



# ANNUAL STATEMENT

As of December 31, 2024  
of the Condition and Affairs of

## Gateway Health Plan of Ohio, Inc.

NAIC Group Code..... 00812, 00812 (Current Period) (Prior Period)	NAIC Company Code..... 12325	Employer's ID Number..... 30-0282076
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile United States
Licensed as Business Type Other		Is HMO Federally Qualified? Yes [ ] No [X]
Incorporated/Organized..... November 5, 2004		Commenced Business..... September 1, 2005
Statutory Home Office	120 Fifth Avenue, Mail Code: FAPHM-191A .... Pittsburgh ....PA .... 15222 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	120 Fifth Avenue, Mail Code: FAPHM-191A .... Pittsburgh ....PA .... 15222 (Street and Number) (City or Town, State and Zip Code)	412-544-7000 (Area Code) (Telephone Number)
Mail Address	120 Fifth Avenue, Mail Code: FAPHM-191A .... Pittsburgh ....PA .... 15222 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	120 Fifth Avenue, Mail Code: FAPHM-191A....Pittsburgh....PA....15222 (Street and Number) (City or Town, State and Zip Code)	412-544-5458 (Area Code) (Telephone Number)
Internet Web Site Address	highmark.com	
Statutory Statement Contact	Christopher Michael Cogan (Name) chris.cogan@highmarkhealth.org (E-Mail Address)	412-544-5458 (Area Code) (Telephone Number) (Extension) 412-544-8674 (Fax Number)

### OFFICERS

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

### DIRECTORS OR TRUSTEES

David Arthur Blandino M.D.	Ellen Marie Duffield	Tony George Farah M.D.	Kevin Lee Jenkins
Alexis A. Miller			

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.

Ellen Marie Duffield  
President

Caleb Lee Knier  
Treasurer

Thomas Devlin Kavanaugh  
Secretary

State of \_\_\_\_\_

State of Pennsylvania

State of Pennsylvania

County of \_\_\_\_\_

County of Allegheny

County of Allegheny

Ellen Marie Duffield subscribed and sworn to before me

Caleb Lee Knier subscribed and sworn to before me

Thomas Devlin Kavanaugh subscribed and sworn to before me

this 25 day of February, 2025

this 25 day of February, 2025

this 25 day of February, 2025

Suanne M. Kelly

Suanne M. Kelly

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

Commonwealth of Pennsylvania - Notary Seal  
Suanne M. Kelly, Notary Public  
Washington County  
My commission expires February 2, 2028  
Commission number 1083640  
Member, Pennsylvania Association of Notaries

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Suanne M. Kelly, Notary Public  
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Ellen Marie Duffield  
President

Caleb Lee Knier  
Treasurer

Thomas Devlin Kavanaugh  
Secretary

State of Pennsylvania  
County of Allegheny

State of \_\_\_\_\_  
County of \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Ellen Marie Duffield subscribed and sworn to before me  
this 27th day of February, 2025

Caleb Lee Knier subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2025

Thomas Devlin Kavanaugh subscribed and sworn to  
before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2025

Commonwealth of Pennsylvania - Notary Seal Elizabeth L. Kasten, Notary Public Allegheny County My commission expires November 21, 2028 Commission number 1385986 Member, Pennsylvania Association of Notaries
--

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

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,126,833		1,126,833	1,140,099
2. Stocks (Schedule D):				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 64,665 , Schedule E - Part 1), cash equivalents (\$ ..... 1,334,783 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	1,399,448		1,399,448	1,402,548
6. Contract loans, (including \$ ..... 0 premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,526,281	0	2,526,281	2,542,647
13. Title plants less \$ ..... 0 charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	18,357		18,357	19,586
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... 0 earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... 0 ) and contracts subject to redetermination (\$ ..... 0 ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... 0 ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,544,638	0	2,544,638	2,562,233
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	2,544,638	0	2,544,638	2,562,233
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. .....				
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....			0	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....			0	0
4. Aggregate health policy reserves, including the liability of \$ ..... 0 for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	29,538		29,538	102,104
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... 0 unauthorized reinsurers and \$ ..... 0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	23,714	0	23,714	54,908
24. Total liabilities (Lines 1 to 23) .....	53,252	0	53,252	157,012
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	28,236,235	28,236,235
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(25,744,848)	(25,831,013)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ).	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	2,491,387	2,405,222
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	2,544,639	2,562,234
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat Liability Medicare .....	23,714		23,714	54,908
2302. .....				
2303. .....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	23,714	0	23,714	54,908
2501. .....	XXX	XXX		
2502. .....	XXX	XXX		
2503. .....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. .....	XXX	XXX		
3002. .....	XXX	XXX		
3003. .....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....		0
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX.....	0	0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	0	0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX.....	0	0
5. Risk revenue .....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.....	0	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		0	(60,817)
10. Other professional services .....		0	0
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		0	0
13. Prescription drugs .....		0	(16)
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		0	0
16. Subtotal (Lines 9 to 15) .....	0	0	(60,833)
<b>Less:</b>			
17. Net reinsurance recoveries .....		0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	0	(60,833)
19. Non-health claims (net) .....		0	0
20. Claims adjustment expenses, including \$ ..... 0 cost containment expenses .....		0	0
21. General administrative expenses .....		24,290	46,949
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	24,290	(13,884)
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(24,290)	13,884
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		110,457	89,393
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	110,457	89,393
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0
29. Aggregate write-ins for other income or expenses .....	0	0	0
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.....	86,167	103,277
31. Federal and foreign income taxes incurred .....	XXX.....		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	86,167	103,277
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX.....		
0602. ....	XXX.....		
0603. ....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX.....		
0702. ....	XXX.....		
0703. ....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,405,222	2,297,669
34. Net income or (loss) from Line 32 .....	86,167	103,277
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	0	0
39. Change in nonadmitted assets .....	4,276	0
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	86,167	107,553
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,491,389	2,405,222
<b>DETAILS OF WRITE-INS</b>		
4701. .....	0	0
4702. .....	0	0
4703. .....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	124,952	105,515
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	124,952	105,515
5. Benefit and loss related payments .....	0	(46,357)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	24,290	45,729
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	0	(8,846)
10. Total (Lines 5 through 9) .....	24,290	(9,474)
11. Net cash from operations (Line 4 minus Line 10) .....	100,662	114,989
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	125,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	125,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	131,479
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	131,479
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	(6,479)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(103,760)	129,724
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(103,760)	129,724
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(3,098)	238,234
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,402,547	1,164,313
19.2 End of year (Line 18 plus Line 19.1) .....	1,399,449	1,402,547

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Net premium income .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
4. Risk revenue .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
9. Other professional services .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
10. Outside referrals .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
11. Emergency room and out-of-area .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
12. Prescription drugs .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
14. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
15. Subtotal (Lines 8 to 14) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
16. Net reinsurance recoveries .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
17. Total medical and hospital (Lines 15 minus 16) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20. General administrative expenses .....	24,290	0	0	0	0	0	0	0	0	0	0	0	24,290	0
21. Increase in reserves for accident and health contracts .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22) .....	24,290	0	0	0	0	0	0	0	0	0	0	0	24,290	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(24,290)	0	0	0	0	0	0	0	0	0	0	0	(24,290)	0
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX..
0502.														XXX..
0503.														XXX..
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX..
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX..
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX..
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX..
1302.														XXX..
1303.														XXX..
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

Underwriting and Investment Exhibit - Part 1 - Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 2 - Claims Incurred

**N O N E**

Underwriting and Investment Exhibit - Part 2A - Claims Liability

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision Only .....					0	0
5. Dental Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....					0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	0	0	0	0	0	0
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**NONE****Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**NONE****Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**NONE****Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	XXX

**NONE****Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	XXX

**NONE****Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	2,732	3,613	3,435	3,389	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	4,551	3,644	3,450	3,389	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	(57)	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021 .....	(167)	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2023 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2024 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XIX**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**NONE****Section B - Incurred Health Claims - Title XIX**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....					
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....										
2. 2021 .....										
3. 2022 .....										
4. 2023 .....										
5. 2024 .....										

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	2,732	3,613	3,435	3,389	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	4,551	3,644	3,450	3,389	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	(57)	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021 .....	(167)	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2023 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2024 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves .....												
2.	Additional policy reserves (a) .....												
3.	Reserve for future contingent benefits .....												
4.	Reserve for rate credits or experience rating refunds  (including \$ ..... for investment income) .....												
5.	Aggregate write-ins for other policy reserves .....												
6.	Totals (gross) .....												
7.	Reinsurance ceded .....												
8.	Totals (Net)(Page 3, Line 4) .....												
9.	Present value of amounts not yet due on claims .....												
10.	Reserve for future contingent benefits .....												
11.	Aggregate write-ins for other claim reserves .....												
12.	Totals (gross) .....												
13.	Reinsurance ceded .....												
14.	Totals (Net)(Page 3, Line 7) .....												
DETAILS OF WRITE-INS													
0501.	.....												
0502.	.....												
0503.	.....												
0598.	Summary of remaining write-ins for Line 5 from overflow page .....												
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....												
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) .....												

(a) Includes \$ ..... premium deficiency reserve.

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	0	0	0	0	0
2. Salary, wages and other benefits .....	0	0	0	0	0
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0	0	0	0	0
4. Legal fees and expenses .....	0	0	0	0	0
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services .....	0	0	0	0	0
7. Traveling expenses .....	0	0	0	0	0
8. Marketing and advertising .....	0	0	0	0	0
9. Postage, express and telephone .....	0	0	0	0	0
10. Printing and office supplies .....	0	0	0	0	0
11. Occupancy, depreciation and amortization .....	0	0	0	0	0
12. Equipment .....	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software .....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services .....	0	0	4,285	0	4,285
15. Boards, bureaus and association fees .....	0	0	2,551	0	2,551
16. Insurance, except on real estate .....	0	0	0	0	0
17. Collection and bank service charges .....	0	0	13,568	0	13,568
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	0	0	0
23.2 State premium taxes .....	0	0	0	0	0
23.3 Regulatory authority licenses and fees .....	0	0	0	0	0
23.4 Payroll taxes .....	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes) .....	0	0	3,886	0	3,886
24. Investment expenses not included elsewhere .....	0	0	0	0	0
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	0	0	24,290	0	(a) 24,290
27. Less expenses unpaid December 31, current year .....	0	0	0	0	0
28. Add expenses unpaid December 31, prior year .....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	24,290	0	24,290
<b>DETAILS OF WRITE-INS</b>					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) ..... 43,877	43,900
1.1 Bonds exempt from U.S. tax .....	(a)	0
1.2 Other bonds (unaffiliated) .....	(a) ..... 0	0
1.3 Bonds of affiliates .....	(a) ..... 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) ..... 0	0
2.11 Preferred stocks of affiliates .....	(b) ..... 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) ..... 0	0
4. Real estate .....	(d) ..... 0	0
5. Contract Loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) ..... 67,809	66,556
7. Derivative instruments .....	(f) ..... 0	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	111,686	110,457
11. Investment expenses .....	(g) ..... 0	0
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g)	0
13. Interest expense .....	(h) ..... 0	0
14. Depreciation on real estate and other invested assets .....	(i) ..... 0	0
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	0	0
17. Net investment income (Line 10 minus Line 16) .....	110,457	
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ 0 accrual of discount less \$ 13,266 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.  
 (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.  
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.  
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....					

