



QUARTERLY STATEMENT

As of March 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 Pittsburgh .....PA 15222 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	120 Fifth Avenue, Mail Code: FAPHM-191A Pittsburgh .....PA 15222 (Street and Number) (City or Town, State and Zip Code)	412-544-7000 (Area Code) (Telephone Number)
Mail Address	120 Fifth Avenue, Mail Code: FAPHM-191A Pittsburgh .....PA .....15222 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	120 Fifth Avenue, Mail Code: FAPHM-191A.....Pittsburgh.....PA.....15222 (Street and Number) (City or Town, State and Zip Code)	412-544-5458 (Area Code) (Telephone Number)
Internet Web Site Address	highmark.com	
Statutory Statement Contact	Christopher Michael Cogan (Name) chris.cogan@highmarkhealth.org (E-Mail Address)	412-544-5458 (Area Code) (Telephone Number) (Extension) 412-544-8674 (Fax Number)

OFFICERS

Ellen Marie DuffieldPresident
Caleb Lee KnierTreasurer
Thomas Devlin KavanaughSecretary

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>	State of _____	State of _____
County of <u>Allegheny</u>	County of _____	County of _____

Ellen Marie Duffield subscribed and sworn to before me this <u>1st</u> day of <u>May</u> , 2025	Caleb Lee Knier subscribed and sworn to before me this _____ day of _____, 2025	Thomas Devlin Kavanaugh subscribed and sworn to before me this _____ day of _____, 2025
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Donna J. Clark

Commonwealth of Pennsylvania - Notary Seal
Donna J. Clark, Notary Public
Allegheny County
My commission expires March 17, 2028
Commission number 1240483
Member, Pennsylvania Association of Notaries

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



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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 <u>Pennsylvania</u>
County of _____	County of <u>Allegheny</u>	County of <u>Allegheny</u>
Ellen Marie Duffield subscribed and sworn to before me this _____ day of _____, 2025	Caleb Lee Knier subscribed and sworn to before me this <u>8th</u> day of <u>May</u> , 2025	Thomas Devlin Kavanaugh subscribed and sworn to before me this <u>8th</u> day of <u>May</u> , 2025

- 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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Suanne M. Kelly, Notary Public
Washington County
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Commission number 1083640
Member, Pennsylvania Association of Notaries

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, 123, 465	0	1, 123, 465	1, 126, 833
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$ 117,294), cash equivalents (\$ 1,360,969) and short-term investments (\$0)	1, 478, 263	0	1, 478, 263	1, 399, 448
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2, 601, 728	0	2, 601, 728	2, 526, 281
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	20, 364	0	20, 364	18, 357
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	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, 622, 092	0	2, 622, 092	2, 544, 638
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	2, 622, 092	0	2, 622, 092	2, 544, 638
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 \$0 reinsurance ceded)	0	0	0	0
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	0	0	0	0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	0	0	0	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	0	0	0	0
9. General expenses due or accrued	0	0	0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	83,129	0	83,129	29,538
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$0 current)	23,714	0	23,714	23,714
24. Total liabilities (Lines 1 to 23)	106,843	0	106,843	53,252
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	28,236,235	28,236,235
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(25,720,986)	(25,744,848)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,515,249	2,491,387
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,622,092	2,544,639
DETAILS OF WRITE-INS				
2301. Escheat Liability Medicare	23,714	0	23,714	23,714
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)	23,714	0	23,714	23,714
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	0
2. Net premium income (including \$0 non-health premium income).....	XXX	0	0	0
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	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
Hospital and Medical:				
9. Hospital/medical benefits	0	0	0	0
10. Other professional services	0	0	0	0
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	0	0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Lines 9 to 15)	0	0	0	0
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	0	0	0
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$0 cost containment expenses	0	0	0	0
21. General administrative expenses	0	962	(18, 150)	24, 290
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only) .	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	962	(18, 150)	24, 290
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(962)	18, 150	(24, 290)
25. Net investment income earned	0	24, 825	28, 423	110, 457
26. Net realized capital gains (losses) less capital gains tax of \$0	0	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	24, 825	28, 423	110, 457
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)].....	0	0	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	23, 863	46, 573	86, 167
31. Federal and foreign income taxes incurred	XXX	0	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	23, 863	46, 573	86, 167
DETAILS OF WRITE-INS				
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	0	0	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.....	2,491,389	2,405,222	2,405,222
34. Net income or (loss) from Line 32	23,863	46,573	86,167
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	0	0	0
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	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	(1)	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	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)	23,863	46,572	86,167
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,515,252	2,451,794	2,491,389
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	0	0
2. Net investment income	26,186	29,845	124,952
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	26,186	29,845	124,952
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	962	(18,150)	24,290
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	962	(18,150)	24,290
11. Net cash from operations (Line 4 minus Line 10)	25,224	47,995	100,662
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
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	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
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	0
14. Net increase/(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	0
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	0	(1)	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)	53,591	(116,273)	(103,760)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	53,591	(116,274)	(103,760)
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) .	78,815	(68,279)	(3,098)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,399,449	1,402,547	1,402,547
19.2 End of period (Line 18 plus Line 19.1)	1,478,264	1,334,268	1,399,449

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, 2025 and the year ended December 31, 2024, 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, 2025	December 31, 2024
Net income					
(1) Gateway Health Plan of Ohio Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 23,863	\$ 86,167
(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	\$ 23,863	\$ 86,167
Surplus					
(5) Gateway Health Plan of Ohio Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,515,249	\$ 2,491,387
(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	\$ 2,515,249	\$ 2,491,387

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

No change.

C. Accounting Policies

- (1) Cash equivalents include securities with a maturity of 90 days or less at the date of purchase and money market mutual funds. Short-term investments include securities with a maturity of less than one year but greater than 90 days at the date of purchase. Cash equivalents and short-term investments are stated at amortized cost, except for money market mutual funds, which are stated at fair value. The corporation does not have short-term investments.
- (2) Bonds, excluding asset-backed securities, 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) – Asset-backed securities are not applicable.
- (7)– (21) 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.

NOTES TO FINANCIAL STATEMENTS

D. Asset-Backed Securities

(1) – (5) None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(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, 2025 were as follows:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted)		Increase/ (Decrease) (1 - 2)	Total Current Year		Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
Restricted Asset Category	Restricted from Current Year	Restricted From Prior Year		Nonadmitted	Admitted Restricted (1 - 4)		
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements	-	-	-	-	-	0.00%	0.00%
c. Subject to repurchase agreements	-	-	-	-	-	0.00%	0.00%
d. Subject to reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
e. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
f. Placed under option contracts	-	-	-	-	-	0.00%	0.00%
g. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.00%	0.00%
h. FHLB capital stock	-	-	-	-	-	0.00%	0.00%
i. On deposit with states	1,123,465	1,126,833	(3,368)	-	1,123,465	42.85%	42.85%
j. On deposit with other regulatory bodies	-	-	-	-	-	0.00%	0.00%
k. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0.00%	0.00%
l. Pledged as collateral not captured in other categories	-	-	-	-	-	0.00%	0.00%
m. Other restricted assets	-	-	-	-	-	0.00%	0.00%
Total Restricted Assets	\$ 1,123,465	\$ 1,126,833	\$ (3,368)	\$ -	\$ 1,123,465	42.85%	42.85%

(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

NOTES TO FINANCIAL STATEMENTS

None.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

NOTES TO FINANCIAL STATEMENTS

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 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. 100 – *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

NOTES TO FINANCIAL STATEMENTS

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.

