QUARTERLY STATEMENT

OF THE

Forevercare, Inc.

of Little Rock

in the state of Arkansas

TO THE Insurance Department

OF THE STATE OF
Arkansas

FOR THE QUARTER ENDED SEPTEMBER 30, 2020



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

Forevercare, Inc.

NAIC Group Code	0812 , (Current Period)	0812 (Prior Period)	NAIC Company Code	16300	Employer's ID Number	82-2424834
Organized under the Laws o	f ,	Arkansas	State of Domi	cile or Port of Entry		AR
Country of Domicile		United States				
Licensed as business type:	Life, Accident & Health Dental Service Corpor Other[X]	ation[] Vision	ty/Casualty[] Service Corporation[] D Federally Qualified? Yes[] N	Health Ma	Medical & Dental Service or Ir aintenance Organization[]	ndemnity[]
Incorporated/Organized		06/14/2017	Comme	enced Business		
Statutory Home Office	4:	25 W. Capitol Ave., Ste. 180	0		Little Rock, AR, US 7220	
Main Administrative Office		(Street and Number)	Four Gateway Center, 44		city or Town, State, Country and Zip e 2100	Code)
	Pittsburgh.	PA, US 15222-1222	(Street ar	nd Number)	(412)255-4640	
Mail Address	(City or Town, State Four Gatewa	, Country and Zip Code) y Center , 444 Liberty Aven			(Area Code) (Telephone Nu Pittsburgh, PA, US 15222-12	222
Primary Location of Books a		(Street and Number or P.O. Box)		c) ter, 444 Liberty Aven	city or Town, State, Country and Zipue, Ste 2100	Code)
	Pittshurah PA	., US 15222-1222	(S	Street and Number)	(412)255-4693	▶.
letere at Mark City Andrews	(City or Town, State	, Country and Zip Code)		-	(Area Code) (Telephone Nu	mber)
Internet Web Site Address						
Statutory Statement Contact		Christopher Michael Cog (Name)	an		(412)255-4693 (Area Code)(Telephone Number)	(Extension)
		/ayhealthplan.com		-	(412)255-4693 (Fax Number)	(2.11011)
		Truncoo	Ann Woodward Secretary Treasurer OTHERS			
			TORS OR TRUSTI			
	Ola Susar Frances A	thew Frevaldenhoven		Peggy Loreec Kathryn McKe Richard Scott Philip Barr	llar Grisham	
State of County of	ghama ss					
nerein described assets were related exhibits, schedules ar reporting entity as of the repo Statement Instructions and A reporting not related to accoudescribed officers also included	the absolute property of ad explanations therein c orting period stated above occounting Practices and inting practices and proce es the related correspondes	the said reporting entity, fre ontained, annexed or referre a, and of its income and ded Procedures manual except to edures, according to the beseding electronic filing with the	ey are the described officers of see and clear from any liens or cleed to, is a full and true statemen uctions therefrom for the period of the extent that: (1) state law not of their information, knowledge NAIC, when required, that is aroulieu of or in addition to the end	aims thereon, except t of all the assets and ended, and have be nay differ; or, (2) that e and belief, respecti n exact copy (except	as herein stated, and that this dilabilities and of the condition en completed in accordance vistate rules or regulations requively. Furthermore, the scope	statement, together with and affairs of the said with the NAIC Annual uire differences in of this attestation by the
((Signature)		(Signature)		(Signature)	
(P	rinted Name)		(Printed Name)		Frances Ann Wood (Printed Name)	
	1. President		2. Treasurer		3., Secretary	
:-	(Title)		(Title)		(Title)	
Subscribed and sworr day of	to before me this		is an original filing? 1. State the amendment r 2. Date filed 3. Number of pages attac		Yes[X] No[]	
(Notary Public	Signature)					

Commonwealth of Pennsylvania - Notary Seal Donna J. Clark, Notary Public Allegheny County My commission expires March 17, 2024 Commission number 1240483

Member, Pennsylvania Association of Notaries

ASSETS

	AUU		urrent Statement Da	to	4
		1	2	3	7
		!	_ Z		Da a a maha n 21
			Ni a sa adara ista ad	Net Admitted	December 31
		A t -	Nonadmitted	Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
J.	• •				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	·				
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$9,172,356), cash equivalents (\$0) and short-term				
	investments (\$0)	9,172,356		9,172,356	9,230,073
6.	Contract loans (including \$ premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	•				
	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection				
	15.2 Deferred premiums, agents' balances and installments booked				
	· · · · · · · · · · · · · · · · · · ·				
	but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts				
	subject to redetermination (\$0)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
	(\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
	·				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	9,172,356		9,172,356	9,230,073
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
00				0.470.050	
28.	TOTAL (Lines 26 and 27)	9,172,356		9,172,356	9,230,073
	ILS OF WRITE-INS	I		I	
1					
1102.					
1103.					
II .	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
1					
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
	· · · · · · · · · · · · · · · · · · ·				

STATEMENT AS OF September 30, 2020 OF THE Forevercare, Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND	JOIN L	Current Period		Prior Year	
		1	2	3	4	
4	Olaima umasid (lasa (f	Covered	Uncovered	Total	Total	
1.	Claims unpaid (less \$0 reinsurance ceded)					
2.	Accrued medical incentive pool and bonus amounts					
3.	Unpaid claims adjustment expenses					
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio					
_	rebate per the Public Health Service Act					
5.	Aggregate life policy reserves Property/casualty unearned premium reserve					
6.	Aggregate health claim reserves					
7. 8.	Premiums received in advance					
9.	General expenses due or accrued					
10.1	Current federal and foreign income tax payable and interest thereon (including \$0					
10.1	on realized gains (losses))					
10.2	Net deferred tax liability					
11.	Ceded reinsurance premiums payable					
12.	Amounts withheld or retained for the account of others			I		
13.	Remittances and items not allocated					
14.	Borrowed money (including \$0 current) and interest thereon \$0					
14.	(including \$0 current)					
15.	Amounts due to parent, subsidiaries and affiliates					
16.	Derivatives					
17.	Payable for securities					
18.	Payable for securities lending					
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0					
10.	unauthorized reinsurers and \$0 certified reinsurers)					
20.	Reinsurance in unauthorized and certified (\$0) companies					
21.	Net adjustments in assets and liabilities due to foreign exchange rates					
22.	Liability for amounts held under uninsured plans					
23.	Aggregate write-ins for other liabilities (including \$0 current)			l .		
24.	Total liabilities (Lines 1 to 23)					
25.	Aggregate write-ins for special surplus funds					
26.	Common capital stock			1,000		
27.	Preferred capital stock				•	
28.	Gross paid in and contributed surplus		X X X			
29.	Surplus notes			6,500,000		
30.	Aggregate write-ins for other-than-special surplus funds		X X X			
31.	Unassigned funds (surplus)			(3,360,623)		
32.	Less treasury stock, at cost:			(1,111,111,111,111,111,111,111,111,111,	(2,222, 2)	
	32.10 shares common (value included in Line 26 \$	X X X	X X X			
	32.20 shares preferred (value included in Line 27 \$0)					
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)					
34.	Total Liabilities, capital and surplus (Lines 24 and 33)					
	ILS OF WRITE-INS				•	
2301.						
2302. 2303.						
	Summary of remaining write-ins for Line 23 from overflow page			I		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2501.			X X X	I		
2502. 2503.			X X X	I		
	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X			
3001.						
3002. 3003.			X X X			
3098.	Summary of remaining write-ins for Line 30 from overflow page		X X X			
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X			

STATEMENT AS OF September 30, 2020 OF THE Forevercare, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEWIENT OF REVENUE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. Me	lember Months				
	et premium income (including \$0 non-health premium income)				
	hange in unearned premium reserves and reserves for rate credits				
	ee-for-service (net of \$0 medical expenses)				
	isk revenue				
	ggregate write-ins for other health care related revenues				
_	ggregate write-ins for other non-health revenues				
-	otal revenues (Lines 2 to 7)				
	and Medical:				
-					
	ospital/medical benefits				
	ther professional services				
	utside referrals				
	mergency room and out-of-area				
	rescription drugs				
_	ggregate write-ins for other hospital and medical				
	centive pool, withhold adjustments and bonus amounts				
16. Su	ubtotal (Lines 9 to 15)				
Less:					
17. Ne	et reinsurance recoveries				
18. To	otal hospital and medical (Lines 16 minus 17)				
19. No	on-health claims (net)				
20. Cl	laims adjustment expenses, including \$0 cost containment expenses				
21. Ge	eneral administrative expenses		55,501	57,781	63,06
22. Ind	crease in reserves for life and accident and health contracts (including \$0 increase				
in	reserves for life only)				
23. To	otal underwriting deductions (Lines 18 through 22)		55,501	57,781	63,061
24. Ne	et underwriting gain or (loss) (Lines 8 minus 23)	XXX	(55,501)	(57,781)	(63,061
25. Ne	et investment income earned			(180,584)	(180,584
26. Ne	et realized capital gains (losses) less capital gains tax of \$0				
27. Ne	et investment gains or (losses) (Lines 25 plus 26)			(180,584)	(180,584
28. Ne	et gain or (loss) from agents' or premium balances charged off [(amount recovered				
\$	0) (amount charged off \$0)]				
29. Ag	ggregate write-ins for other income or expenses				
30. Ne	et income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
plı	us 27 plus 28 plus 29)	xxx	(55,501)	(238,365)	(243,645
	ederal and foreign income taxes incurred				
32. Ne	et income (loss) (Lines 30 minus 31)	XXX	(55,501)	(238,365)	(243,645
DETAILS	OF WRITE-INS				
	ummary of remaining write-ins for Line 6 from overflow page				
	OTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
	ummary of remaining write-ins for Line 7 from overflow page				
	OTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1402					
	ummary of remaining write-ins for Line 14 from overflow page				
2901					
	ummary of remaining write-ins for Line 29 from overflow page				
	OTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	9,194,877	9,438,522	9,438,522
34.	Net income or (loss) from Line 32	(55,501)	(238,365)	(243,645)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(55,501)	(238,365)	(243,645)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	9,139,376	9,200,157	9,194,877
DETAII 4701.	LS OF WRITE-INS			
4702.				
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

