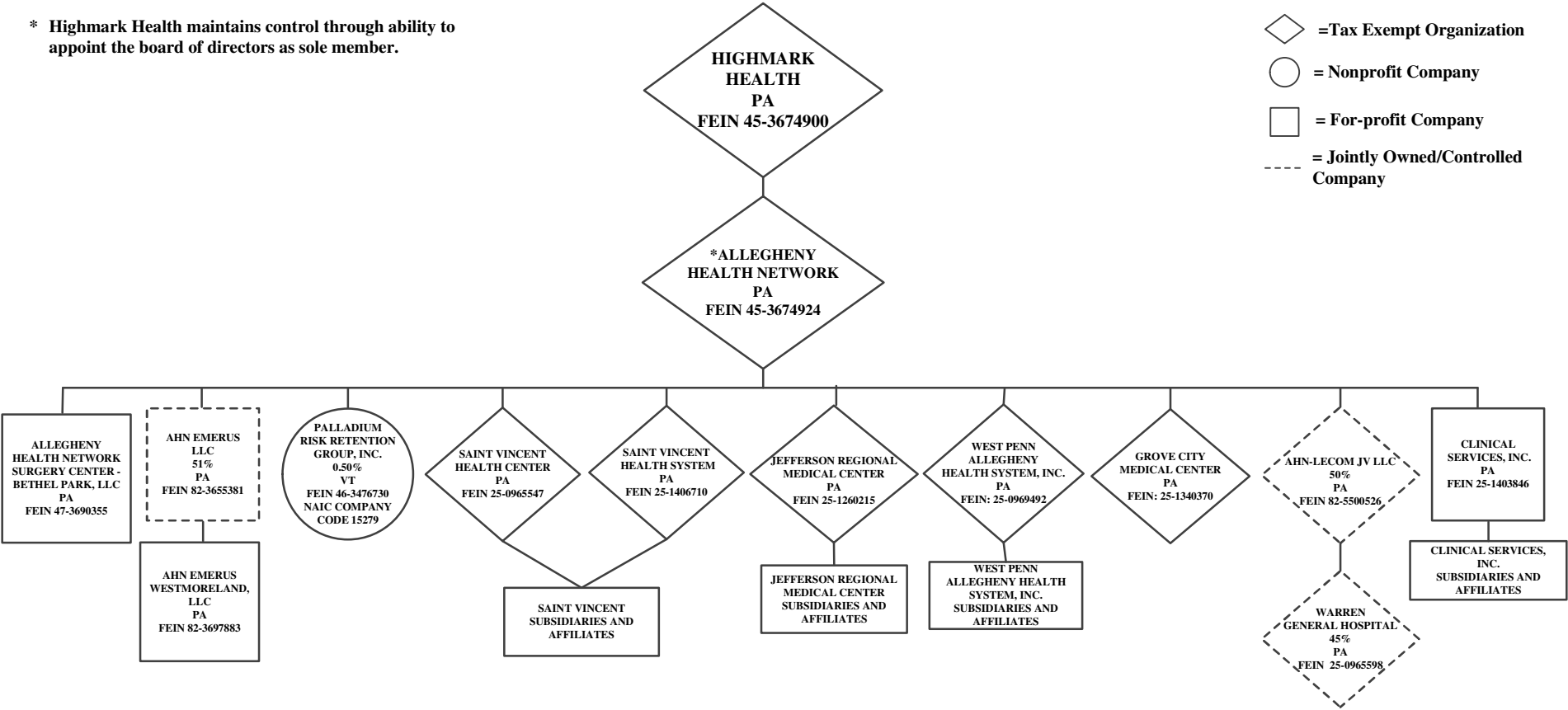
* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

