



QUARTERLY STATEMENT

As of March 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	c/o CT Corporation Systems 4400 Easton Commons Way, Suite 125 ..... Columbus ..... OH ..... 43219 (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) 412-544-5458 (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

David Arthur Blandino M.D. Alexis A. Miller	Ellen Marie Duffield	Tony George Farah M.D.	Kevin Lee Jenkins
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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 President	Caleb Lee Knier Treasurer	Thomas Devlin Kavanaugh Secretary
State of _____	State of _____	State of _____
County of _____	County of _____	County of _____
Ellen Marie Duffield subscribed and sworn to before me this _____ day of <u>May</u> , 2024	Caleb Lee Knier subscribed and sworn to before me this _____ day of <u>May</u> , 2024	Thomas Devlin Kavanaugh subscribed and sworn to before me this _____ day of <u>May</u> , 2024

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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,136,841		1,136,841	1,140,099
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
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 (\$ .....27,178 ), cash equivalents (\$ ..... 1,307,091 ) and short-term investments (\$ ..... ) .....	1,334,270		1,334,270	1,402,548
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,471,111	0	2,471,111	2,542,647
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	21,422		21,422	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 \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			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
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	12,482		12,482	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) .....	2,505,015	0	2,505,015	2,562,233
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,505,015	0	2,505,015	2,562,233
DETAILS OF WRITE-INS				
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 Period			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 \$ ..... 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 reserve .....			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 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 .....			0	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, \$ ..... unauthorized reinsurers and \$ ..... 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) .....	53,221	0	53,221	54,908
24. Total liabilities (Lines 1 to 23) .....	53,221	0	53,221	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	28,236,234	28,236,235
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(25,784,441)	(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	2,451,793	2,405,222
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,505,014	2,562,234
DETAILS OF WRITE-INS				
2301. Escheat Liability Medicare .....	53,221		53,221	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)	53,221	0	53,221	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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX		0	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	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	0	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....			(20,562)	(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	0
15. Incentive pool, withhold adjustments and bonus amounts .....			0	0
16. Subtotal (Lines 9 to 15) .....	0	0	(20,562)	(60,833)
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	0	(20,562)	(60,833)
19. Non-health claims (net) .....			0	0
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....			0	0
21. General administrative expenses .....		(18,150)	9,729	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	(18,150)	(10,833)	(13,884)
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	18,150	10,833	13,884
25. Net investment income earned .....		28,423	19,425	89,393
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	28,423	19,425	89,393
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )].....			0	0
29. Aggregate write-ins for other income or expenses .....	0	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	46,573	30,258	103,277
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	46,573	30,258	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	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. DME .....			0	
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	2,405,222	2,297,669	2,297,669
34. Net income or (loss) from Line 32 .....	46,573	30,259	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 .....		1,220	4,276
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	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	0
44.3 Transferred to surplus.....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	(1)	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	0
48. Net change in capital & surplus (Lines 34 to 47) .....	46,572	31,479	107,553
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,451,794	2,329,148	2,405,222
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance .....	0	1,220	0
2. Net investment income .....	29,845	29,539	105,515
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	29,845	30,759	105,515
5. Benefit and loss related payments .....	0	(6,086)	(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 .....	( 18,150)	9,729	45,729
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0	(8,846)
10. Total (Lines 5 through 9) .....	( 18,150)	3,643	(9,474)
11. Net cash from operations (Line 4 minus Line 10) .....	47,995	27,116	114,989
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	125,000
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	125,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	131,479
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	131,479
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	(6,479)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	(1)	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(116,273)	(4,525)	129,724
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(116,274)	(4,525)	129,724
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(68,279)	22,591	238,234
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,402,547	1,164,313	1,164,313
19.2 End of period (Line 18 plus Line 19.1) .....	1,334,268	1,186,904	1,402,547

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

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Exhibit of Premiums, Enrollment and Utilization  
**N O N E**

Claims Payable - Aging Analysis of Unpaid Claims  
**N O N E**

Underwriting and Investment Exhibit  
**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 March 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:

	SSAP #	F/S Page	F/S Line #	March 31, 2024	December 31, 2023
Net income					
(1) Gateway Health Plan of Ohio Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 46,573	\$ 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	\$ 46,573	\$ 103,277
Surplus					
(5) Gateway Health Plan of Ohio Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,451,793	\$ 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	\$ 2,451,793	\$ 2,405,222

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

No change.

C. Accounting Policies

- (1) No change.
- (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) – (5) No changes.
- (6) – The Corporation does not hold any loan-backed securities.
- (7)– (17) No changes.

D. Going Concern

None.

2. Accounting Changes and Corrections of Errors

No change.

3. Business Combinations and Goodwill

No change.

4. Discontinued Operations

No change.

5. Investments

- A. – C. No changes.
- D. Loan-Backed Securities

(1) – (5) None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

NOTES TO FINANCIAL STATEMENTS

(1) – (2) None.

(3) Collateral Received

- a. None.
- b. None.
- c. None.

(4) – (7) 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. – K. No changes.

L. Restricted Assets

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

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total (Admitted & Nonadmitted) Gross Restricted from Current Year	Total (Admitted & Nonadmitted) Gross 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)
Restricted Asset Category							
Subject to contractual obligation for							
a. which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
Collateral held under security lending							
b. agreements	-	-	-	-	-	0.00%	0.00%
c. Subject to repurchase agreements	-	-	-	-	-	0.00%	0.00%
Subject to reverse repurchase							
d. agreements	-	-	-	-	-	0.00%	0.00%
Subject to dollar reverse repurchase							
e. agreements	-	-	-	-	-	0.00%	0.00%
f. Placed under option contracts	-	-	-	-	-	0.00%	0.00%
Letter stock or securities restricted							
g. as to sale - excluding	-	-	-	-	-	0.00%	0.00%
h. FHLB capital stock	-	-	-	-	-	0.00%	0.00%
i. On deposit with states	1,136,842	1,008,729	128,113	-	1,136,842	45.38%	45.38%
On deposit with other regulatory							
j. bodies	-	-	-	-	-	0.00%	0.00%
Pledged as collateral to FHLB							
(including asset backing funding							
k. agreements)	-	-	-	-	-	0.00%	0.00%
Pledged as collateral not captured in							
l. other categories	-	-	-	-	-	0.00%	0.00%
m. Other restricted assets	-	-	-	-	-	0.00%	0.00%
Total Restricted Assets	\$ 1,136,841.66	\$ 246,386.00	\$ 128,113.08	\$ -	\$ 1,136,841.66	45.38%	45.38%

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 1 divided by Asset Page, Column 3, Line 28

(2) - (4) – No changes.

M. Working Capital Finance Investments

- (1) None.
- (2) None.
- (3) None.

N. Offsetting and Netting of Assets and Liabilities

None.

O. – Q. No changes.

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

None.

6. Joint Ventures, Partnerships and Limited Liability Companies

NOTES TO FINANCIAL STATEMENTS

No change.

