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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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	c/o CT Corporation System, 4400 Easton Commons Way, Suite 125	Columbus, OH, US 43219	
Main Administrative Office	120 Fifth Avenue, Mail Code: FAPHM-191A		
	Pittsburgh, PA, US 15222	412-544-7000 *(Telephone)*	
Mail Address	120 Fifth Avenue, Mail Code: FAPHM-191A	Pittsburgh, PA, US 15222	
Primary Location of Books and Records	120 Fifth Avenue, Mail Code: FAPHM-191A		
	Pittsburgh, PA, US 15222	412-544-5458 *(Telephone)*	
Internet Website Address	highmark.com		
Statutory Statement Contact	Christopher Michael Cogan	412-544-5458 *(Telephone)*	
	chris.cogan@highmarkhealth.org *(E-Mail)*	412-544-5458 *(Fax)*	

OFFICERS

Ellen Marie Duffield, President	Thomas Devlin Kavanaugh#, Secretary
Caleb Lee Knier#, Treasurer	

DIRECTORS OR TRUSTEES

David Arthur Blandino M.D.	Ellen Marie Duffield#
Tony George Farah M.D.	Kevin Lee 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 Marie Duffield	Caleb Lee Knier	Thomas Devlin Kavanaugh
President	Treasurer	Secretary

Subscribed and sworn to before me

this _____ day of

_____, 2024

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

x _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 – Gross Health Care Receivables						

NONE

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

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

NONE

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

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

Aging Analysis of Unpaid Claims

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

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Gateway Health Plan, Inc.	General activity in the normal course of business	102,104	102,104	
0199999 – Individually listed payable		102,104	102,104	
0399999 – Total gross payables		102,104	102,104	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	(46,357)	100.000	XXX	XXX		(46,357)
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	(46,357)	100.000	XXX	XXX		(46,357)
13. Total (Line 4 plus Line 12)	(46,357)	100.000 %	XXX	XXX		(46,357)

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

1 2 3 2 5 2 0 2 3 4 3 0 1 8 0 0 0

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

2. Pittsburgh, PA
(LOCATION)

NAIC Group Code: 0812

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2023

NAIC Company Code: 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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														
18. Amount Incurred for Provision of Health Care Services														

NONE

30.KY

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION [a]

1 2 3 2 5 2 0 2 3 4 3 0 3 4 1 0 0

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc. 2. Pittsburgh, PA (LOCATION)

NAIC Group Code: 0812 BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2023 NAIC Company Code: 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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	(49,933)							(49,933)						
18. Amount Incurred for Provision of Health Care Services	(54,015)							(54,015)						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION [a]

1 2 3 2 5 2 0 2 3 4 3 0 3 6 1 0 0

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

2. Pittsburgh, PA
(LOCATION)

NAIC Group Code: 0812

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023

NAIC Company Code: 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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	3,576							3,576						
18. Amount Incurred for Provision of Health Care Services	(6,818)							(6,818)						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION [a]

1 2 3 2 5 2 0 2 3 4 3 0 5 9 1 0 0

REPORT FOR: 1. CORPORATION Gateway Health Plan of Ohio, Inc. 2. Pittsburgh, PA (LOCATION)

NAIC Group Code: 0812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023 NAIC Company Code: 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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	(46,357)							(46,357)						
18. Amount Incurred for Provision of Health Care Services	(60,833)							(60,833)						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

(33) Schedule S - Part 3 - Section 2

NONE

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
	1 Premiums					
	2 Title XVIII-Medicare				1	18
	3 Title XIX-Medicaid					
	4 Commissions and reinsurance expense allowance					
	5 Total hospital and medical expenses					4
B.	BALANCE SHEET ITEMS					
	6 Premiums receivable					
	7 Claims payable					
	8 Reinsurance recoverable on paid losses					4
	9 Experience rating refunds due or unpaid					
	10 Commissions and reinsurance expense allowances due					
	11 Unauthorized reinsurance offset					
	12 Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	13 Funds deposited by and withheld from (F)					
	14 Letters of credit (L)					
	15 Trust agreements (T)					
	16 Other (O)					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	17 Multiple Beneficiary Trust					
	18 Funds deposited by and withheld from (F)					
	19 Letters of credit (L)					
	20 Trust agreements (T)					
	21 Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	2,542,647		2,542,647
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance	XXX		
5	All other admitted assets (Balance)	19,586		19,586
6	Total assets (Line 28)	2,562,234		2,562,234
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)			
8	Accrued medical incentive pool and bonus payments (Line 2)			
9	Premiums received in advance (Line 8)			
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	157,013		157,013
15	Total liabilities (Line 24)	157,013		157,013
16	Total capital and surplus (Line 33)	2,405,222	XXX	2,405,222
17	Total liabilities, capital and surplus (Line 34)	2,562,234		2,562,234
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses		XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables		XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000	45-3674900		0000000000		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0000		00000	45-3674924		0000000000		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	
0812	HIGHMARK INC	54771	23-1294723		0000000000		HIGHMARK INC	PA	UIP	HIGHMARK HEALTH	BOARD		HIGHMARK HEALTH	No	1
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	92-1074538		0000000000		AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC	DE	NIA	ENDORSED. LLC	OWNERSHIP	27.000	HIGHMARK HEALTH	No	
0000		00000	93-4773800		0000000000		TRUHEALTH OF PENNSYLVANIA, LLC	DE	NIA	ENDORSED. LLC	OWNERSHIP	50.000	HIGHMARK HEALTH	No	
0000		00000	92-1828321		0000000000		AMERICAN HEALTH PLAN OF PENNSYLVANIA, INC.	PA	NIA	AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC	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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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	
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	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	
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		BROKERAGE CONCEPTS, LLC	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		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	BOARD		HIGHMARK HEALTH	No	2
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427		0000000000		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	BOARD		HIGHMARK HEALTH	No	3
0000		00000	25-1712017		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	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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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	19.400	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	
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	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	
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	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	
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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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	
0000		00000	30-0314897		0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	45.000	HIGHMARK HEALTH	No	
0000		00000	25-1838457		0000000000		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1320493		0000000000		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1875178		0000000000		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1737079		0000000000		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1798379		0000000000		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	47-2368587		0000000000		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	59.610	HIGHMARK HEALTH	No	
0000		00000	84-2176985		0000000000		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1375204		0000000000		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		0000000000		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1880238		0000000000		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1652874		0000000000		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	20.000	HIGHMARK HEALTH	No	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	27-3982341		0000000000		PETERS TOWNSHIP SURGERY CENTER, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1472073		0000000000		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	20-1107650		0000000000		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	11-3683376		0000000000		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	
0000		00000	25-1470766		0000000000		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD		HIGHMARK HEALTH	No	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000	26-1630719		0000000000		WEST PENN NEUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	27-1939478		0000000000		CHAUTAUQUA MEDICAL PRACTICE P.C.	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	OWNERSHIP	100.000	HIGHMARK HEALTH	No	
0000		00000	25-1528055		0000000000		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	23-2919277		0000000000		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	OWNERSHIP	1.500	HIGHMARK HEALTH	No	
0000		00000	23-7029185		0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD		HIGHMARK HEALTH	No	
0000		00000	22-2270533		0000000000		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. Inter-County Hospitalization 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.