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



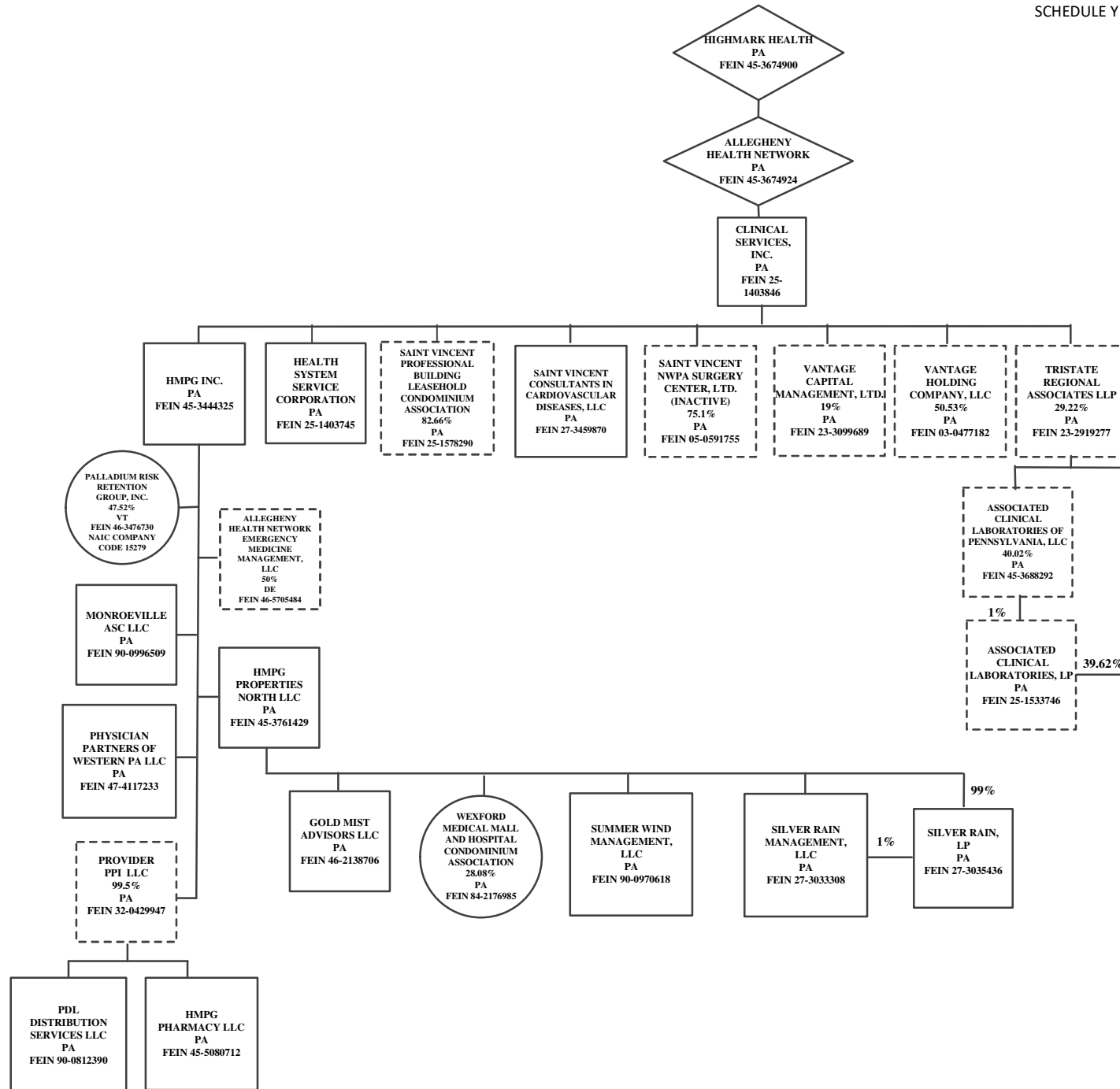
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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



15.4

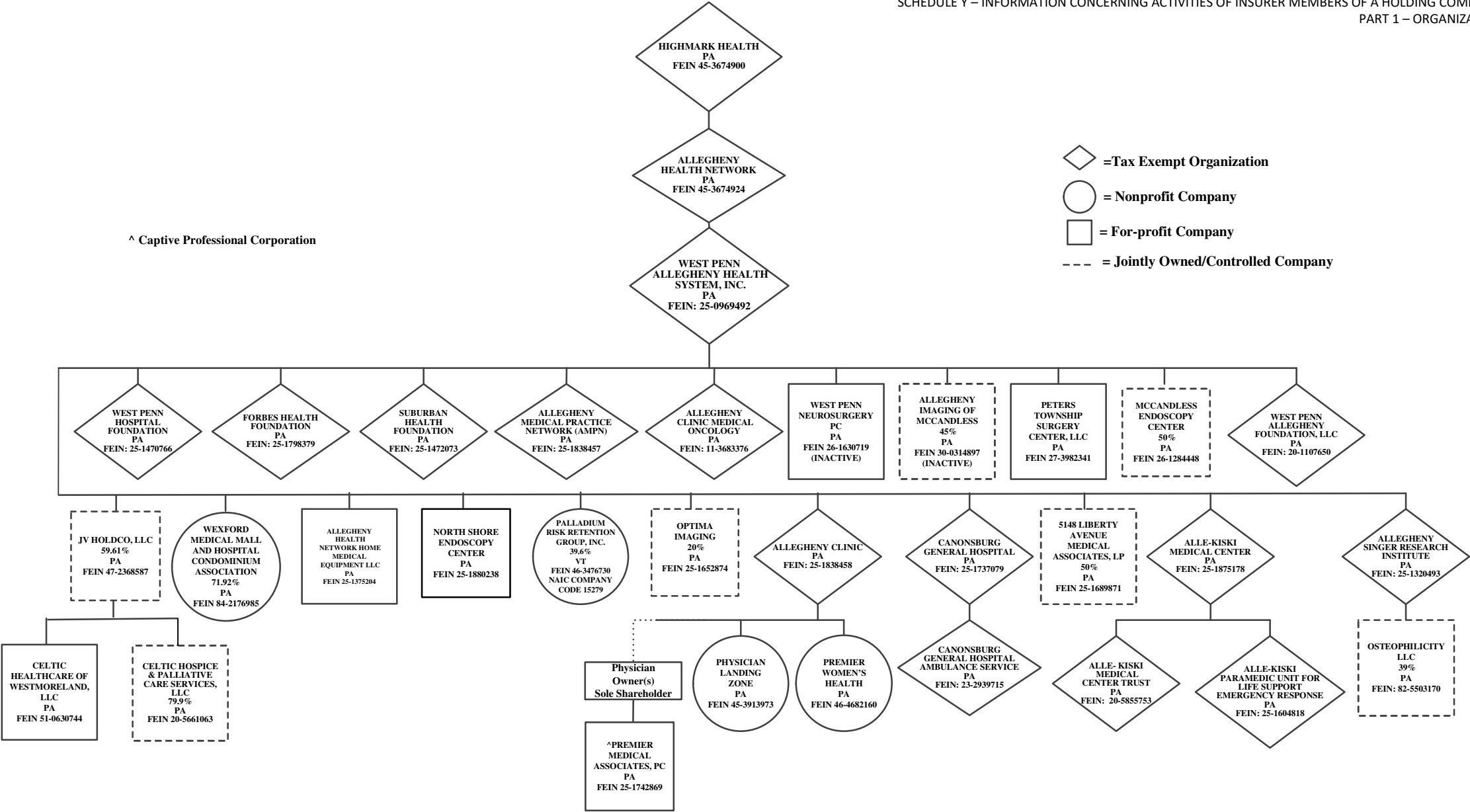
 = Tax Exempt Organization
 = Nonprofit Company
 = For-profit Company
 ----- = Jointly Owned/Controlled Company



