



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)

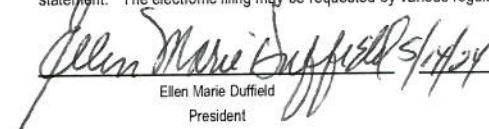
OFFICERS

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

DIRECTORS OR TRUSTEES

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

	Ellen Marie Duffield President	Caleb Lee Knier Treasurer	Thomas Devlin Kavanaugh Secretary
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State of <u>Pennsylvania</u> County of <u>Cumberland</u>	State of _____ County of _____	State of _____ County of _____
Ellen Marie Duffield subscribed and sworn to before me this <u>14th</u> 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
		

Commonwealth of Pennsylvania - Notary Seal
BELINDA A CLOUSER - Notary Public
Cumberland County
My Commission Expires September 25, 2024
Commission Number 1028150

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 _____



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Ellen Marie Duffield
President

Caleb Lee Knier
Treasurer

Thomas Devlin Kavanaugh
Secretary

State of

State of Pennsylvania

County of

County of **Allegheny**

Ellen Marie Duffield subscribed and sworn to before me

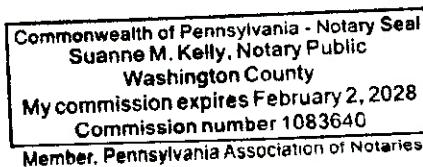
Caleb Lee Knier subscribed and sworn to before me

this _____ day of May, 2024

this 7th day of May, 2024

Answer = $\frac{1}{2} \times 100 \times 100 \times 100 \times 100 \times 100 \times 100$

- a. Is this an original filing?
- b. If no:
 - 1. State the amendment number
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this _____ day of May , 2024

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