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CASH FLOW

_		CA3H FLOW	T	T	Г
			1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
		Cash from Operations			
1.	Premiu	ums collected net of reinsurance			
2.	Net inv	vestment income			
3.	Miscel	laneous income			
4.	TOTAL	L (Lines 1 to 3)			
5.	Benefi	t and loss related payments			
6.	Net tra	ansfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Comm	issions, expenses paid and aggregate write-ins for deductions	57,716	2,530,437	2,530,248
8.	Divide	nds paid to policyholders			
9.	Federa	al and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losses	s)			
10.	TOTAL	L (Lines 5 through 9)	57,716	2,530,437	2,530,248
11.	Net ca	sh from operations (Line 4 minus Line 10)	(57,716)	(2,530,437)	(2,530,248)
		Cash from Investments		,	,
12.	Procee	eds from investments sold, matured or repaid:			
	12.1	Bonds			
	12.2	Stocks			
	12.3	Mortgage loans			
	12.4	Real estate			
	12.5	Other invested assets			
	12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7	Miscellaneous proceeds			
	12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.		f investments acquired (long-term only):			
	13.1	Bonds			
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			
14.		crease (or decrease) in contract loans and premium notes			
15.		ish from investments (Line 12.8 minus Line 13.7 and Line 14)			
10.	1401 00	Cash from Financing and Miscellaneous Sources			
16.	Cash r	provided (applied):			
10.	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			, , ,
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)			
17				u	
17.		sh from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 ine 16.6)		_	(100 E01)
	•	•		u	(100,504)
10		CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and	(57 716)	(2 520 427)	(2 710 822)
19.	,	cash equivalents and short-term investments:	(37,710)	(2,330,437)	(2,7 10,032)
13.	19.1	Beginning of year	0.220.072	11 040 004	11 040 004
	19.2	End of period (Line 18 plus Line 19.1) Note: Supplemental Disclosures of Cash Flow Information for			J 9,230,072

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7	Exhibit of Premiums, Enrollment and UtilizationNONE
8	Claims Unpaid and Incentive Pool, Withhold and BonusNONE
9	Underwriting Investment ExhibitNONE

STATEMENT AS OF September 30, 2020 of the Forevercare, Inc.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Forevercare, Inc. (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Arkansas law. 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 Arkansas Commonwealth

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Commonwealth is shown below:

		SSAP#	F/S Page	F/S Line #	09/30/2020	12/31/2019
Net	t Income					
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$(55,501)	\$(243,645)
(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	\$ (55,501)	\$ (243,645)
Sui	rplus					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 9,139,377	\$ 9,194,877
(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	\$ 9,139,377	\$ 9,194,877

- B. Use of Estimates in the Preparation of the Financial Statements No Significant Changes
- C. Accounting Policy
 - (1) Short-term investments No Significant Changes
 - (2) The Company had no bonds. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs.
 - (3) Common stocks No Significant Changes
 - (4) Preferred stocks No Significant Changes
 - (5) Mortgage loans No Significant Changes
 - (6) The Company had no Loan-backed securities.
 - (7) Investments in subsidiaries, controlled and affiliated entities No Significant Changes
 - (8) Investments in joint ventures, partnerships and limited liability companies No Significant Changes
 - (9) Derivatives No Significant Changes
 - (10) Investment income as a factor in the premium deficiency calculation No Significant Changes
 - (11) Liabilities for losses and loss/claim adjustment expenses No Significant Changes
 - (12) Changes in capitalization policy No Significant Changes
 - (13) Pharmaceutical rebate receivables No Significant Changes
- D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

- 2. Accounting Changes and Corrections of Errors None
- 3. Business Combinations and Goodwill None
- 4. Discontinued Operations None
- 5. Investments None
- 6. Joint Ventures, Partnerships and Limited Liability Companies No Significant Changes
- 7. Investment Income No Significant Changes
- 8. Derivative Instruments None
- 9. Income Taxes No Significant Changes
- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties No Significant Changes
- 11. Debt None
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans None

Notes to Financial Statement

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1. Outstanding Shares No Significant Changes
- 2. Dividend Rate of Preferred Stock No Significant Changes
- 3. Dividend Restrictions No Significant Changes
- 4. Ordinary Dividends No Significant Changes
- 5. Company Profits Paid as Ordinary Dividends No Significant Changes
- 6. Surplus Restrictions No Significant Changes
- 7. Surplus Advances No Significant Changes
- 8. Stock Held for Special Purposes No Significant Changes
- 9. Changes in Special Surplus Funds No Significant Changes
- 10. Unassigned funds (surplus) No Significant Changes
- 11. Company-Issued Surplus Debentures or Similar Obligations

	Interest	Par Value (Face Amount o	f Carrying Value	Interest and/or Principal Paid	Total Interest and/or	Unapproved Interest and/or	Date of
Date Issued	Rate	Notes)	of Note	Current Year	Principal Paid	Principal	Maturity
03/29/2018	6.380 %	\$ 1,500,000	. \$ 1,500,000	\$	\$ 72,831	\$ 196,932	03/29/2023
09/21/2018	5.760	5,000,000	5,000,000		107,753	642,731	09/30/2023
Total		\$ 6,500,000	\$ 6,500,000	\$	\$ 180,584	\$ 839,663	•

^{**} Yield on US Treasury Notes having a maturity of five years as of March and September of each year plus 550 basis points.

Repayment in whole or in part may be made and any interest may be paid, as required by Arkansas Law and as authorized (1) by the Company, and (2) with the written consent of the Director of the Department of Insurance of the State of Arkansas.

- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations No Significant Changes
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years No Significant Changes
- 14. Liabilities, Contingencies and Assessments None
- 15. Leases No Significant Changes
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk None
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities None
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans No Significant Changes
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators None
- 20. Fair Value Measurements
 - A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

- (1) Fair value measurements at reporting date None
- (2) Fair value measurements in Level 3 of the fair value hierarchy None
- (3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
- (4) The Company has not valued any securities at a Level 2 or 3.
- (5) Derivatives None
- B. Other Fair Value Disclosures None
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3 None

Notes to Financial Statement

20. Fair Value Measurements (Continued)

- D. Not Practicable to Estimate Fair Value None
- E. Nature and Risk of Investments Reported at NAV None

21. Other Items - None

22. Events Subsequent

Type I. - Recognized Subsequent Events

Subsequent events - No material changes.

Type II. - Nonrecognized Subsequent Events

Subsequent events - No Material changes.

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?	NO	
В.	ACA fee assessment payable for the upcoming year.	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
Η.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?	NO	

23. Reinsurance - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate None
- B. Method Used to Record None
- C. Amount and Percent of Net Retrospective Premiums None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance None
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year None
- (5) ACA risk corridors receivable as of reporting date None

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

 The Company did not have any claim or loss adjustment expense reserves at the end of the prior year.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses -None
- 26. Intercompany Pooling Arrangements None
- 27. Structured Settlements None
- 28. Health Care Receivables None
- 29. Participating Policies None
- 30. Premium Deficiency Reserves No Significant Changes
- 31. Anticipated Salvage and Subrogation None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as require	ntity experience any material trans ed by the Model Act? rt been filed with the domiciliary st		Disclosure of Ma	aterial Transaction	s with the State	e of	Yes[] No[X] Yes[] No[X] N/A[1
	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							103[]140[7]1477[
	reporting entity? If yes, date of change be	• •	atement in the charter, by-lav	s, articles of inc	corporation, or dee	a or settlemen	; or the	Yes[] No[X]	
3.1	Is the reporting enti an insurer?	ty a member of an Insurance Hold	ling Company System consist	ting of two or mo	ore affiliated perso	ns, one or mor	e of which is	Yes[X] No[]	
32	If yes, complete S	Schedule Y, Parts 1 and 1A. ny substantial changes in the orga	nizational chart since the prio	r quarter end?				Yes[X] No[]	
3.3	If the response to 3	.2 is yes, provide a brief description Inc., IHA Olma Primary Care Ris	on of those changes:	-	-IA Olma Specialty	Sarvicas IIC	Saint Agnes/Di		
3.4 3.5	Centers, LLC, Cen ACO, LLC were ad Is the reporting enti	tral California Healthcare Holdings ded. Total Network, LLC, Mercy A ty publicly traded or a member of .4 is yes, provide the CIK (Central	s, LLC, Sierra Pacific Surgery dvanced MRI, LLC, Mercy Q a publicly traded group?	Center, LLC, Faulity Health Pa	SC Hospital, LLC, irtners, LLC, and T	Fresno Surger	v Center, L.P. an	nd Concordia Health	
4.2	 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC. 4.2 If yes, provide the name of 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 Name of E	Entity	NAIC C	2 ompany Code	State	3 of Domicile		
		Name or t	inuty	INAIC CO	ompany Code	State	or Domicile	_	
	<u>L.</u>							••	
	If the reporting entit or similar agreemer If yes, attach an ex	ry is subject to a management agr nt, have there been any significant planation.	eement, including third-party and changes regarding the terms	administrator(s) s of the agreeme	, managing genera ent or principals in	ll agent(s), atto olved?	rney-in-fact,	Yes[] No[X] N/A[.]
6.2 6.3	State the as of date date should be the State as of what da	te the latest financial examination that the latest financial examinatidate of the examined balance she te the latest financial examination This is the release date or comple	on report became available free and not the date the report report became available to or	om either the st was completed ther states or th	tate of domicile or I or released. Le public from eithe	r the state of d	omicile or		
	date). By what departmen	·	ction date of the examination	roport and not t	ilo dato of the exa	milation (balai	ioc snoct		
6.5	Have all financial sta filed with Departmer	atement adjustments within the lat	•			quent financial	statement	Yes[] No[] N/A[X Yes[] No[] N/A[X	(] (]
	Has this reporting e revoked by any gov If yes, give full infor	entity had any Certificates of Author rernmental entity during the report mation	ority, licenses or registrations ing period?	(including corpo	orate registration, if	applicable) su	spended or	Yes[] No[X]	
	,	ubsidiary of a bank holding compa	inv regulated by the Federal F	Reserve Board?)			Yes[] No[X]	
8.2 8.3	If response to 8.1 is Is the company affil If response to 8.3 is regulatory services	s yes, please identify the name of liated with one or more banks, thris yes, please provide below the na agency [i.e. the Federal Reserve ion (FDIC) and the Securities Exc	the bank holding company. fts or securities firms? Imes and location (city and st Board (FRB), the Office of the	ate of the main	office) of any affilia	ites regulated l C), the Federa deral regulator.	oy a federal I Deposit .]	Yes[] No[X]	
		1	2	3	4	5	6]	
		Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC	-	
				No	No	No	No		
9.1	similar functions) of	ers (principal executive officer, pri the reporting entity subject to a c nical conduct, including the ethical	ode of ethics, which includes	the following sta	andards?		-	Yes[X] No[]	
	(b) Full, fair, accur(c) Compliance wi(d) The prompt int	ate, timely and understandable di th applicable governmental laws, ernal reporting of violations to an for adherence to the code.	rules and regulations;	·	•	ing entity;			
9.11 9.2	I If the response to	9.1 is No, please explain: thics for senior managers been an	nended?					Yes[] No[X]	
9.21	I If the response to	9.2 is Yes, provide information rel ns of the code of ethics been waiv	ated to amendment(s).	icars?				Yes[] No[X]	
9.31	I If the response to	9.3 is Yes, provide the nature of a	ny waiver(s).	10613 !				169[]100[/	
			FINA	NCIAL					
10.1 10.2	Does the reporting If yes, indicate any	g entity report any amounts due fro y amounts receivable from parent	om parent, subsidiaries or affi included in the Page 2 amoul	liates on Page 2 nt:	2 of this statement	?		Yes[] No[X] \$. 0
			INVFS	STMENT					
	use by another pe	tocks, bonds, or other assets of th rson? (Exclude securities under s d complete information relating the	e reporting entity loaned, place ecurities lending agreements.	ed under option	n agreement, or oth	nerwise made a	available for	Yes[] No[X]	
12.	Amount of real est	tate and mortgages held in other i	nvested assets in Schedule B	A:				\$. 0
13.	Amount of real est	tate and mortgages held in short-t	erm investments:					\$	

