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

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	Caleb Lee Knier	Thomas Devlin Kavanaugh
President	Treasurer	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 _____ day of _____, 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

Commonwealth of Pennsylvania - Notary Seal
Suanne M. Kelly, Notary Public
Washington County
My commission expires February 2, 2028
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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)

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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	Caleb Lee Knier	Thomas Devlin Kavanaugh
President	Treasurer	Secretary
State of Pennsylvania	State of	State of
County of Allegheny	County 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
Elizabeth L. Kasten		

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

Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus

N O N E

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Gateway Health Plan, Inc.	General activity in the normal course of business	29,538	29,538	0
0199999. Individually listed payables		29,538	29,538	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		29,538	29,538	0

Exhibit 7 - Part 1 - Summary of Transactions with Providers

N O N E

Exhibit 7 - Part 2

N O N E

Exhibit 8 - Furniture and Equipment Owned

N O N E

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0812 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0													
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0812 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0													
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0812 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 12325

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	1
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
18. Funds deposited by and withheld from (F)		0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)		0	0	0	0
21. Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,526,281	0	2,526,281
2.	Accident and health premiums due and unpaid (Line 15)	0	0	0
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	18,357	0	18,357
6.	Total assets (Line 28)	2,544,638	0	2,544,638
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	0	0	0
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	0	0	0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)		0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	53,252	0	53,252
15.	Total liabilities (Line 24)	53,252	0	53,252
16.	Total capital and surplus (Line 33)	2,491,387	XXX	2,491,387
17.	Total liabilities, capital and surplus (Line 34)	2,544,639	0	2,544,639
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000	45-3674900	0	0		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	45-3674924	0	0		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	54771	23-1294723	0	0		HIGHMARK INC	PA	UIP	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	1
0000		00000	46-3823617	0	0		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	83-3642399	0	0		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.000	HIGHMARK HEALTH	NO	
0000		00000	87-1820806	0	0		EQUINOX SOLUTION DESIGN CENTER, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	88-3245305	0	0		EQUINOX OPERATIONS, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	87-1511522	0	0		ENDORSED, LLC	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	92-1074538	0	0		AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC	DE	NIA	ENDORSED, LLC	Ownership	27.000	HIGHMARK HEALTH	NO	
0000		00000	93-4773800	0	0		TRUHEALTH OF PENNSYLVANIA, LLC	DE	NIA	ENDORSED, LLC	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	92-1828321	0	0		AMERICAN HEALTH PLAN OF PENNSYLVANIA, INC.	PA	NIA	AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	47-3769205	0	0		PENN STATE HEALTH		NIA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.		IA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	81-0919390	0	0		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	11-3667763	0	0		BROKERAGE CONCEPTS, LLC	DE	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	60.000	HIGHMARK HEALTH	NO	
0000		00000	81-0930502	0	0		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	00-0000000	0	0		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.000	HIGHMARK HEALTH	NO	
0000		00000	00-0000000	0	0		THRYVE DIGITAL HEALTH LLP.	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.000	HIGHMARK HEALTH	NO	
0000		00000	85-1504668	0	0		HMHS IT HOLDINGS LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	86-3364274	0	0		LUMEVITY LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	45-3913973	0	0		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	46-4682160	0	0		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	45-3444325	0	0		HMPG INC.	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1260215	0	0		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	82-3655381	0	0		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.000	HIGHMARK HEALTH	NO	