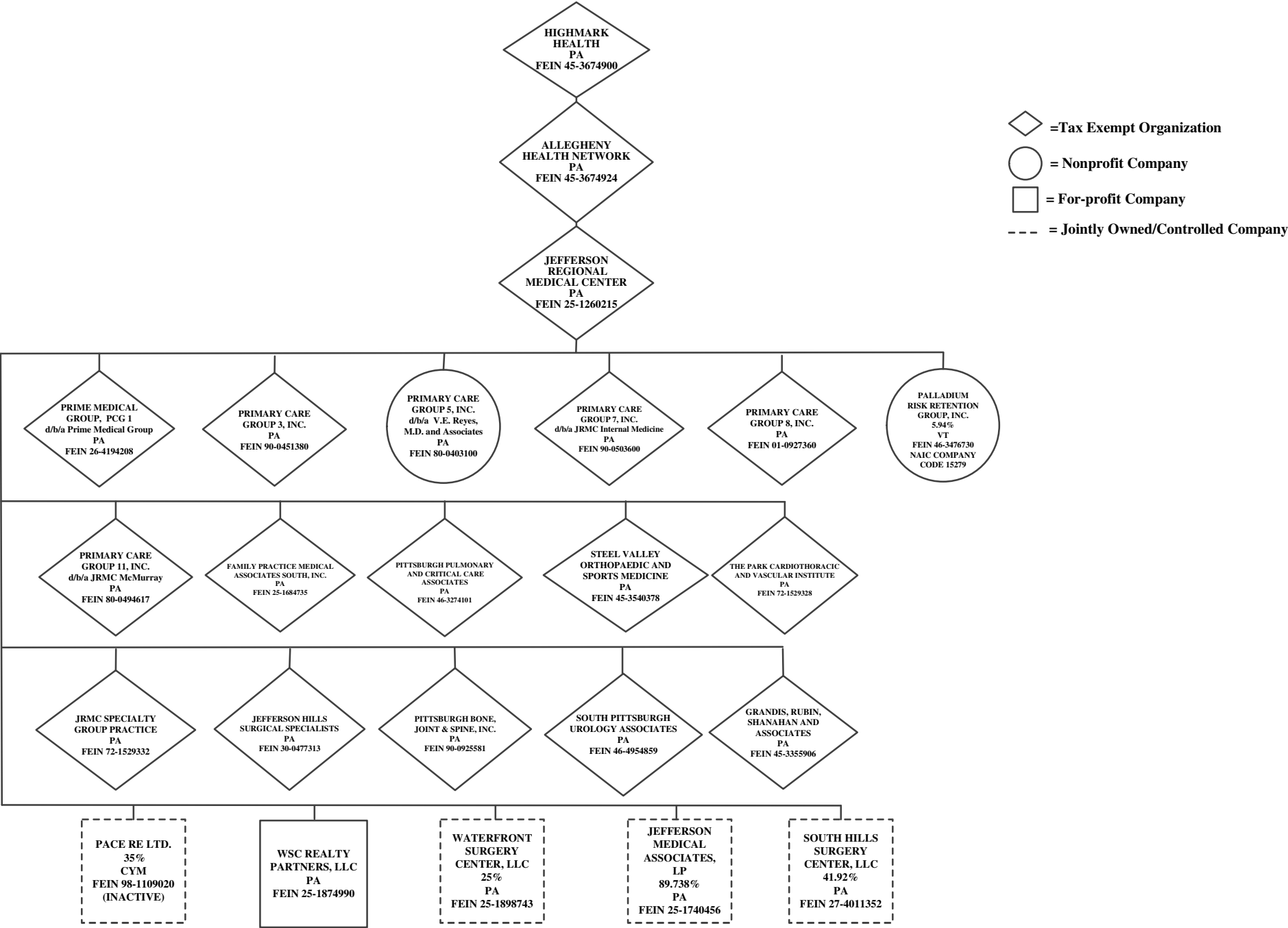
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