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

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

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

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?
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[] No[X]

1	2
Name of Custodian(s)	Custodian Address

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	2	3
Name(s)	Location(s)	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 and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	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. 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	2
Name of Firm or Individual	Affiliation

For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e.

Yes[] No[X]

designated with a "U") manage more than 10% of the reporting entity's invested assets?

7.5098 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?

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 17.5098

Yes[] No[X]

17.6 for the table below.

1	2	3	4	5				
Central Registration		Legal Entity	Registered	Investment Management				
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed				

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

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]

- By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security: a. The security was purchased prior to January 1, 2018.

STATEMENT AS OF **September 30, 2020** OF THE **Forevercare, Inc.**

- 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]

- 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:

b.

The shares were purchased prior to January 1, 2019.
The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
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. C.

The fund only or predominantly holds bonds in its portfolio.
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]

STATEMENT AS OF September 30, 2020 of the Forevercare, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH

 Operating Percentages: 1.1 A&H loss percent 1.2 A&H cost containment percent 1.3 A&H expense percent excluding cost containment expenses 	 0.000 0.000 0.000	0%
 2.1 Do you act as a custodian for health savings accounts? 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. 2.3 Do you act as an administrator for health savings accounts? 2.4 If yes, please provide the balance of the funds administered as of the reporting date. 	\$ Yes[] No[X] (Yes[] No[X]	0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?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[X] Yes[] No[X]	

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC					Type of	Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Business	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
			l N	\cap N F					
			l IV						
									,

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	<u>'</u>	Curren	l rear to	Date - All	ocated by	States and				
						Direct Busin				
		1	2	3	4	5	6	7	8	9
						Federal	Life and Annuity			
		Active	Accident and			Employees Health	Premiums	Property/	Total	
		Status	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)									
5.	California (CA)	N								
6.	Colorado (CO)	N			1					
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)	N								
10.	Florida (FL)									
11.	Georgia (GA)	N								
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)	N								
18.	Kentucky (KY)									
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)				1					
24.	Minnesota (MN)	N						[[[
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)									
28.	Nebraska (NE)									
	Neurala (NV)	IN								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)	. N								
33.	New York (NY)				1					
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
	Vermont (VT)									
46.	` '									
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									[
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)									
59.	Subtotal	. X X X .								
60.	Reporting entity contributions for			1						
	Employee Benefit Plans	. XXX.								[
61.	Total (Direct Business)	·								
	LS OF WRITE-INS	I. AAA.	I	1	1	ļ	1	1	1	
				1	1			1		
58001.		. XXX.								
58002.		. XXX.								
58003.		. XXX.								
58998.	Summary of remaining write-ins for			1						
	Line 58 from overflow page	. XXX.								
58999.	TOTALS (Lines 58001 through			1						
	58003 plus 58998) (Line 58 above)	. XXX.								
(2	Active Status Counts:									

(a) Active	Status	Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer 56

MEMBERS OF A HOLDING COMPANY GROUP

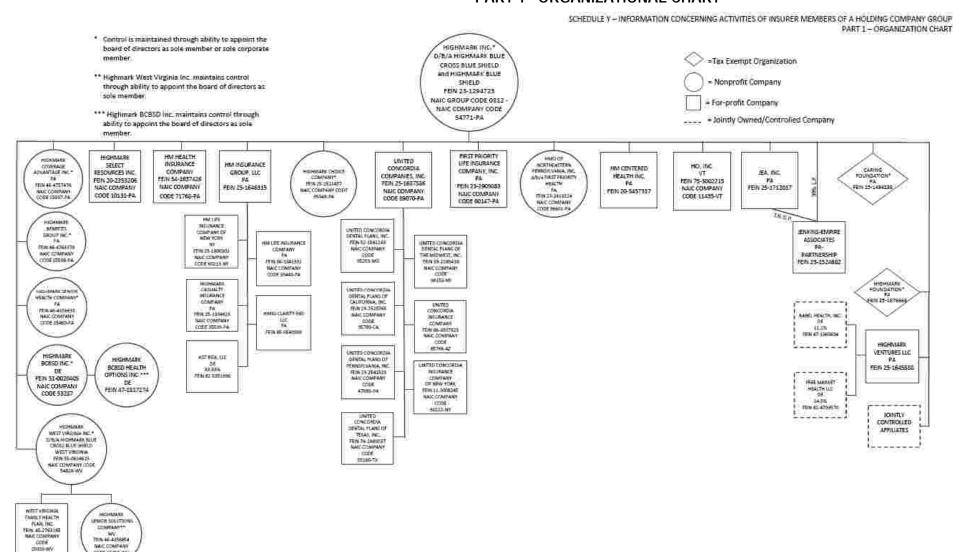
PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATION CHART Highmark Health maintains control through =Tax Exempt Organization ability to appoint the board of directors as sole member or sole corporate member. HIGHMARK HEALTH = Nonprofit Company FEIN 45-3674900 = For-profit Company ---- = Jaintly Owned/Controlled Company HICHIALES INC. D/B/A HIGHMARK BLUE CROSS BLUE SHIELD HM HEALTH SOLUTIONS HM HEALTH HOLDINGS and HIGHWARK SLICE COLORANY SHIELD INC. ALLEGHBAY HEALTH NETWORK! FBN E1-0919390 FEIN 45-3823617 FEN 23-1294723 FBN 45-3674924 MAIC GROUP CODE 0012 NAVO COMPANY CODE HM REALTH HOLDINGS HIM HEALTH SOLUTIONS INC. ALLEGHENT HEALTH NET WORK HIGHMARK INC. COMPANY SUBSIDIARIES AND AFFILIATES SUBSIDIARIES AND APPLICATES SUBSIDIAMES SUBSIDIANIES PALLADOUM RISK HOME RECOVERY CARE, LLC RETENTION GROUP, INC. 0.50% GESINGER-HALIDING VEHTURE, LLC PENN STATE HEALTH FEIN 33-3642359 FEN 46-3476730 THUC COMPANY DODE FEIH 89-1871084 FEIN 47-3766305 13279

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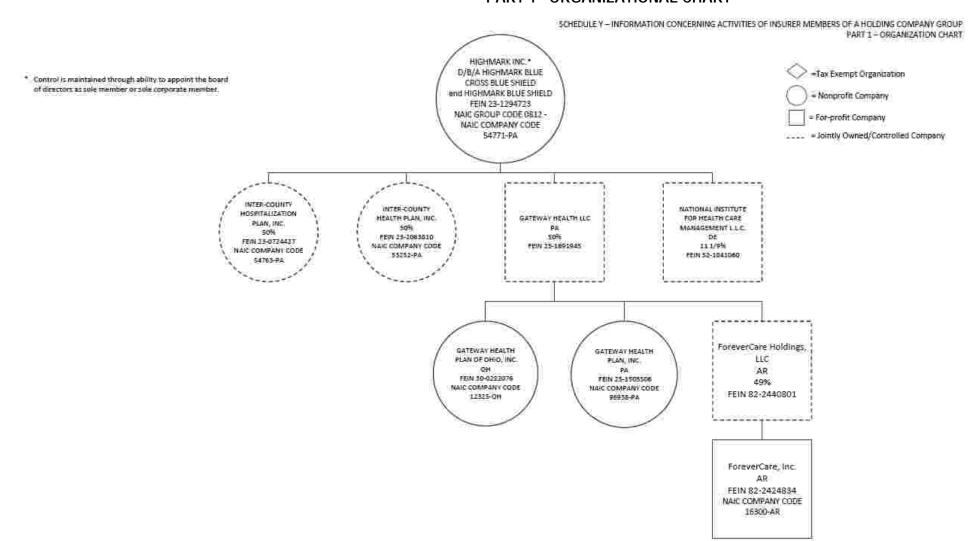
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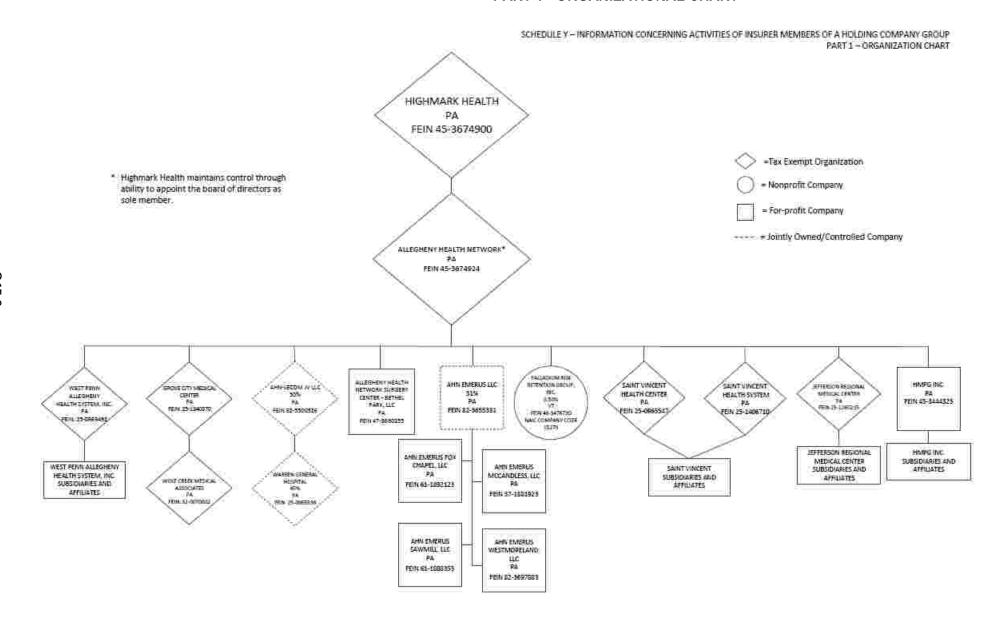
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