7. Investment Income

No change.

8. Derivative Instruments

A. Derivatives Under Statement of Statutory Accounting Principles ("SSAP") No. 86 – *Derivatives*

(1) – (7) None.

(8) None.

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

(1) None.

(2) Recognition of Gains/Losses and Deferred Assets and Liabilities

a. None.

b. None.

c. None.

(3) – (4) None.

9. Income Taxes

No significant changes.

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

A. - O. No changes.

11. Debt

A. Debt Facilities

None.

B. Federal Home Loan Bank Agreements

None.

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

A. Defined Benefit Plans

(1) – (3) None.

(4) None.

(5) – (18) None.

B. – I. None.

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

No changes.

14. Liabilities, Contingencies and Assessments

A. – E. No changes.

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

NOTES TO FINANCIAL STATEMENTS

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

No change.

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

No change.

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

A. Transfers of Receivables Reported as Sales

None.

B. Transfer and Servicing of Financial Assets

(1) None.

(2) None.

(3) None.

(4) For securitizations, asset-backed financing arrangements and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the *Accounting Practices and Procedures Manual*) with the transferred financial assets.

a. None.

b. None.

(5) – (7) None.

C. Wash Sales

None.

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

No change.

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

No change.

20. Fair Value Measurements

A. Assets and Liabilities Measured at Fair Value

In accordance with SSAP No. 100R – *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:

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.

NOTES TO FINANCIAL STATEMENTS

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. 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 March 31, 2024 for financial assets reported at fair value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total Fair Value
Cash equivalents	\$ 1,307,091	\$ -	\$ -	\$ -	\$ 1,307,091
Total	\$ 1,307,091	\$ -	\$ -	\$ -	\$ 1,307,091

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

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

(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 period ended March 31, 2024, that were material to the financial statements.

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

B. Fair Value Disclosed Under Other Accounting Pronouncements

Not applicable.

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 March 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	\$ 1,085,787	\$ 1,136,842	\$ 1,085,787	\$ -	\$ -	\$ -	\$ -
States, Territories, and Possessions	-	-	-	-	-	-	-
Obligations of states and political sub- divisions of the U.S.	-	-	-	-	-	-	-
Special revenue & special assessment obligations	-	-	-	-	-	-	-
Asset-backed securities	-	-	-	-	-	-	-
Industrial and miscellaneous securities	-	-	-	-	-	-	-
Total bonds	1,085,787	1,136,842	1,085,787	-	-	-	-
Cash and cash equivalents	1,334,270	1,334,270	1,334,270	-	-	-	-
Total	\$ 2,420,057	\$ 2,471,112	\$ 2,420,057	\$ -	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value

None.

E. Investments Valued Using NAV as a Practical Expedient

None.

21. Other Items

NOTES TO FINANCIAL STATEMENTS

No change.

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 May 14, 2024, the date the financial statements were issued.

23. Reinsurance

No change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. – D. No changes.

E. Risk Sharing Provisions of the Affordable Care Act

Not applicable.

25. Change in Incurred Claims and Claims Adjustment Expenses

None. Business no longer had membership as of December 31, 2019.

26. Intercompany Pooling Arrangements

No change.

27. Structured Settlements

No change.

28. Health Care Receivables

No change.

29. Participating Policies

No change.

30. Premium Deficiency Reserves

No change.

31. Anticipated Salvage and Subrogation

No change.

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ☐ ] No [ ☒ ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ☐ ] No [ ☐ ]
- 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 [ ☒ ]
- 2.2

If yes, date of change: .....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ ] No [ ☐ ]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☒ ] No [ ☐ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Highmark Western and Northeastern New York Holdings Inc. sold its membership interest in Brokerage Concepts, LLC (d/b/a/ HealthNow Administrative Services) to HM Health Holdings Company. On April 24, 2024, Highmark Casualty Insurance Company ("HMKCA") received notice from the Pennsylvania Insurance Department recognizing HMKCA's name change to Bridge City Insurance Company effective January 22, 2024. ....
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes [ ☐ ] No [ ☒ ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ☐ ] No [ ☒ ]
- 4.2

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	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.  
.....

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2021
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2021
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

07/28/2023
- 6.4

By what department or departments?  
Ohio Department of Insurance .....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ☐ ] No [ ☒ ]
- 7.2

If yes, give full information: .....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? .....

Yes [ ☐ ] No [ ☒ ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ ☐ ] No [ ☒ ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(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.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:  
.....
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

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

12,482

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:  
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$.....
13.

Amount of real estate and mortgages held in short-term investments: .....

\$.....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$.....0	\$.....0
14.22 Preferred Stock .....	\$.....0	\$.....0
14.23 Common Stock .....	\$.....0	\$.....0
14.24 Short-Term Investments .....	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate .....	\$.....0	\$.....0
14.26 All Other .....	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$.....0	\$.....0

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]

15.2

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.  
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$.....0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$.....0

16.3

Total payable for securities lending reported on the liability page. ....

\$.....0

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York Mellon Corporation .....	500 Grant Street, Pittsburgh, Pennsylvania 15258 .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Highmark Health .....	A.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent %

1.2 A&H cost containment percent %

1.3 A&H expense percent excluding cost containment expenses %

2.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

2.2

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

2.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

2.4

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

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ X ] No [ ]

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ ]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Contract	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

