



ANNUAL STATEMENT

As of December 31, 2025
of the Condition and Affairs of

Gateway Health Plan of Ohio, Inc.

NAIC Group Code..... 00812, 00812 (Current Period) (Prior Period) NAIC Company Code..... 12325 Employer's ID Number..... 30-0282076

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile United States

Licensed as Business Type Other Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 5, 2004 Commenced Business..... September 1, 2005

Statutory Home Office 120 Fifth Avenue, Mail Code: FAPHM-191A PittsburghPA 15222
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 120 Fifth Avenue, Mail Code: FAPHM-191A PittsburghPA 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 PittsburghPA 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 412-544-8674
(E-Mail Address) (Fax Number)

OFFICERS

Ellen Marie DuffieldPresident
Caleb Lee KnierTreasurer
Thomas Devlin KavanaughSecretary

DIRECTORS OR TRUSTEES

Debra Kline Demchak# Ellen Marie Duffield Tony George Farah M.D. Kevin Lee Jenkins

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 Allegheny

State of Pennsylvania
County of Allegheny

State of Pennsylvania
County of Allegheny

Ellen Marie Duffield subscribed and sworn to before me
this 24th day of February, 2026

Caleb Lee Knier subscribed and sworn to before me
this 24th day of February, 2026

Thomas Devlin Kavanaugh subscribed and sworn to
before me
this 24th day of February, 2026

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

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

Is this an original filing? Yes [X] 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

Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

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

N O N E

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

Exhibit 7 - Part 1 - Summary of Transactions with Providers

N O N E

Exhibit 7 - Part 2

N O N E

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Gateway Health Plan of Ohio, Inc.

2. Columbus, OH

| NAIC Group Code | 0812 | | BUSINESS IN THE STATE OF | | Kentucky | | DURING THE YEAR | | | | | | | 2025 | | (LOCATION) | | NAIC Company Code | | 12325 | |
|---|------------|---------------------------------------|--------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|---------------------|------|--|------------|--|-------------------|--|-------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | |
| | | 2 | 3 | | | | | | | | | | | | | | | | | | |
| Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | | | |
| 1. Prior year | | | | | | | | | | | | | | | | | | | | | |
| 2. First quarter | | | | | | | | | | | | | | | | | | | | | |
| 3. Second quarter | | | | | | | | | | | | | | | | | | | | | |
| 4. Third quarter | | | | | | | | | | | | | | | | | | | | | |
| 5. Current year | | | | | | | | | | | | | | | | | | | | | |
| 6. Current year member months | | | | | | | | | | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | | | | | | | | |
| 8. Non-physician | | | | | | | | | | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | | | | | | | | | | |
| 10. Hospital patient days incurred | | | | | | | | | | | | | | | | | | | | | |
| 11. Number of inpatient admissions | | | | | | | | | | | | | | | | | | | | | |
| 12. Health premiums written (b) | | | | | | | | | | | | | | | | | | | | | |
| 13. Life premiums direct | | | | | | | | | | | | | | | | | | | | | |
| 14. Property/casualty premiums written | | | | | | | | | | | | | | | | | | | | | |
| 15. Health premiums earned | | | | | | | | | | | | | | | | | | | | | |
| 16. Property/casualty premiums earned | | | | | | | | | | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | | | | | | | | | | | | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | | | | | | | | | | | | | | | | | | | | | |

