



# QUARTERLY STATEMENT

As of September 30, 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 Duffield .....President  
Caleb Lee Knier .....Treasurer  
Thomas Devlin Kavanaugh .....Secretary

### DIRECTORS OR TRUSTEES

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

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

Ellen Marie Duffield  
President

Caleb Lee Knier  
Treasurer

Thomas Devlin Kavanaugh  
Secretary

State of Pennsylvania  
County of Allegheny

State of Pennsylvania  
County of Allegheny

State of Pennsylvania  
County of Allegheny

Ellen Marie Duffield subscribed and sworn to before me  
this 11<sup>th</sup> day of November, 2025

Caleb Lee Knier subscribed and sworn to before me  
this 11<sup>th</sup> day of November, 2025

Thomas Devlin Kavanaugh subscribed and sworn to  
before me  
this 11<sup>th</sup> day of November, 2025

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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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 \_\_\_\_\_