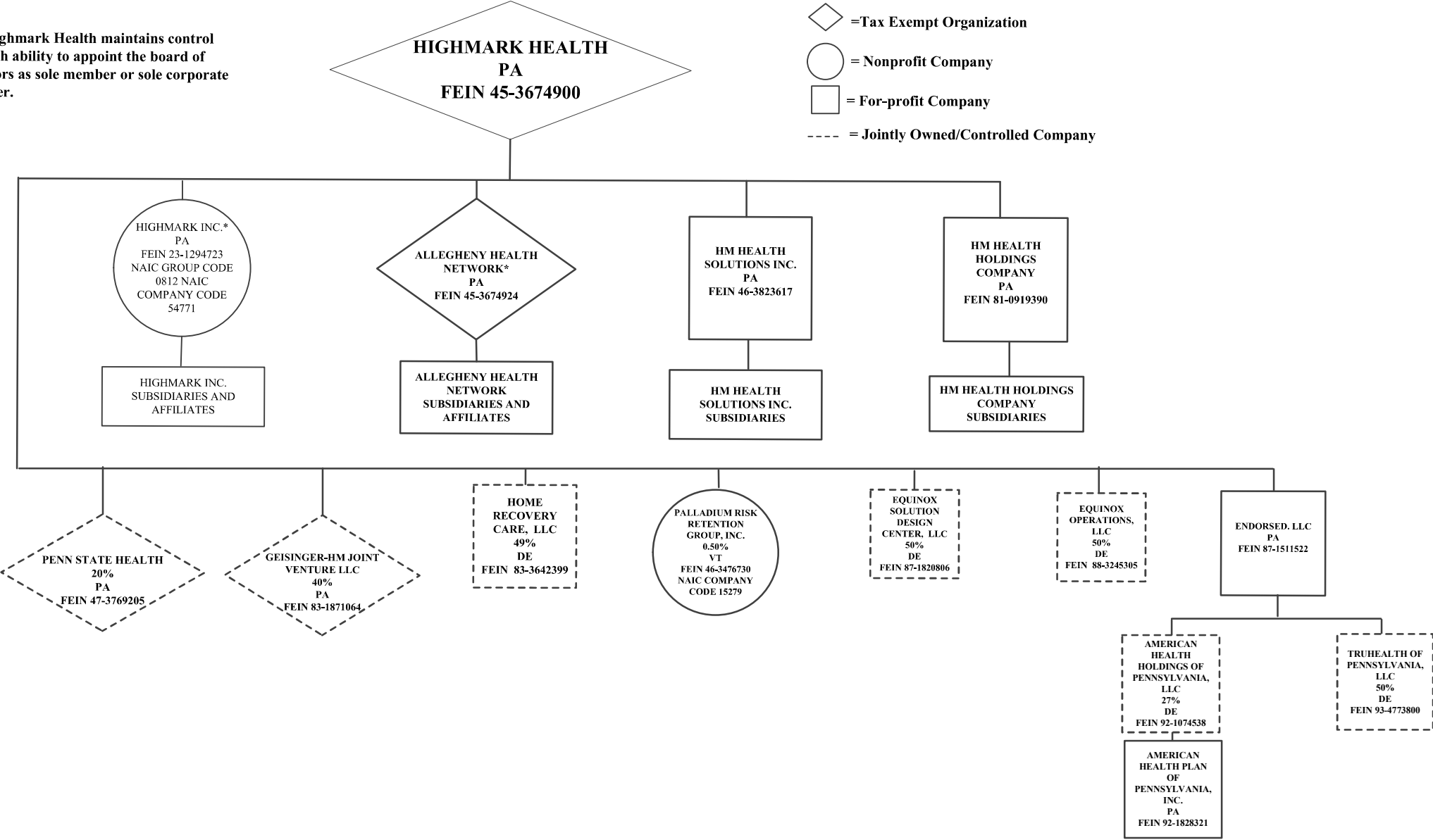
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	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	.....0
59.	Subtotal .....	XXX.....	.....0	.....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	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	.....0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX.....	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3  
2. R - Registered - Non-domiciled RRGs..... 0  
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0  
4. Q - Qualified - Qualified or accredited reinsurer..... 0  
5. N - None of the above - Not allowed to write business in the state..... 54