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. Level 1 securities include U.S. government securities issued by the U.S. Treasury, while Level 2 securities include U.S. government securities issued by other agencies of the U.S. government, municipal bonds, corporate bonds, surplus notes, 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.

Other invested assets: Other invested assets include unaffiliated surplus notes. Fair values of rated surplus notes are based on quoted market prices. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or 2 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 and are designated as Level 1. 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, 2025 for financial assets reported at fair value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total Fair Value
Cash equivalents	\$1,360,969	\$ -	\$ -	\$ -	\$ 1,360,969
Total	\$ 1,360,969	\$ -	\$ -	\$ -	\$ 1,360,969

The Corporation had no liabilities reported at fair value at March 31, 2025.

(2) The Corporation did not have any assets categorized within Level 3 of the fair value hierarchy at March 31, 2025.

(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 September 30, 2024, that were material to the financial statements.

(4) The Corporation did not have any derivative assets or liabilities at March 31, 2025.

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, 2025:

	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
Issuer Credit Obligations	\$ 1,072,607	\$ 1,123,465	\$ 1,072,607	\$ -	\$ -	\$ -	\$ -
Total bonds	1,072,607	1,123,465	1,072,607	-	-	-	-
Cash and cash equivalents	1,478,263	1,478,263	1,478,263	-	-	-	-
Total	\$ 2,550,870	\$ 2,601,728	\$ 2,550,870	\$ -	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value

None.

E. Investments Valued Using NAV as a Practical Expedient

None.

NOTES TO FINANCIAL STATEMENTS

21. Other Items

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 15, 2025, 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, 2025 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 [X]
- 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 [X]
- 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 [X] No []
- 3.2

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

Yes [] No [X]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

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

Yes [] No [X]
- 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 [X]
- 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 [X] 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 [X]
- 6.6

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

Yes [X] 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 [X]
- 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 [X]
- 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 [X]
- 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, 2025 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 [] No [X]
- 10.2

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

0

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:

\$.....

0
13.

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

\$.....

0
- 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	2
	Prior Year-End Book/Adjusted Carrying Value	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, 2025 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. This includes both primary and sub-advisors. 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

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

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

\$.0

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

\$.0

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 []

STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, INC.

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 Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
			NONE						

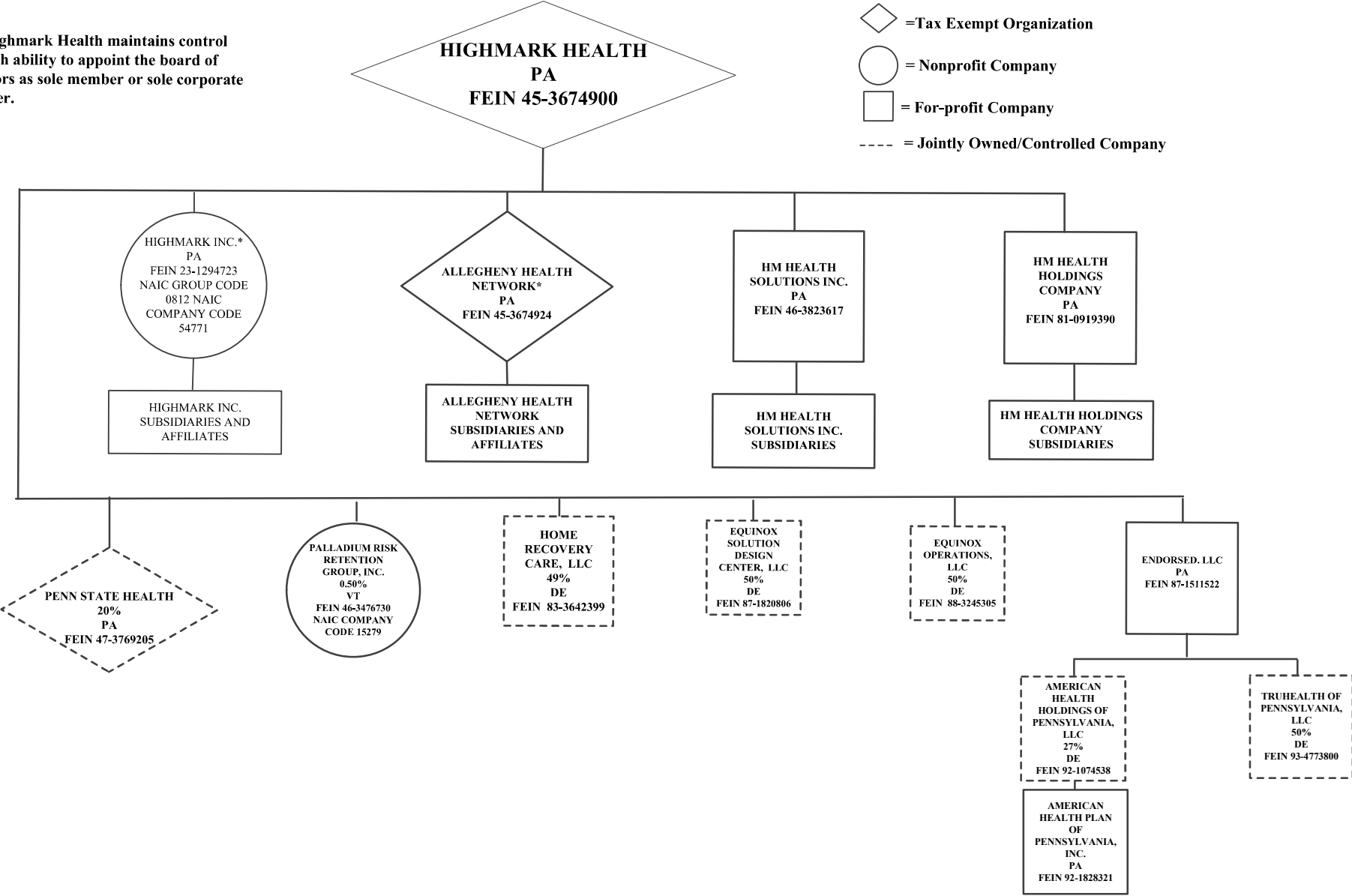
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, etc.	1	Direct Business Only									
		2	3	4	5	6	7	8	9	10	
	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	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. California	CA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Delaware	DE	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida	FL	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Georgia	GA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho	ID	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	.L	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine	ME	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland	MD	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan	MI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana	MT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
32. New Mexico	NM	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. New York	NY	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. North Carolina	NC	.L	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio	OH	.L	.0	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon	OR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah	UT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont	VT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia	VA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa	AS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
53. Guam	GU	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
55. U.S. Virgin Islands	VI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
57. Canada	CAN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.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	.0
60. Reporting Entity Contributions for Employee Benefit Plans .....	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
61. Totals (Direct Business) .....	.XXX	0	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	.0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	.XXX	0	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	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. N - None of the above - Not allowed to write business in the state.....	54
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.	0		

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



STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, INC.

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.