**NONE**

Exhibit of Nonadmitted Assets  
**N O N E**

Exhibit 1 - Enrollment by Product Type for Health Business Only  
**N O N E**

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Gateway Health Plan of Ohio, Inc. (the "Corporation"), 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 in order to assess 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. The Ohio Insurance Commissioner has the right to permit other specific practices that deviate from prescribed practices.

For the period ended December 31, 2024 and the year ended December 31, 2023, there were no differences between NAIC SAP and practices prescribed or permitted by the State of Ohio applicable to the Corporation. A reconciliation of the Corporation's net income (loss) and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net income					
(1) Gateway Health Plan of Ohio Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 86,167	\$ 103,277
(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	<u>\$ 86,167</u>	<u>\$ 103,277</u>
Surplus					
(5) Gateway Health Plan of Ohio Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,491,387	\$ 2,405,222
(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	<u>\$ 2,491,387</u>	<u>\$ 2,405,222</u>

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policies

Accounting policies that materially affect assets, liabilities, capital and surplus or results of operations include:

Effective January 1, 2020, GHPOI no longer offers Medicare Advantage plans in the states of OH, KY, and NC. As of January 1, 2020, there is no membership. GHPOI continued to process run-out of claims during 2023. Through December 31, 2019, GHPOI provided Medicare managed care services under contract with the Centers for Medicare and Medicaid Services (CMS). GHPOI had no revenue in either 2023 or 2024. Expenses recognized during 2023 and 2024 are prior year adjustments related to services performed on or prior to December 31, 2019.

In addition, GHPOI uses the following accounting policies:

- (1) Cash equivalents include securities with a maturity of 90 days or less at the date of purchase and money market mutual funds. Cash equivalents are stated at amortized cost, except for money market mutual funds, which are stated at fair value. Short-term investments are not applicable.
- (2) Bonds not backed by other loans are carried at amortized cost using the effective interest method, or the lower of amortized cost and fair value, contingent upon the NAIC designation assigned according to the criteria specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* ("P&P of the IAO"). The Corporation has no mandatory convertible securities or Securities Valuation Office-identified investments.
- (3) Common stocks are not applicable.
- (4) Preferred stocks are not applicable.
- (5) Mortgage loans are not applicable.
- (6) Loan-backed securities are not applicable.
- (7) Investments in subsidiaries, controlled and affiliated entities ("SCAs") are not applicable.
- (8) Investments in joint ventures, partnerships and limited liability companies are not applicable.

## NOTES TO FINANCIAL STATEMENTS

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- (9) Derivatives are not applicable.
- (10) Premium deficiency reserve is not applicable.
- (11) Claims unpaid include claims reported and adjudicated but unpaid as well as an estimate of incurred but not reported ("IBNR") claims. The Corporation reports unpaid claim liabilities ceded to reinsurers net of reinsurance recoverables on unpaid losses. The liability for IBNR claims is an actuarial estimate based on historical claims paid data, modified for current conditions and coverage changes. The methods to determine the estimate of IBNR claims use past experience adjusted for current trends. The methods and assumptions are continually reviewed and any resulting adjustments are included in claims incurred. Corresponding administrative costs to process IBNR claims are estimated and accrued and are reported as unpaid claims adjustment expenses.
- (12) Capitalization policy is not applicable.
- (13) Pharmaceutical rebate receivables are not applicable.
- (14) 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 in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 100 – *Fair Value*.
- (15) Uncollected premiums are carried at net realizable value. Uncollected premiums due from subscribers aged greater than 90 days are nonadmitted.
- (16) Accrued medical incentive pool consists of amounts owed to providers that meet certain quality and utilization criteria.
- (17) The Corporation's revenue includes premium income from underwritten business, which is presented net of reinsurance ceded in the statements of revenue and expenses. Premiums are generally billed in advance of the contractual coverage periods and included in premium income as they are earned during the coverage period. Premiums that have been received prior to the service period are reported as premiums received in advance.
- (18) Realized capital gains and losses on the sale of investments are determined using the specific identification method.
- (19) The Corporation monitors its investment portfolio for unrealized losses that appear to be other-than-temporary. The Corporation performs a detailed review of these securities to determine the underlying cause of the unrealized losses and whether the securities are impaired. At the time a debt security is determined to be in an other-than-temporary impairment position, the Corporation reduces the book value of the security to the current fair value and records a realized loss in the statements of revenue and expenses. Any subsequent increase in the debt security's fair value is reported as an unrealized gain.
- (20) The Corporation is subject to federal, state and local income taxes. Deferred tax assets ("DTAs") and liabilities ("DTLs") are determined based on differences between the financial reporting and tax basis of assets and liabilities and are measured using tax rates and laws that are expected to be in effect when the difference is reversed. Net DTAs are admitted to the extent that they are expected to reverse and become realized within three years. Uncertain tax positions are assessed in accordance with applicable statutory guidance.
- (21) Reinsurance recoverables on unpaid losses are estimated and recognized in a manner consistent with the claim liability associated with the reinsured policy. Amounts recoverable from reinsurers represents reinsured claims paid by the Corporation which have not been settled with the reinsurer. Ceded reinsurance premiums payable represents premiums earned which have not been settled with the reinsurer.

### D. Going Concern

None.

### 2. Accounting Changes and Corrections of Errors

None.

### 3. Business Combinations and Goodwill

None.

### 4. Discontinued Operations

None.

## NOTES TO FINANCIAL STATEMENTS

### 5. Investments

#### A. Mortgage Loans, including Mezzanine Real Estate Loans

None.

#### B. Debt Restructuring

None.

#### C. Reverse Mortgages

None.

#### D. Loan-Backed Securities

None.

#### E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None.

#### F. Repurchase Agreements Transactions Accounted for as Secured Borrowings

None.

#### G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowings

None.

#### H. Repurchase Agreements Transactions Accounted for as a Sale

None.

#### I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None.

#### J. Real Estate

None.

#### K. Low-Income Housing Tax Credits

None.

#### L. Restricted Assets

(1) The amounts of assets pledged as collateral or otherwise restricted as of December 31, 2024 were as follows:

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements	-	-	-	-	-	0.00%	0.00%
c. Subject to repurchase agreements	-	-	-	-	-	0.00%	0.00%
d. Subject to reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
e. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
f. Placed under option contracts	-	-	-	-	-	0.00%	0.00%
g. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.00%	0.00%
h. FHLB capital stock	-	-	-	-	-	0.00%	0.00%
i. On deposit with states	1,126,833	1,008,729	118,104	-	1,126,833	44.28%	44.28%
j. On deposit with other regulatory bodies	-	-	-	-	-	0.00%	0.00%
k. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0.00%	0.00%
l. Pledged as collateral not captured in other categories	-	-	-	-	-	0.00%	0.00%
m. Other restricted assets	-	-	-	-	-	0.00%	0.00%
Total Restricted Assets	<u>\$ 1,126,833</u>	<u>\$ 1,008,729</u>	<u>\$ 118,104</u>	<u>\$ -</u>	<u>\$ 1,126,833</u>	<u>44.28%</u>	<u>44.28%</u>

## NOTES TO FINANCIAL STATEMENTS

The amounts of assets pledged as collateral or otherwise restricted as of December 31, 2023 were as follows:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements	- -	- -	- -	- -	- -	0.00%	0.00%
c. Subject to repurchase agreements	- -	- -	- -	- -	- -	0.00%	0.00%
d. Subject to reverse repurchase agreements	- -	- -	- -	- -	- -	0.00%	0.00%
e. Subject to dollar repurchase agreements	- -	- -	- -	- -	- -	0.00%	0.00%
f. Subject to dollar reverse repurchase agreements	- -	- -	- -	- -	- -	0.00%	0.00%
g. Placed under option contracts	- -	- -	- -	- -	- -	0.00%	0.00%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	- -	- -	- -	- -	- -	0.00%	0.00%
i. FHLB capital stock	- -	- -	- -	- -	- -	0.00%	0.00%
j. On deposit with states	1,008,729	1,144,442	(135,713)	- -	1,008,729	39.37%	39.37%
k. On deposit with other regulatory bodies	- -	- -	- -	- -	- -	0.00%	0.00%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	- -	- -	- -	- -	- -	0.00%	0.00%
m. Pledged as collateral not captured in other categories	- -	- -	- -	- -	- -	0.00%	0.00%
n. Other restricted assets	- -	- -	- -	- -	- -	0.00%	0.00%
<b>o. Total Restricted Assets</b>	<b>\$ 1,008,729</b>	<b>\$ 1,144,442</b>	<b>\$ (135,713)</b>	<b>- -</b>	<b>\$ 1,008,729</b>	<b>39.37%</b>	<b>39.37%</b>

(2) There were no assets pledged as collateral not captured in other categories as of December 31, 2024 and 2023.

(3) There were no other restricted assets as of December 31, 2024 and 2023.

(4) Collateral received and reflected as assets within the Corporation's financial statements is not applicable.

### M. Working Capital Finance Investments

(1) None.

(2) None.

(3) None.

### N. Offsetting and Netting of Assets and Liabilities

None.

### O. 5GI Securities

None.

### P. Short Sales

None.

### Q. Prepayment Penalty and Acceleration Fees

None.

### R. The Corporation's Share of Cash Pool by Asset Type

None.

### S. Aggregate Collateral Loans by Qualifying Investment Collateral

None.

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

### 7. Investment Income

#### A. Basis for Excluding Due and Accrued Investment Income from Statutory Surplus

Investment income due and accrued is excluded from the financial statements for all investment income due on any invested asset that is 90 days or more past due.

#### B. Amounts Excluded from Statutory Surplus

## NOTES TO FINANCIAL STATEMENTS

None.

### C. Gross, Admitted and Nonadmitted Amounts of Interest Due and Accrued

The gross, admitted and nonadmitted amounts of interest due and accrued at December 31, 2024 was as follows:

Interest Income Due and Accrued	2024
1. Gross	\$ 18,357
2. Nonadmitted	-
3. Admitted	<u>\$ 18,357</u>

### D. Aggregate Deferred Interest

None.

### E. Cumulative Paid-in-Kind Interest Included in Current Principal Balance

None.

### 8. Derivative Instruments

None.