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

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

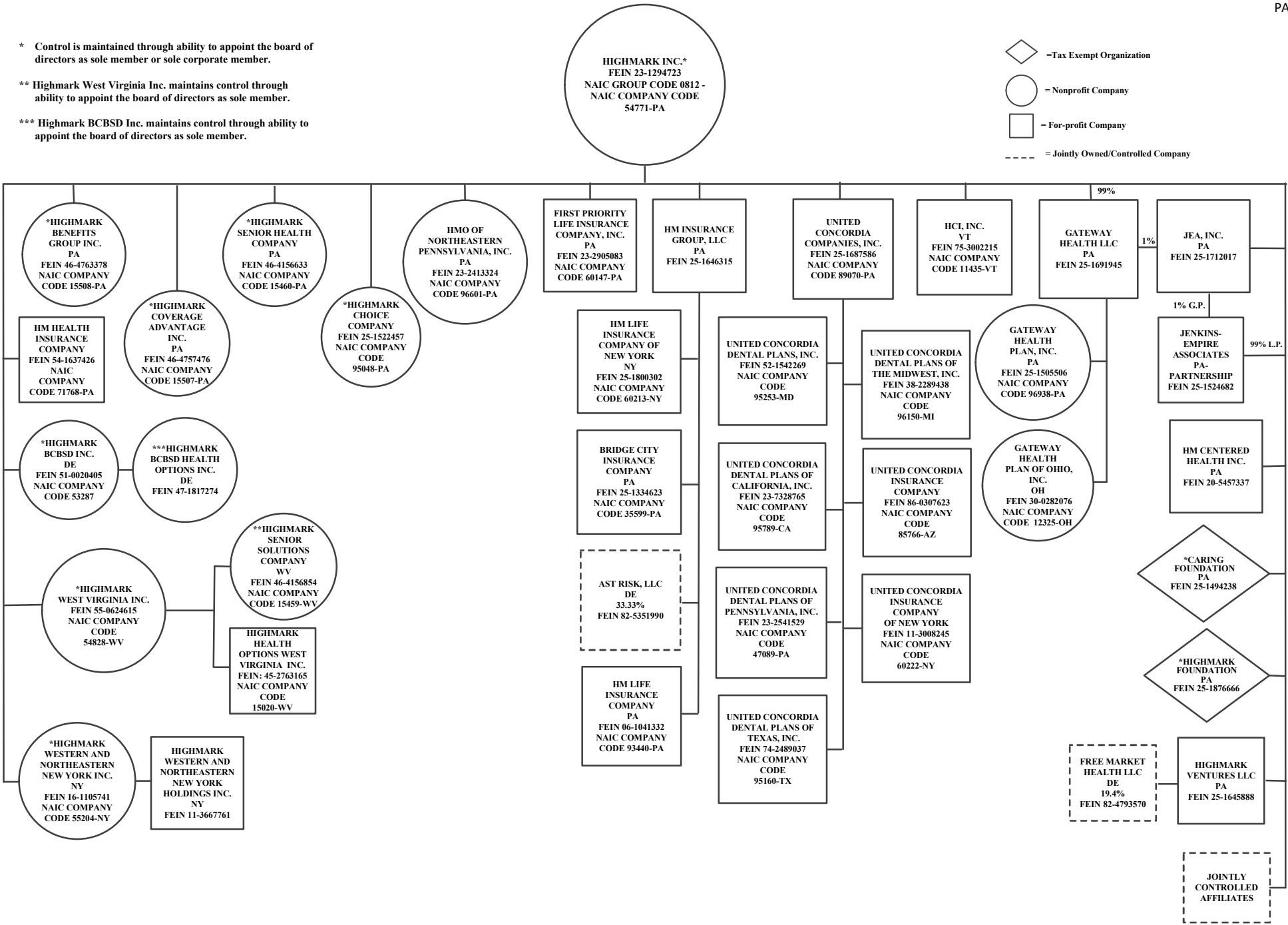


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

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




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

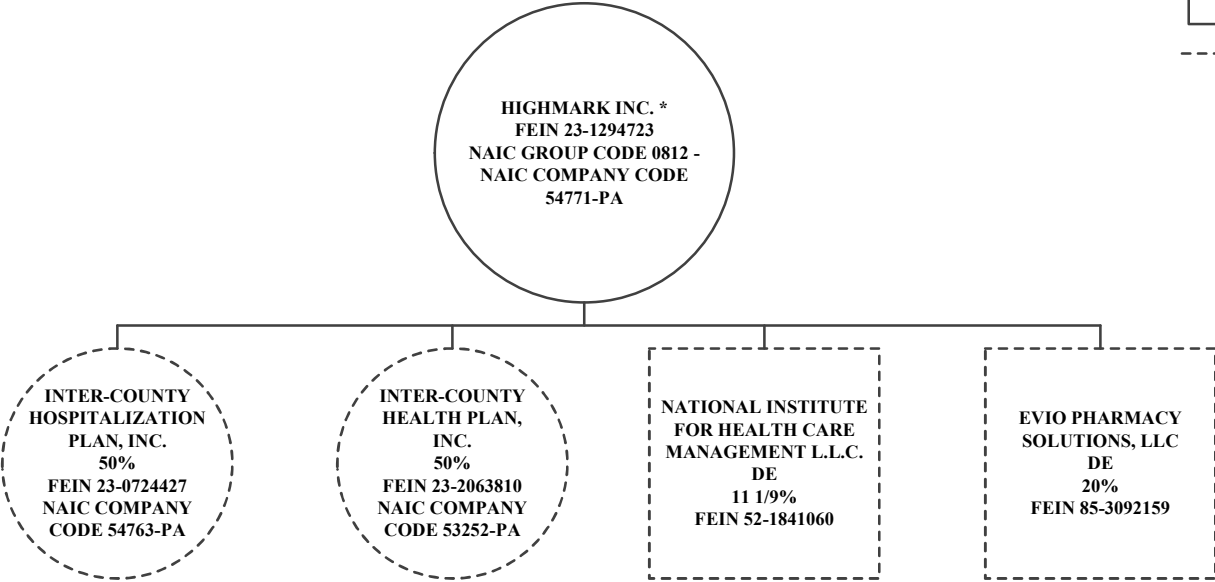
\*\*\* Highmark BCBSD Inc. maintains control through ability to appoint the board of directors as sole member.



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

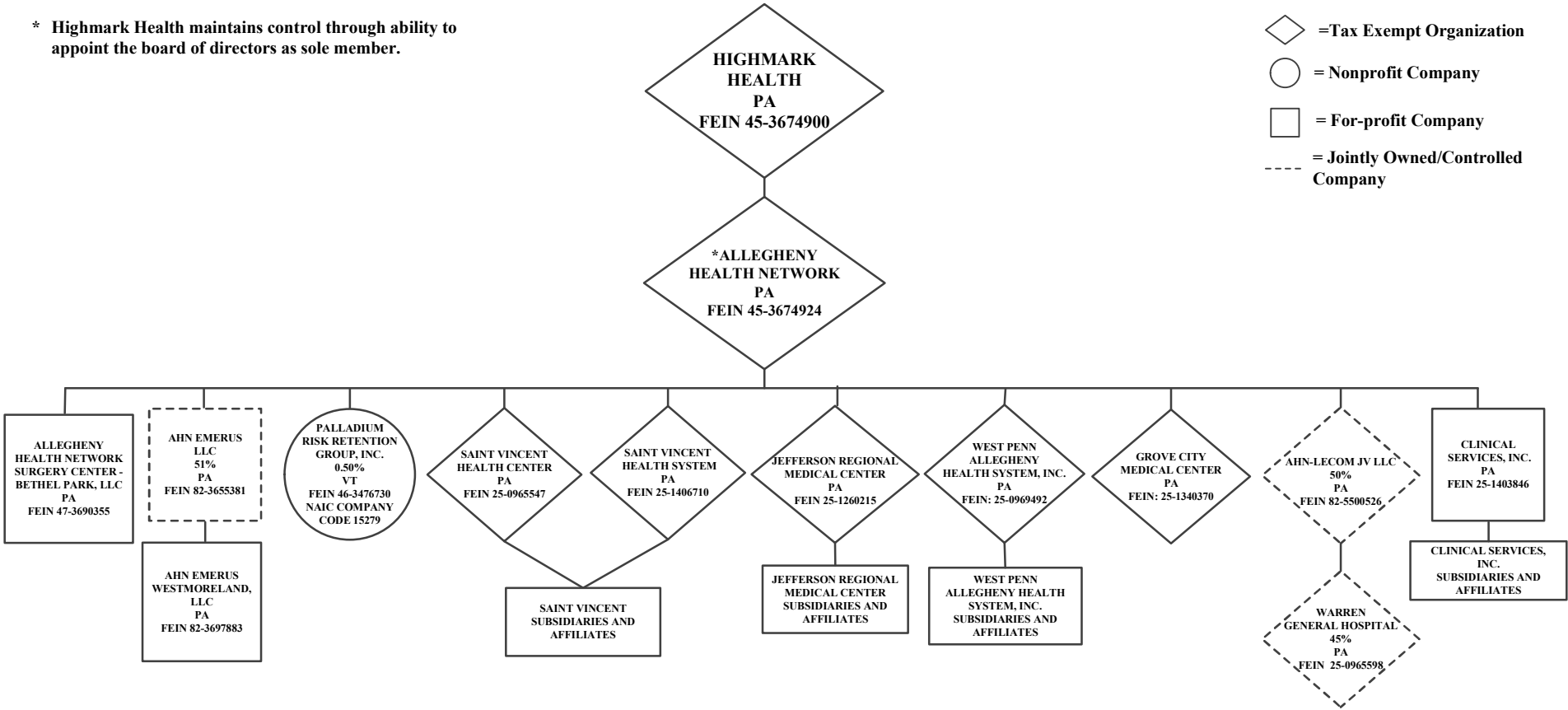
\* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