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

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

30 KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Gateway Health Plan of Ohio, Inc.

2. Columbus, OH

| NAIC Group Code | 0812 | | BUSINESS IN THE STATE OF | | North Carolina | | DURING THE YEAR | | | | | | | 2025 | | (LOCATION) | | NAIC Company Code | | 12325 | |
|---|------------|------------------------------------|--------------------------|-------------|----------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|------|--|------------|--|-------------------|--|-------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | |
| | | 2 | 3 | | | | | | | | | | | | | | | | | | |
| Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | | | |
| 1. Prior year | | | | | | | | | | | | | | | | | | | | | |
| 2. First quarter | | | | | | | | | | | | | | | | | | | | | |
| 3. Second quarter | | | | | | | | | | | | | | | | | | | | | |
| 4. Third quarter | | | | | | | | | | | | | | | | | | | | | |
| 5. Current year | | | | | | | | | | | | | | | | | | | | | |
| 6. Current year member months | | | | | | | | | | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | | | | | | | | |
| 8. Non-physician | | | | | | | | | | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | | | | | | | | | | |
| 10. Hospital patient days incurred | | | | | | | | | | | | | | | | | | | | | |
| 11. Number of inpatient admissions | | | | | | | | | | | | | | | | | | | | | |
| 12. Health premiums written (b) | | | | | | | | | | | | | | | | | | | | | |
| 13. Life premiums direct | | | | | | | | | | | | | | | | | | | | | |
| 14. Property/casualty premiums written | | | | | | | | | | | | | | | | | | | | | |
| 15. Health premiums earned | | | | | | | | | | | | | | | | | | | | | |
| 16. Property/casualty premiums earned | | | | | | | | | | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | | | | | | | | | | | | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | | | | | | | | | | | | | | | | | | | | | |

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

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

30 NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Gateway Health Plan of Ohio, Inc.

2. Columbus, OH

| NAIC Group Code | 0812 | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | | | | (LOCATION) | |
|---|-------------|------------------------------------|--------------------------|-------------|-----------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|----|-------------------|--|
| | Grand Total | | Grand Total | | 2025 | | | | | | | | | | NAIC Company Code | |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. Prior year | | | | | | | | | | | | | | | | |
| 2. First quarter | | | | | | | | | | | | | | | | |
| 3. Second quarter | | | | | | | | | | | | | | | | |
| 4. Third quarter | | | | | | | | | | | | | | | | |
| 5. Current year | | | | | | | | | | | | | | | | |
| 6. Current year member months | | | | | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | | | |
| 8. Non-physician | | | | | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | | | | | |
| 10. Hospital patient days incurred | | | | | | | | | | | | | | | | |
| 11. Number of inpatient admissions | | | | | | | | | | | | | | | | |
| 12. Health premiums written (b) | | | | | | | | | | | | | | | | |
| 13. Life premiums direct | | | | | | | | | | | | | | | | |
| 14. Property/casualty premiums written | | | | | | | | | | | | | | | | |
| 15. Health premiums earned | | | | | | | | | | | | | | | | |
| 16. Property/casualty premiums earned | | | | | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | | | | | | | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | | | | | | | | | | | | | | | | |

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

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

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 2,565,717 | | 2,565,717 |
| 2. Accident and health premiums due and unpaid (Line 15) | | | |
| 3. Amounts recoverable from reinsurers (Line 16.1) | | | |
| 4. Net credit for ceded reinsurance | XXX | | |
| 5. All other admitted assets (Balance) | 17,792 | | 17,792 |
| 6. Total assets (Line 28) | 2,583,509 | | 2,583,509 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | | | |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | | | |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | | | |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | | | |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | | | |
| 14. All other liabilities (Balance) | 13,052 | | 13,052 |
| 15. Total liabilities (Line 24) | 13,052 | | 13,052 |
| 16. Total capital and surplus (Line 33) | 2,570,457 | XXX | 2,570,457 |
| 17. Total liabilities, capital and surplus (Line 34) | 2,583,509 | | 2,583,509 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | |
| 19. Accrued medical incentive pool | | | |
| 20. Premiums received in advance | | | |
| 21. Reinsurance recoverable on paid losses | | | |
| 22. Other ceded reinsurance recoverables | | | |
| 23. Total ceded reinsurance recoverables | | | |
| 24. Premiums receivable | | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | | | |
| 26. Unauthorized reinsurance | | | |
| 27. Reinsurance with Certified Reinsurers | | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | | | |
| 29. Other ceded reinsurance payables/offsets | | | |
| 30. Total ceded reinsurance payables/offsets | | | |
| 31. Total net credit for ceded reinsurance | | | |