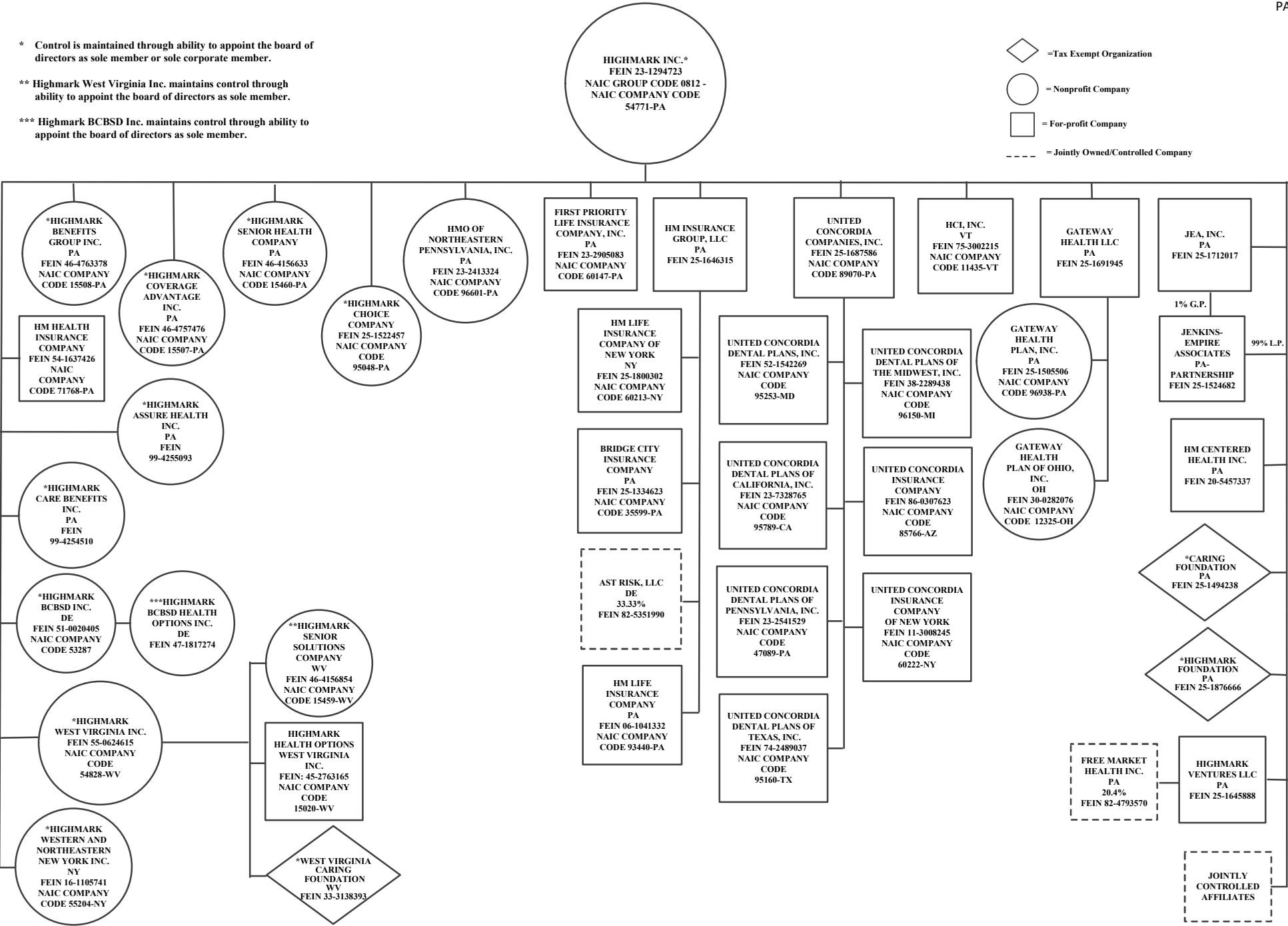
*** Highmark BCBSD Inc. maintains control through ability to appoint the board of directors as sole member.