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54771	23-1294723	HIGHMARK INC	271,000,000	(18,000,000)			596,679,477	(130,074,661)			719,604,816	
00000	45-3674900	HIGHMARK HEALTH					691,454,065				691,454,065	
12325	30-0282076	GATEWAY HEALTH PLAN OF OHIO, INC.			131,641		(32,347)				99,294	
96938	25-1505506	GATEWAY HEALTH PLAN, INC.	(115,000,000)		(131,641)		(280,147,418)	61,974,839			(333,304,220)	
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.					(12,313,864)	1,772,247			(10,541,617)	
11435	75-3002215	HCI, INC.					(420,741)				(420,741)	
53287	51-0020405	HIGHMARK BCBSD INC.					(110,836,298)				(110,836,298)	
15508	46-4763378	HIGHMARK BENEFITS GROUP INC					(26,912,042)	7,887,137			(19,024,905)	
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC					(25,418,439)	(6,423,194)			(31,841,633)	
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY		8,000,000			(264,146,762)	(24,026,751)			(280,173,513)	
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.					(99,807,366)	8,474,093			(91,333,273)	
71768	54-1637426	HM HEALTH INSURANCE COMPANY					(27,775,594)	(12,737,227)			(40,512,821)	
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA, INC					(4,945,541)	(150,314)			(5,095,855)	
55204	16-1105741	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.					(168,037,658)				(168,037,658)	
00000	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS INC.					(177,945,054)	77,418,027			(100,527,027)	
00000	25-1691945	GATEWAY HEALTH LLC					139,299,607				139,299,607	
95048	25-1522457	HIGHMARK CHOICE COMPANY					(106,707,325)	24,359,897			(82,347,428)	
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC.	(30,000,000)		(1,520,241)		(66,184,128)				(97,704,369)	
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY					(18,002,663)	(7,474,102)			(25,476,765)	
15020	45-2763165	HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC.					(8,354,880)				(8,354,880)	
35599	25-1334623	HIGHMARK CASUALTY INSURANCE COMPANY	(30,000,000)				(10,091,711)	29,567,800			(10,523,911)	
93440	06-1041332	HM LIFE INSURANCE COMPANY					(59,079,815)	(30,567,791)			(89,647,606)	
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NEW YORK					(5,435,093)				(5,435,093)	
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.					2,505,544				2,505,544	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
47089	23-2541529	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.					(1,376,622)				(1,376,622)	
95160	74-2489037	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.			108,533		(3,622)				104,911	
96150	38-2289438	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.			613,869		(211,508)				402,361	
95253	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.			54,115		(563,229)				(509,114)	
60222	11-3008245	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK			945,358		(101,746)				843,612	
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY	(45,000,000)		(201,634)		(93,552,168)				(138,753,802)	
00000	25-1712017	JEA, INC.		100,000			21,699				121,699	
00000	25-1645888	HIGHMARK VENTURES LLC	(51,000,000)				(231,849)				(51,231,849)	
00000	25-1524682	JENKINS-EMPIRE ASSOCIATES		9,900,000			(23,455,008)				(13,555,008)	
00000	81-0930502	HM HOME AND COMMUNITY SERVICES LLC					15,727,177				15,727,177	
00000	46-3823617	HM HEALTH SOLUTIONS INC.					132,013,903				132,013,903	
00000	87-1511522	ENDORSED, LLC					17,984,571				17,984,571	
00000	11-3667763	BROKERAGE CONCEPTS, LLC					(3,580,441)				(3,580,441)	
00000	20-5457337	HM CENTERED HEALTH INC.					(15,111)				(15,111)	
9999999 – Control Totals									XXX			

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Response
	March Filing	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	WAIVED
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
	April Filing	
5.	Will Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
	June Filing	
8.	Will an audited financial report be filed by June 1?	Waived
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Waived

SUPPLEMENTAL FILINGS

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
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