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y
PART 1A - DETAILS 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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| .0000 | | .00000 | 45-3674900 | 0 | 0 | | HIGHMARK HEALTH | PA | UIP | HIGHMARK HEALTH | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 45-3674924 | 0 | 0 | | ALLEGHENY HEALTH NETWORK | PA | NIA | HIGHMARK HEALTH | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 54771 | 23-1294723 | 0 | 0 | | HIGHMARK INC | PA | UIP | HIGHMARK HEALTH | BOARD | 0.000 | HIGHMARK HEALTH | NO | 1 |
| .0000 | | .00000 | 46-3823617 | 0 | 0 | | HM HEALTH SOLUTIONS INC. | PA | NIA | HIGHMARK HEALTH | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 83-3642399 | 0 | 0 | | HOME RECOVERY CARE, LLC | DE | NIA | HIGHMARK HEALTH | Ownership | 49.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 87-1820806 | 0 | 0 | | EQUINOX SOLUTION DESIGN CENTER, LLC | DE | NIA | HIGHMARK HEALTH | Ownership | 50.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 88-3245305 | 0 | 0 | | EQUINOX OPERATIONS, LLC | DE | NIA | HIGHMARK HEALTH | Ownership | 50.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 87-1511522 | 0 | 0 | | ENDORSED, LLC | PA | NIA | HIGHMARK HEALTH | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 92-1074538 | 0 | 0 | | AMERICAN HEALTH HOLDINGS OF PENNSYLVANIA, LLC | DE | NIA | ENDORSED, LLC | Ownership | 27.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 93-4773800 | 0 | 0 | | TRUHEALTH OF PENNSYLVANIA, LLC | DE | NIA | ENDORSED, LLC | Ownership | 50.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 92-1828321 | 0 | 0 | | AMERICAN HEALTH PLAN OF PENNSYLVANIA, INC. | PA | NIA | LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 47-3769205 | 0 | 0 | | PENN STATE HEALTH | PA | NIA | HIGHMARK HEALTH | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 15279 | 46-3476730 | 0 | 0 | | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | HIGHMARK HEALTH | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 81-0919390 | 0 | 0 | | HM HEALTH HOLDINGS COMPANY | PA | NIA | HIGHMARK HEALTH | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 11-3667763 | 0 | 0 | | BROKERAGE CONCEPTS, LLC | DE | NIA | HM HEALTH HOLDINGS COMPANY | Ownership | 60.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 81-0930502 | 0 | 0 | | HM HOME AND COMMUNITY SERVICES LLC | PA | NIA | HM HEALTH HOLDINGS COMPANY | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 00-0000000 | 0 | 0 | | THRYVE DIGITAL HEALTH LLP | IND | NIA | HM HEALTH HOLDINGS COMPANY | Ownership | 1.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 00-0000000 | 0 | 0 | | THRYVE DIGITAL HEALTH LLP | IND | NIA | HM HEALTH SOLUTIONS INC. | Ownership | 99.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 85-1504668 | 0 | 0 | | HIMS IT HOLDINGS LLC | PA | NIA | HM HEALTH SOLUTIONS INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 86-3364274 | 0 | 0 | | LUMEVITY LLC | PA | NIA | HM HEALTH SOLUTIONS INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 45-3913973 | 0 | 0 | | PHYSICIAN LANDING ZONE | PA | NIA | ALLEGHENY CLINIC | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 46-4682160 | 0 | 0 | | PREMIER WOMEN'S HEALTH | PA | NIA | ALLEGHENY CLINIC | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 45-3444325 | 0 | 0 | | HMPG INC. | PA | NIA | CLINICAL SERVICES, INC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1260215 | 0 | 0 | | JEFFERSON REGIONAL MEDICAL CENTER | PA | NIA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 82-3655381 | 0 | 0 | | AHN EMERUS LLC | PA | NIA | ALLEGHENY HEALTH NETWORK | Ownership | 51.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 82-3697883 | 0 | 0 | | AHN EMERUS WESTMORELAND, LLC | PA | NIA | AHN EMERUS LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1340370 | 0 | 0 | | GROVE CITY MEDICAL CENTER | PA | NIA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 82-5500526 | 0 | 0 | | AHN-LECOM JV LLC | PA | NIA | ALLEGHENY HEALTH NETWORK | Ownership | 50.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-0965598 | 0 | 0 | | WARREN GENERAL HOSPITAL | PA | NIA | AHN-LECOM JV LLC | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 47-3690355 | 0 | 0 | | ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC | PA | NIA | ALLEGHENY HEALTH NETWORK | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 15279 | 46-3476730 | 0 | 0 | | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-0965547 | 0 | 0 | | SAINT VINCENT HEALTH CENTER | PA | NIA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1406710 | 0 | 0 | | SAINT VINCENT HEALTH SYSTEM | PA | NIA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-0969492 | 0 | 0 | | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | PA | NIA | ALLEGHENY HEALTH NETWORK | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 82-5503170 | 0 | 0 | | OSTEOPHILICITY LLC | PA | NIA | ALLEGHENY SINGER RESEARCH INSTITUTE | Ownership | 39.