^ Captive Professional Corporation

-  =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 – ORGANIZATION CHART



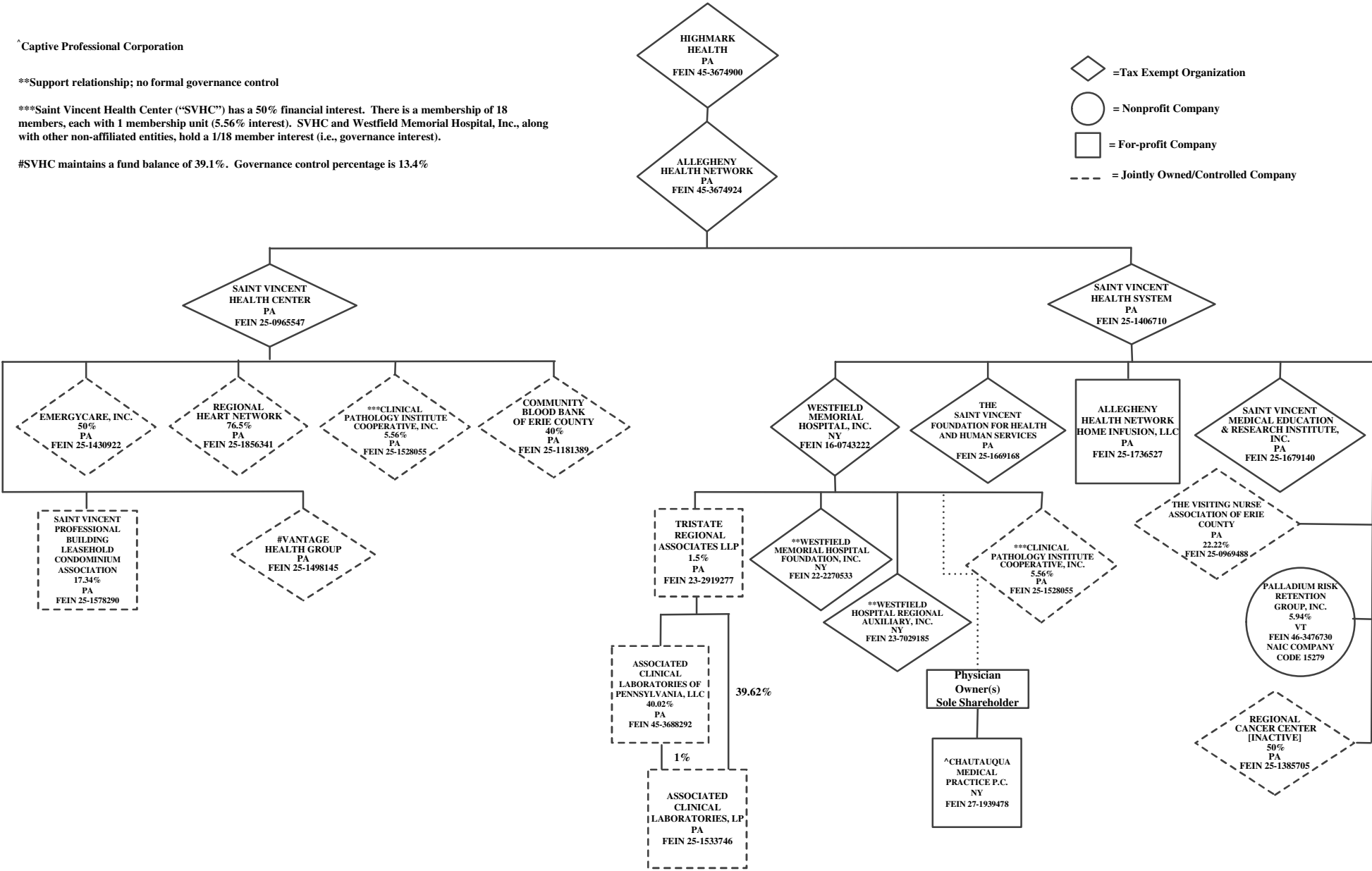
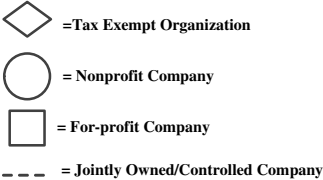
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