### 9. Income Taxes

#### A. Components of Deferred Taxes

The tax effects of temporary differences that gave rise to significant portions of DTAs and DTLs as of December 31 were as follows:

The changes in the tax effects of temporary differences that gave rise to significant portions of DTAs and DTLs from December 31, 2024 to 2023 were as follows:

(1)

	2024			2023		
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)
	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross DTAs	\$ 8,036,329	\$ -	\$ 8,036,329	\$ 8,060,901	\$ -	\$ 8,060,901
b. Statutory valuation allowance adjustments	8,033,773	-	8,033,773	8,055,788	-	8,055,788
c. Adjusted gross DTAs (1a - 1b)	2,556	-	2,556	5,113	-	5,113
d. DTAs nonadmitted	-	-	-	-	-	-
e. Subtotal net admitted DTAs (1c - 1d)	2,556	-	2,556	5,113	-	5,113
f. DTLs	2,556	-	2,556	5,113	-	5,113
g. Net admitted DTA/(net DTL) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

The change of each result or component of the DTA admission calculation between December 31, 2024 and 2023 was as follows:

	Change		
	(7) (Col 1-4)	(8) (Col 2-5)	(9) (Col 7+8)
	Ordinary	Capital	Total
a. Gross DTAs	\$ (24,572)	\$ -	\$ (24,572)
b. Statutory valuation allowance adjustments	(22,015)	-	(22,015)
c. Adjusted gross DTAs (1a - 1b)	(2,557)	-	(2,557)
d. DTAs nonadmitted	-	-	-
e. Subtotal net admitted DTAs (1c - 1d)	(2,557)	-	(2,557)
f. DTLs	(2,557)	-	(2,557)
g. Net admitted DTA/(net DTL) (1e - 1f)	\$ -	\$ -	\$ -

The amount of each result or component of the DTA admission calculation at December 31 was as follows:

(2)

	2024			2023		
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)
	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation components SSAP No. 101						
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-
(1) Adjusted gross DTAs expected to be realized following the balance sheet date.	-	-	-	-	-	-
(2) Adjusted gross DTAs allowed per limitation	N/A	N/A	373,708	N/A	N/A	360,783
c. Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs.	2,556	-	2,556	5,113	-	5,113
d. DTAs admitted as the result of application of SSAP No. 101	(Total 2(a) + 2(b) + 2(c))	\$ 2,556	\$ -	\$ 2,556	\$ 5,113	\$ -
	\$ 2,556	\$ -	\$ 2,556	\$ 5,113	\$ -	\$ 5,113

## NOTES TO FINANCIAL STATEMENTS

The change of each result or component of the DTA admission calculation between December 31, 2024 and 2023 was as follows:

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission calculation components SSAP No. 101			
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
b. Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	- -	- -	- -
(1) Adjusted gross DTAs expected to be realized following the balance sheet date.	- -	- -	- -
(2) Adjusted gross DTAs allowed per limitation	N/A N/A		12,925
c. Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs.	(2,557) -		(2,557)
d. DTAs admitted as the result of application of SSAP No. 101			
(Total 2(a) + 2(b) + 2(c))	\$ (2,557) \$ -		\$ (2,557)

The ratios used to determine the applicable periods used in the admission calculation for determining the amount of adjusted gross DTAs expected to be realized and the amount of adjusted capital and surplus used to determine the percentage threshold limitation at December 31 were:

(3)

	2024	2023
a. Ratio percentage used to determine recovery period and threshold limitation amount.	5941%	5303%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	\$ 2,491,387	\$ 2,405,222

(4) For the years ended December 31, 2024 and 2023, the Corporation did not employ any tax planning strategies to admit DTAs.

### B. Unrecognized Deferred Tax Liabilities

For the years ended December 31, 2024 and 2023, the Corporation did not have situations where DTLs were not recognized for amounts described in SSAP No. 101 – *Income Taxes*.

## NOTES TO FINANCIAL STATEMENTS

## C. Current Income Taxes Incurred

Current income taxes incurred consisted of these major components for the years ended December 31:

	(1) 2024	(2) 2023	(3) (Col 1-2) Change
(1) Current income tax			
a. Federal	\$ -	\$ -	\$ -
b. Foreign	- -	- -	- -
c. Subtotal (1a+1b)	- -	- -	- -
d. Federal income tax on net capital (losses) gains	- -	- -	- -
e. Utilization of capital loss carryforwards	- -	- -	- -
f. Other	- -	- -	- -
g. Federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
(2) DTAs			
a. Ordinary			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	- -	- -	- -
(3) Policyholder reserves	- -	- -	- -
(4) Investments	- -	- -	- -
(5) Deferred acquisition costs	- -	- -	- -
(6) Policyholder dividends accrual	- -	- -	- -
(7) Fixed assets	- -	- -	- -
(8) Compensation and benefits accrual	- -	- -	- -
(9) Pension accrual	- -	- -	- -
(10) Receivables - nonadmitted	- -	- -	- -
(11) Net operating loss carry-forward	8,036,329	8,060,901	(24,572)
(12) Tax credit carry-forward	- -	- -	- -
(13) Other	- -	- -	- -
(99) Subtotal (sum of 2a1 through 2a13)	<u>8,036,329</u>	<u>8,060,901</u>	<u>(24,572)</u>
b. Statutory valuation allowance adjustment	8,033,773	8,055,788	(22,015)
c. Nonadmitted	- -	- -	- -
d. Admitted ordinary DTAs (2a99 - 2b - 2c)	2,556	5,113	(2,557)
e. Capital:			
(1) Investments	- -	- -	- -
(2) Net capital loss carry-forward	- -	- -	- -
(3) Real estate	- -	- -	- -
(4) Other	- -	- -	- -
(99) Subtotal (2e1+2e2+2e3+2e4)	<u>- -</u>	<u>- -</u>	<u>- -</u>
f. Statutory valuation allowance adjustment	- -	- -	- -
g. Nonadmitted	- -	- -	- -
h. Admitted capital DTAs (2e99 - 2f - 2g)	- -	- -	- -
i. Admitted DTAs (2d + 2h)	2,556	5,113	(2,557)
(3) DTLs			
a. Ordinary			
(1) Investments	- -	- -	- -
(2) Fixed assets	- -	- -	- -
(3) Deferred and uncollected premium	- -	- -	- -
(4) Policyholder reserves	- -	- -	- -
(5) Other	2,556	5,113	(2,557)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>2,556</u>	<u>5,113</u>	<u>(2,557)</u>
b. Capital:			
(1) Investments	- -	- -	- -
(2) Real estate	- -	- -	- -
(3) Other	- -	- -	- -
(99) Subtotal (3b1+3b2+3b3)	<u>- -</u>	<u>- -</u>	<u>- -</u>
c. DTLs (3a99 + 3b99)	2,556	5,113	(2,557)
(4) Net DTAs/DTLs (2i - 3c)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

## D. Rate Reconciliation

The benefit for federal and foreign income taxes incurred is different from that which would have been obtained by applying the statutory federal income tax rate to income before income taxes. The significant items that caused this difference were as follows:

	2024	2023
(Benefit) provision computed at statutory rate	\$ 18,095	\$ 21,688
Changes in valuation allowance	(22,015)	(22,588)
Changes in temporary differences recorded to surplus	(2)	900
Nondeductible expenses	3,922	-
	<u>\$ -</u>	<u>\$ -</u>
Federal and foreign income taxes incurred	\$ -	\$ -
Total statutory income taxes	<u>\$ -</u>	<u>\$ -</u>

## NOTES TO FINANCIAL STATEMENTS

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### E. Income Tax Carryforwards and Carrybacks

- (1) At December 31, 2024, the Corporation had gross net operating loss carryforwards of \$38,268,232, no capital loss carryforwards, no gross contribution carryforwards, no general business credit carryforwards and no foreign tax credit carryforwards.
- (2) No income tax expense for 2024, 2023, and 2022 is available for recoupment in the event of future net losses.
- (3) The Corporation has not made any deposits admitted under Section 6603 of the Internal Revenue Code (the "Code").

### F. Consolidation of Federal Return

- (1) The Corporation is not included in a consolidated federal income tax return with any other entities

### G. Significant Increase or Decrease to Income Tax Loss Contingencies

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax contingencies will be recorded in 2025.

SSAP 101 provides that deferred tax assets ("DTA's") are reduced by a statutory valuation allowance if, based on the weight of all available evidence, it's more likely than not that some or all of the DTA will not be realized. The Corporation considered all available evidence, both positive and negative, including projected future taxable income, tax planning strategies and recent core earnings from financial operations. Based on this evidence, a full valuation allowance was recognized against the Corporation's DTA's. Management will continue to monitor the Corporation's financial performance and assess the need for the valuation allowance in the future.

The Inflation Reduction Act (the "Act") was enacted on August 16, 2022. The Act includes a new corporate alternative minimum tax ("CAMT") that went into effect for tax years beginning after 2022 and is imposed on applicable corporations that meet or exceed a certain adjusted financial statement income ("AFSI") threshold. Based on the pertinent authorities, the Corporation falls under the AFSI threshold, and is therefore a nonapplicable reporting entity in 2024 and 2023. A nonapplicable reporting entity does not reasonably expect to be subject to the CAMT for the current reporting period and is not required to recognize a payable for the CAMT or further assess the impact of the CAMT on current or deferred tax computations.

### H. Repatriation Transition Tax

None.

### I. AMT Credit

None.

## 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

### A. , E. Nature of Relationships Involved

The Corporation is a non-profit taxable corporation and a wholly owned subsidiary of Gateway Health, LLC ("GHLLC"), formerly Gateway Health Plan, LP ("GHPLP"). GHLLC is a Pennsylvania limited liability company that is wholly owned by Highmark Inc. ("Highmark"). The Company's ownership structure is included within Schedule Y. GHPOI files its annual and quarterly statutory financial statements under Highmark's NAIC group code (0812).

### B. Description of Transactions Relating to Parent and SCAs

There were no transactions between the Corporation and its parent, Gateway Health LLC in 2024 or 2023. The Corporation stopped operations as of January 1, 2020 and plans to continue maintaining minimum RBC and Capital levels.

### C. Transactions with Related Parties Who are not Reported on Schedule Y

None.

### D. Related Party Receivables and Payables

At December 31, 2024 and 2023, the Corporation reported \$29,538 and \$102,104, respectively, as admitted amounts receivable from related parties and \$0 amount payable to related parties in both years. The terms of the related management and administrative services agreements generally require that amounts be settled within 30 days.

### F. Guarantees or Undertakings

None.

## NOTES TO FINANCIAL STATEMENTS

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### G. Relationships with Enterprises under Common Ownership

GHLLC is the sole member of GHPI, a non-profit Pennsylvania corporation, and GHPOI, a non-profit Ohio corporation. GHLLC is a Pennsylvania limited liability company that is wholly owned by Highmark. Highmark's ultimate controlling person is Highmark Health.