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 20-5855753 | 0 | 0 | | ALLE-KISKI MEDICAL CENTER TRUST | PA | NIA | ALLE-KISKI MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1533746 | 0 | 0 | | ASSOCIATED CLINICAL LABORATORIES, LP | PA | NIA | ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC | Ownership | 1.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 23-2939715 | 0 | 0 | | CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE | PA | NIA | CANONSBURG GENERAL HOSPITAL | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 27-3459870 | 0 | 0 | | SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC | PA | NIA | CLINICAL SERVICES, INC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1403745 | 0 | 0 | | HEALTH SYSTEM SERVICE CORPORATION | PA | NIA | CLINICAL SERVICES, INC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 05-0591755 | 0 | 0 | | SAINT VINCENT NIPA SURGERY CENTER, LTD | PA | NIA | CLINICAL SERVICES, INC | Ownership | 100.000 | 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 | |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y
PART 1A - DETAILS 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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/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 BCBS HEALTH OPTIONS INC. | DE | NIA | HIGHMARK BCBS 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 | HIGHMARK INC. | Ownership | 100.000 | 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 | 17790 | 99-4255093 | 0 | 0 | | HIGHMARK ASSURE HEALTH INC. | PA | IA | HIGHMARK INC. | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 53287 | 51-0020405 | 0 | 0 | | HIGHMARK BCBS 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 | 17791 | 99-4254510 | 0 | 0 | | HIGHMARK CARE BENEFITS 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 | |
| .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 | 17.400 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 52-1841060 | 0 | 0 | | NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT LLC | DE | NIA | HIGHMARK INC. | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 89070 | 25-1687586 | 0 | 0 | | UNITED CONCORDIA COMPANIES, INC. | PA | IA | HIGHMARK INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 82-4793570 | 0 | 0 | | FREE MARKET HEALTH INC. | PA | NIA | HIGHMARK VENTURES LLC | Ownership | 20.400 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 15459 | 46-4156854 | 0 | 0 | | HIGHMARK SENIOR SOLUTIONS COMPANY | WV | IA | HIGHMARK WEST VIRGINIA INC. | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 15020 | 45-2763165 | 0 | 0 | | HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC. | WV | IA | HIGHMARK WEST VIRGINIA INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 33-3138393 | 0 | 0 | | WEST VIRGINIA CARING FOUNDATION | WV | NIA | HIGHMARK WEST VIRGINIA INC. | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 35599 | 25-1334623 | 0 | 0 | | BRIDGE CITY INSURANCE COMPANY | PA | IA | HM INSURANCE GROUP, LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 93440 | 06-1041332 | 0 | 0 | | HM LIFE INSURANCE COMPANY | PA | IA | HM INSURANCE GROUP, LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 60213 | 25-1800302 | 0 | 0 | | HM LIFE INSURANCE COMPANY OF NEW YORK | NY | IA | HM INSURANCE GROUP, LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 82-5351990 | 0 | 0 | | AST RISK, LLC | DE | NIA | HM INSURANCE GROUP, LLC | Ownership | 33.330 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 47-4117233 | 0 | 0 | | PHYSICIAN PARTNERS OF WESTERN PA LLC | PA | NIA | HMPG INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 46-5705484 | 0 | 0 | | ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC | DE | NIA | HMPG INC. | Ownership | 50.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 45-3761429 | 0 | 0 | | HMPG PROPERTIES NORTH LLC | PA | NIA | HMPG INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 90-0996509 | 0 | 0 | | MONROEVILLE ASC LLC | PA | NIA | HMPG INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0812 | HIGHMARK INC | 15279 | 46-3476730 | 0 | 0 | | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | HMPG INC. | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 25-1742869 | 0 | 0 | | PREMIER MEDICAL ASSOCIATES, LLC | PA | NIA | HMPG INC. | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | 00000 | 32-0429947 | 0 | 0 | | PROVIDER PPI LLC | PA | NIA | HMPG INC. | Ownership | 99.500 | HIGHMARK HEALTH | NO | |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y