0000		00000	82-3697883	0	0		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1340370	0	0		GROVE CITY MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	82-5500526	0	0		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	25-0965598	0	0		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	47-3690355	0	0		ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC.	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-0965547	0	0		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1406710	0	0		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-0969492	0	0		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	82-5503170	0	0		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.000	HIGHMARK HEALTH	NO	
0000		00000	20-5855753	0	0		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1533746	0	0		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.000	HIGHMARK HEALTH	NO	
0000		00000	23-2939715	0	0		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	27-3459870	0	0		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1403745	0	0		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	05-0591755	0	0		SAINT VINCENT NWPA SURGERY CENTER, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	75.100	HIGHMARK HEALTH	NO	
0000		00000	25-1578290	0	0		SAINT VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	82.660	HIGHMARK HEALTH	NO	
0000		00000	23-2919277	0	0		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	CLINICAL SERVICES, INC	Ownership	29.220	HIGHMARK HEALTH	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000		00000	23-3099689	0	0		VANTAGE CAPITAL MANAGEMENT, LTD	PA	NIA	CLINICAL SERVICES, INC	Ownership	19.000	HIGHMARK HEALTH	NO	
0000		00000	03-0477182	0	0		VANTAGE HOLDING COMPANY, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	50.530	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	12325	30-0282076	0	0		GATEWAY HEALTH PLAN OF OHIO, INC.	OH	RE	GATEWAY HEALTH LLC	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	96938	25-1505506	0	0		GATEWAY HEALTH PLAN, INC.	PA	IA	GATEWAY HEALTH LLC	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	47-1817274	0	0		HIGHMARK BCBSD HEALTH OPTIONS INC.	DE	NIA	HIGHMARK BCBSD INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1494238	0	0		CARING FOUNDATION	PA	NIA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	YES	
0812	HIGHMARK INC	60147	23-2905083	0	0		FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	PA	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1691945	0	0		GATEWAY HEALTH LLC	PA	UDP	JEA, INC.	Ownership	1.000	HIGHMARK HEALTH	NO	
0000		00000	25-1691945	0	0		GATEWAY HEALTH LLC	PA	UDP	HIGHMARK INC.	Ownership	99.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	11435	75-3002215	0	0		HCI, INC.	VT	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	00000	99-4255093	0	0		HIGHMARK ASSURE HEALTH INC.	PA	NIA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	53287	51-0020405	0	0		HIGHMARK BCBSD INC.	DE	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	15508	46-4763378	0	0		HIGHMARK BENEFITS GROUP INC	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	00000	99-4254510	0	0		HIGHMARK CARE BENEFITS INC.	PA	NIA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	15507	46-4757476	0	0		HIGHMARK COVERAGE ADVANTAGE INC	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1876666	0	0		HIGHMARK FOUNDATION	PA	NIA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	15460	46-4156633	0	0		HIGHMARK SENIOR HEALTH COMPANY	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1645888	0	0		HIGHMARK VENTURES LLC	PA	NIA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	54828	55-0624615	0	0		HIGHMARK WEST VIRGINIA INC.	WV	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	20-5457337	0	0		HM CENTERED HEALTH, INC	PA	NIA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	71768	54-1637426	0	0		HM HEALTH INSURANCE COMPANY	PA	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1646315	0	0		HM INSURANCE GROUP, LLC	PA	NIA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	96601	23-2413324	0	0		HMO OF NORTHEASTERN PENNSYLVANIA, INC	PA	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	55204	16-1105741	0	0		HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	NY	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0936	INDEPENDENCE HEALTH GROUP INC.	53252	23-2063810	0	0		INTER-COUNTY HEALTH PLAN, INC.	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	2
0936	INDEPENDENCE HEALTH GROUP INC.	54763	23-0724427	0	0		INTER-COUNTY HOSPITALIZATION PLAN, INC.	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	3
0000		00000	25-1712017	0	0		JEA, INC.	PA	NIA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1524682	0	0		JENKINS-EMPIRE ASSOCIATES	PA	NIA	HIGHMARK INC.	Ownership	99.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	95048	25-1522457	0	0		HIGHMARK CHOICE COMPANY	PA	IA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	85-3092159	0	0		EVIO PHARMACY SOLUTIONS, LLC	DE	NIA	HIGHMARK INC.	Ownership	20.000	HIGHMARK HEALTH	NO	