### H. Amounts Deducted from Value of an Upstream Intermediate Entity

None.

### I. Investments in SCA Entities that exceed 10% of Admitted Assets

None.

### J. Impairment in SCAs

None.

### K. Investments in Foreign Insurance Subsidiaries

None.

### L. Downstream Noninsurance Holding Company

None.

### M. All SCA Investments

None.

### N. Investments in Insurance SCAs

None.

### O. SCA or SSAP 48 Entity Loss Tracking

None.

### 11. Debt

None.

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None.

### 13. Capital and Surplus, Dividend Restrictions, and Quasi-Reorganizations

#### A. Capital Stock

None.

#### B. Preferred Stock

None.

#### C., D. & E. Dividends

None.

#### F. Surplus Restrictions

There were no restrictions placed on the GHPOI's surplus, including for whom the surplus is being held.

### G. Mutual Reciprocals

Not applicable.

### H. Company Stock Held for Special Purposes

The amount of stock held by the GHPOI for special purposes is \$0.

### I. Special Surplus Funds

None.

## NOTES TO FINANCIAL STATEMENTS

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### J. Changes in Surplus

None.

### K. Surplus Notes

None.

### L. & M. Quasi-Reorganizations

Not applicable.

## 14. Liabilities, Contingencies and Assessments

### A. Contingent Commitments

None.

### B. Assessments

None.

### C. Gain Contingencies

None.

### D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None.

### E. Joint and Several Liabilities

None.

### F. All Other Contingencies

Participation in government sponsored health care programs subjected the Corporation to a variety of federal laws and regulations and risks associated with audits conducted under these programs. These audits may occur in years subsequent to the Corporation providing the relevant services. These risks may include reimbursement claims as well as potential fines and penalties.

The Corporation is subject to various other contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. In the opinion of management, based on consultation with legal counsel, adequate provision has been made in the financial statements for any potential liability related to these matters, and the amount of ultimate liability is not expected to materially affect the financial position or results of operations of the Corporation.

## 15. Leases

None.

## 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

## 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

## 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None.

## 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

## 20. Fair Value Measurements

### A. Assets and Liabilities Measured at Fair Value

In accordance with SSAP No. 100 – *Fair Value*, financial assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus and disclosed at fair value in the accompanying financial statements 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 FINANCIAL STATEMENTS

**Level 1** – Pricing inputs are based on unadjusted quoted market prices for identical financial assets or liabilities 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 unadjusted quoted market prices in active markets included in Level 1 and include observable unadjusted quoted market prices for similar financial assets or liabilities in active markets or quoted market prices for identical assets or liabilities 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 or liability at the measurement date.

**Net Asset Value (NAV)** – Certain investments without readily determinable fair values measure fair value on the basis of the net asset value ("NAV") per share (or equivalent), as a practical expedient, without any additional adjustments. The underlying assets of these investments are measured at fair value as of the reporting date. These investments, if sold, are probable of being sold at amounts equal to NAV per share.

The following methods and assumptions are used to determine the fair value of each class of the following assets and liabilities:

**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. U.S. government securities issued by the U.S. Treasury represent Level 1 securities while Level 2 securities include U.S. government securities issued by other agencies of the U.S. government, corporate securities, and asset-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, prepayment speeds and discounted cash flow models that use observable inputs.

**Cash and cash equivalents:** Cash is designated as Level 1. Cash equivalents include money market mutual funds and a sweep account. The fair values of money market mutual funds are based on publicly available NAV per share and are designated as Level 1. The fair value of the sweep account is measured at amortized cost where the book value is equal to the market value.

(1) The following table summarizes fair value measurements (or equivalents) by level at December 31, 2024 for financial assets reported at fair value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total Fair Value
Cash equivalents	\$ 1,334,783	\$ -	\$ -	\$ -	\$ 1,334,783
Total	\$ 1,334,783	\$ -	\$ -	\$ -	\$ 1,334,783

The following table summarizes fair value (or equivalents) measurements by level at December 31, 2023 for financial assets reported at fair value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total Fair Value
Cash equivalents	\$ 1,377,247	\$ -	\$ -	\$ -	\$ 1,377,247
Total	\$ 1,377,247	\$ -	\$ -	\$ -	\$ 1,377,247

The Corporation had no liabilities reported at fair value at December 31, 2024.

(2) The Corporation did not have any assets categorized within Level 3 of the fair value hierarchy at December 31, 2024 or 2023.

(3) The Corporation 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 for which an observable market price may not exist. The third-party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, discounted cash flow analysis 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 from ratio analysis and price comparisons of similar companies. The Corporation 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. The Corporation did not make adjustments to the quoted market prices obtained from the third-party pricing service for the years ended December 31, 2024 or 2023, that were material to the financial statements.

(4) The Corporation did not have any derivative assets or liabilities at December 31, 2024 or 2023.

### B. Fair Value Disclosed Under Other Accounting Pronouncements

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

### C. Fair Value and Admitted Value of All Financial Assets

The following table summarizes the aggregate fair value (or equivalent) for all financial assets by level and the related admitted values at December 31, 2024:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. government	\$ 1,057,176	\$ 1,126,833	\$ 1,057,176	\$ -	\$ -	\$ -	\$ -
States, Territories, and Possessions	-	-	-	-	-	-	-
Obligations of states and political subdivisions of the U.S.	-	-	-	-	-	-	-
Special revenue & special assessment obligations	-	-	-	-	-	-	-
Asset-backed securities	-	-	-	-	-	-	-
Industrial and miscellaneous securities	-	-	-	-	-	-	-
Total bonds	<u>1,057,176</u>	<u>1,126,833</u>	<u>1,057,176</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Cash and cash equivalents	<u>1,399,448</u>	<u>1,399,448</u>	<u>1,399,448</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 2,456,624</u>	<u>\$ 2,526,281</u>	<u>\$ 2,456,624</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The following table summarized the aggregate fair value (or equivalents) for all financial assets by level and the related admitted values at December 31, 2023:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. government	\$ 1,108,221	\$ 1,140,099	\$ 1,108,221	\$ -	\$ -	\$ -	\$ -
States, Territories, and Possessions	-	-	-	-	-	-	-
Obligations of states and political subdivisions of the U.S.	-	-	-	-	-	-	-
Special revenue & special assessment obligations	-	-	-	-	-	-	-
Asset-backed securities	-	-	-	-	-	-	-
Industrial and miscellaneous securities	-	-	-	-	-	-	-
Total bonds	<u>1,108,221</u>	<u>1,140,099</u>	<u>1,108,221</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Cash and cash equivalents	<u>1,377,247</u>	<u>1,377,247</u>	<u>1,377,247</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 2,485,468</u>	<u>\$ 2,517,346</u>	<u>\$ 2,485,468</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

### D. Not Practicable to Estimate Fair Value

None.

### E. Investments Valued Using NAV as a Practical Expedient

None.

### 21. Other Items

None.

### 22. Events Subsequent

There were no subsequent events that are expected to have a material effect on the financial condition of the Corporation. The Corporation evaluated subsequent events for recognition or disclosure through February **XX**, 2025, the date the financial statements were issued.

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

- (1) There are no non-affiliated reinsurers listed in Schedule S.
- (2) None of the policies issued by the Corporation has been reinsured with a company chartered in a country other than the United States that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business.

##### Section 2 - Ceded Reinsurance Report - Part A

- (1) The Corporation has no reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits.
- (2) The Corporation has no reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in the aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed their total direct premium collected under the reinsured policies.

##### Section 3 - Ceded Reinsurance Report - Part B

- (1) The estimated amount of the aggregate reduction in surplus from termination of all reinsurance agreements, by either the Corporation or reinsurers at December 31, 2024 would not have had a material impact on the Corporation's statutory surplus.

## NOTES TO FINANCIAL STATEMENTS

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(2) No new agreements have been executed and no existing agreements have been amended, since January 1, 2024 to include policies or contracts which were in-force or which had existing reserves established by the Corporation as of the effective date of the agreement.

**B. Uncollectible Reinsurance**

None.

**C. Commutation of Ceded Reinsurance**

None.

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation**

Not applicable.

**E. Reinsurance Credit**

None.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

None.

**25. Change in Incurred Claims and Claims Adjustment Expenses**

A. Reserves as of December 31, 2023 were \$(46,357). As of December 31, 2024, \$0 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 \$46,357 favorable prior-year development since December 31, 2023 and December 31, 2024. 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. The Corporation did not have any significant changes in methodologies or assumptions used in calculating the liability for claims unpaid and unpaid claims adjustment expenses for the years ended December 31, 2024 or 2023.

**26. Intercompany Pooling Arrangements**

None.

**27. Structured Settlements**

Not Applicable.

**28. Health Care Receivables**

None.

**29. Participating Policies**

None.

**30. Premium Deficiency Reserves**

None.

**31. Anticipated Salvage and Subrogation**

None.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES  
GENERAL**

1.1 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 [ X ]  No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? .....  Yes [ ]  No [ X ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

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? .....  Yes [ ]  No [ X ]

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....  12/31/2021

3.2 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. ....  12/31/2021

3.3 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). ....  07/28/2023

3.4 By what department or departments?  
Ohio Department of Insurance .....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....  Yes [ ]  No [ ]  N/A [ X ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? .....  Yes [ X ]  No [ ]  N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  Yes [ ]  No [ X ]  
4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  Yes [ ]  No [ X ]  
4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]  
If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the 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? .....  Yes [ ]  No [ X ]

6.2 If yes, give full information  
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
7.21 State the percentage of foreign control .....  0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 The Company received an exemption from filing the annual audit

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Milliman Inc., John Thompson, FSA, 1550 Liberty Drive, Suite 200 Wayne, PA 19087 (Actuary/Consultant associated with an Actuarial Consulting Firm)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company ...  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 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 [ X ] No [ ] N/A [ ]  
 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.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

(1) Updated opening statement; (2) Updated United Concordia Dental figures; (3) Removed Content IDs throughout; (4) Added language to address City of Philadelphia requirements and Southeastern Pennsylvania expansion strategy; (5) Updated verbiage to include the Enterprise Equitable Health Institute; and (6) Removed contact information no longer in use.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

**INVESTMENT**

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.**  
**GENERAL INTERROGATORIES**

25.02 If no, give full and complete information, relating thereto

.....  
25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

.....  
25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions ..... \$ ..... 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs ..... \$ ..... 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0  
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0  
25.093 Total payable for securities lending reported on the liability page ..... \$ ..... 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements .....	\$ .....	0
26.22 Subject to reverse repurchase agreements .....	\$ .....	0
26.23 Subject to dollar repurchase agreements .....	\$ .....	0
26.24 Subject to reverse dollar repurchase agreements .....	\$ .....	0
26.25 Placed under option agreements .....	\$ .....	0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....	0
26.27 FHLB Capital Stock .....	\$ .....	0
26.28 On deposit with states .....	\$ .....	1,126,833
26.29 On deposit with other regulatory bodies .....	\$ .....	0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....	0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....	0
26.32 Other .....	\$ .....	0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 .....	\$ .....	Yes [ ] No [ ]
27.42 Permitted accounting practice .....	\$ .....	Yes [ ] No [ ]
27.43 Other accounting guidance .....	\$ .....	Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year ..... \$ ..... 0

29. 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 [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
BNY Mellon N.A. .....	Pittsburgh, PA .....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.**  
**GENERAL INTERROGATORIES**

29.02 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 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 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. This includes both primary and sub-advisors. 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 Name of Firm or Individual	2 Affiliation
Highmark Health .....	A.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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?..... Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number .....	Highmark Health .....	.....	Not an RIA .....	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total	.....	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.**  
**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	1,126,833	1,057,176	(69,657)
31.2 Preferred stocks .....	0	0	0
31.3 Totals .....	1,126,833	1,057,176	(69,657)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values are determined by the custodian bank and its pricing service or according to the criteria specified in the P&P of the IAO. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? .... Yes [  ] No [  ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ....