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

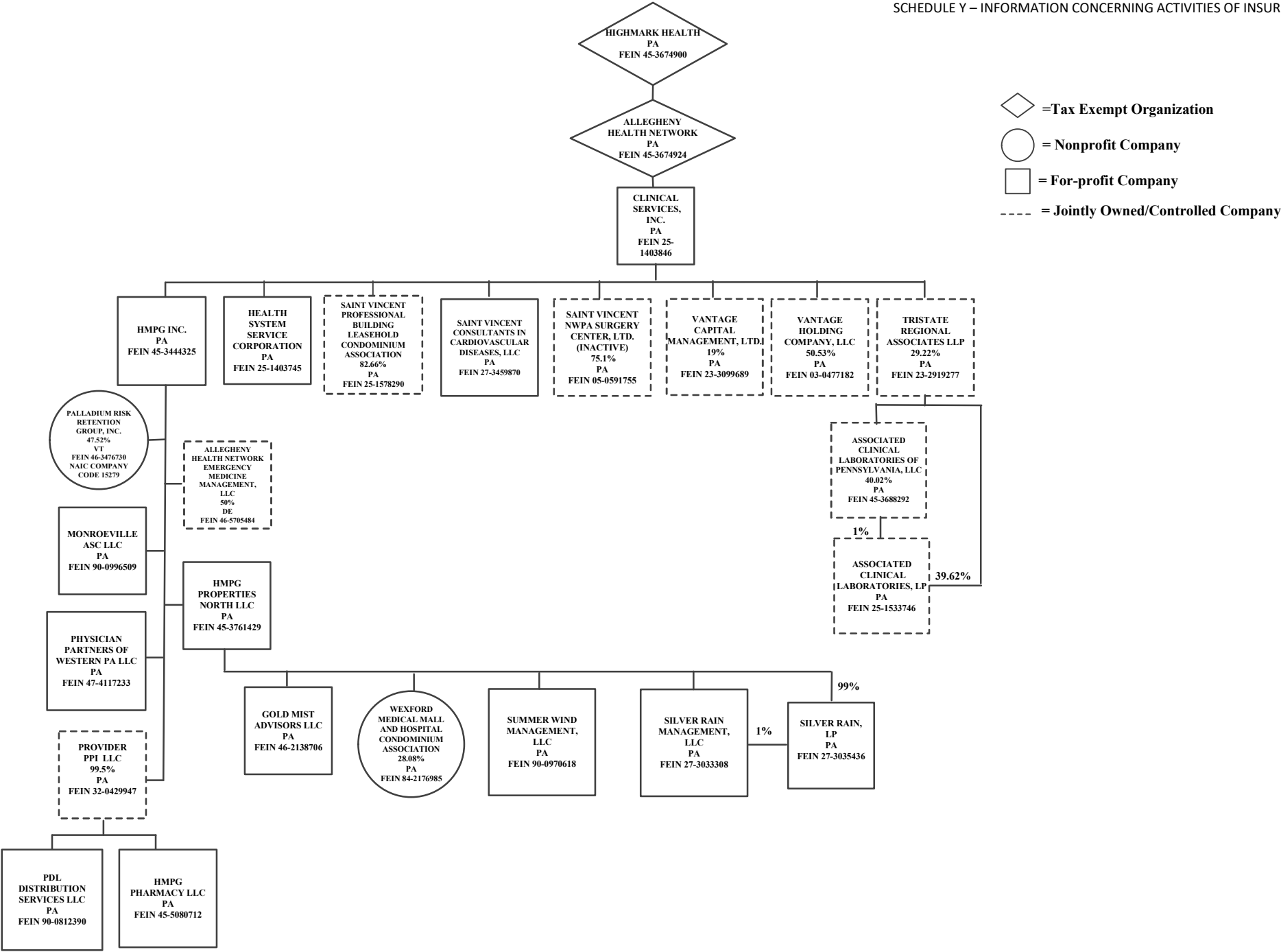


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

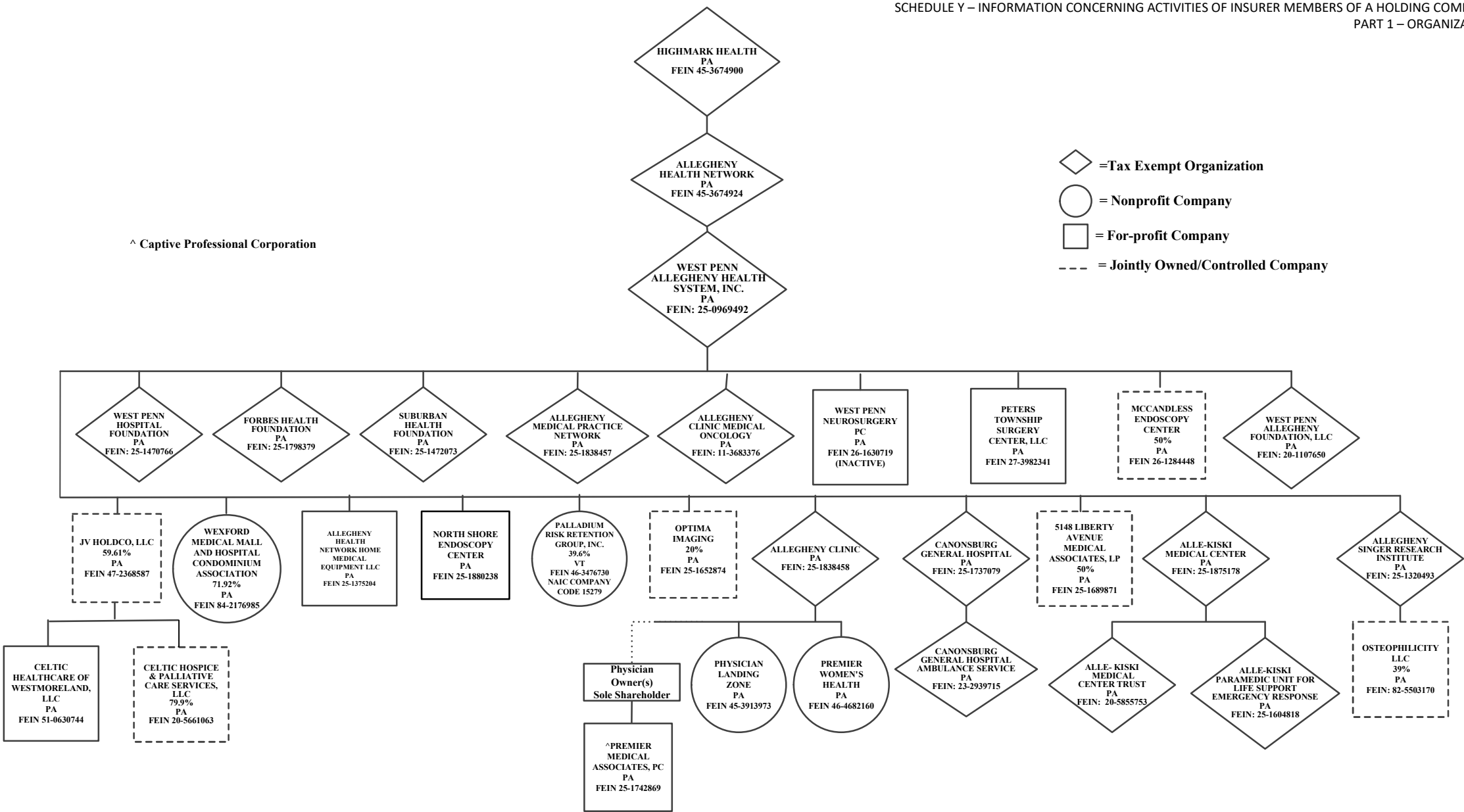
\* Highmark Health maintains control through ability to appoint the board of directors as sole member.