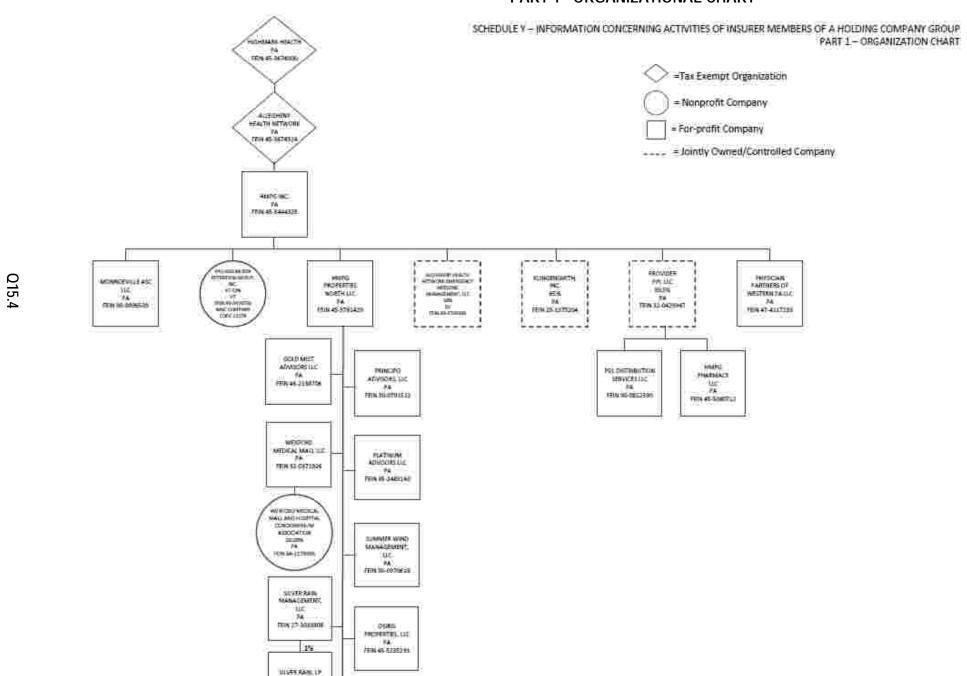


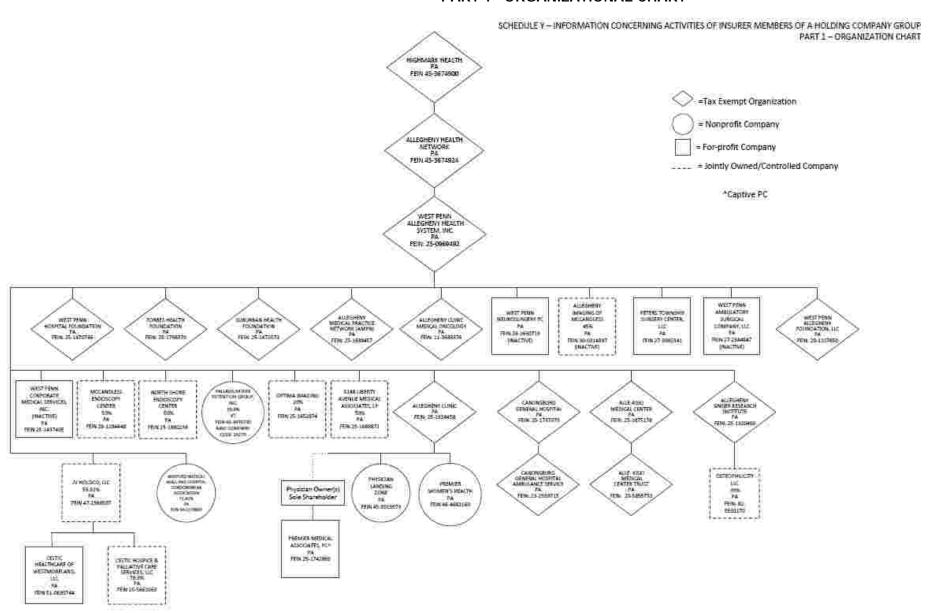
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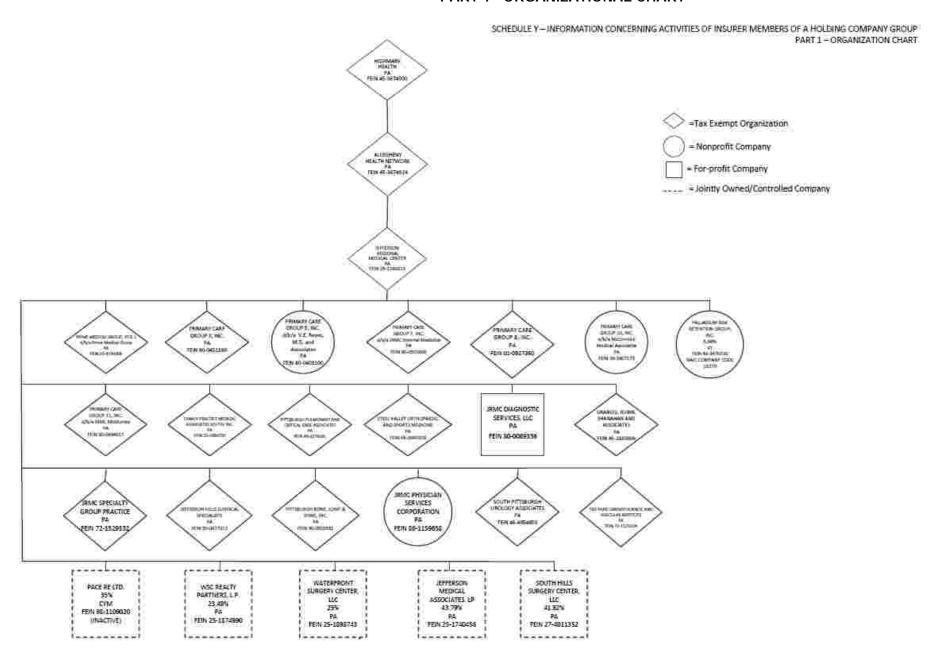
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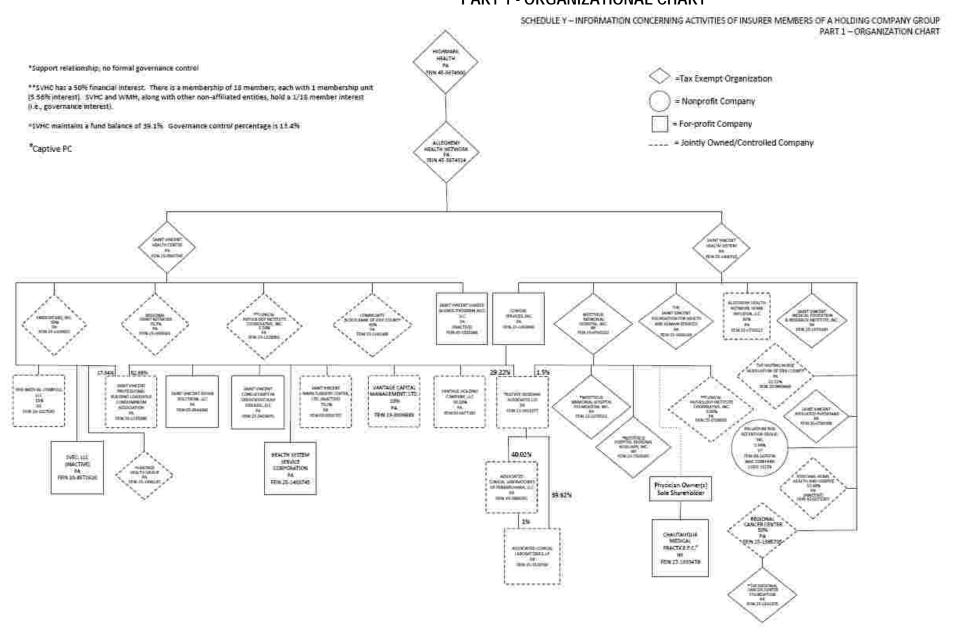






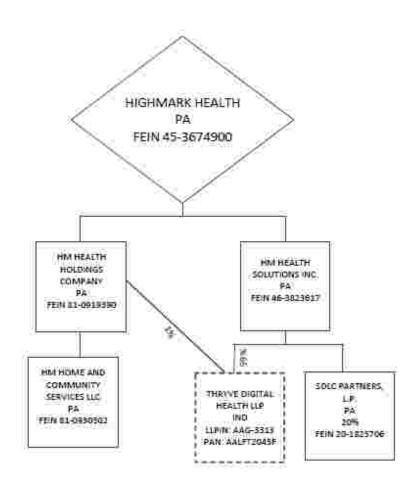






MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

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



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

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

Trinity Health Corporation (an Indiana nonprofit): FEIN: 35-1443425 (PARENT CORPORATION)