Yes [  ] No [  ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? .... Yes [  ] No [  ]

33.2 If no, list exceptions:  
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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? .... Yes [  ] No [  ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? .... Yes [  ] No [  ]

36. 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? .... Yes [  ] No [  ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? .... Yes [  ] No [  ] N/A [  ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ .....

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

41.1 Amount of payments for legal expenses, if any? ..... \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
1.2	If yes, indicate premium earned on U.S. business only. ....	\$ ..... 0	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ ..... 0	
1.31	Reason for excluding .....		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$ ..... 0	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ ..... 0	
1.6	Individual policies: .....		
	Most current three years: 1.61 Total premium earned ..... 1.62 Total incurred claims ..... 1.63 Number of covered lives .....	\$ ..... 0 \$ ..... 0 ..... 0	
	All years prior to most current three years: 1.64 Total premium earned ..... 1.65 Total incurred claims ..... 1.66 Number of covered lives .....	\$ ..... 0 \$ ..... 0 ..... 0	
1.7	Group policies: .....		
	Most current three years: 1.71 Total premium earned ..... 1.72 Total incurred claims ..... 1.73 Number of covered lives .....	\$ ..... 0 \$ ..... 0 ..... 0	
	All years prior to most current three years: 1.74 Total premium earned ..... 1.75 Total incurred claims ..... 1.76 Number of covered lives .....	\$ ..... 0 \$ ..... 0 ..... 0	
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator .....	0	
2.2	Premium Denominator .....	0	0
2.3	Premium Ratio (2.1/2.2) .....	0.000	0.000
2.4	Reserve Numerator .....	0	
2.5	Reserve Denominator .....	0	0
2.6	Reserve Ratio (2.4/2.5) .....	0.000	0.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
3.2	If yes, give particulars: .....		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
5.2	If no, explain: The Corporation reinsures 100% of its risk business to Highmark Inc. .....		
5.3	Maximum retained risk (see instructions) .....		
	5.31 Comprehensive Medical .....	\$ ..... 0	
	5.32 Medical Only .....	\$ ..... 0	
	5.33 Medicare Supplement .....	\$ ..... 0	
	5.34 Dental & Vision .....	\$ ..... 0	
	5.35 Other Limited Benefit Plan .....	\$ ..... 0	
	5.36 Other .....	\$ ..... 0	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: .....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
7.2	If no, give details .....		
8.	Provide the following information regarding participating providers: .....		
	8.1 Number of providers at start of reporting year .....	0	
	8.2 Number of providers at end of reporting year .....	0	
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
9.2	If yes, direct premium earned: .....		
	9.21 Business with rate guarantees between 15-36 months..\$ .....	0	
	9.22 Business with rate guarantees over 36 months ..\$ .....	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ ..... 0
10.22 Amount actually paid for year bonuses.....	\$ ..... 0
10.23 Maximum amount payable withholds.....	\$ ..... 0
10.24 Amount actually paid for year withholds.....	\$ ..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or,	Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above)? ....	Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]  
 11.3 If yes, show the name of the state requiring such minimum capital and surplus. ..... Ohio  
 11.4 If yes, show the amount required. ..... \$ 1,700,000  
 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]  
 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
State of Ohio .....	
State of North Carolina .....	
Commonwealth of Kentucky .....	

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ ..... 0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ ..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....	\$ ..... 0
15.2 Total Incurred Claims .....	\$ ..... 0
15.3 Number of Covered Lives .....	0

*Ordinary Life Insurance Includes	
Term (whether full underwriting, limited underwriting, jet issue, "short form app")	
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")	
Variable Life (with or without secondary guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

16.1 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? ..... Yes [ ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.**  
**FIVE-YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	2,544,638	2,562,234	2,343,826	5,401,324	11,886,458
2. Total liabilities (Page 3, Line 24)	53,252	157,013	46,157	54,461	2,383,367
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	2,491,387	2,405,222	2,297,669	5,346,863	9,503,091
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	0	0	0	(167,410)	(56,919)
6. Total medical and hospital expenses (Line 18)	0	(60,833)	(194,296)	(907,474)	1,285,755
7. Claims adjustment expenses (Line 20)	0	0	462	(31,547)	241,708
8. Total administrative expenses (Line 21)	24,290	46,949	32,701	24,660	99,145
9. Net underwriting gain (loss) (Line 24)	(24,290)	13,884	161,133	746,951	(1,683,527)
10. Net investment gain (loss) (Line 27)	110,457	89,393	84,957	16,511	48,906
11. Total other income (Lines 28 plus 29)	0	0	0	(50,174)	(397,267)
12. Net income or (loss) (Line 32)	86,167	103,277	246,090	713,288	(2,027,465)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	100,662	114,990	225,695	(563,358)	(1,551,551)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	2,491,387	2,405,222	2,297,669	5,346,863	9,503,091
15. Authorized control level risk-based capital	5,941	5,303	6,100	9,211	778,597
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	0	0	0	0	0
17. Total members months (Column 6, Line 7)	0	0	0	0	0
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	0.0	0.0	0.0	542.1	(2,258.9)
20. Cost containment expenses	0.0	0.0	0.0	(3.7)	(314.0)
21. Other claims adjustment expenses	0.0	0.0	0.0	22.5	(110.6)
22. Total underwriting deductions (Line 23)	0.0	0.0	0.0	546.2	(2,857.7)
23. Total underwriting gain (loss) (Line 24)	0.0	0.0	0.0	(446.2)	2,957.7
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	0	(46,357)	(168,629)	822,230	2,626,125
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	0	14,476	25,667	1,729,703	1,340,370
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? \_\_\_\_\_

Yes [ ] No [ ]

If no, please explain: \_\_\_\_\_

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS****Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama .....	AL	N							0	
2. Alaska .....	AK	N							0	
3. Arizona .....	AZ	N							0	
4. Arkansas .....	AR	N							0	
5. California .....	CA	N							0	
6. Colorado .....	CO	N							0	
7. Connecticut .....	CT	N							0	
8. Delaware .....	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida .....	FL	N							0	
11. Georgia .....	GA	N							0	
12. Hawaii .....	HI	N							0	
13. Idaho .....	ID	N							0	
14. Illinois .....	IL	N							0	
15. Indiana .....	IN	N							0	
16. Iowa .....	IA	N							0	
17. Kansas .....	KS	N							0	
18. Kentucky .....	KY	L							0	
19. Louisiana .....	LA	N							0	
20. Maine .....	ME	N							0	
21. Maryland .....	MD	N							0	
22. Massachusetts .....	MA	N							0	
23. Michigan .....	MI	N							0	
24. Minnesota .....	MN	N							0	
25. Mississippi .....	MS	N							0	
26. Missouri .....	MO	N							0	
27. Montana .....	MT	N							0	
28. Nebraska .....	NE	N							0	
29. Nevada .....	NV	N							0	
30. New Hampshire .....	NH	N							0	
31. New Jersey .....	NJ	N							0	
32. New Mexico .....	NM	N							0	
33. New York .....	NY	N							0	
34. North Carolina .....	NC	L							0	
35. North Dakota .....	ND	N							0	
36. Ohio .....	OH	L							0	
37. Oklahoma .....	OK	N							0	
38. Oregon .....	OR	N							0	
39. Pennsylvania .....	PA	N							0	
40. Rhode Island .....	RI	N							0	
41. South Carolina .....	SC	N							0	
42. South Dakota .....	SD	N							0	
43. Tennessee .....	TN	N							0	
44. Texas .....	TX	N							0	
45. Utah .....	UT	N							0	
46. Vermont .....	VT	N							0	
47. Virginia .....	VA	N							0	
48. Washington .....	WA	N							0	
49. West Virginia .....	WV	N							0	
50. Wisconsin .....	WI	N							0	
51. Wyoming .....	WY	N							0	
52. American Samoa .....	AS	N							0	
53. Guam .....	GU	N							0	
54. Puerto Rico .....	PR	N							0	
55. U.S. Virgin Islands ..	VI	N							0	
56. Northern Mariana Islands .....	MP	N							0	
57. Canada .....	CAN	N							0	
58. Aggregate Other Aliens .....	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal .....		XXX	.0	.0	.0	.0	.0	.0	.0	.0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX							0	
61. Totals (Direct Business)		XXX	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
58001. ....		XXX								
58002. ....		XXX								
58003. ....		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3 4. Q - Qualified - Qualified or accredited reinsurer..... 0