0000		00000	52-1841060	0	0		NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC	DE	NIA	HIGHMARK INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	89070	25-1687586	0	0		UNITED CONCORDIA COMPANIES, INC.	PA	IA	HIGHMARK INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	82-4793570	0	0		FREE MARKET HEALTH INC.	PA	NIA	HIGHMARK VENTURES LLC	Ownership	19.400	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	15459	46-4156854	0	0		HIGHMARK SENIOR SOLUTIONS COMPANY	WV	IA	HIGHMARK WEST VIRGINIA INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	15020	45-2763165	0	0		HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC.	WV	IA	HIGHMARK WEST VIRGINIA INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	33-3138393	0	0		WEST VIRGINIA CARING FOUNDATION	WV	NIA	HIGHMARK WEST VIRGINIA INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	35599	25-1334623	0	0		BRIDGE CITY INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	93440	06-1041332	0	0		HM LIFE INSURANCE COMPANY	PA	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	60213	25-1800302	0	0		HM LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	HM INSURANCE GROUP, LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	82-5351990	0	0		AST RISK, LLC	DE	NIA	HM INSURANCE GROUP, LLC	Ownership	33.330	HIGHMARK HEALTH	NO	
0000		00000	47-4117233	0	0		PHYSICIAN PARTNERS OF WESTERN PA LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	46-5705484	0	0		ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC	DE	NIA	HMPG INC.	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	45-3761429	0	0		HMPG PROPERTIES NORTH LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	90-0996509	0	0		MONROEVILLE ASC LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HMPG INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1742869	0	0		PREMIER MEDICAL ASSOCIATES, LLC	PA	NIA	HMPG INC.	Ownership	100.000	HIGHMARK HEALTH	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000		00000	32-0429947	0	0		PROVIDER PPI LLC	PA	NIA	HMPG INC.	Ownership	99.500	HIGHMARK HEALTH	NO	
0000		00000	46-2138706	0	0		GOLD MIST ADVISORS LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	27-3033308	0	0		SILVER RAIN MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	27-3035436	0	0		SILVER RAIN, LP	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	99.000	HIGHMARK HEALTH	NO	
0000		00000	90-0970618	0	0		SUMMER WIND MANAGEMENT, LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	84-2176985	0	0		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	HMPG PROPERTIES NORTH LLC	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1524682	0	0		JENKINS-EMPIRE ASSOCIATES	PA	NIA	JEA INC.	Ownership	1.000	HIGHMARK HEALTH	NO	
0000		00000	25-1684735	0	0		FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	45-3355906	0	0		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	30-0477313	0	0		JEFFERSON HILLS SURGICAL SPECIALISTS	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1740456	0	0		JEFFERSON MEDICAL ASSOCIATES, LP	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	89.738	HIGHMARK HEALTH	NO	
0000		00000	72-1529332	0	0		JRMC SPECIALTY GROUP PRACTICE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	90-0925581	0	0		PITTSBURGH BONE, JOINT & SPINE, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	80-0494617	0	0		PRIMARY CARE GROUP 11, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	90-0451380	0	0		PRIMARY CARE GROUP 3, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	80-0403100	0	0		PRIMARY CARE GROUP 5, INC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	90-0503600	0	0		PRIMARY CARE GROUP 7, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	01-0927360	0	0		PRIMARY CARE GROUP 8, INC.	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	26-4194208	0	0		PRIME MEDICAL GROUP, PCG 1	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	46-4954859	0	0		SOUTH PITTSBURGH UROLOGY ASSOCIATES	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	45-3540378	0	0		STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	72-1529328	0	0		THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1898743	0	0		WATERFRONT SURGERY CENTER, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	25.000	HIGHMARK HEALTH	NO	
0000		00000	25-1874990	0	0		WSC REALTY PARTNERS, LLC	PA	NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	51-0630744	0	0		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	20-5661063	0	0		CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	PA	NIA	JV HOLDCO, LLC	Ownership	79.900	HIGHMARK HEALTH	NO	
0000		00000	45-5080712	0	0		HMPG PHARMACY LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	90-0812390	0	0		PDL DISTRIBUTION SERVICES LLC	PA	NIA	PROVIDER PPI LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1528055	0	0		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1181389	0	0		COMMUNITY BLOOD BANK OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1430922	0	0		EMERGYCARE, INC	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1578290	0	0		SAINT VINCENT PROFESSIONAL BUILDING LEASEHOLD CONDOMINIUM ASSOCIATION	PA	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.340	HIGHMARK HEALTH	NO	
0000		00000	25-1498145	0	0		VANTAGE HEALTH GROUP	PA	NIA	SAINT VINCENT HEALTH CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1736527	0	0		ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1403846	0	0		CLINICAL SERVICES, INC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1385705	0	0		REGIONAL CANCER CENTER	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1679140	0	0		SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1669168	0	0		THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	