◊ = Tax Exempt Organization




○ = Nonprofit Company

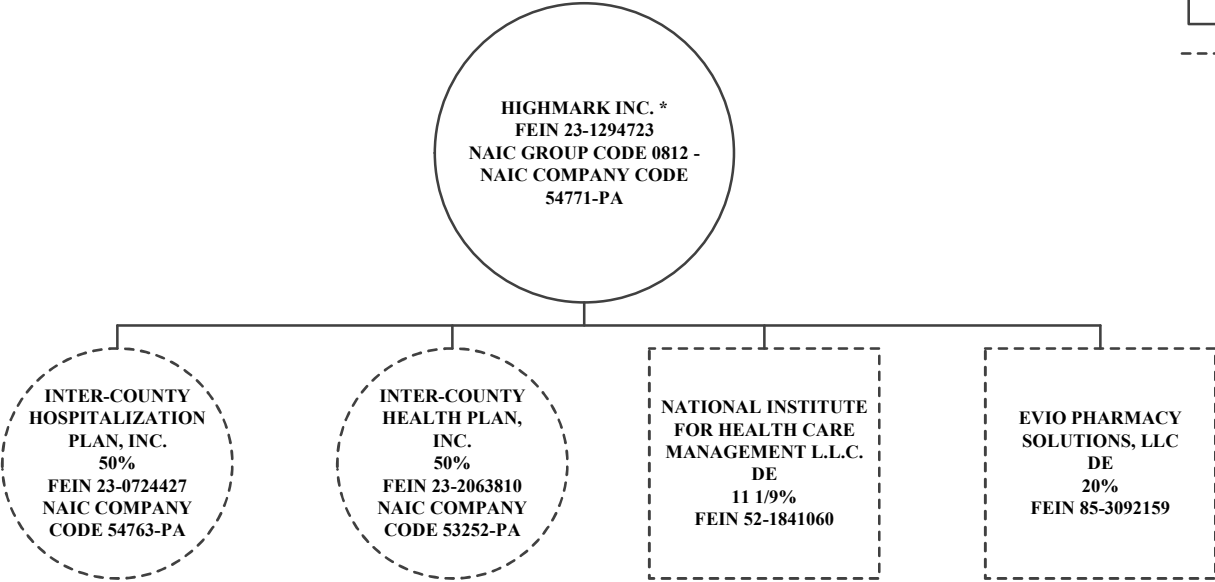
□ = For-profit Company

--- = Jointly Owned/Controlled Company



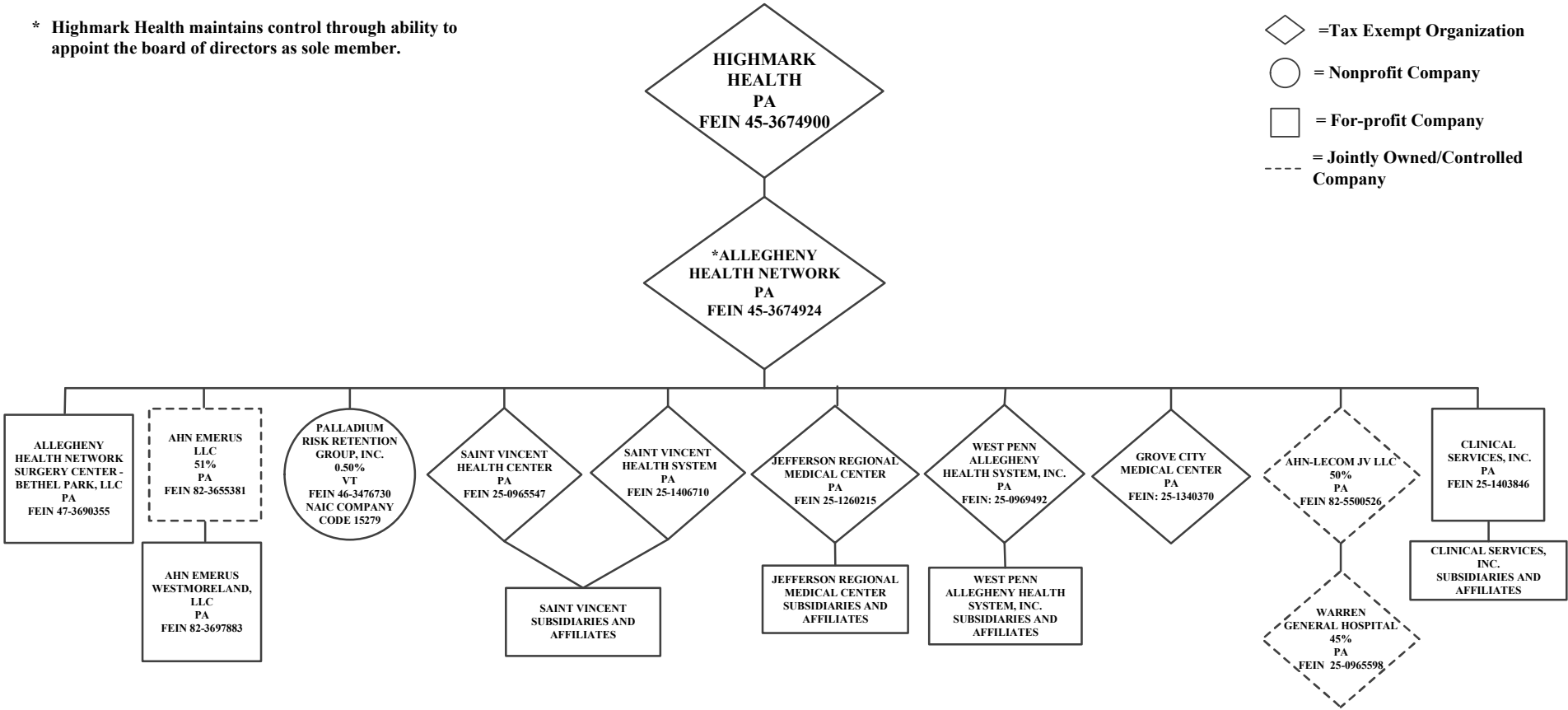
* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

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



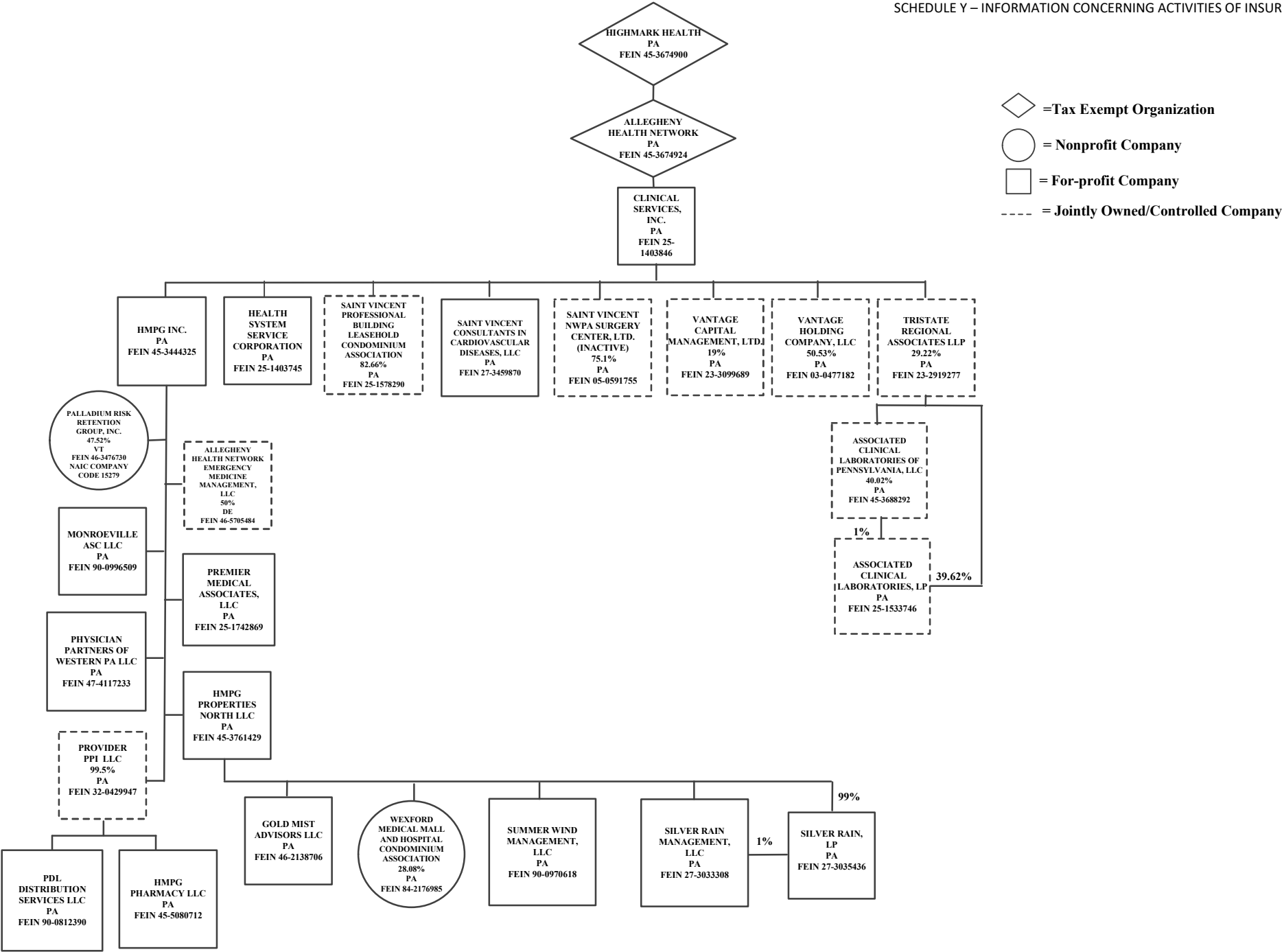
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