2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 54

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

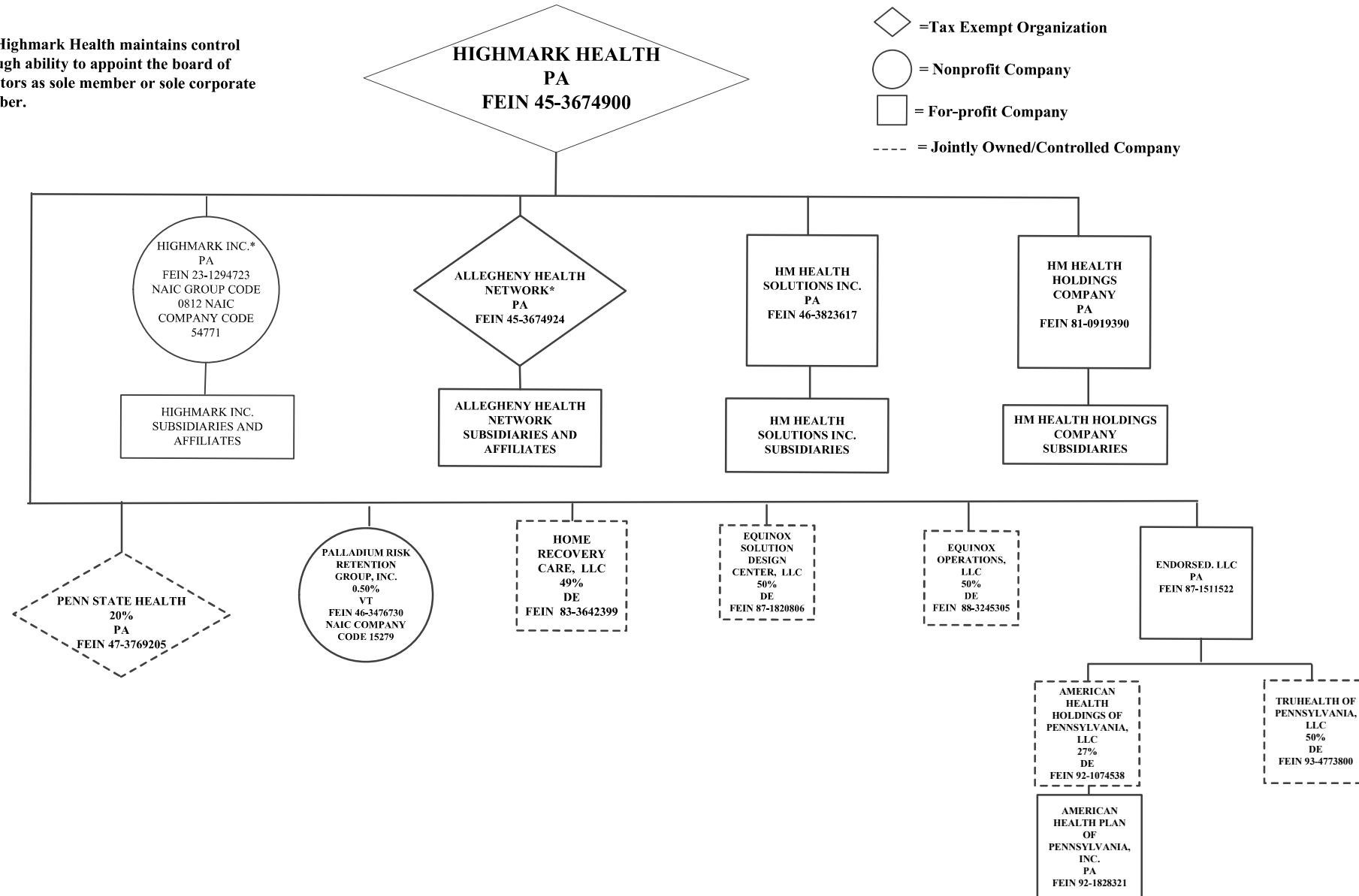
(b) Explanation of basis of allocation by states, premiums by state, etc.

Premiums are allocated based on situs of contract.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

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.



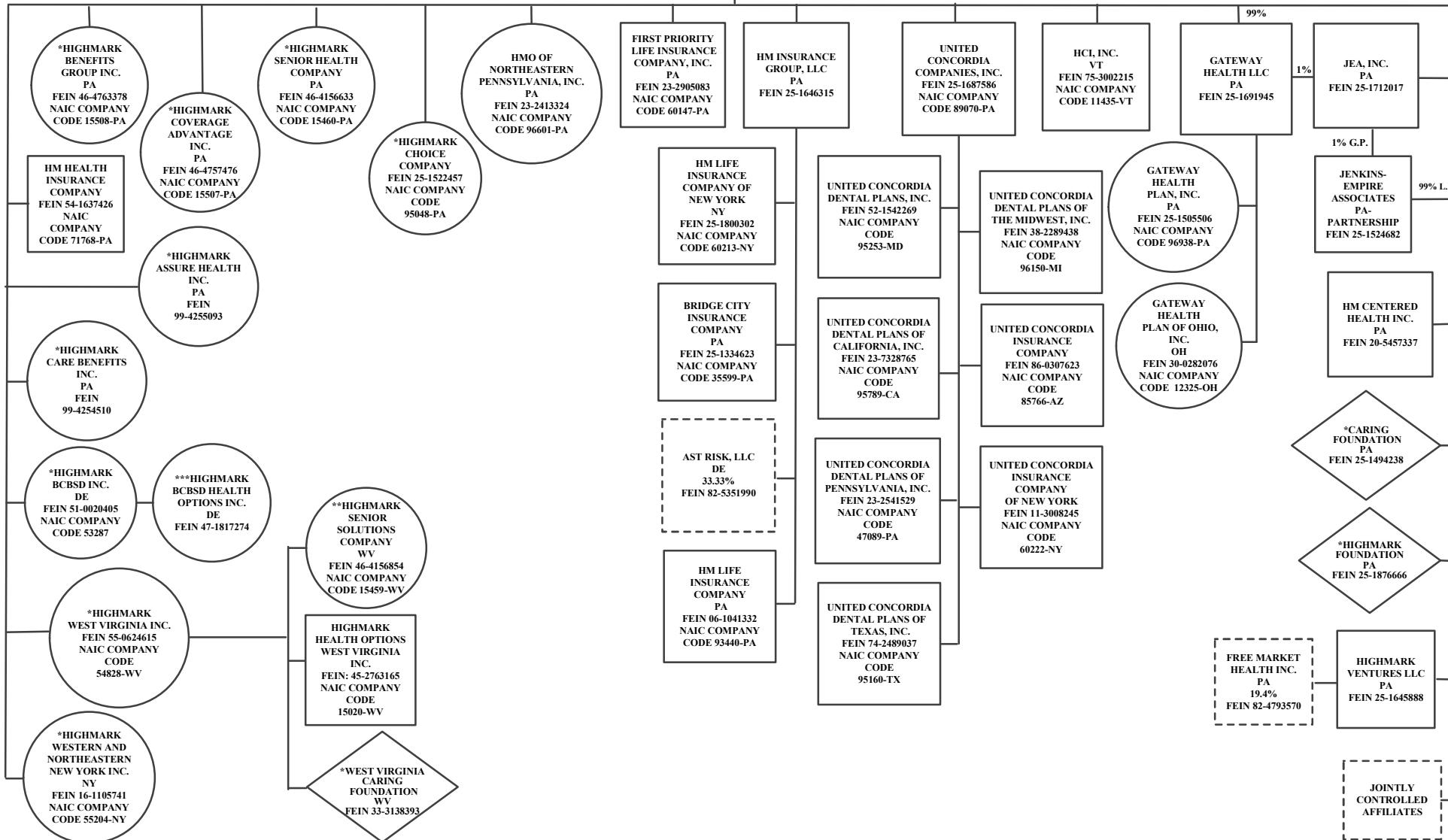
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

\* 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.

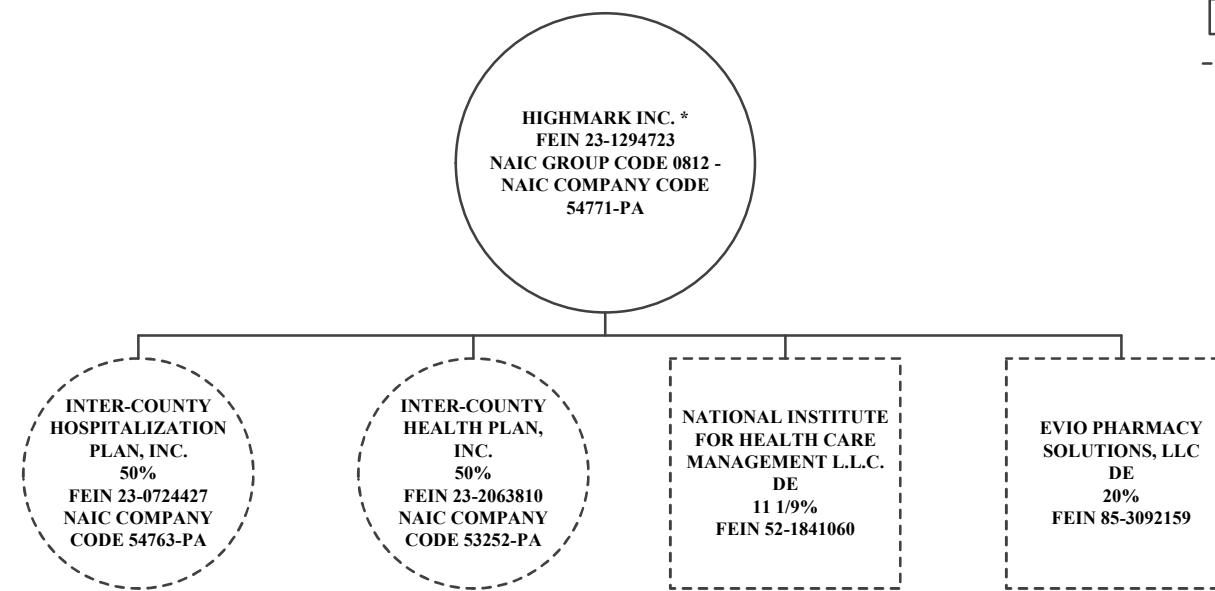
\*\*\* Highmark BCBSD Inc. maintains control through ability to appoint the board of directors as sole member.