PART 1A - DETAILS 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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/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 | 100.000 | 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 | |
| .0812 | HIGHMARK INC | 15279 | 46-3476730 | 0 | 0 | | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 90-0925581 | 0 | 0 | | PITTSBURGH BONE, JOINT & SPINE, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 80-0494617 | 0 | 0 | | PRIMARY CARE GROUP 11, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 90-0451380 | 0 | 0 | | PRIMARY CARE GROUP 3, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 80-0403100 | 0 | 0 | | PRIMARY CARE GROUP 5, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 90-0503600 | 0 | 0 | | PRIMARY CARE GROUP 7, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 01-0927360 | 0 | 0 | | PRIMARY CARE GROUP 8, INC. | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 26-4194208 | 0 | 0 | | PRIME MEDICAL GROUP, PCG 1 | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 46-4954859 | 0 | 0 | | SOUTH PITTSBURGH UROLOGY ASSOCIATES | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 45-3540378 | 0 | 0 | | STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 72-1529328 | 0 | 0 | | THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1898743 | 0 | 0 | | WATERFRONT SURGERY CENTER, LLC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 25.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1874990 | 0 | 0 | | WSC REALTY PARTNERS, LLC | PA | NIA | JEFFERSON REGIONAL MEDICAL CENTER | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 51-0630744 | 0 | 0 | | CELTIC HEALTHCARE OF WESTMORELAND, LLC | PA | NIA | JV HOLDCO, LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 20-5661063 | 0 | 0 | | CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC | PA | NIA | JV HOLDCO, LLC | Ownership | 79.900 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 45-5080712 | 0 | 0 | | HMPG PHARMACY LLC | PA | NIA | PROVIDER PPI LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 90-0812390 | 0 | 0 | | PDL DISTRIBUTION SERVICES LLC | PA | NIA | PROVIDER PPI LLC | Ownership | 100.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1528055 | 0 | 0 | | CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC. | PA | NIA | SAINT VINCENT HEALTH CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1181389 | 0 | 0 | | COMMUNITY BLOOD BANK OF ERIE COUNTY | PA | NIA | SAINT VINCENT HEALTH CENTER | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1430922 | 0 | 0 | | EMERGENCYCARE, 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 | |
| .0812 | HIGHMARK INC | 15279 | 46-3476730 | 0 | 0 | | PALLADIUM RISK RETENTION GROUP, INC. | VT | IA | SAINT VINCENT HEALTH SYSTEM | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1385705 | 0 | 0 | | REGIONAL CANCER CENTER | PA | NIA | SAINT VINCENT HEALTH SYSTEM | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1679140 | 0 | 0 | | SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE, INC | PA | NIA | SAINT VINCENT HEALTH SYSTEM | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .0000 | | .00000 | 25-1669168 | 0 | 0 | | THE SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES | PA | NIA | SAINT VINCENT HEALTH SYSTEM | BOARD | 0.000 | HIGHMARK HEALTH | NO | |
| .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 | |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y
PART 1A - DETAILS 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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/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 | 96-0307623 | 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, INC. | ..PA | ..NIA | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Ownership | 20.000 | HIGHMARK HEALTH | ..NO | |
| .0812 | HIGHMARK INC | 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 | | CHAUTAQUA 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 | |
| .0000 | | 00000 | 22-2270533 | 0 | 0 | | WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC | ..NY | ..NIA | WESTFIELD MEMORIAL HOSPITAL, INC | BOARD | 0.000 | HIGHMARK HEALTH | ..NO | |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