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



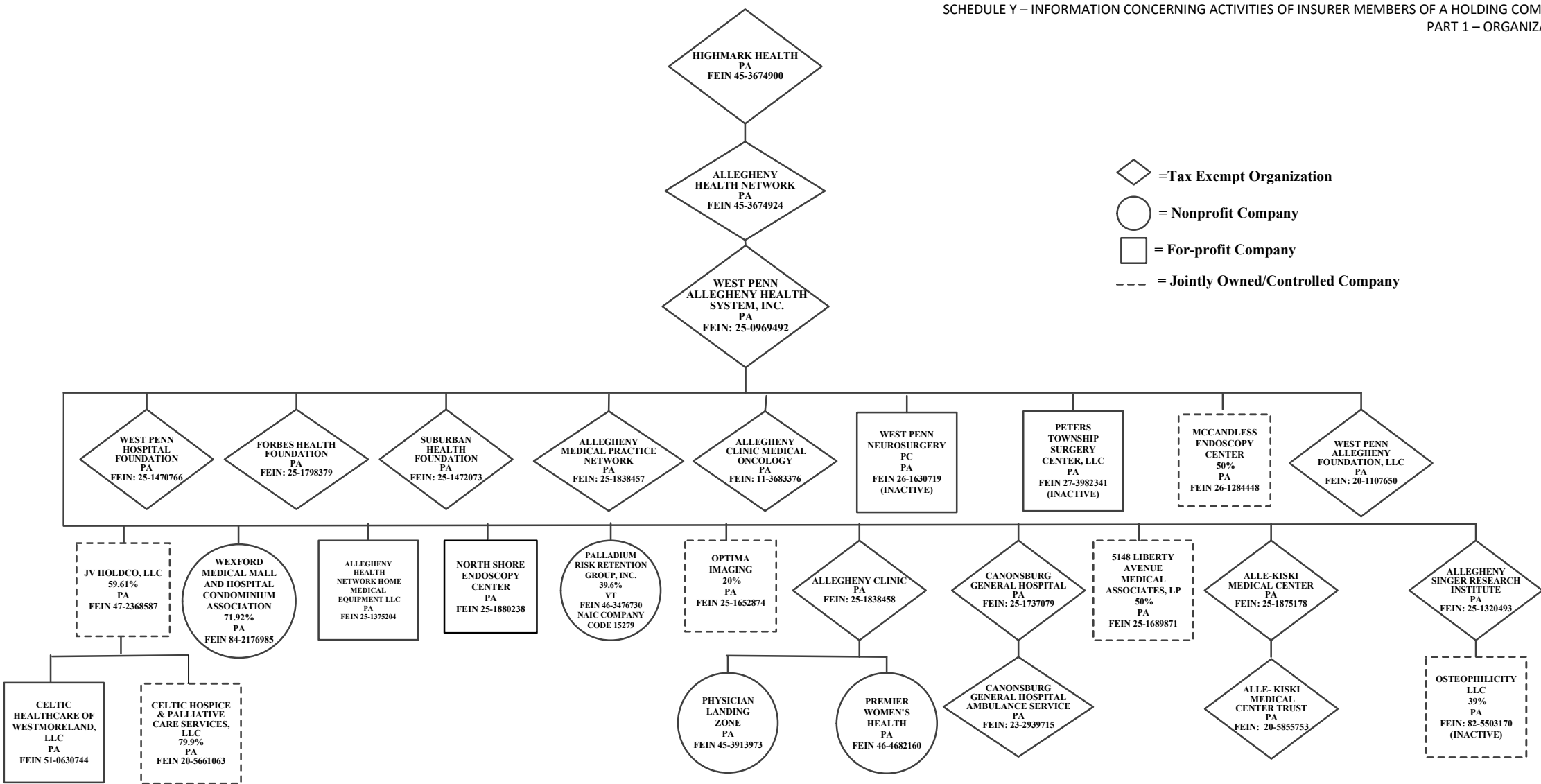
STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, INC.

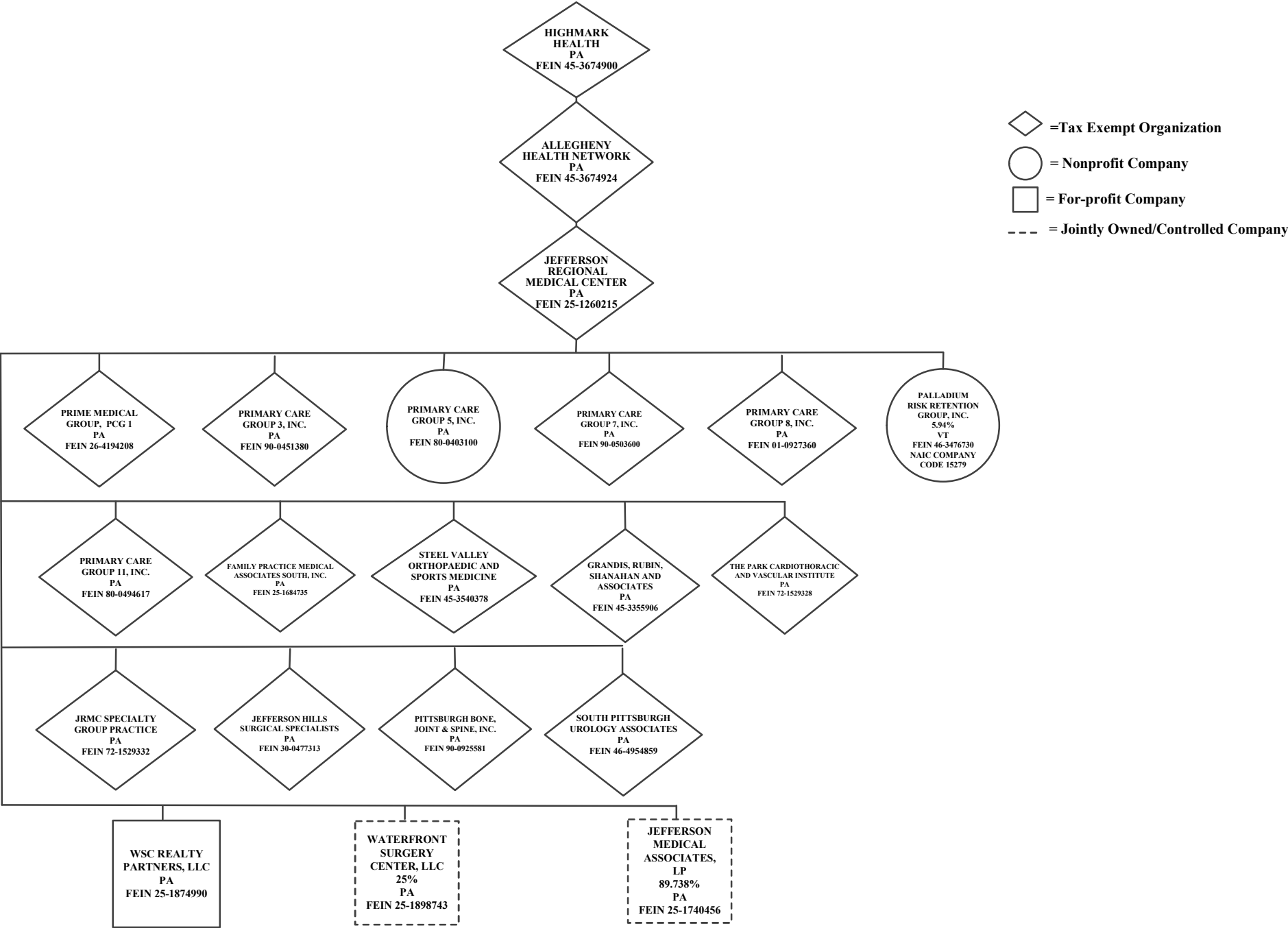
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, INC.

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





STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, INC.