^Captive Professional Corporation

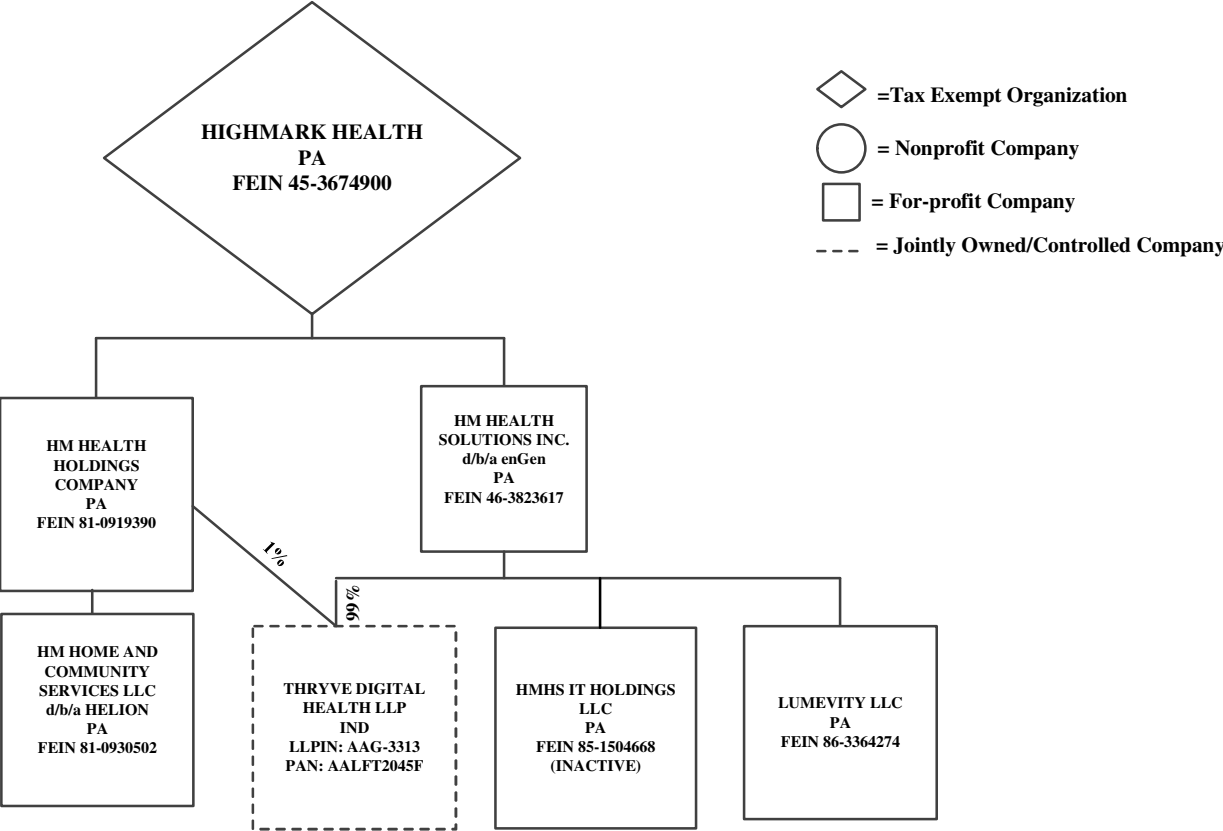
**Support relationship; no formal governance control

***Saint Vincent Health Center (“SVHC”) has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and Westfield Memorial Hospital, Inc., 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%