SCHEDULE Y

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0000		00000	25-0969488	0	0		THE VISITING NURSE ASSOCIATION OF ERIE COUNTY	PA	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	16-0743222	0	0		WESTFIELD MEMORIAL HOSPITAL, INC	NY	NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	27-3035436	0	0		SILVER RAIN, LP	PA	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.000	HIGHMARK HEALTH	NO	
0000		00000	45-3688292	0	0		ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.020	HIGHMARK HEALTH	NO	
0000		00000	25-1533746	0	0		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.620	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	95789	23-7328765	0	0		UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	CA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	47089	23-2541529	0	0		UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	PA	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	95160	74-2489037	0	0		UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	TX	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	96150	38-2289438	0	0		UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	MI	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	95253	52-1542269	0	0		UNITED CONCORDIA DENTAL PLANS, INC.	MD	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	60222	11-3008245	0	0		UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	NY	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0812	HIGHMARK INC	85766	86-0307623	0	0		UNITED CONCORDIA INSURANCE COMPANY	AZ	IA	UNITED CONCORDIA COMPANIES, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1689871	0	0		5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	50.000	HIGHMARK HEALTH	NO	
0000		00000	25-1838458	0	0		ALLEGHENY CLINIC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1838457	0	0		ALLEGHENY MEDICAL PRACTICE NETWORK	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1320493	0	0		ALLEGHENY SINGER RESEARCH INSTITUTE	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1875178	0	0		ALLE-KISKI MEDICAL CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1737079	0	0		CANONSBURG GENERAL HOSPITAL	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1798379	0	0		FORBES HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	47-2368587	0	0		JV HOLDCO, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	59.610	HIGHMARK HEALTH	NO	
0000		00000	84-2176985	0	0		WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM ASSOCIATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1375204	0	0		ALLEGHENY HEALTH NETWORK HOME MEDICAL EQUIPMENT LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	26-1284448	0	0		MCCANDLESS ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1880238	0	0		NORTH SHORE ENDOSCOPY CENTER	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1652874	0	0		OPTIMA IMAGING	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	20.000	HIGHMARK HEALTH	NO	
0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	27-3982341	0	0		PETERS TOWNSHIP SURGERY CENTER, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1472073	0	0		SUBURBAN HEALTH FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	20-1107650	0	0		WEST PENN ALLEGHENY FOUNDATION, LLC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	11-3683376	0	0		ALLEGHENY CLINIC MEDICAL ONCOLOGY	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	25-1470766	0	0		WEST PENN HOSPITAL FOUNDATION	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	BOARD	0.000	HIGHMARK HEALTH	NO	
0000		00000	26-1630719	0	0		WEST PENN NEUROSURGERY PC	PA	NIA	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	27-1939478	0	0		CHAUTAUQUA MEDICAL PRACTICE P.C.	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
0000		00000	25-1528055	0	0		CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD	0.000	HIGHMARK HEALTH		
0000		00000	23-2919277	0	0		TRISTATE REGIONAL ASSOCIATES LLP	PA	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.500	HIGHMARK HEALTH		
0000		00000	23-7029185	0	0		WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD	0.000	HIGHMARK HEALTH		
0000		00000	22-2270533	0	0		WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	NY	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD	0.000	HIGHMARK HEALTH		