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

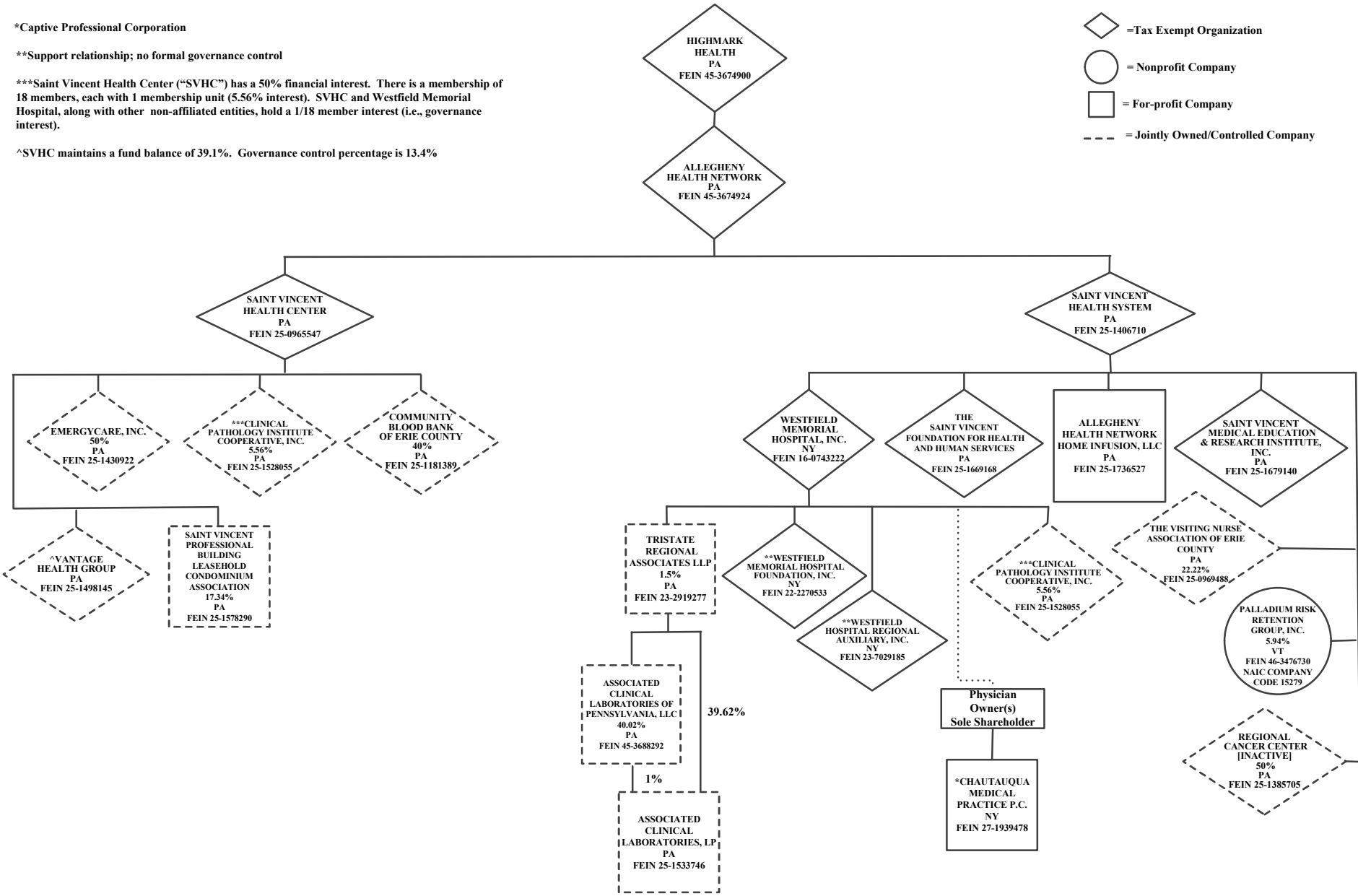
*Captive Professional Corporation

**Support relationship; no formal governance control

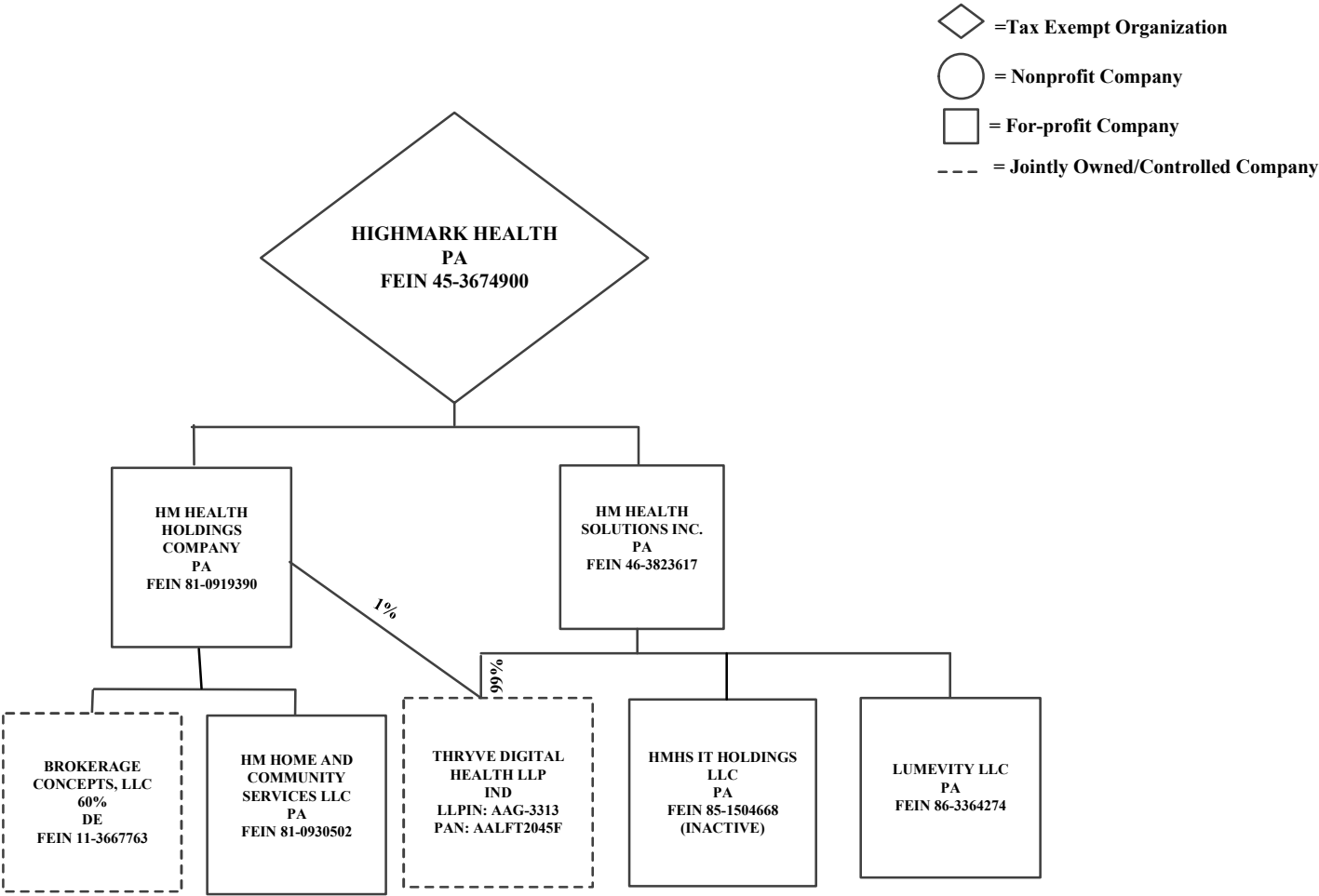
***Saint Vincent Health Center (“SVHC”) has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and Westfield Memorial Hospital, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