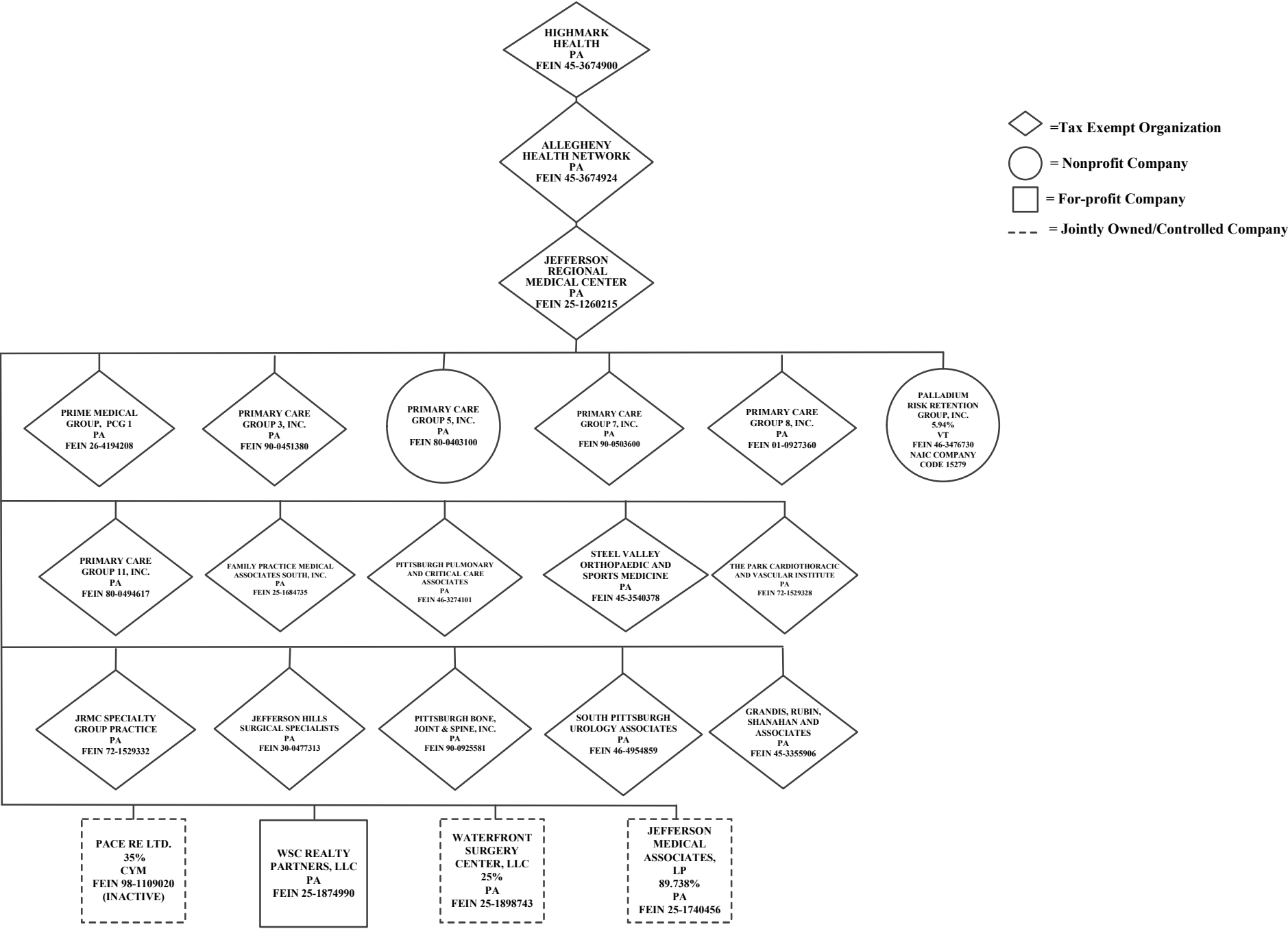
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



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



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



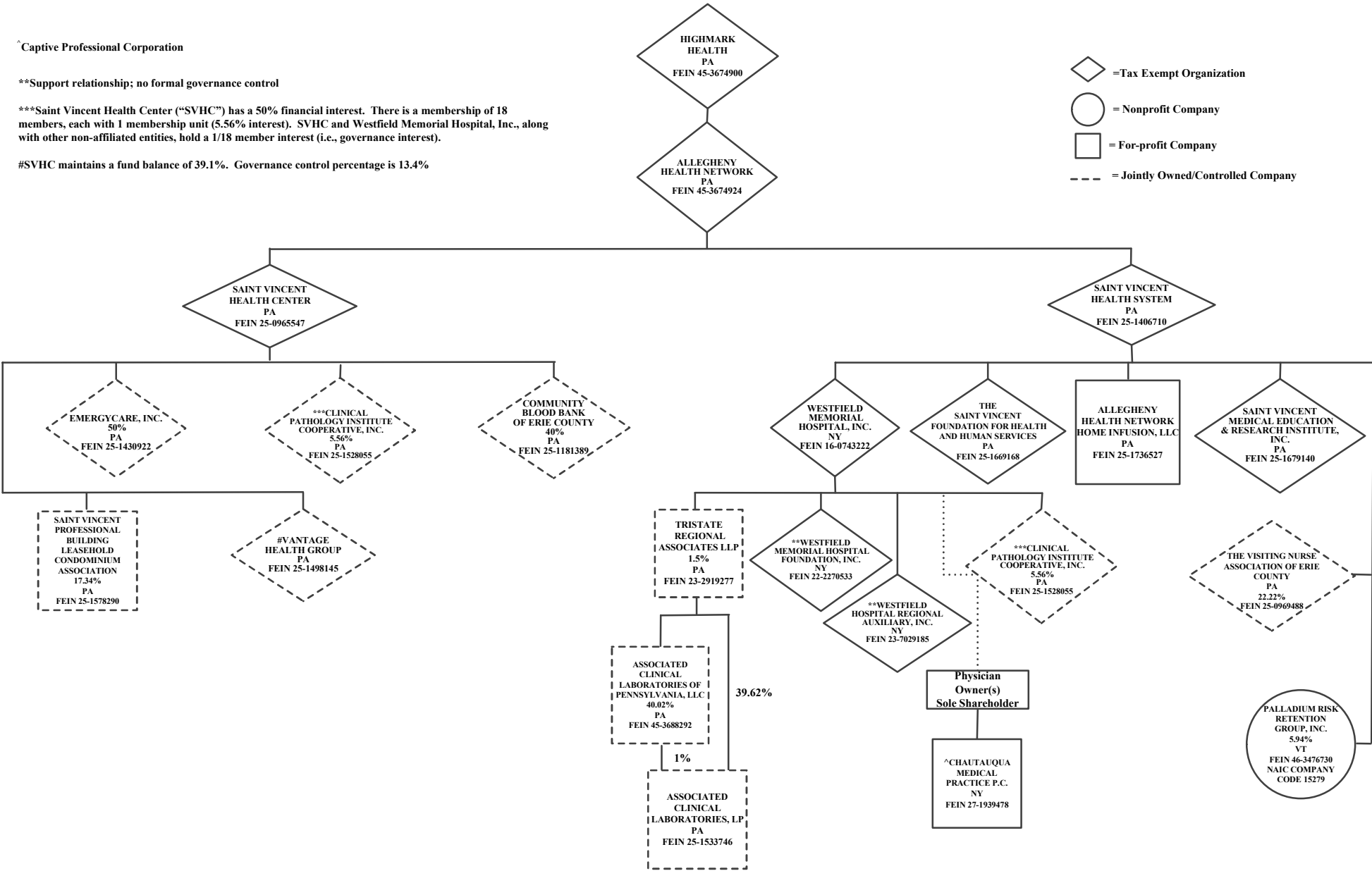
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