Asterisk	Explanation
1	Inter-County Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board. Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.
2	Inter-County Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.
3	Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54771	23-1294723	HIGHMARK INC	105,000,000	(14,750,000)	0	0	588,819,425	129,342,037		(299,840,295)	508,571,167	(879,158,718)
15279	46-3476730	PALLADIUM RISK RETENTION GROUP, INC.	0	0	0	0	0	0		0	0	0
12325	30-0282076	GATEWAY HEALTH PLAN OF OHIO, INC.	0	0	0	0	(57,999)	0		0	(57,999)	0
96938	25-1505506	GATEWAY HEALTH PLAN, INC.	0	0	0	0	(448,616,792)	(124,392,413)		0	(573,009,205)	225,887,645
60147	23-2905083	FIRST PRIORITY LIFE INSURANCE COMPANY, INC.	0	0	0	0	(12,527,413)	1,491,391		0	(11,036,022)	20,975,021
11435	75-3002215	HCI, INC.	0	0	0	0	(495,068)	0		0	(495,068)	0
53287	51-0020405	HIGHMARK BCBSD INC.	0	0	0	0	(130,064,129)	0		0	(130,064,129)	0
15508	46-4763378	HIGHMARK BENEFITS GROUP INC	0	2,750,000	0	0	(34,231,704)	(6,968,997)		0	(38,450,701)	49,764,806
15507	46-4757476	HIGHMARK COVERAGE ADVANTAGE INC	0	2,000,000	0	0	(32,668,455)	(13,599,215)		0	(44,267,670)	27,702,658
15460	46-4156633	HIGHMARK SENIOR HEALTH COMPANY	0	0	0	0	(261,595,727)	(45,910,766)		0	(307,506,493)	287,715,109
54828	55-0624615	HIGHMARK WEST VIRGINIA INC.	0	(1,250,000)	0	0	(105,109,192)	25,634,010		1,000,529	(79,724,653)	(30,872,476)
71768	54-1637426	HM HEALTH INSURANCE COMPANY	0	0	0	0	(24,818,448)	(17,229,662)		0	(42,048,110)	28,096,613
96601	23-2413324	HMO OF NORTHEASTERN PENNSYLVANIA, INC	0	0	0	0	(4,816,314)	(1,643,040)		0	(6,459,354)	4,331,873
55204	16-1105741	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	0	0	0	0	(171,171,978)	0		0	(171,171,978)	0
53252	23-2063810	INTER-COUNTY HEALTH PLAN, INC.	0	0	0	0	0	0		0	0	0
54763	23-0724427	INTER-COUNTY HOSPITALIZATION PLAN, INC.	0	0	0	0	0	0		0	0	0
95048	25-1522457	HIGHMARK CHOICE COMPANY	0	0	0	0	(89,989,401)	74,431,410		0	(15,557,991)	79,122,968
89070	25-1687586	UNITED CONCORDIA COMPANIES, INC.	(33,000,000)	0	(130,007)	(130,007)	(75,374,371)	0		0	(108,634,385)	0
15459	46-4156854	HIGHMARK SENIOR SOLUTIONS COMPANY	0	1,250,000	0	0	(20,334,171)	(20,715,772)		0	(39,799,943)	26,341,135
15020	45-2763165	HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC.	0	0	0	0	(13,590,355)	(5,277,970)		0	(18,868,325)	2,452,212
35599	25-1334623	BRIDGE CITY INSURANCE COMPANY	(30,000,000)	0	0	0	(5,965,130)	3,621,686		123,909	(32,219,535)	(3,063,423)
93440	06-1041332	HM LIFE INSURANCE COMPANY	0	0	0	0	(65,406,253)	(3,261,954)		(1,124,438)	(69,792,645)	5,142,552
60213	25-1800302	HM LIFE INSURANCE COMPANY OF NEW YORK	0	0	0	0	(4,864,176)	0		0	(4,864,176)	0
95789	23-7328765	UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.	(2,000,000)	0	0	0	2,546,398	0		0	546,398	0
47089	23-2541529	UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC.	0	0	0	0	(1,144,519)	0		0	(1,144,519)	0
95160	74-2489037	UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC.	0	0	0	0	(18,860)	0		0	(18,860)	0
96150	38-2289438	UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC.	0	0	0	0	(287,546)	0		0	(287,546)	0
95253	52-1542269	UNITED CONCORDIA DENTAL PLANS, INC.	0	0	194,292	194,292	(696,219)	0		0	(307,635)	0
60222	11-3008245	UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK	0	0	0	0	(432,999)	0		0	(432,999)	0
85766	86-0307623	UNITED CONCORDIA INSURANCE COMPANY	(40,000,000)	0	(64,285)	(64,285)	(93,424,836)	0		0	(133,553,406)	0
00000	87-1511522	ENDORSED, LLC	0	0	0	0	17,673,068	0		0	17,673,068	0
00000	46-3823617	HM HEALTH SOLUTIONS INC.	0	0	0	0	153,342,947	0		0	153,342,947	0
00000	11-3667763	BROKERAGE CONCEPTS, LLC	0	0	0	0	(3,376,708)	0		0	(3,376,708)	0
00000	25-1691945	GATEWAY HEALTH LLC	0	0	0	0	271,178,644	0		0	271,178,644	0
00000	45-3674900	HIGHMARK HEALTH	0	0	0	0	698,231,826	0		36,113,761	734,345,587	0
00000	81-0930502	HM HOME AND COMMUNITY SERVICES LLC	0	0	0	0	16,075,206	0		0	16,075,206	0
00000	47-1817274	HIGHMARK BCBSD HEALTH OPTIONS INC.	0	0	0	0	(144,214,974)	4,479,255		0	(139,735,719)	155,562,025