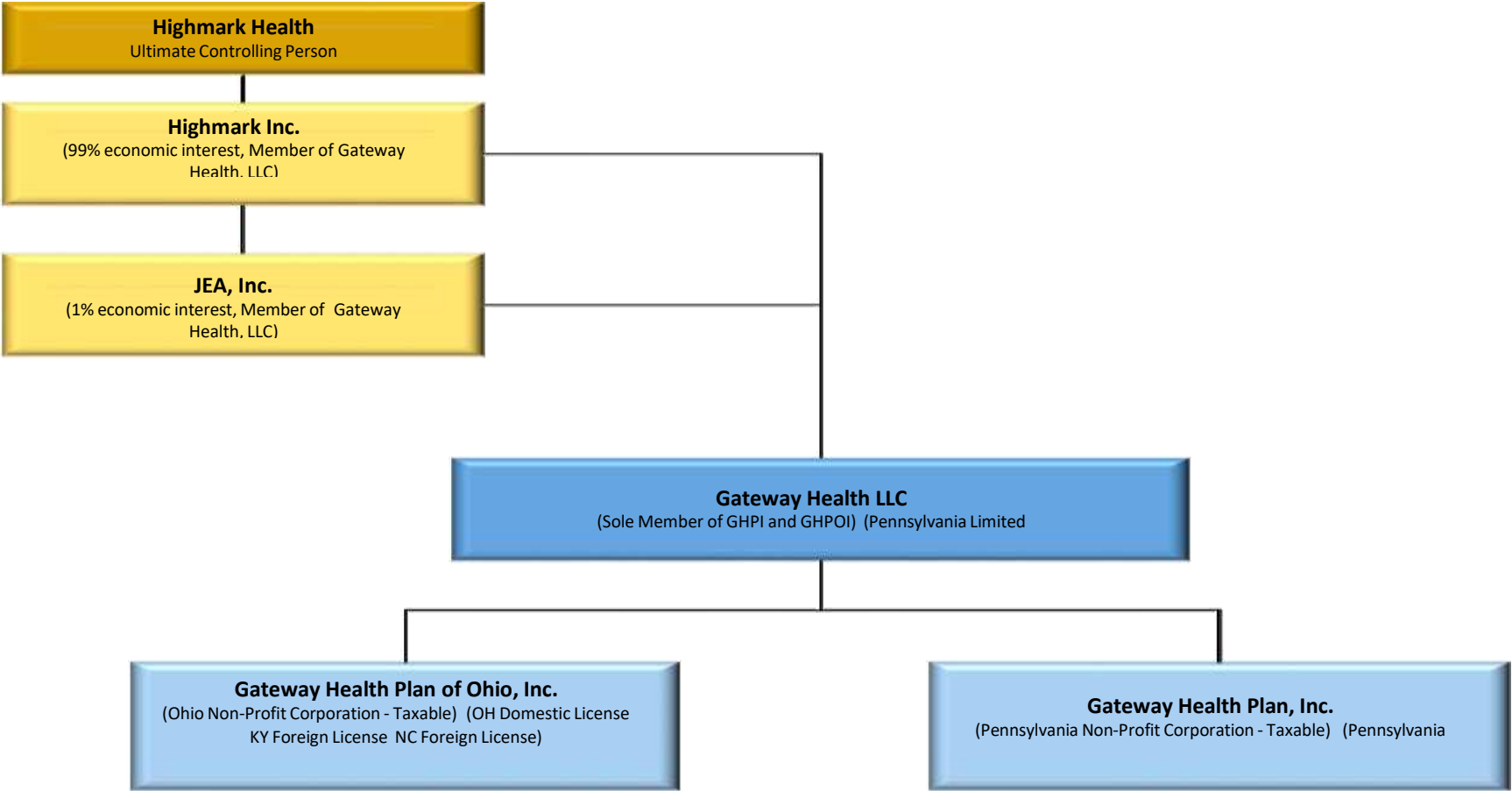


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



Gateway Health, LLC

Parent & Subsidiary Organization Chart



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	HIGHMARK INC	00000	45-3674900		0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	1
0000		00000	45-3674924		0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0812		54771	23-1294723		0000000000		HIGHMARK INC	PA	UIP	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0000		00000	46-3823617		0000000000		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	83-3642399		0000000000		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	OWNERSHIP	49.000	HIGHMARK HEALTH	No	
0000		00000	87-1820806		0000000000		EQUINOX SOLUTION DESIGN CENTER, LLC	DE	NIA	HIGHMARK HEALTH	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	88-3245305		0000000000		EQUINOX OPERATIONS, LLC	DE	NIA	HIGHMARK HEALTH	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	87-1511522		0000000000		ENDORSED. LLC	PA	NIA	HIGHMARK HEALTH	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	83-1871064		0000000000		GEISINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0000		00000	47-3769205		0000000000		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0000		00000	81-0919390		0000000000		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	81-0930502		0000000000		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	00-0000000		0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	OWNERSHIP	1.000	HIGHMARK HEALTH	No	
0000		00000	00-0000000		0000000000		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH SOLUTIONS INC.	OWNERSHIP	99.000	HIGHMARK HEALTH	No	
0000		00000	85-1504668		0000000000		HMHS IT HOLDINGS LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	86-3364274		0000000000		LUMEVITY LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	45-3913973		0000000000		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1742869		0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	46-4682160		0000000000		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	BOARD		HIGHMARK HEALTH	No	
0000		00000	45-3444325		0000000000		HMPG INC.	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1260215		0000000000		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	
0000		00000	82-3655381		0000000000		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	OWNERSHIP	51.000	HIGHMARK HEALTH	No	
0000		00000	82-3697883		0000000000		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1340370		0000000000		GROVE CITY MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	
0000		00000	82-5500526		0000000000		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	25-0965598		0000000000		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	BOARD		HIGHMARK HEALTH	No	
0000		00000	47-3690355		0000000000		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	