^Captive Professional Corporation

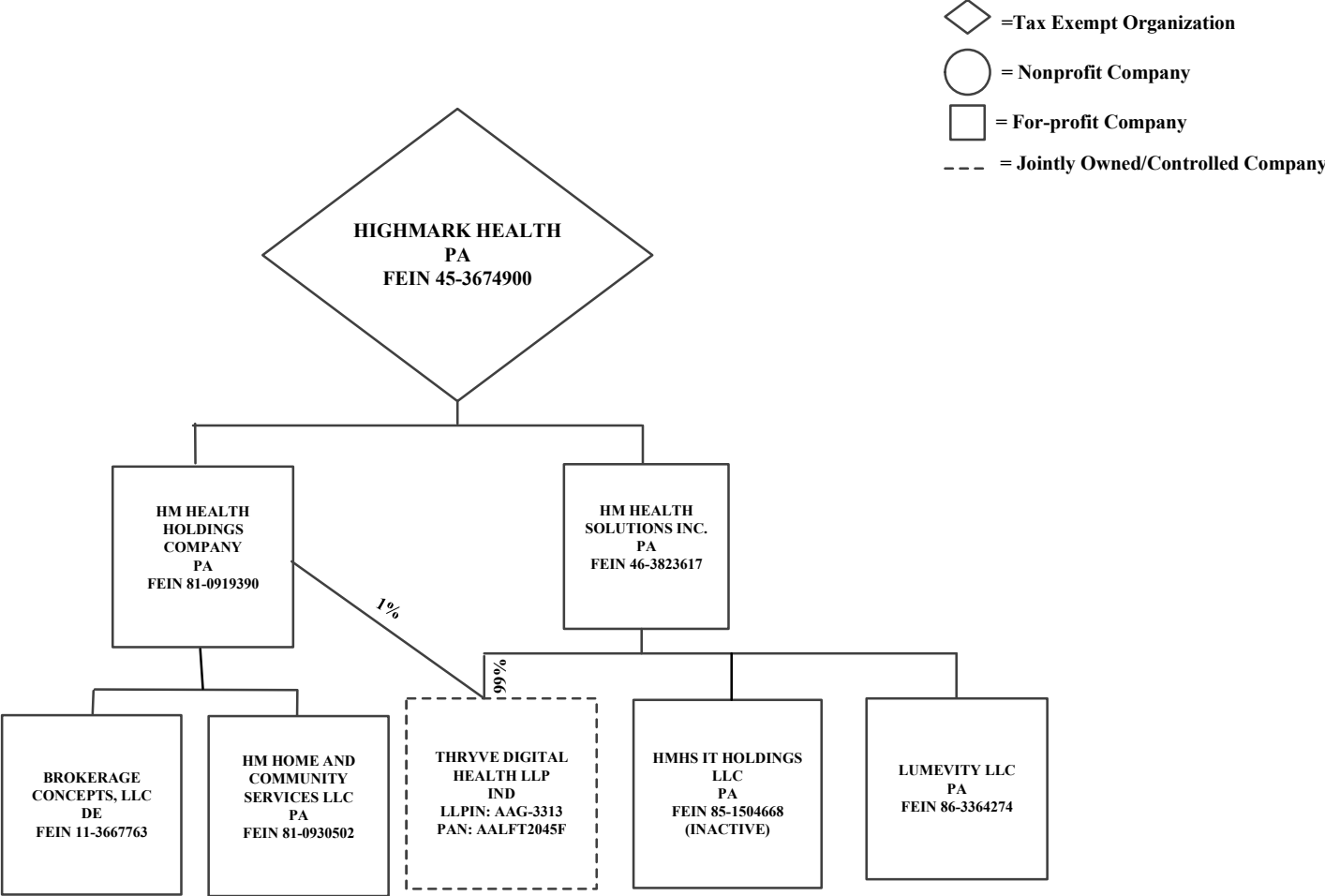
\*\*Support relationship; no formal governance control

\*\*\*Saint Vincent Health Center (“SVHC”) has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and Westfield Memorial Hospital, Inc., along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