Okca, Inc. (B. Regord) Montack Corporation; FIRS. 8.13.144927 (finity) has no amenable or membership inferies in Cirks. – only volgrights addight to appoint 800 members attended to our positions as Township Members; 71HE Services ILC: FIRM: 452-802864 (100% Controlled by Immediate Parent) Tribly Health Pharmacy Services, ILC: FIRM: 451-802010 (100% Controlled by Immediate Parent) Tribly Health Pharmacy Services, ILC: FIRM: 451-802010 (100% Controlled by Immediate Parent) Montact Commediate Parenty Intelled Annual Commediate Parenty Int Mount Carmet Health System Foundation: ETR: 31.111586 (10% Controlled by Immediate Parent) Mount Carmet Health System Foundation: ETR: 31.111586 (20% Controlled by Immediate Parent) Mount Carmet Health Paris, Inc. (2006). ETRIC 31.111586 (20% Controlled by Immediate Parent) Mount Carmed Health Paris, Inc. (20% Controlled by Immediate Parent) Mount Carmed Health Russance Company (PRO). ETR: 3.111586 (20% Controlled by Immediate Parent) Mount Carmed Health Russance Company (PRO). ETR: 2.511781 (10% Controlled by Immediate Parent) Mount Carmed College of Mursing: ETR: 3.1110585 (10% Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Mount Carmed College of Mursing: ETR: 3.1110585 (10% Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Columbus Controlled by Immediate Parent) Parent Transport Services of Columbus Li Cardeo Colum Pallent Transport Services of Coultmins LLC das Countmins Connection Files 2-6-64 (2785 (DW. Controlled by Immediate Parent) (3 Mount Cournel Health Mallines ETIR 3-1 1-5556 (4505 (5005 Controlled by Immediate Parent))
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Mount Carmel Health Parent (lobs or not) Cross Health, Inc.): FEIN: 52-07-38041 (100% Controlled by Immediate Parent)

White Management (lobs of the Not Not New York)

White Management (lobs of the Not Not New York)

White Management (lobs of the Not Not New York)

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White Management (lobs of th Hely Cross Hestin Centres. L. C. Filts. 82.2 ±400.021 (10% Controlled by Immediate Parent) (More Controlled ect Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)
chiana Heath Information Network, LLC; FEIN: 35-2050128 (33-33% Controlled by Immediate Parent) Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent) Editability Internation Relevant, LLC Filix 3-5,000/310 (3) 33% Controlled by Jimmedials Parent) (discolorates, Inc., FER. 3-7178464) (100 Controlled by Jimmedials Parent) (discolorates, Inc., FER. 3-7178464) (100 Controlled by Jimmedials Parent) (discolorates, Inc., FER. 3-7178464) (100 Controlled by Jimmedials Parent) (discolorates) (discolorates)

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Saint Alphonous Professional Medical Services ILC: FEIN: 46 0500210 (100% Controlled by Immediate Parent) Saint Alphonous Speciality Services, Inc.; FEIN: 26 0559931 (100% Controlled by Immediate Parent) Saint Alphonous Speciality Services, Inc.; FEIN: 26 0559931 (100% Controlled by Immediate Parent) Saint Alphonous Houseld Control Control Volunteers; FEIN: 94 059940 (100% Controlled by Immediate Parent) Saint Alphonous Feoral Control Control
                                                        Catherina McMaph and Services. Composition Fills. 32-2077.3 (1974). Controlled by immedials Ferred in Professional Planning Controlled by Controlled by Immedials Ferred in Southeast Michigan Cincia Network. Li. C. Fills. 32-2077.2 (1974). Controlled by Immedials Ferred in Southeast Michigan Cincia Network. Li. C. Fills. 33-2077.2 (1974). Controlled by Immedials Ferred in Southeast Michigan Cincia Network. Li. C. Fills. 33-2077.2 (1974). Controlled by Immedials Ferred in Network. Planning Southeast Michigan Cincia Network. Li. C. Fills. 33-2077.2 (2074). Controlled by Immedials Ferred in Network. Planning Southeast Michigan Michigan Southeast Michigan 
                                                                                 Bit Venture Mayor LLG. Filth. 83.9 4444-82 (100% Controlled by Bethievenin Hawnon of Pitibourgh, Inc.)

Bit Venture Deep Pitis. 34.4698-2 (100% Controlled by Bethievenin Hawnon of Pitibourgh, Inc.)

Bit Venture Deep Pitis. 34.4698-2 (100% Controlled by Bethievenin Hawnon of Pitibourgh, Inc.)

Bit Venture Deep Pitis. 34.4698-2 (100% Controlled by Territy Health)

White Pitis And Services Management, Inc. 118. 27.3752/96 (100% Controlled by Timory Health Controlled by Timory Controlled by 
                                                                 International part services, Volume 1 (1997). International part of the Controlled by Immediate Parent). International Part of the Controlled By Immediate Parent (International Part of the Controlled By Immediate Parent). International Part of the Controlled By Immediate Parent (International Part of the Controlled By Immediate Parent). International Part of the Controlled By Immediate Parent (International Part of the Controlled By Immediate Parent). International Part of the Controlled By Immediate Parent (International Part of the Controlled By Immediate Parent). International Part of the Controlled By Immediate Parent (International Part of the Controlled By Immediate Parent). International Part of the Controlled By Immediate Parent (
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Mount St. Mary's Hospital Foundation, Inc.: FEIN: 16-1360884 (100% Controlled by Immediate Parent) Mount St. Mary's Hospital Foundation, Inc.: FEIN: 16-1360884 (100% Controlled by Immediate Parent) Mount St. Mary's Hospital Foundation, Inc.: FEIN: 16-1523352 (100% Controlled by Immediate Parent) The Board of Associates of Mount St. Mary's Hospital of Niagara Fails, Inc.: FEIN: 16-1582926 (100% Controlled by Immediate Parent)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

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This same of positions in the 12-2000 INCO Commission production (as in contrast) and contrast in the contrast
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The St. Frances Guild of Mount St. Mary's Neoplial of Nagara Falls. Inc.: FEB: $1.0217790 (100%. Controllect by Immediate Parent) Nagara Medicine. P.C.: FEB: $4.53469525. (Captive PC.: Olf does not legally own but does control this entity through a Management Agreement)
Asset were evoid of 17.2015 but entity remains with OLS Statement. Inc.: FEB: $1.0013132 (100%. Controllect by Immediate Parent). Operationsly Inactive (Inc.: 6th Val Faller Baker Manor (100%. Controllect by Immediate Parent). FEB: $1.5143348
Nagara Immediate Parent). Provides of the pr
                 Califoxie Health Neven Registatory, LLC (DISC Controlled by Immediate Parent). FRIV. 64.13 14007 Our Luty of VEXIOn Special Parent (Vex.) 20 16 17.85 (100% Controlled by Immediate Parent). FRIV. 64.13 14007 Our Luty of VEXION Special Parent (Vex.) Proceedings of Vex. (Vex.) Proceding by Immediate Parent). FRIV. 57.3 140758 (Vex.) Proceding by Immediate Parent). FRIV. 65.13 140758 (Vex.) Proceding by Immediate Parent). 
                                     Association Foreign Transparent Registration (Part Service Principles (Part Service) (Part Servi
                          Handbaster Progenition, Nr. 18th St. VII.2025 VII.2025 VII.1003 Controlled by Jimmediale Perent J.

3. Anthony's Projection and Station and Services, Inc. TER. 9.5 201848 (DIVIN. Controlled by Jimmediale Perent)

3. Anthony's Hospital Apaillary for FERR. 9.5 20184 (DIVIN. Controlled by Jimmediale Perent)

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4. Anthony's Hospital Apaillary for FERR. 9.5 20186 (DIVIN. Controlled by Jimmediale Perent)

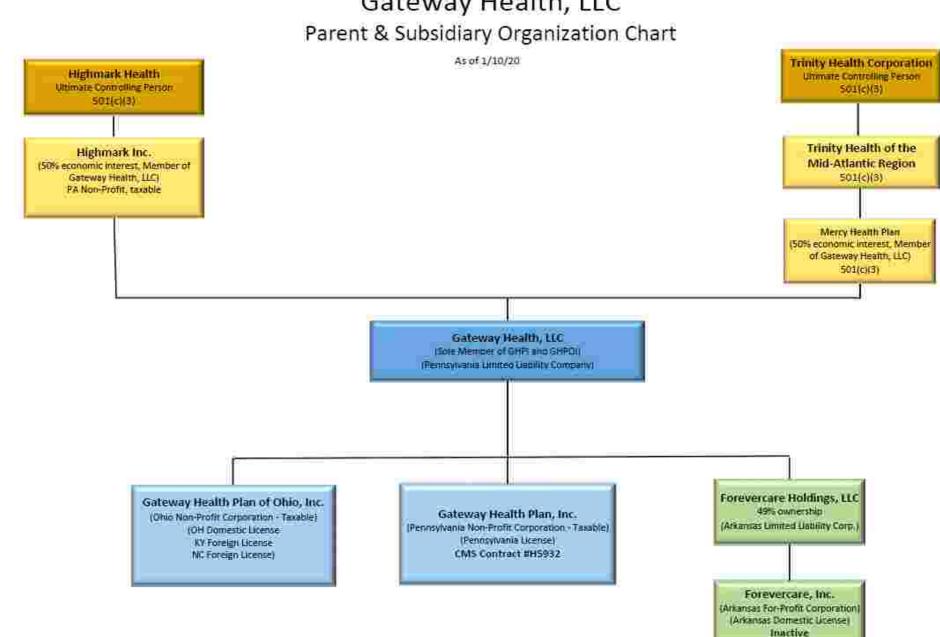
5. Anthony's Hospital Apaillary for FERR. 9.5 20186 (DIVIN. Controlled by Jimmediale Perent)