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	81-0919390	HM HEALTH HOLDINGS COMPANY	0	0	0	0	(1,598,011)	0		0	(1,598,011)	0
00000	25-1645888	HIGHMARK VENTURES LLC	0	0	0	0	(277,442)	0		0	(277,442)	0
00000	25-1524682	JENKINS-EMPIRE ASSOCIATES	0	0	0	0	(667,381)	0		0	(667,381)	0
00000	99-4255093	HIGHMARK ASSURE HEALTH INC.	0	5,000,000	0	0	0	0		0	5,000,000	0
00000	99-4254510	HIGHMARK CARE BENEFITS INC.	0	5,000,000	0	0	0	0		0	5,000,000	0
00000	25-1646315	HM INSURANCE GROUP, LLC.	0	0	0	0	0	0		0	0	0
00000	45-3674924	ALLEGHENY HEALTH NETWORK	0	0	0	0	0	0		243,726,534	243,726,534	0
00000	25-1494238	CARING FOUNDATION	0	0	0	0	0	0		5,000,000	5,000,000	0
00000	25-1876666	HIGHMARK FOUNDATION	0	0	0	0	0	0		15,000,000	15,000,000	0
00000	25-1712017	JEA, INC.	0	0	0	0	(15,120)	0		0	(15,120)	0
00000	20-5457337	HM CENTERED HEALTH INC.	0	0	0	0	(15,823)	0		0	(15,823)	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

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

Explanations:

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22. company is in run off
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Bar Codes:

2. Actuarial Opinion [Document Identifier 440]

8. Audited Financial Report [Document Identifier 220]

9. Accountants Letter of Qualifications [Document Identifier 221]

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15. Medicare Part D Coverage Supplement [Document Identifier 365]

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

24. Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]