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	25-0965547		0000000000		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1406710		0000000000		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-0969492		0000000000		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD		HIGHMARK HEALTH	No	
0000		00000	82-5503170		0000000000		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	OWNERSHIP	39.000	HIGHMARK HEALTH	No	
0000		00000	20-5855753		0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1604818		0000000000		ALLE-KISKI PARAMEDIC UNIT FOR LIFE SUPPORT EMERGENCY RESPONSE	PA	NIA	ALLE-KISKI MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1533746		0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	OWNERSHIP	1.000	HIGHMARK HEALTH	No	
0000		00000	23-2939715		0000000000		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	BOARD		HIGHMARK HEALTH	No	
0000		00000	27-3459870		0000000000		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1403745		0000000000		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	05-0591755		0000000000		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	75.100	HIGHMARK HEALTH	No	
0000		00000	25-1578290		0000000000		SAINT VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	82.660	HIGHMARK HEALTH	No	
0000		00000	23-2919277		0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	29.220	HIGHMARK HEALTH	No	
0000		00000	23-3099689		0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	19.000	HIGHMARK HEALTH	No	
0000		00000	03-0477182		0000000000		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	OWNERSHIP	50.530	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	12325	30-0282076		0000000000		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTH LLC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	96938	25-1505506		0000000000		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTH LLC	BOARD		HIGHMARK HEALTH	No	
0000		00000	47-1817274		0000000000		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1494238		0000000000		CARING FOUNDATION	PA	NIA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	60147	23-2905083		0000000000		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1691945		0000000000		GATEWAY HEALTH LLC	PA	UDP	JEa, INC.	OWNERSHIP	1.000	HIGHMARK HEALTH	No	
0000		00000	25-1691945		0000000000		GATEWAY HEALTH LLC	PA	UDP	HIGHMARK INC.	OWNERSHIP	99.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	11435	75-3002215		0000000000		HCI, INC.	VT	IA	HIGHMARK INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	Yes	

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	53287	51-0020405		0000000000		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	15508	46-4763378		0000000000		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	15507	46-4757476		0000000000		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1876666		0000000000		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	15460	46-4156633		0000000000		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1645888		0000000000		HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	54828	55-0624615		0000000000		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	20-5457337		0000000000		HM CENTERED HEALTH, INC.	PA	NIA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	71768	54-1637426		0000000000		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1646315		0000000000		HM INSURANCE GROUP, LLC	PA	NIA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	96601	23-2413324		0000000000		HMO OF NORTHEASTERN PENNSYLVANIA, INC	PA	IA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	55204	16-1105741		0000000000		HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	NY	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
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	No	
0000		00000	11-3667763		0000000000		HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC.	DE	NIA	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0936	INDEPENDENCE HEALTH GROUP INC	53252	23-2063810		0000000000		BROKERAGE CONCEPTS, LLC	DE	NIA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	2
0936	INDEPENDENCE HEALTH GROUP INC	54763	23-0724427		0000000000		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	3
0000		00000	25-1712017		0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1524682		0000000000		JEA, INC.	PA	NIA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1524682		0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC	OWNERSHIP	99.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	95048	25-1522457		0000000000		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	85-3092159		0000000000		EVIO PHARMACY SOLUTIONS, LLC	DE	NIA	HIGHMARK INC	OWNERSHIP	20.000	HIGHMARK HEALTH	No	
0000		00000	52-1841060		0000000000		NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	89070	25-1687586		0000000000		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	82-4793570		0000000000		FREE MARKET HEALTH LLC	DE	NIA	HIGHMARK VENTURES LLC	OWNERSHIP	24.500	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	15459	46-4156854		0000000000		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	15020	45-2763165		0000000000		HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC.	WV	IA	HIGHMARK WEST VIRGINIA INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0812	HIGHMARK INC	35599	25-1334623		0000000000		HIGHMARK CASUALTY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	

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	93440	06-1041332		0000000000		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
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	No	
0000		00000	82-5351990		0000000000		AST RISK, LLC	DE	NIA	HM INSURANCE GROUP, LLC	OWNERSHIP	33.330	HIGHMARK HEALTH	No	
0000		00000	47-4117233		0000000000		PHYSICIAN PARTNERS OF WESTERN PA LLC	PA	NIA	HMPG INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	46-5705484		0000000000		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	45-3761429		0000000000		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	90-0996509		0000000000		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HMPG INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	32-0429947		0000000000		PROVIDER PPI LLC	PA	NIA	HMPG INC.	OWNERSHIP	99.500	HIGHMARK HEALTH	No	
0000		00000	46-2138706		0000000000		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	27-3033308		0000000000		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	27-3035436		0000000000		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	OWNERSHIP	99.000	HIGHMARK HEALTH	No	
0000		00000	90-0970618		0000000000		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	84-2176985		0000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	HMPG PROPERTIES NORTH LLC	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1524682		0000000000		JENKINS-EMPIRE ASSOCIATES	PA	NIA	JEA INC.	OWNERSHIP	1.000	HIGHMARK HEALTH	No	
0000		00000	25-1684735		0000000000		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	45-3355906		0000000000		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	30-0477313		0000000000		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1740456		0000000000		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	89.738	HIGHMARK HEALTH	No	
0000		00000	72-1529332		0000000000		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	98-1109020		0000000000		PACE RE LTD	CYM	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	35.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	90-0925581		0000000000		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	46-3274101		0000000000		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	