| 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. |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|--|-----------------------|-----------------------|--|--|---|---|----|--|---------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 54771 | 23-1294723 | HIGHMARK INC | 80,343,560 | (15,000,000) | | | 559,869,827 | 425,959,098 | | (118,047,784) | 933,124,701 | (1,245,962,083) |
| 35599 | 25-1334623 | BRIDGE CITY INSURANCE COMPANY | | | | | (677,989) | 1,367,633 | | 20,354 | 709,998 | 268,451 |
| 60147 | 23-2905083 | FIRST PRIORITY LIFE INSURANCE COMPANY, INC. | | | | | (13,652,203) | (17,430,328) | | | (31,082,531) | 30,562,712 |
| 12325 | 30-0282076 | GATEWAY HEALTH PLAN OF OHIO, INC. | | | | | (111,040) | | | | (111,040) | |
| 96938 | 25-1505506 | GATEWAY HEALTH PLAN, INC. | | | | | (459,052,966) | (43,339,205) | | | (502,392,171) | 235,531,027 |
| 11435 | 75-3002215 | HCI, INC. | | | | | (565,452) | | | | (565,452) | |
| 17790 | 99-4255093 | HIGHMARK ASSURE HEALTH INC. | | | | | | | | | | |
| 53287 | 51-0020405 | HIGHMARK BCBSD INC. | | | | | (139,657,069) | | | 2,331,972 | (137,325,097) | |
| 15508 | 46-4763378 | HIGHMARK BENEFITS GROUP INC | | | | | (38,886,681) | (34,855,981) | | | (73,742,662) | 73,304,868 |
| 17791 | 99-4254510 | HIGHMARK CARE BENEFITS INC. | | | | | | | | | | |
| 95048 | 25-1522457 | HIGHMARK CHOICE COMPANY | | | | | (89,585,802) | 62,463,200 | | | (27,122,602) | 109,362,993 |
| 15507 | 46-4757476 | HIGHMARK COVERAGE ADVANTAGE INC | | | | | (37,611,697) | (16,299,000) | | | (53,910,697) | 36,255,380 |
| 15020 | 45-2763165 | HIGHMARK HEALTH OPTIONS WEST VIRGINIA INC. | | | | | | | | | | |
| 15460 | 46-4156633 | HIGHMARK SENIOR HEALTH COMPANY | | | | | (19,028,331) | (7,243,840) | | | (26,272,171) | 10,435,395 |
| 15459 | 46-4156854 | HIGHMARK SENIOR SOLUTIONS COMPANY | | | | | (327,729,779) | (97,943,722) | | | (425,673,501) | 453,914,845 |
| 54828 | 55-0624615 | HIGHMARK WEST VIRGINIA INC. | | | | | (29,435,021) | (42,240,609) | | | (71,675,630) | 46,531,211 |
| 55204 | 16-1105741 | HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC. | | | | | (94,413,419) | 48,190,211 | | 939,866 | (45,283,342) | (58,703,573) |
| 71768 | 54-1637426 | HM HEALTH INSURANCE COMPANY | | | | | (179,481,964) | | | | (179,481,964) | |
| 93440 | 06-1041332 | HM LIFE INSURANCE COMPANY | | | | | (24,901,877) | (8,111,029) | | | (33,012,906) | 30,188,867 |
| 60213 | 25-1800302 | HM LIFE INSURANCE COMPANY OF NEW YORK | | | | | (45,125,199) | (73,394) | | (960,220) | (46,158,813) | 1,468,516 |
| 96601 | 23-2413324 | HMO OF NORTHEASTERN PENNSYLVANIA, INC | | | | | (8,910,415) | | | | (8,910,415) | |
| 53252 | 23-2063810 | INTER-COUNTY HEALTH PLAN, INC. | | | | | (5,262,069) | (50,165) | | | (5,312,234) | 4,513,858 |
| 54763 | 23-0724427 | INTER-COUNTY HOSPITALIZATION PLAN, INC. | | | | | | | | | | |