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5. Anthony's Hospital Apaillary for FERR. 9.5 2
                                                                Collaborative Eurorized Services, LLC. FEB. 06-1520/09/100% Controlled Symmediate Parently Monator Assaultation (in: F1BN 2-258/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-150/808/2) (Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-150/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Assaultation (in: F1BN 06-160/808/2) (Color Controlled Symmediate Parent) Monator Mona
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MEMBERS OF A HOLDING COMPANY GROUP **PART 1 - ORGANIZATIONAL CHART**

Gateway Health, LLC



STATEMENT AS OF September 30, 2020 OF THE Forevercare, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

¹Forevercare Holdings, LLC Provider Ownership

Arkansas Pharmacy Providers, LLC	10.2%
Community Service, Inc.	10.2%
Ouachita County Medical Center	10.2%
Rehabilitation Network Outpatient Services	10.2%
Arkansas Community Healthcare Providers, LLC	10.2%

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					Na Na	ame of				Directly	Type of Control	1			
						curities	Names of		Relation-	Controlled	, , , , , , , , , , , , , , , , , , ,	If Control		ls an	
							1 11 1				(Ownership,				
		NAIC			Exc	change	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-			l if P	Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		anv	ID	FEDERAL		ded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact.	Provide	Entity(ies)	Required?	اار
		, ,				`				,			, ,		
Code	Group Name	Code	Number	RSSD	CIK or Inte	ernational)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000		nnnn	45-3674900 .		0000000000		HIGHMARK HEALTH	PA .	UIP	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		nnnn	45-3674924				ALLEGHENY HEALTH NETWORK	PA .	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC		23-1294723				HIGHMARK INC	PA .	IA IA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	N	0000123
0000	THOTIMARKINO		46-3823617		0000000000		HM HEALTH SOLUTIONS INC.	PA .	NIA	HIGHMARK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	0000123
0000			83-3642399				HOME RECOVERY CARE, LLC	DE .	NIA	HIGHMARK HEALTH	Ownership		HIGHMARK HEALTH	N	
0000			83-1871064				GEISINGER-HM JOINT VENTURE. LLC	PA .	NIA	HIGHMARK HEALTH	Board of Directors	43.0	HIGHMARK HEALTH	N	
0000			47-3769205				PENN STATE HEALTH	PA .	NIA	HIGHMARK HEALTH	Board of Directors		HIGHMARK HEALTH	IN	
0000			20-1825706		0000000000		SDLC PARTNERS, L.P.	PA .	NIA	HM HEALTH SOLUTIONS INC.	Ownership	20.0	HIGHMARK HEALTH	IN	
0000			46-3476730 .				PALLADIUM RISK RETENTION	FA .	INIA	HIM HEALTH SOLUTIONS INC	Ownership	20.0	HIGHWARK HEALTH	IN	
10000		. 132/9	40-34/0/30 .	100000000	0000000000		GROUP. INC.	VT .	IA	HIGHMARK HEALTH	Board of Directors	1	HIGHMARK HEALTH	l N	
0000		00000	04 0040200	00000000	000000000			V I . PA .		HIGHMARK HEALTH				N N	
		. 000000	81-0919390		0000000000		HM HEALTH HOLDINGS COMPANY	PA .	NIA	TIGTIMAKK HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
0000		. 00000	81-0930502 .	100000000	0000000000		HM HOME AND COMMUNITY			LIM LIE AL TILLIOL DINION COMPANY		400.0	LUCUMARKUEALTU		
0000		00000		00000000			SERVICES LLC	PA .	NIA	HM HEALTH HOLDINGS COMPANY	Ownership		HIGHMARK HEALTH	N	
0000			AAG-3313				THRYVE DIGITAL HEALTH LLP	. IND .	NIA	HM HEALTH HOLDINGS COMPANY	Ownership	1.0	HIGHMARK HEALTH	N	
0000		. 00000	AAG-3313	000000000	0000000000		THRYVE DIGITAL HEALTH LLP.	. IND .	NIA	HM HEALTH SOLUTIONS INC.	Ownership	99.0	HIGHMARK HEALTH	N	
0000			45-3913973 .		0000000000		PHYSICIAN LANDING ZONE	PA .	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		. 00000	25-1742869 .	000000000	0000000000		PREMIER MEDICAL ASSOCIATES, PC	PA .	NIA	ALLEGHENY CLINIC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		. 00000	46-4682160 .	000000000	0000000000		PREMIER WOMEN'S HEALTH	PA .	NIA	ALLEGHENY CLINIC	Board of Directors		HIGHMARK HEALTH	N	
0000		. 00000	45-3444325				HMPG INC.	PA .	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	
0000		. 00000	25-1260215 .	000000000	0000000000		JEFFERSON REGIONAL MEDICAL								
				1			CENTER	PA .	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		. 00000	82-3655381 .	000000000	0000000000		AHN EMERUS LLC	PA .	NIA	ALLEGHENY HEALTH NETWORK	Ownership		HIGHMARK HEALTH	N	
0000		. 00000	61-1892123 .	000000000	0000000000		AHN EMERUS FOX CHAPEL, LLC	PA .	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000			37-1881923 .	000000000	0000000000		AHN EMERUS MCCANDLESS, LLC	PA .	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		. 00000	61-1888353 .	000000000			AHN EMERUS SAWMILL, LLC	PA .	NIA	AHN EMERUS LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000			82-3697883 .	000000000	0000000000		AHN EMERUS WESTMORELAND, LLC	PA .	NIA	AHN EMERUS LLC	Ownership		HIGHMARK HEALTH	N	
0000		. 00000	25-1340370 .	000000000	0000000000		GROVE CITY MEDICAL CENTER	PA .	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		. 00000	32-0070802 .	000000000	/ 0000000000		WOLF CREEK MEDICAL ASSOCIATES	PA .	NIA	GROVE CITY MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000			82-5500526 .				AHN-LECOM JV LLC	PA .	NIA	ALLEGHENY HEALTH NETWORK	Ownership	50.0	HIGHMARK HEALTH	N	
0000		. 00000	25-0965598 .	000000000	0000000000		WARREN GENERAL HOSPITAL	PA .	NIA	AHN-LECOM JV LLC	Board of Directors		HIGHMARK HEALTH	N	
0000		. 00000	47-3690355 .	000000000	0000000000		ALLEGHENY HEALTH NETWORK								
							SURGERY CENTER-BETHEL PARK,								
							LLC.	PA .	NIA	ALLEGHENY HEALTH NETWORK	Ownership	100.0	HIGHMARK HEALTH	N	.
0000		. 15279	46-3476730 .	000000000	0000000000		PALLADIUM RISK RETENTION				'				
							GROUP. INC.	VT .	IA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	.
0000		. 00000	25-0965547 .	000000000	0000000000		SAINT VINCENT HEALTH CENTER	PA .	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	.
0000		. 00000	25-1406710 .				SAINT VINCENT HEALTH SYSTEM	PA .	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	.
0000			25-0969492				WEST PENN ALLEGHENY HEALTH					1			
							SYSTEM, INC.	PA .	NIA	ALLEGHENY HEALTH NETWORK	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	82-5503170 .	000000000	0000000000		OSTEOPHILICITY LLC	. PA	NIA	ALLEGHENY SINGER RESEARCH	200.0 0.2				
		.	02 00001101							INSTITUTE	Ownership	39.0	HIGHMARK HEALTH	N	
0000		00000	20-5855753 .	000000000	0000000000		ALLE-KISKI MEDICAL CENTER TRUST	PA .	NIA	ALLE-KISKI MEDICAL CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000			25-1533746				ASSOCIATED CLINICAL	, , , .	, , , , ,	ASSOCIATED CLINICAL LABORATORIES		1			
0000		100000	20 10001 40 .				LABORATORIES, LP	PA .	NIA	OF PENNSYLVANIA, LLC	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	23-2939715	00000000	0000000000		CANONSBURG GENERAL HOSPITAL	7	1817-	OI I EITHOTEVAINA, LEO			INOTIMATOR TIEAETTI	18	
10000		100000	20-2000110.	00000000	, 0000000000		AMBULANCE SERVICE	PA .	NIA	CANONSBURG GENERAL HOSPITAL	Board of Directors	1	HIGHMARK HEALTH	N	.
0000		00000	27-3459870 .	00000000	0000000000		SAINT VINCENT CONSULTANTS IN	^ .	INIA	OANONOBONO GENERAL HOOFTIAL	Dodia of Difectors		IIIOIIWANNTILALIII	IN	
0000		. 00000	21-0403010.	00000000	, 0000000000		CARDIOVASCULAR DISEASES, LLC	PA .	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1403745 .		0000000000		HEALTH SYSTEM SERVICE	🗥 .	INIA	OLINIOAL OLIVIOLO, INC	Ownership	100.0		IN	
10000		. 00000	25-1403/45 .	100000000	, 0000000000		CORPORATION	PA .	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N.	
							CORPORATION	PA .	NIA	CLINICAL SERVICES, INC	Ownersnip	100.0	NIGNWAKK HEALTH	N	

