



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 412-544-7000
(Street and Number) (City or Town, State and Zip Code) (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 412-544-5458
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address highmark.com

Statutory Statement Contact Christopher Michael Cogan 412-544-5458
(Name) (Area Code) (Telephone Number) (Extension)
chris.cogan@highmarkhealth.org 412-544-5458
(E-Mail Address) (Fax Number)

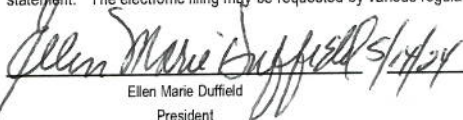
OFFICERS

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

DIRECTORS OR TRUSTEES

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

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


Ellen Marie Duffield
President

Caleb Lee Knier
Treasurer

Thomas Devlin Kavanaugh
Secretary

State of Pennsylvania
County of Cumberland

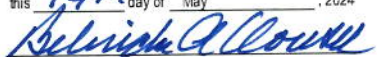
State of _____
County of _____

State of _____
County of _____

Ellen Marie Duffield subscribed and sworn to before me
this 14th day of May, 2024

Caleb Lee Knier subscribed and sworn to before me
this _____ day of May, 2024

Thomas Devlin Kavanaugh subscribed and sworn to before me
this _____ day of May, 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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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)

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Thomas Devlin KavanaughSecretary

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Alexis A. Miller

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Ellen Marie Duffield President	Caleb Lee Knier Treasurer	Thomas Devlin Kavanaugh Secretary
State of _____	State of <u>Pennsylvania</u>	State of _____
County of _____	County of <u>Allegheny</u>	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 <u>7th</u> 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 _____

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



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State of _____	State of _____	State of <u>Pennsylvania</u>
County of _____	County of _____	County of <u>Allegheny</u>
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 <u>8th</u> day of <u>May</u> , 2024
		<u>Suane M Kelly</u>

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

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