| 15279 | 46-3476730 | PALLADIUM RISK RETENTION GROUP, INC. | | | | | | | | | | |
| 89070 | 25-1687586 | UNITED CONCORDIA COMPANIES, INC. | (16,000,000) | | (78,713) | | (77,671,089) | | | | (93,749,802) | |
| 95789 | 23-7328765 | UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC. | (2,000,000) | | | | 2,339,937 | | | | 339,937 | |
| 47089 | 23-2541529 | UNITED CONCORDIA DENTAL PLANS OF PENNSYLVANIA, INC. | | | | | (1,146,509) | | | | (1,146,509) | |
| 95160 | 74-2489037 | UNITED CONCORDIA DENTAL PLANS OF TEXAS, INC. | | | | | (16,204) | | | | (16,204) | |
| 96150 | 38-2289438 | UNITED CONCORDIA DENTAL PLANS OF THE MIDWEST, INC. | (5,000,000) | | 78,713 | | (277,839) | | | | (5,199,126) | |
| 95253 | 52-1542269 | UNITED CONCORDIA DENTAL PLANS, INC. | (7,000,000) | | | | (494,294) | | | | (7,494,294) | |
| 85766 | 86-0307623 | UNITED CONCORDIA INSURANCE COMPANY | (45,000,000) | | | | (89,391,802) | | | | (134,391,802) | |
| 60222 | 11-3008245 | UNITED CONCORDIA INSURANCE COMPANY OF NEW YORK | | | | | | | | | | |
| 00000 | 45-3674924 | ALLEGHENY HEALTH NETWORK | | | | | (489,716) | | | | (489,716) | |
| 00000 | 11-3667763 | BROKERAGE CONCEPTS, LLC | | | | | (980,254) | | | 117,699,340 | 117,699,340 | |
| 00000 | 87-1511522 | ENDORSED, LLC | | | | | 17,436,821 | | | | 17,436,821 | |
| 00000 | 25-1691945 | GATEWAY HEALTH LLC | | | | | 261,193,892 | | | (12,919,653) | 248,274,239 | |
| 00000 | 47-1817274 | HIGHMARK BCBSD HEALTH OPTIONS INC. | | | | | (140,250,795) | (270,392,869) | | (2,331,972) | (412,975,636) | 272,327,533 |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.

SCHEDULE Y

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GATEWAY HEALTH PLAN OF OH INC.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

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

Bar Codes:

| | |
|--|--|
| 2. Actuarial Opinion [Document Identifier 440] |  |
| 8. Audited Financial Report [Document Identifier 220] |  |
| 9. Accountants Letter of Qualifications [Document Identifier 221] |  |
| 10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 11. Life Supplement [Document Identifier 205] |  |
| 12. SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 13. Participating Opinion for Exhibit 5 [Document Identifier 371] |  |
| 14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] |  |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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



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



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



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



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



21. Life Supplement [Document Identifier 211]



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



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