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						Name of				Directly	Type of Control				1
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent.	Domic-	ship to	by	Board.	is	Ultimate	SCA	
						J	7			T	l				
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000		00000	05-0591755 .	000000000	0000000000		SAINT VINCENT NWPA SURGERY								
							CENTER, LTD	PA .	NIA	CLINICAL SERVICES, INC	Ownership	75.1	HIGHMARK HEALTH	N	
0000		00000	05-0544042 .	000000000	0000000000		SAINT VINCENT REHAB SOLUTIONS,			,	'				
							LLC	PA .	NIA	CLINICAL SERVICES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1578290 .	000000000	0000000000		ST. VINCENT PROFESSIONAL								
							BUILDING LEASEHOLD								
			00 00 100==				CONDOMINIUM ASSOCIATION	PA .	NIA	CLINICAL SERVICES, INC	Ownership	82.7	HIGHMARK HEALTH	N	
0000		00000	23-2919277 .	000000000	0000000000		TRISTATE REGIONAL ASSOCIATES			OLINIOAL OFFINIOFO INC		00.0	LUCUMA BIZ LIEAL TU	l	
0000		00000	22 2000600	00000000	000000000		VANTAGE CAPITAL MANAGEMENT,	PA .	NIA	CLINICAL SERVICES, INC	Ownership	29.2	HIGHMARK HEALTH	N	
0000		00000	23-3099689 .	1000000000	0000000000		VANTAGE CAPITAL MANAGEMENT, LTD	PA .	NIA	CLINICAL SERVICES, INC	Ownership	10.0	HIGHMARK HEALTH	NI NI	
0000		00000	03-0477182 .	00000000	0000000000		VANTAGE HOLDING COMPANY, LLC	PA . PA .	NIA	CLINICAL SERVICES, INC	Ownership		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	12325	30-0282076	000000000	0000000000		GATEWAY HEALTH PLAN OF OHIO.	FA .	INIA	OLINIOAL SERVICES, INC	Ownerstilb	50.5	THOUWARK HEALTH	IN	
0012	THO HAD WATER TO THE TOTAL TO T	12020	00 0202010 .		0000000000		INC	. он.	l IA	GATEWAY HEALTH LLC	Board of Directors		HIGHMARK HEALTH	l N	
0812	HIGHMARK INC	96938	25-1505506 .	000000000	0000000000		GATEWAY HEALTH PLAN, INC.	PA .	IA	GATEWAY HEALTH LLC	Board of Directors		HIGHMARK HEALTH	N	
0000			82-2440801		0000000000		FOREVERCARE HOLDINGS, LLC	AR .	NIA	GATEWAY HEALTH LLC	Ownership		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	16300	82-2424834 .		0000000000		FOREVERCARE, INC.	AR .	RE	FOREVERCARE HOLDINGS, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	47-1817274 .	000000000	0000000000		HIGHMARK BCBSD HEALTH OPTIONS			· ·	'				
							INC	DE .	NIA	HIGHMARK BCBSD INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1494238 .		0000000000		CARING FOUNDATION	PA .	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60147	23-2905083 .	000000000	0000000000		FIRST PRIORITY LIFE INSURANCE							l	
			0= 400404=				COMPANY, INC.	PA .	IA	HIGHMARK INC.	Ownership		HIGHMARK HEALTH	N	
0000	LUCINA BILING		25-1691945 .		0000000000		GATEWAY HEALTH LLC	PA .	NIA	HIGHMARK INC.	Ownership		HIGHMARK HEALTH	N	0000003
0812	HIGHMARK INC		75-3002215 .		0000000000		HCI, INC.	VT . DE .	IA	HIGHMARK INC.	Ownership		HIGHMARK HEALTH	Y	
0812	HIGHMARK INC		51-0020405 . 46-4763378 .	000000000	000000000000000000000000000000000000000		HIGHMARK BCBSD INC HIGHMARK BENEFITS GROUP INC	DE . PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC		46-4757476 .		000000000000000000000000000000000000000		HIGHMARK COVERAGE ADVANTAGE	PA .	IA	HIGHWARK INC.	Board of Directors		HIGHWARK HEALTH	N	
0012	THISTIMARK INC	13307	40-4131410 .	00000000	0000000000		INC	PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1876666 .	000000000	0000000000		HIGHMARK FOUNDATION	PA .	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N N	
0812	HIGHMARK INC	10131	20-2353206		0000000000		HIGHMARK SELECT RESOURCES INC.	PA .	IA	HIGHMARK INC.	Ownership	100.0		N	
0812	HIGHMARK INC	15460	46-4156633 .		0000000000		HIGHMARK SENIOR HEALTH								
							COMPANY	PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000			25-1645888 .		0000000000		HIGHMARK VENTURES LLC	PA .	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	54828	55-0624615 .	000000000	0000000000		HIGHMARK WEST VIRGINIA INC	. WV .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-5457337 .		0000000000		HM CENTERED HEALTH, INC	PA .	NIA	HIGHMARK INC.	Ownership		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	71768	54-1637426 .	000000000	0000000000		HM HEALTH INSURANCE COMPANY	PA .	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000	LUCUMARIZANIO	00000	25-1646315 .	000000000	0000000000		HM INSURANCE GROUP, LLC	PA .	NIA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96601	23-2413324	000000000	0000000000		HMO OF NORTHEASTERN	PA .	1.	LUCUMARKING	O	400.0	LUCUMARKUTALTU	N	
0936	INDEPENDENCE HEALTH						PENNSYLVANIA, INC	PA .	IA	HIGHMARK INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0930	GROUP INC.	53252	23-2063810 .	00000000	0000000000		INTER-COUNTY HEALTH PLAN, INC	PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	000000
0936	INDEPENDENCE HEALTH	33232	23-2003010 .	000000000	00000000000		INTER-COUNTY HEALTH PLAN, INC	FA .	IA	THOTHWARK INC.	Dogia di Directors		THOUWARK REALITH	IN	000000
0330	GROUP INC.	54763	23-0724427 .	00000000	0000000000		PLAN, INC.	PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	0000002
0000	S. (33)	00000	25-1712017	000000000	0000000000		JEA, INC.	PA .	NIA	HIGHMARK INC.	Ownership	100 0	HIGHMARK HEALTH	N N	0000002
0000		00000	25-1524682		0000000000		JENKINS-EMPIRE ASSOCIATES	PA .	NIA	HIGHMARK INC.	Ownership	99.0		N	
0812	HIGHMARK INC	95048	25-1522457	000000000	0000000000		HIGHMARK CHOICE COMPANY	PA .	IA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	52-1841060 .	000000000	0000000000		NATIONAL INSTITUTE FOR HEALTH								
							CARE MANAGEMENT LLC	DE .	NIA	HIGHMARK INC.	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	89070	25-1687586 .	000000000	0000000000		UNITED CONCORDIA COMPANIES,								
							INC	PA .	IA	HIGHMARK INC.	Ownership		HIGHMARK HEALTH	N	
0000		00000	47-1960604 .	000000000	0000000000		BABEL HEALTH LLC	DE .	NIA	HIGHMARK VENTURES LLC	Ownership	11.1	HIGHMARK HEALTH	N	

						PARI	<u>1A - DETAIL OF INSURAN</u>		OLDIN	G COMPANT STSTEM					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent.	Domic-	ship to	by	Board.	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries		- 1	(Name of	Management,	_	Controlling	Filing	
			ID.	FEDERAL		•		iliary	Report-	`	,	Ownership			
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000		00000	82-4793570 .		0000000000		FREE MARKET HEALTH LLC	DE .	NIA	HIGHMARK VENTURES LLC	Ownership	24.5	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15459	46-4156854 .	000000000	0000000000		HIGHMARK SENIOR SOLUTIONS								
0040	LUCUMAARIKING	45000	45.0700405				COMPANY	. WV .	IA	HIGHMARK WEST VIRGINIA INC	Board of Directors		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	15020	45-2763165 .	000000000	0000000000		WEST VIRGINIA FAMILY HEALTH	1407	1.4	LUCUMARIZ MECT VIDOINIA INC	O	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	25500	25-1334623 .	00000000	0000000000		HIGHMARK CASUALTY INSURANCE	. WV .	IA	HIGHMARK WEST VIRGINIA INC	Ownership	100.0	HIGHMARK HEALTH	N	
0012	HIGHWARK INC	33399	25-1334023 .	00000000			COMPANY	PA .	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	03///0	06-1041332 .	00000000	0000000000		HM LIFE INSURANCE COMPANY	PA .	I IA	HM INSURANCE GROUP, LLC	Ownership		HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60213	25-1800302	000000000	00000000000		HM LIFE INSURANCE COMPANY OF	🛆 .	17	TIW INSURANCE GROOT, EEG	Ownership	100.0	THOMWARK TILALTTI	IN	
0012		00210	20 1000002 .	00000000	000000000		NEW YORK	NY .	IA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	85-0540909 .	000000000	0000000000		HMIG-CLARITY 360 LLC	PA .	NIA	HM INSURANCE GROUP, LLC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	82-5351990	000000000	0000000000		AST RISK. LLC	DE .	NIA	HM INSURANCE GROUP, LLC	Ownership	33.3	HIGHMARK HEALTH	N	
0000			47-4117233 .	000000000	0000000000		PHYSICIAN PARTNERS OF WESTERN			, === , , ===					
							PA LLC	PA .	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	46-5705484 .	000000000	0000000000		ALLEGHENY HEALTH NETWORK				'				
							EMERGENCY MEDICINE								
							MANAGEMENT, LLC	DE .	NIA	HMPG INC.	Ownership		HIGHMARK HEALTH	N	
0000		00000	45-3761429 .		0000000000		HMPG PROPERTIES NORTH LLC	PA .	NIA	HMPG INC.	Ownership		HIGHMARK HEALTH	N	
0000			25-1375204 .	000000000	0000000000		KLINGENSMITH, INC	PA .	NIA	HMPG INC.	Ownership		HIGHMARK HEALTH	N	
0000 د		00000	90-0996509 .	000000000	0000000000		MONROEVILLE ASC LLC	PA .	NIA	HMPG INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730 .	000000000	0000000000		PALLADIUM RISK RETENTION							1 1	
							GROUP, INC.	VT .	IA	HMPG INC.	Board of Directors		HIGHMARK HEALTH	N	
0000			32-0429947 .		0000000000		PROVIDER PPI LLC	PA .	NIA	HMPG INC.	Ownership		HIGHMARK HEALTH	N	
0000		00000	46-2138706 . 45-5235291 .	000000000	0000000000		GOLD MIST ADVISORS LLC	PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	N	
0000				000000000	000000000000000000000000000000000000000		OSIRIS PROPERTIES, LLC	PA . PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	N	
0000		00000	35-2483160 . 30-0791512 .	000000000	000000000000000000000000000000000000000		PLATINUM ADVISORS LLCPRINCIPO ADVISORS, LLC	I PA . I PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	IN	
0000		00000	27-3033308	000000000	000000000000000000000000000000000000000		SILVER RAIN MANAGEMENT. LLC	PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	IN	
0000		00000	27-3035306 . 27-3035436 .	000000000	000000000000000000000000000000000000000		SILVER RAIN MANAGEMENT, LLC	PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	IN	
0000		00000	90-0970618.	000000000	00000000000		SUMMER WIND MANAGEMENT, LLC	PA .	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	N	
0000			32-0371926		0000000000		WEXFORD MEDICAL MALL LLC	PA	NIA	HMPG PROPERTIES NORTH LLC	Ownership		HIGHMARK HEALTH	N N	
0000			84-2176985		0000000000		WEXFORD MEDICAL MALL AND		141/	THE STREET LEGISTRES	Ownership		THO THE TEXT TO TH	14	
0000			012110000				HOSPITAL CONDOMINIUM								
							ASSOCIATION	PA .	NIA	WEXFORD MEDICAL MALL LLC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1524682 .		0000000000		JENKINS-EMPIRE ASSOCIATES	PA .	NIA	JEA INC.	Ownership	1.0	HIGHMARK HEALTH	N	
0000		00000	25-1684735 .		0000000000		FAMILY PRACTICE MEDICAL			JEFFERSON REGIONAL MEDICAL					
							ASSOCIATES SOUTH, INC	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-3355906 .	000000000	0000000000		GRANDIS, RUBIN, SHANAHAN AND			JEFFERSON REGIONAL MEDICAL					
							ASSOCIATES	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0477313 .	000000000	0000000000		JEFFERSON HILLS SURGICAL			JEFFERSON REGIONAL MEDICAL					
							SPECIALISTS	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1740456 .	000000000	0000000000		JEFFERSON MEDICAL ASSOCIATES,			JEFFERSON REGIONAL MEDICAL					
							LP	PA .	NIA	CENTER	Ownership	43.8	HIGHMARK HEALTH	N	
0000		00000	80-0069336 .	000000000	0000000000		JRMC DIAGNOSTIC SERVICES, LLC	PA .	NIA	JEFFERSON REGIONAL MEDICAL	D 1 (D)		LUCUMA DIVINE STATE	ļ ,. l	
0000		00000	00.4450050	00000000	000000000		IDAAO DUNGIGIANI OEDVIOEO			CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	86-1159658 .	000000000	0000000000		JRMC PHYSICIAN SERVICES			JEFFERSON REGIONAL MEDICAL	December 1		LUCUMARKUSALTU	ļ ,.	
0000		00000	70 4500000	00000000	000000000		CORPORATION	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529332 .	000000000	0000000000		JRMC SPECIALTY GROUP PRACTICE .	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Doord of Directors		HIGHMARK HEALTH	N	
0000		00000	00 1100000	00000000	000000000		DACE DE LTD	CVM	NIIA	CENTER JEFFERSON REGIONAL MEDICAL	Board of Directors		TIGHWAKK HEALTH	N	
10000		00000	98-1109020 .	000000000	00000000000		PACE RE LTD	CYM	NIA		Ownorchin	35.0	HIGHMARK HEALTH	N N	
									L	CENTER	Ownership	ე ან.0	NIGNIVIARN MEALIH	IN	