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	80-0494617		0000000000		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	90-0451380		0000000000		PRIMARY CARE GROUP 3, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	80-0403100		0000000000		PRIMARY CARE GROUP 5, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	90-0503600		0000000000		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	01-0927360		0000000000		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	26-4194208		0000000000		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	27-4011352		0000000000		SOUTH HILLS SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	41.920	HIGHMARK HEALTH	No	
0000		00000	46-4954859		0000000000		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	45-3540378		0000000000		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	72-1529328		0000000000		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1898743		0000000000		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	25.000	HIGHMARK HEALTH	No	
0000		00000	25-1874990		0000000000		WSC REALTY PARTNERS, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	51-0630744		0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	20-5661063		0000000000		CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	OWNERSHIP	79.900	HIGHMARK HEALTH	No	
0000		00000	45-5080712		0000000000		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	90-0812390		0000000000		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1528055		0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1181389		0000000000		COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1430922		0000000000		EMERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1856341		0000000000		REGIONAL HEART NETWORK	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1578290		0000000000		SAINT VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	OWNERSHIP	17.340	HIGHMARK HEALTH	No	
0000		00000	25-1498145		0000000000		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD		HIGHMARK HEALTH	No	

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	25-1736527		0000000000		ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1403846		0000000000		CLINICAL SERVICES, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1385705		0000000000		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1679140		0000000000		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1669168		0000000000		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-0969488		0000000000		THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	16-0743222		0000000000		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD		HIGHMARK HEALTH	No	
0000		00000	27-3035436		0000000000		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	OWNERSHIP	1.000	HIGHMARK HEALTH	No	
0000		00000	45-3688292		0000000000		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	OWNERSHIP	40.020	HIGHMARK HEALTH	No	
0000		00000	25-1533746		0000000000		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	OWNERSHIP	39.620	HIGHMARK HEALTH	No	
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	No	
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	No	
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	No	
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	No	
0812	HIGHMARK INC	95253	52-1542269		0000000000		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
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	No	
0812	HIGHMARK INC	85766	86-0307623		0000000000		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1689871		0000000000		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	25-1838458		0000000000		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	

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		00000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	45.000	HIGHMARK HEALTH	No	
0000		00000	25-1838457		00000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1320493		00000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1875178		00000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1737079		00000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1798379		00000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	47-2368587		00000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	59.610	HIGHMARK HEALTH	No	
0000		00000	84-2176985		00000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1375204		00000000000		ALLEGHENY HEALTH NETWORK HOME MEDICAL EQUIPMENT LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	26-1284448		00000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1880238		00000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1652874		00000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	20.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		00000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	27-3982341		00000000000		PETERS TOWNSHIP SURGERY CENTER, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1472073		00000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	20-1107650		00000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	11-3683376		00000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1470766		00000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	26-1630719		00000000000		WEST PENN NEUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	27-1939478		00000000000		CHAUTAUQUA MEDICAL PRACTICE P.C.	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1528055		00000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	23-2919277		00000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	OWNERSHIP	1.500	HIGHMARK HEALTH	No	

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		00000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	22-2270533		00000000000		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD		HIGHMARK HEALTH	No	
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 Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.														
3	Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. 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.....

August Filing

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.....	N/A.....
---	----------

EXPLANATION:

1.
2.

BARCODES:

1. 

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

2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

		1	2
		Year to Date	Prior Year Ended 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)		

SCHEDULE B – VERIFICATION

Mortgage Loans

		1	2
		Year to Date	Prior Year Ended 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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
		Year to Date	Prior Year Ended 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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,144,442	1,154,792
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	2,625	10,350
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)	1,141,818	1,144,442
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	1,141,818	1,144,442

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
Bonds								
1. NAIC 1 (a).....	1,144,442			(2,625)	1,141,818			1,144,442
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	1,144,442			(2,625)	1,141,818			1,144,442
Preferred Stock								
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.....	1,144,442			(2,625)	1,141,818			1,144,442

(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	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	1,063,651	4,018,891
2.	Cost of cash equivalents acquired.....	233,886	4,397,298
3.	Accrual of discount.....		
4.	Unrealized valuation increase (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration received on disposals.....	40,500	7,352,537
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).....	1,257,038	1,063,651
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	1,257,038	1,063,651

(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 at the End of the Reporting Period

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 at the End of the Reporting Period

NONE

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

NONE

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

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged 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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
PNC Operating Medicaid Acct 1060 – Jeannette, PA					7,071	245	2,789	XXX
PNC Operating Medicare Acct 1061 – Jeannette, PA					10,498	9,907	13,988	XXX
PNC Medicare Claims Acct 1070 – Jeannette, PA					(117,852)	(117,852)	(86,908)	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					(100,284)	(107,700)	(70,132)	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					(100,284)	(107,700)	(70,132)	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					(100,284)	(107,700)	(70,132)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Exempt Money Market Mutual Funds – as Identified by SVO								
261941-10-8.....	DREYFUS TREAS INSTL CASH MGMT.....		03/02/2023.....		XXX.....	46,580.....		365.....
38142B-88-0.....	GOLDMAN SACHS FDS FIN SQ FED-FST MM.....		03/31/2023.....		XXX.....	1,210,457.....	4,748.....	8,054.....
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO.....						1,257,038.....	4,748.....	8,419.....
8609999999 – Total Cash Equivalents.....						1,257,038.....	4,748.....	8,419.....