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

-  =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



STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, 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	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...	HIGHMARK INC	.....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...		.....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	.....	TRUEHEALTH 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.....	.....
.0000...		.....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	.....	HMS IT HOLDINGS LLC	..PA.....	NIA.....	HM HEALTH SOLUTIONS INC.	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	86-3364274	0	0	.....	LUMEVITY LLC	..PA.....	NIA.....	HM HEALTH SOLUTIONS INC.	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	45-3913973	0	0	.....	PHYSICIAN LANDING ZONE	..PA.....	NIA.....	ALLEGHENY CLINIC	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	46-4682160	0	0	.....	PREMIER WOMEN'S HEALTH	..PA.....	NIA.....	ALLEGHENY CLINIC	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	45-3444325	0	0	.....	HMPG INC.	..PA.....	NIA.....	CLINICAL SERVICES, INC	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-1260215	0	0	.....	JEFFERSON REGIONAL MEDICAL CENTER	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	82-3655381	0	0	.....	AHN EMERUS LLC	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	Ownership.....	..51.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	82-3697883	0	0	.....	AHN EMERUS WESTMORELAND, LLC	..PA.....	NIA.....	AHN EMERUS LLC	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-1340370	0	0	.....	GROVE CITY MEDICAL CENTER	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	82-5500526	0	0	.....	AHN-LECOM JV LLC	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	Ownership.....	..50.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-0965598	0	0	.....	WARREN GENERAL HOSPITAL	..PA.....	NIA.....	AHN-LECOM JV LLC	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	47-3690355	0	0	.....	ALLEGHENY HEALTH NETWORK SURGERY CENTER- BETHEL PARK, LLC.	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....15279	46-3476730	0	0	.....	PALLADIUM RISK RETENTION GROUP, INC.	..VT.....	IA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-0965547	0	0	.....	SAINT VINCENT HEALTH CENTER	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-1406710	0	0	.....	SAINT VINCENT HEALTH SYSTEM	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-0969492	0	0	.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	..PA.....	NIA.....	ALLEGHENY HEALTH NETWORK	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	82-5503170	0	0	.....	OSTEOPHILICITY LLC	..PA.....	NIA.....	ALLEGHENY SINGER RESEARCH INSTITUTE	Ownership.....	..39.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	20-5855753	0	0	.....	ALLE-KISKI MEDICAL CENTER TRUST	..PA.....	NIA.....	ALLE-KISKI MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-1533746	0	0	.....	ASSOCIATED CLINICAL LABORATORIES, LP	..PA.....	NIA.....	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC	Ownership.....	..1.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	23-2939715	0	0	.....	CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	..PA.....	NIA.....	CANONSBURG GENERAL HOSPITAL	BOARD	..0.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	27-3459870	0	0	.....	SAINT VINCENT CONSULTANTS IN CARDIOVASCULAR DISEASES, LLC	..PA.....	NIA.....	CLINICAL SERVICES, INC	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	25-1403745	0	0	.....	HEALTH SYSTEM SERVICE CORPORATION	..PA.....	NIA.....	CLINICAL SERVICES, INC	Ownership.....	..100.000	HIGHMARK HEALTH	....NO.....	.....
.0000...		.....00000	05-0591755	0	0	.....	SAINT VINCENT NIIPA 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		0	0	.....								

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	Domi-ciliary Loca-tion	Rela-tion-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	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.....	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 .....	.....00000	99-4255093	0	0 .....	.....	HIGHMARK ASSURE HEALTH INC. ....	..PA.....	..NIA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....53287	51-0020405	0	0 .....	.....	HIGHMARK BCBSD INC. ....	..DE.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....15508	46-4763378	0	0 .....	.....	HIGHMARK BENEFITS GROUP INC .....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....00000	99-4254510	0	0 .....	.....	HIGHMARK CARE BENEFITS INC. ....	..PA.....	..NIA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....15507	46-4757476	0	0 .....	.....	HIGHMARK COVERAGE ADVANTAGE INC .....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	25-1876666	0	0 .....	.....	HIGHMARK FOUNDATION .....	..PA.....	..NIA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....15460	46-4156633	0	0 .....	.....	HIGHMARK SENIOR HEALTH COMPANY .....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	25-1645888	0	0 .....	.....	HIGHMARK VENTURES LLC .....	..PA.....	..NIA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....54828	55-0624615	0	0 .....	.....	HIGHMARK WEST VIRGINIA INC. ....	..WV.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	20-5457337	0	0 .....	.....	HM CENTERED HEALTH, INC .....	..PA.....	..NIA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....71768	54-1637426	0	0 .....	.....	HM HEALTH INSURANCE COMPANY .....	..PA.....	..IA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	25-1646315	0	0 .....	.....	HM INSURANCE GROUP, LLC .....	..PA.....	..NIA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....96601	23-2413324	0	0 .....	.....	HMO OF NORTHEASTERN PENNSYLVANIA, INC .....	..PA.....	..IA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.....	.....	.....	.....	.....	.....	.....	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC. ....	..NY.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0936 ...	INDEPENDENCE HEALTH GROUP INC. ....	.....53252	23-2063810	0	0 .....	.....	INTER-COUNTY HEALTH PLAN, INC. ....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	2
. 0936 ...	INDEPENDENCE HEALTH GROUP INC. ....	.....54763	23-0724427	0	0 .....	.....	INTER-COUNTY HOSPITALIZATION PLAN, INC. ....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	3
. 0000 ...	.....	.....00000	25-1712017	0	0 .....	.....	JEA, INC. ....	..PA.....	..NIA.....	HIGHMARK INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	25-1524682	0	0 .....	.....	JENKINS-EMPIRE ASSOCIATES .....	..PA.....	..NIA.....	HIGHMARK INC.	Ownership.....	..99.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0812 ...	HIGHMARK INC .....	.....95048	25-1522457	0	0 .....	.....	HIGHMARK CHOICE COMPANY .....	..PA.....	..IA.....	HIGHMARK INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	85-3092159	0	0 .....	.....	EVIO PHARMACY SOLUTIONS, LLC .....	..DE.....	..NIA.....	HIGHMARK INC.	Ownership.....	..20.000	HIGHMARK HEALTH .....	...NO.....	.....
.....	.....	.....	.....	.....	.....	.....	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.....	.....
.....	.....	.....	.....	.....	.....	.....	ALLEGHENY HEALTH NETWORK EMERGENCY MEDICINE MANAGEMENT, LLC .....	..DE.....	..NIA.....	HMPG INC.	Ownership.....	..50.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	45-3761429	0	0 .....	.....	HMPG PROPERTIES NORTH LLC .....	..PA.....	..NIA.....	HMPG INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	90-0996509	0	0 .....	.....	MONROEVILLE ASC LLC .....	..PA.....	..NIA.....	HMPG INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....15279	46-3476730	0	0 .....	.....	PALLADIUM RISK RETENTION GROUP, INC. ....	..VT.....	..IA.....	HMPG INC.	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	25-1742869	0	0 .....	.....	PREMIER MEDICAL ASSOCIATES, LLC .....	..PA.....	..NIA.....	HMPG INC.	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
. 0000 ...	.....	.....00000	32-0429947	0	0 .....	.....	PROVIDER PPI LLC .....	..PA.....	..NIA.....	HMPG INC.	Ownership.....	..99.500	HIGHMARK HEALTH .....	...NO.....	.....