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

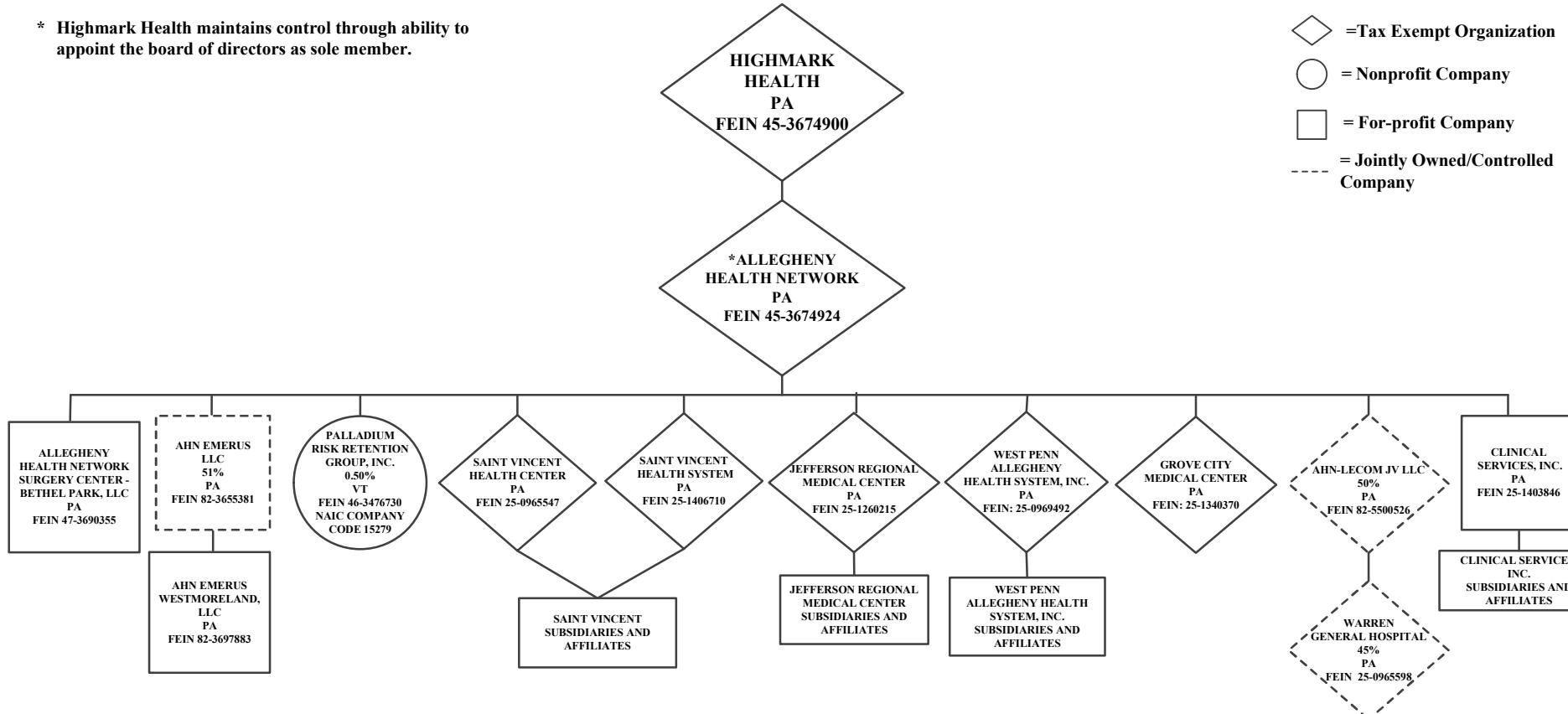
\* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

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



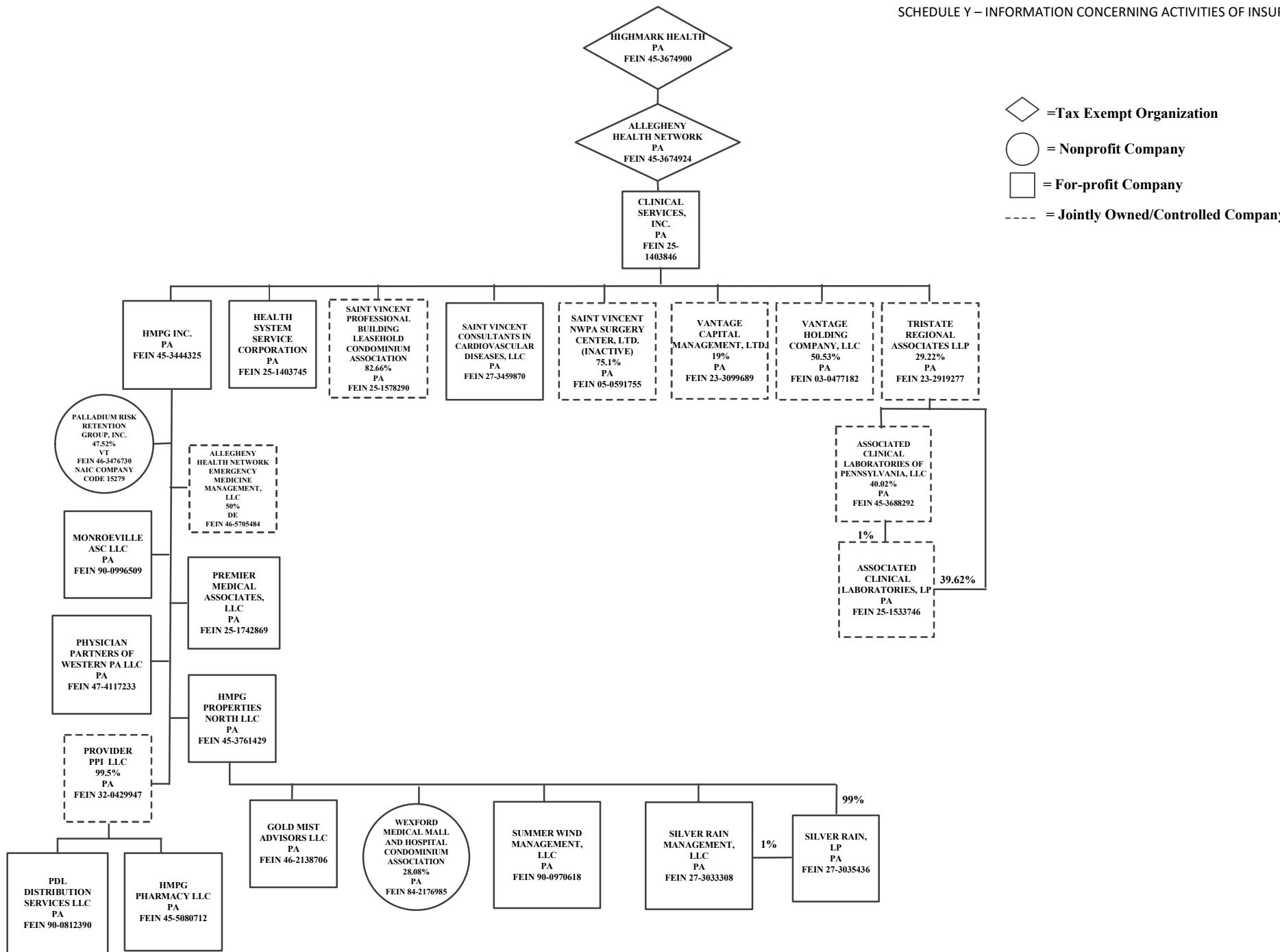
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PART 1 – ORGANIZATION CHART

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



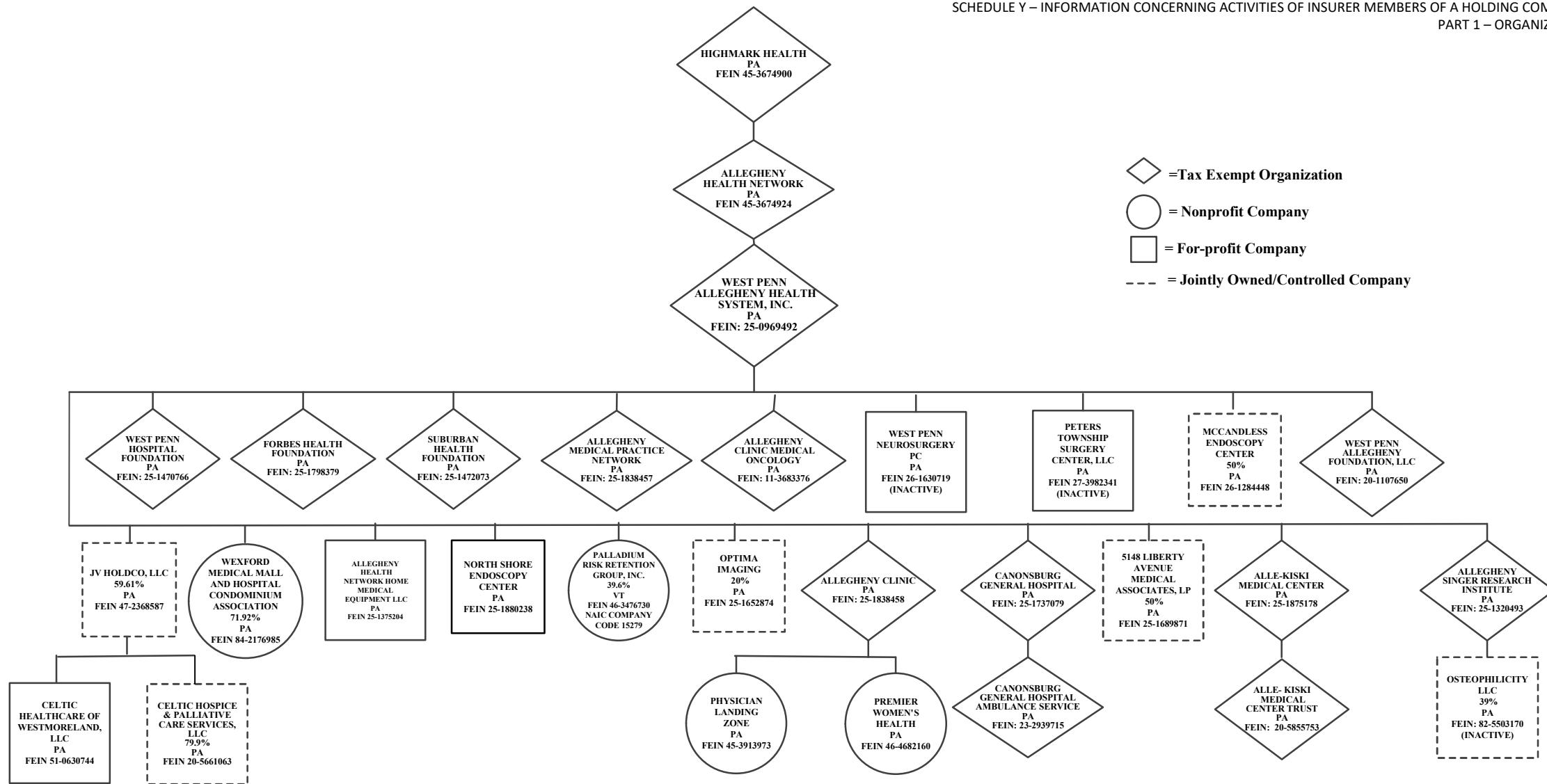
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