#SVHC maintains a fund balance of 39.1%. Governance control percentage is 13.4%



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



STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000...	HIGHMARK INC	000000	45-3674900	0	0		HIGHMARK HEALTH	PA	UIP	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	45-3674924	0	0		ALLEGHENY HEALTH NETWORK	PA	NIA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
.0812...		54771	23-1294723	0	0		HIGHMARK INC	PA	UIP	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	1
.0000...		000000	46-3823617	0	0		HM HEALTH SOLUTIONS INC.	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	83-3642399	0	0		HOME RECOVERY CARE, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	49.000	HIGHMARK HEALTH	NO	
.0000...		000000	87-1820806	0	0		EQUINOX SOLUTION DESIGN CENTER, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	50.000	HIGHMARK HEALTH	NO	
.0000...		000000	88-3245305	0	0		EQUINOX OPERATIONS, LLC	DE	NIA	HIGHMARK HEALTH	Ownership	50.000	HIGHMARK HEALTH	NO	
.0000...		000000	87-1511522	0	0		ENDORSED, LLC	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...							AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC								
.0000...		000000	92-1074538	0	0			DE	NIA	ENDORSED, LLC	Ownership	27.000	HIGHMARK HEALTH	NO	
.0000...		000000	93-4773800	0	0		TRUEHEALTH OF PENNSYLVANIA, LLC	DE	NIA	ENDORSED, LLC	Ownership	50.000	HIGHMARK HEALTH	NO	
							AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC								
.0000...		000000	92-1828321	0	0		AMERICAN HEALTH PLAN OF PENNSYLVANIA, INC.	PA	NIA	LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	83-1871064	0	0		GETSINGER-HM JOINT VENTURE, LLC	PA	NIA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	47-3769205	0	0		PENN STATE HEALTH	PA	NIA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	VT	IA	HIGHMARK HEALTH	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	81-0919390	0	0		HM HEALTH HOLDINGS COMPANY	PA	NIA	HIGHMARK HEALTH	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	11-3667763	0	0		BROKERAGE CONCEPTS, LLC	DE	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	81-0930502	0	0		HM HOME AND COMMUNITY SERVICES LLC	PA	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	00-0000000	0	0		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.000	HIGHMARK HEALTH	NO	
.0000...		000000	00-0000000	0	0		THRYVE DIGITAL HEALTH LLP	IND	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.000	HIGHMARK HEALTH	NO	
.0000...		000000	85-1504668	0	0		HMS IT HOLDINGS LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	86-3364274	0	0		LUMEVITY LLC	PA	NIA	HM HEALTH SOLUTIONS INC.	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	45-3913973	0	0		PHYSICIAN LANDING ZONE	PA	NIA	ALLEGHENY CLINIC	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1742869	0	0		PREMIER MEDICAL ASSOCIATES, PC	PA	NIA	ALLEGHENY CLINIC	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	46-4682160	0	0		PREMIER WOMEN'S HEALTH	PA	NIA	ALLEGHENY CLINIC	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	45-3444325	0	0		HMPG INC.	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1260215	0	0		JEFFERSON REGIONAL MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	82-3655381	0	0		AHN EMERUS LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	51.000	HIGHMARK HEALTH	NO	
.0000...		000000	82-3697883	0	0		AHN EMERUS WESTMORELAND, LLC	PA	NIA	AHN EMERUS LLC	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1340370	0	0		GROVE CITY MEDICAL CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	82-5500526	0	0		AHN-LECOM JV LLC	PA	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-0965598	0	0		WARREN GENERAL HOSPITAL	PA	NIA	AHN-LECOM JV LLC	BOARD	0.000	HIGHMARK HEALTH	NO	
							ALLEGHENY HEALTH NETWORK SURGERY CENTER- BETHEL PARK, LLC.								
.0000...		000000	47-3690355	0	0			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...		000000	25-0965547	0	0		SAINT VINCENT HEALTH CENTER	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1406710	0	0		SAINT VINCENT HEALTH SYSTEM	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-0969492	0	0		WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	PA	NIA	ALLEGHENY HEALTH NETWORK	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	82-5503170	0	0		OSTEOPHILICITY LLC	PA	NIA	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership	39.000	HIGHMARK HEALTH	NO	
.0000...		000000	20-5855753	0	0		ALLE-KISKI MEDICAL CENTER TRUST	PA	NIA	ALLE-KISKI MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
							ALLE-KISKI PARAMEDIC UNIT FOR LIFE SUPPORT EMERGENCY RESPONSE								
.0000...		000000	25-1604818	0	0			PA	NIA	ALLE-KISKI MEDICAL CENTER	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1533746	0	0		ASSOCIATED CLINICAL LABORATORIES, LP	PA	NIA	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership	1.000	HIGHMARK HEALTH	NO	
.0000...		000000	23-2939715	0	0		CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	PA	NIA	CANONSBURG GENERAL HOSPITAL	BOARD	0.000	HIGHMARK HEALTH	NO	
.0000...		000000	27-3459870	0	0		SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	
.0000...		000000	25-1403745	0	0		HEALTH SYSTEM SERVICE CORPORATION	PA	NIA	CLINICAL SERVICES, INC	Ownership	100.000	HIGHMARK HEALTH	NO	

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...	.....	.....00000 .....	05-0591755 ..	0 .....	0 .....	.....	SAINT VINCENT NIPA 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.....	.....
. 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 .....	... NO.....	.....
. 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 .....	... YES.....	.....
. 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 .....	.....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.....	.....
. 0000 ...	.....	.....00000 .....	11-3667761 ..	0 .....	0 .....	.....	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK HOLDINGS INC. ....	.. NY.....	..... NIA.....	HIGHMARK INC. ....	Ownership.....	..100.000 .....	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 LLC .....	.. DE.....	..... 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.....	.....
. 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.....	.....

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000		15279	46-3476730	0	0		PALLADIUM RISK RETENTION GROUP, INC.	..VT.....	..IA.....	HMPG INC.	BOARD	..0.000	HIGHMARK HEALTH	...NO...	
.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		00000	98-1109020	0	0		PACE RE LTD	..CYM.....	..NIA.....	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	..35.000	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	46-3274101	0	0		PITTSBURGH PULMONARY AND CRITICAL CARE ASSOCIATES	..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...	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
. 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.....	.....
. 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 .....	... NO.....	.....
. 0000 ...	.....	.... 00000 ....	23-2919277 ..	0 .....	0 .....	.....	TRISTATE REGIONAL ASSOCIATES LLP .....	.. PA.....	..... NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC .....	Ownership.....	.. 1.500 ....	HIGHMARK HEALTH .....	... NO.....	.....
. 0000 ...	.....	.... 00000 ....	23-7029185 ..	0 .....	0 .....	.....	WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC ..	.. NY.....	..... NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC .....	BOARD .....	.. 0.000 ....	HIGHMARK HEALTH .....	... NO.....	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...	.....	..... 00000 .....	22-2270533 ..	0 .....	0 .....	.....	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC	.. NY.....	..... NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC .....	BOARD .....	.. 0.000 .....	HIGHMARK HEALTH .....	.... NO.....	..... .....

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

AUGUST FILING

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

Explanation:

1.

Bar Code:

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



**NONE**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest paid and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,140,099	1,144,442
2. Cost of bonds and stocks acquired .....	0	131,479
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	125,000
7. Deduct amortization of premium .....	3,258	10,822
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,136,841	1,140,099
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	1,136,841	1,140,099

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	1,140,099	0	0	(3,258)	1,136,841	0	0	1,140,099
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	1,140,099	0	0	(3,258)	1,136,841	0	0	1,140,099
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,140,099	0	0	(3,258)	1,136,841	0	0	1,140,099

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,377,246	1,063,651
2. Cost of cash equivalents acquired .....	29,845	422,724
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	100,000	109,129
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1,307,091	1,377,246
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,307,091	1,377,246

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1  Depository	2  Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6  First Month	7  Second Month	8  Third Month	
PNC Operating Medicare account ..... Jeannette, PA .....		... 0.000	..... 0	..... 0	..... 11,846	..... 9,742	..... 21,381	..XXX.
PNC Operating Medicaid account ..... Jeannette, PA .....		... 0.000	..... 0	..... 0	..... 12,290	..... 10,661	..... 5,797	..XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	24,136	20,403	27,178	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	24,136	20,403	27,178	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	24,136	20,403	27,178	XXX

STATEMENT AS OF MARCH 31, 2024 OF GATEWAY HEALTH PLAN OF OHIO, INC.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0109999999. Total - U.S. Government Bonds						0	0	0
0309999999. Total - All Other Government Bonds						0	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0
0909999999. Total - U.S. Special Revenues Bonds						0	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
1309999999. Total - Hybrid Securities						0	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0
2419999999. Total - Issuer Obligations						0	0	0
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0
2459999999. Total - SVO Identified Funds						0	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0
2509999999. Total Bonds						0	0	0
261941-10-8 .....	DREYFUS TRS SEC INST .....	.....	03/04/2024 .....	5.170 .....	.....	203,803 .....	985 .....	2,052 .....
38142B-88-0 .....	GOLDMAN:FS TS INST .....	.....	03/01/2024 .....	5.150 .....	.....	1,103,289 .....	4,846 .....	14,297 .....
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						1,307,092	5,831	16,349
8609999999 - Total Cash Equivalents						1,307,092	5,831	16,349