SCHEDULE Y
PART 1A - DETAILS 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	Rela- tion- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
.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	.....
							WEXFORD MEDICAL MALL AND HOSPITAL CONDOMINIUM								
.0000		.00000	84-2176985	0	0		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	.....
							FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH, INC.								
.0000		.00000	25-1684735	0	0		GRANDIS, RUBIN, SHANAHAN AND ASSOCIATES	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	45-3355906	0	0		JEFFERSON HILLS SURGICAL SPECIALISTS	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	30-0477313	0	0		JEFFERSON MEDICAL ASSOCIATES, LP	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	..89.738	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1740456	0	0		JRMC SPECIALTY GROUP PRACTICE	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	72-1529332	0	0		PALLADIUM RISK RETENTION GROUP, INC.	..VT	.....IA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		15279	46-3476730	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	.....
							STEEL VALLEY ORTHOPAEDIC AND SPORTS MEDICINE								
.0000		.00000	45-3540378	0	0		THE PARK CARDIOTHORACIC AND VASCULAR	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
							INSTITUTE								
.0000		.00000	72-1529328	0	0		WATERFRONT SURGERY CENTER, LLC	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	..25.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1898743	0	0		WSC REALTY PARTNERS, LLC	..PA	.....NIA	JEFFERSON REGIONAL MEDICAL CENTER	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1874990	0	0		CELTIC HEALTHCARE OF WESTMORELAND, LLC	..PA	.....NIA	JV HOLDCO, LLC	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	51-0630744	0	0		CELTIC HOSPICE & PALLIATIVE CARE SERVICES, LLC	..PA	.....NIA	JV HOLDCO, LLC	Ownership	..79.900	HIGHMARK HEALTH	....NO	.....
.0000		.00000	20-5661063	0	0		HMPG PHARMACY LLC	..PA	.....NIA	PROVIDER PPI LLC	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	45-5080712	0	0		PDL DISTRIBUTION SERVICES LLC	..PA	.....NIA	PROVIDER PPI LLC	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
							CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC.								
.0000		.00000	25-1528055	0	0		COMMUNITY BLOOD BANK OF ERIE COUNTY	..PA	.....NIA	SAINT VINCENT HEALTH CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1181389	0	0		EMERGENCYCARE, INC	..PA	.....NIA	SAINT VINCENT HEALTH CENTER	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1430922	0	0		SAINT VINCENT PROFESSIONAL BUILDING LEASEHOLD								
							CONDOMINIUM ASSOCIATION								
.0000		.00000	25-1578290	0	0		VANTAGE HEALTH GROUP	..PA	.....NIA	SAINT VINCENT HEALTH CENTER	Ownership	..17.340	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1498145	0	0		ALLEGHENY HEALTH NETWORK HOME INFUSION, LLC	..PA	.....NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1736527	0	0		CLINICAL SERVICES, INC	..PA	.....NIA	ALLEGHENY HEALTH NETWORK	Ownership	..100.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1403846	0	0		PALLADIUM RISK RETENTION GROUP, INC.	..VT	.....IA	SAINT VINCENT HEALTH SYSTEM	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		15279	46-3476730	0	0		REGIONAL CANCER CENTER	..PA	.....NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1385705	0	0		SAINT VINCENT MEDICAL EDUCATION & RESEARCH								
							INSTITUTE, INC								
.0000		.00000	25-1679140	0	0		THE SAINT VINCENT FOUNDATION FOR HEALTH AND	..PA	.....NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....
.0000		.00000	25-1669168	0	0		HUMAN SERVICES								
							THE VISITING NURSE ASSOCIATION OF ERIE COUNTY								
.0000		.00000	25-0969488	0	0			..PA	.....NIA	SAINT VINCENT HEALTH SYSTEM	BOARD	..0.000	HIGHMARK HEALTH	....NO	.....

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	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)	*
.000000000	16-0743222 ..	0	0 .....	.....	WESTFIELD MEMORIAL HOSPITAL, INC .....	..NY.....	.....NIA.....	SAINT VINCENT HEALTH SYSTEM	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	27-3035436 ..	0	0 .....	.....	SILVER RAIN, LP .....	..PA.....	.....NIA.....	SILVER RAIN MANAGEMENT, LLC	Ownership.....	..1.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	45-3688292 ..	0	0 .....	.....	ASSOCIATED CLINICAL LABORATORIES OF PENNSYLVANIA, LLC .....	..PA.....	.....NIA.....	TRISTATE REGIONAL ASSOCIATES LLP	Ownership.....	..40.020	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	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.....	.....
.000000000	25-1689871 ..	0	0 .....	.....	5148 LIBERTY AVENUE MEDICAL ASSOCIATES, LP ..	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..50.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1838458 ..	0	0 .....	.....	ALLEGHENY CLINIC .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1838457 ..	0	0 .....	.....	ALLEGHENY MEDICAL PRACTICE NETWORK .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1320493 ..	0	0 .....	.....	ALLEGHENY SINGER RESEARCH INSTITUTE .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1875178 ..	0	0 .....	.....	ALLE-KISKI MEDICAL CENTER .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1737079 ..	0	0 .....	.....	CANONSBURG GENERAL HOSPITAL .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1798379 ..	0	0 .....	.....	FORBES HEALTH FOUNDATION .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	47-2368587 ..	0	0 .....	.....	JV HOLDCO, LLC .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..59.610	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	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.....	.....
.000000000	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.....	.....
.000000000	26-1284448 ..	0	0 .....	.....	MCCANDLESS ENDOSCOPY CENTER .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1880238 ..	0	0 .....	.....	NORTH SHORE ENDOSCOPY CENTER .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1652874 ..	0	0 .....	.....	OPTIMA IMAGING .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..20.000	HIGHMARK HEALTH .....	...NO.....	.....
.000015279	46-3476730 ..	0	0 .....	.....	PALLADIUM RISK RETENTION GROUP, INC. ....	..VT.....	.....IA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	27-3982341 ..	0	0 .....	.....	PETERS TOWNSHIP SURGERY CENTER, LLC .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1472073 ..	0	0 .....	.....	SUBURBAN HEALTH FOUNDATION .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	20-1107650 ..	0	0 .....	.....	WEST PENN ALLEGHENY FOUNDATION, LLC .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	11-3683376 ..	0	0 .....	.....	ALLEGHENY CLINIC MEDICAL ONCOLOGY .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1470766 ..	0	0 .....	.....	WEST PENN HOSPITAL FOUNDATION .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	26-1630719 ..	0	0 .....	.....	WEST PENN NEUROSURGERY PC .....	..PA.....	.....NIA.....	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ...	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	27-1939478 ..	0	0 .....	.....	CHAUTAQUA MEDICAL PRACTICE P.C. ....	..NY.....	.....NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership.....	..100.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	25-1528055 ..	0	0 .....	.....	CLINICAL PATHOLOGY INSTITUTE COOPERATIVE, INC .....	..PA.....	.....NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	23-2919277 ..	0	0 .....	.....	TRISTATE REGIONAL ASSOCIATES LLP .....	..PA.....	.....NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership.....	..1.500	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	23-7029185 ..	0	0 .....	.....	WESTFIELD HOSPITAL REGIONAL AUXILIARY, INC ..	..NY.....	.....NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....
.000000000	22-2270533 ..	0	0 .....	.....	WESTFIELD MEMORIAL HOSPITAL FOUNDATION, INC .....	..NY.....	.....NIA.....	WESTFIELD MEMORIAL HOSPITAL, INC	BOARD .....	..0.000	HIGHMARK HEALTH .....	...NO.....	.....

STATEMENT AS OF MARCH 31, 2025 OF GATEWAY HEALTH PLAN OF OHIO, 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.

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
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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, depreciation and proportional amortization		
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	1,126,833	1,140,099
2. Cost of bonds and stocks acquired	0	0
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	0
7. Deduct amortization of premium	3,368	13,266
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)	1,123,464	1,126,833
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	1,123,464	1,126,833

STATEMENT AS OF MARCH 31, 2025 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	1,126,833	0	0	(3,368)	1,123,465	0	0	1,126,833
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 ICO	1,126,833	0	0	(3,368)	1,123,465	0	0	1,126,833
ASSET-BACKED SECURITIES (ABS)								
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 ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	1,126,833	0	0	(3,368)	1,123,465	0	0	1,126,833

(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	1,334,783	1,377,247
2. Cost of cash equivalents acquired	26,186	99,934
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	0	142,398
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)	1,360,969	1,334,783
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,360,969	1,334,783

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 Restricted Asset 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	7	8	
					First Month	Second Month	Third Month	
PNC Operating Medicare Account Jeannette, PA		0.000	0	0	26,960	29,050	114,480	XXX
PNC Operating Medicaid Account Jeannette, PA		0.000	0	0	7,168	3,862	2,814	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	34,128	32,912	117,294	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	34,128	32,912	117,294	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	34,128	32,912	117,294	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]