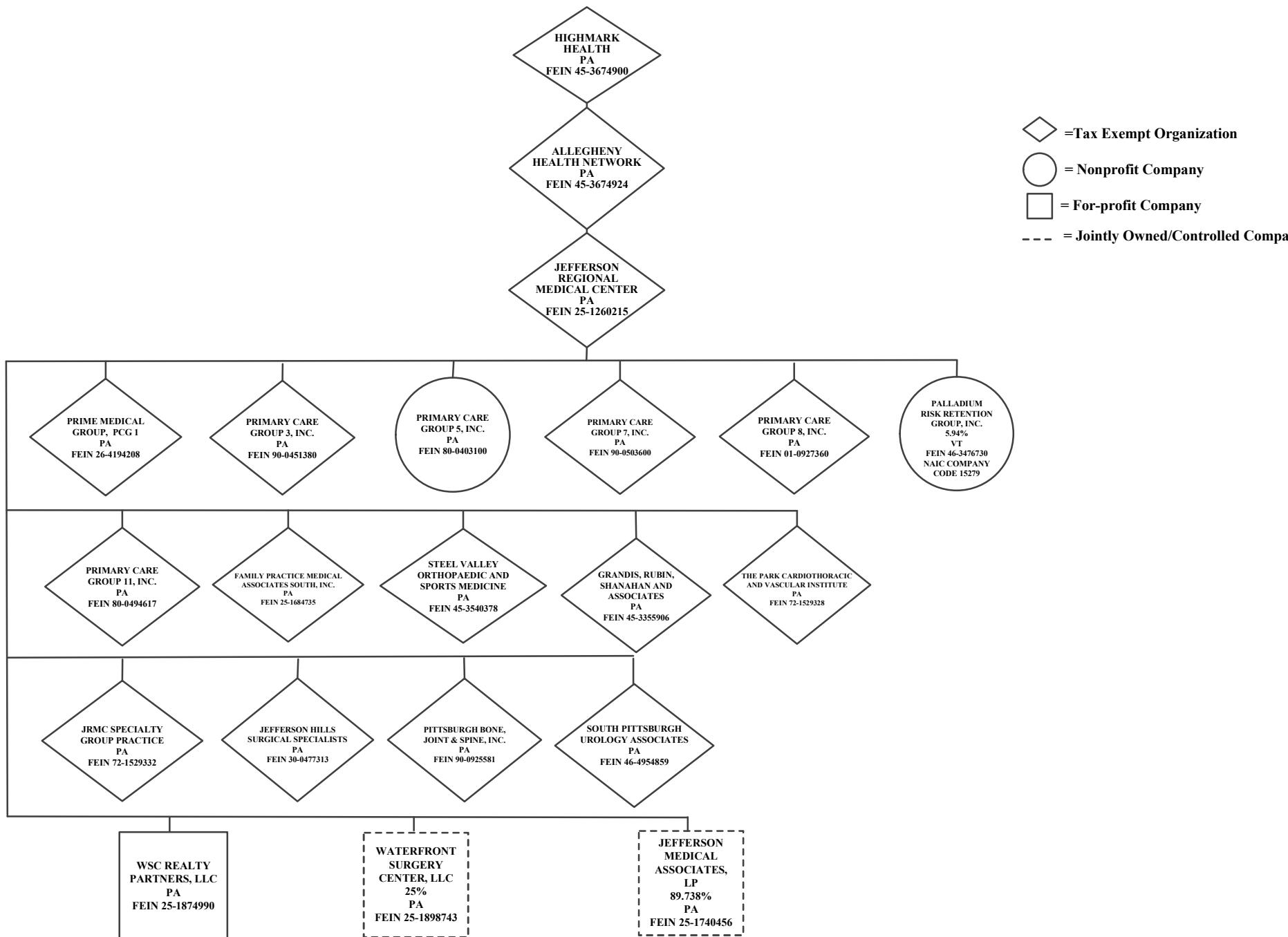
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PART 1 – ORGANIZATION CHART



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

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



# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Gateway Health Plan of OH Inc.

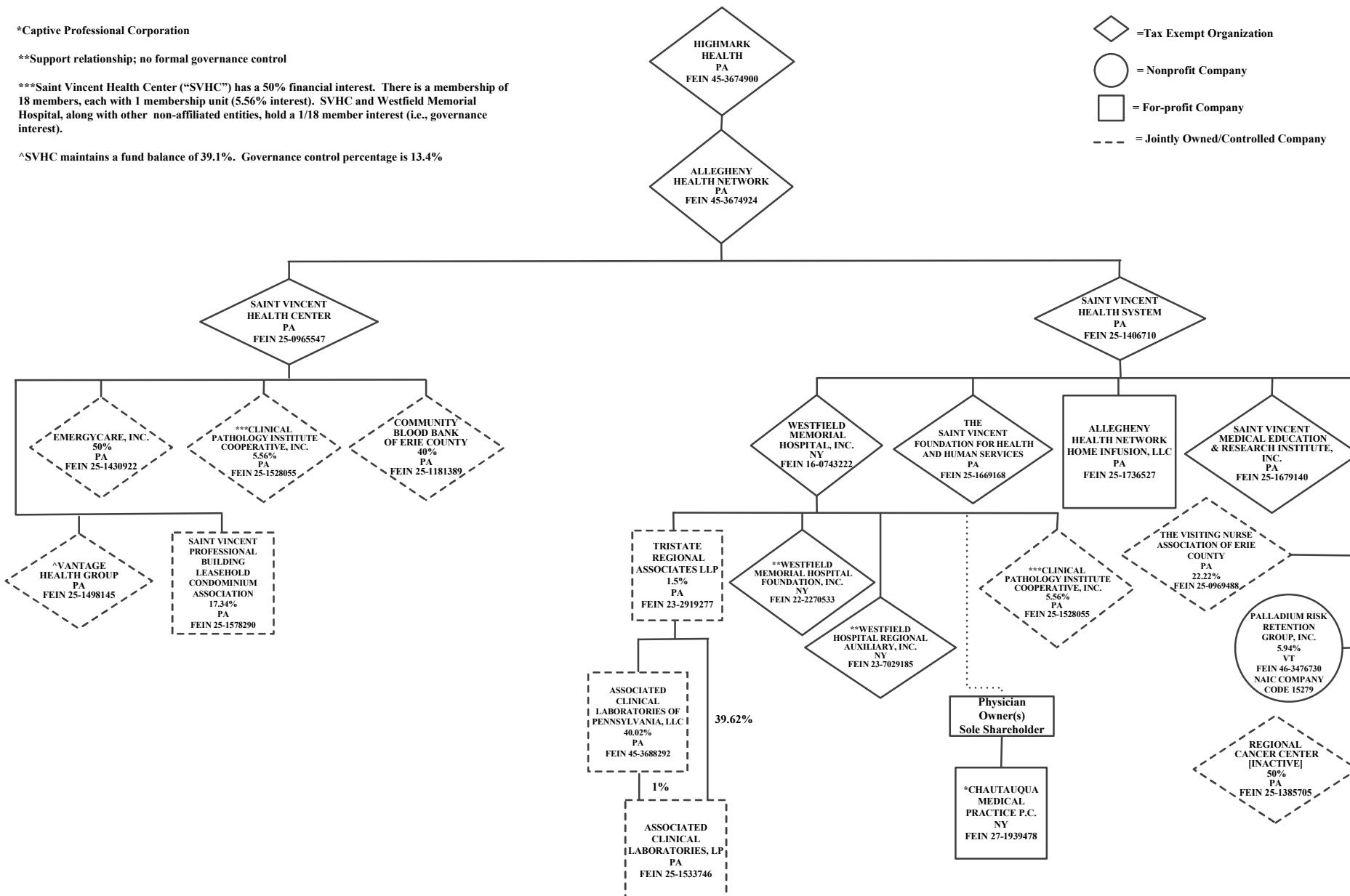
## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATION CHART

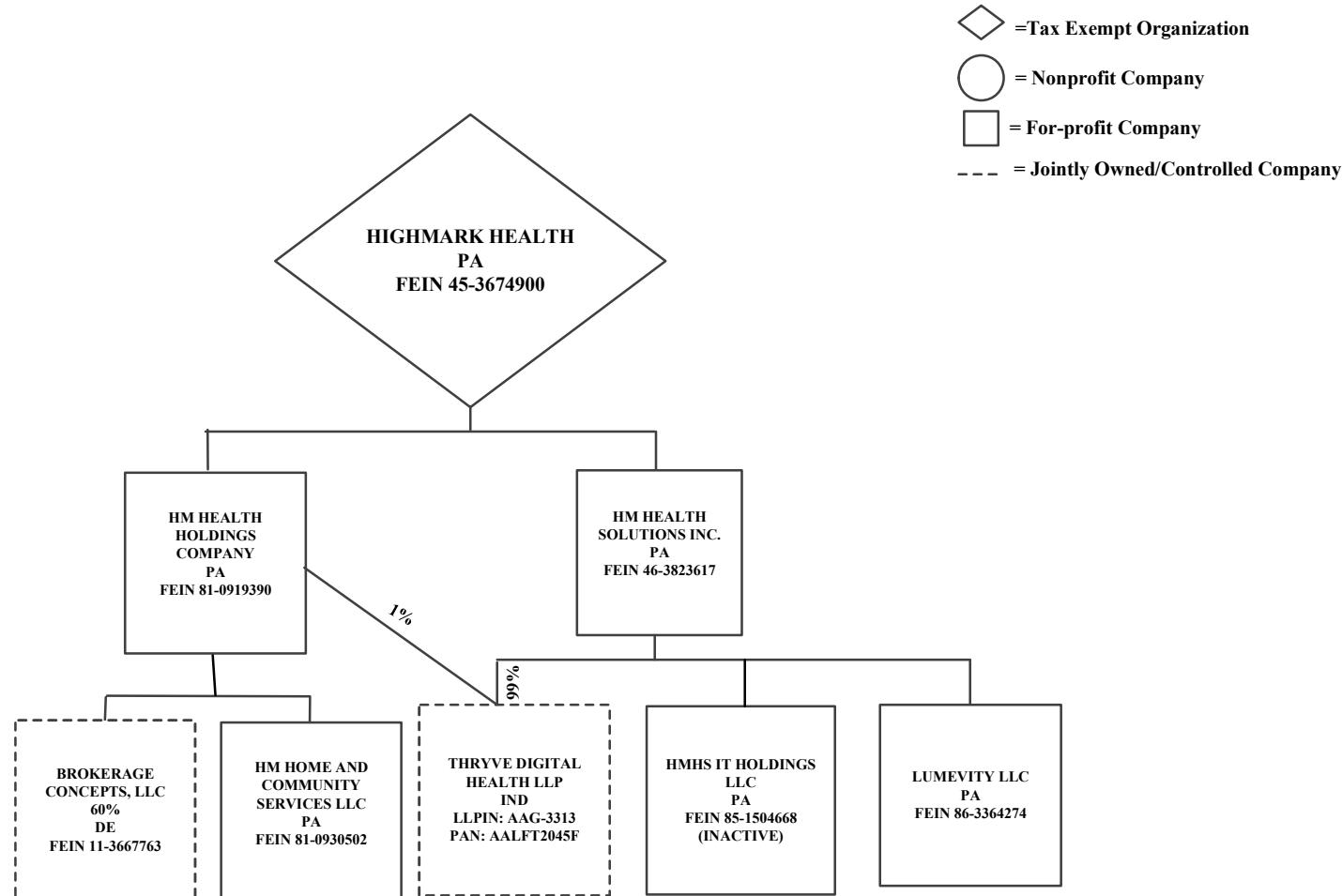
\*Captive Professional Corporation

\*\*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, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

<sup>^</sup>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

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**