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						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent.	Domic-	ship to	by	Board.	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries		Report-	-	Management,	_	Controlling	Filing	
						,		iliary	.'	(Name of	,	Ownership		"	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000		15279	46-3476730 .	000000000	0000000000		PALLADIUM RISK RETENTION			JEFFERSON REGIONAL MEDICAL					
							GROUP, INC.	VT .	l IA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0925581	000000000	0000000000		PITTSBURGH BONE. JOINT & SPINE.	• • •		JEFFERSON REGIONAL MEDICAL					
							INC.	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	46-3274101 .	000000000	0000000000		PITTSBURGH PULMONARY AND			JEFFERSON REGIONAL MEDICAL					
							CRITICAL CARE ASSOCIATES	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	38-3807173 .	000000000	0000000000		PRIMARY CARE GROUP 10, INC	PA .	NIA	JEFFERSON REGIONAL MEDICAL					
										CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0494617 .	000000000	0000000000		PRIMARY CARE GROUP 11, INC	PA .	NIA	JEFFERSON REGIONAL MEDICAL					
										CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0451380 .	000000000	0000000000		PRIMARY CARE GROUP 3, INC	PA .	NIA	JEFFERSON REGIONAL MEDICAL					
0000		00000	00 0400400	00000000	000000000		DDIMARY CARE ORGUES 5 1NO	D.4	NII A	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	80-0403100 .	1000000000	0000000000		PRIMARY CARE GROUP 5, INC	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Decard of Discritions		LUCUMARKUEALTU		
0000		00000	90-0503600 .	00000000	000000000		PRIMARY CARE GROUP 7. INC.	PA .	NIA	CENTER JEFFERSON REGIONAL MEDICAL	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	90-0503600 .	000000000	0000000000		PRIMARY CARE GROUP 1, INC	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	01-0927360 .	00000000	0000000000		PRIMARY CARE GROUP 8, INC	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Board of Directors		I NIGHWARK HEALTH	IN	
10000		00000	01-0321300 .	00000000	0000000000		FRIMART CARL GROUP 6, INC.	FA .	INIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		nnnnn	26-4194208	00000000	0000000000		PRIME MEDICAL GROUP. PCG 1	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Board of Directors		TIIGHWARKTILALTIT	IN	
0000		00000	20-4134200 .	00000000	0000000000		TRIME MEDICAL GROOT, 1 GG 1	1 7.	181/7	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-4011352 .	000000000	0000000000		SOUTH HILLS SURGERY CENTER, LLC	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Board of Birectors		THO HWA WATER ETT	14	
***			27 1011002				OGOTTT THEE OGT OF THE TANK LEO			CENTER	Ownership	41.9	HIGHMARK HEALTH	N	
0000		00000	46-4954859 .	000000000	0000000000		SOUTH PITTSBURGH UROLOGY			JEFFERSON REGIONAL MEDICAL					
							ASSOCIATES	PA .	NIA	CENTER	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	45-3540378 .	000000000	0000000000		STEEL VALLEY ORTHOPAEDIC AND			JEFFERSON REGIONAL MEDICAL					
							SPORTS MEDICINE	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	72-1529328 .	000000000	0000000000		THE PARK CARDIOTHORACIC AND			JEFFERSON REGIONAL MEDICAL					
			0= 100=10				VASCULAR INSTITUTE	PA .	NIA	CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1898743 .	000000000	0000000000		WATERFRONT SURGERY CENTER,	D.4		JEFFERSON REGIONAL MEDICAL		05.0	LUCURAR DIVIDEAL TU		
0000		00000	05 4074000	00000000	000000000		WCC DEALTY DARTNEDG L.D.	PA .	NIA	CENTER	Ownership	25.0	HIGHMARK HEALTH	N	
0000		00000	25-1874990 .	1000000000	0000000000		WSC REALTY PARTNERS, L.P.	PA .	NIA	JEFFERSON REGIONAL MEDICAL	Ournarahin	22.5	HIGHMARK HEALTH	NI NI	
0000		00000	E1 0620744	00000000	000000000		CELTIC HEALTHCARE OF			CENTER	Ownership	23.5	NIGNIVIARK HEALTH	N	
0000		00000	51-0630744 .	1000000000	0000000000		CELTIC HEALTHCARE OF WESTMORELAND, LLC	PA .	NIA	JV HOLDCO, LLC	Ownership	100.0	HIGHMARK HEALTH	N N	
0000		nnnnn	20-5661063 .	00000000	0000000000		CELTIC HOSPICE & PALLIATIVE CARE	гм.	INIA	JV HOLDOO, LLO	Ownership	100.0	THOMWARK HEALTH	IN	
0000		30000	20-3001003 .	000000000	, 0000000000		SERVICES, LLC	PA .	NIA	JV HOLDCO, LLC	Ownership	70 Q	HIGHMARK HEALTH	N	
0000		00000	45-5080712 .	000000000	0000000000		HMPG PHARMACY LLC	PA .	NIA	PROVIDER PPI LLC	Ownership		HIGHMARK HEALTH	N N	
0000			90-0812390		0000000000		PDL DISTRIBUTION SERVICES LLC	PA .	NIA	PROVIDER PPI LLC	Ownership		HIGHMARK HEALTH	N	
			25-1631855 .		0000000000		THE REGIONAL CANCER CENTER								
							FOUNDATION	PA .	NIA	REGIONAL CANCER CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-8572620 .		0000000000		SVEC, LLC	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1528055 .	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE								
							COOPERATIVE, INC	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1181389 .	000000000	0000000000		COMMUNITY BLOOD BANK OF ERIE								
					1		COUNTY	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000			25-1430922 .		0000000000		EMERGYCARE, INC	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000			20-1017545 .		0000000000		ERIE MEDICAL COMPLEX, LLC	DE .	NIA	SAINT VINCENT HEALTH CENTER	Ownership		HIGHMARK HEALTH	N	
0000			25-1856341 .		0000000000		REGIONAL HEART NETWORK	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	45-5550348 .	1000000000	0000000000		SAINT VINCENT SHARED SAVINGS	D.4	N.11.A	OAINT VINOENT LIEALTIL CENTED	Deceder CD'es 1		LUCUMARKUEALTU	.	
							PROGRAM, ACO, LLC	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	

						PARI	1A - DETAIL OF INSURAN	NCF F	IOLDIN	G COMPANY SYSTEM					
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						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	l ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000			25-1578290		0000000000		ST. VINCENT PROFESSIONAL			i ereerry		- creaming -	1 1 2 2 2 2 2 2	(1,11)	
							BUILDING LEASEHOLD								
							CONDOMINIUM ASSOCIATION	PA .	NIA	SAINT VINCENT HEALTH CENTER	Ownership	17.3	HIGHMARK HEALTH	l N	1
0000			25-1498145		0000000000		VANTAGE HEALTH GROUP	PA .	NIA	SAINT VINCENT HEALTH CENTER	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1736527	000000000	0000000000		ALLEGHENY HEALTH NETWORK			CAINT VINOENT LIEAL THEOVOTEN		00.0	LUCUMARKA		
0000		00000	25-1403846	00000000	0000000000		HOME INFUSION, LLC	PA . PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership		HIGHMARK HEALTH	N	
0000		15279	46-3476730		0000000000		PALLADIUM RISK RETENTION	FA .	INIA	SAINT VINCENT HEALTH STSTEW	Ownership	100.0	TIIGHWARK HEALTH	IN	
							GROUP, INC.	VT .	IA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000			25-1385705		0000000000		REGIONAL CANCER CENTER	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	83-0371265 .	000000000	0000000000		REGIONAL HOME HEALTH AND HOSPICE	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Ownership	55.5	HIGHMARK HEALTH	N	
0000		00000	20-3784338	000000000	0000000000		SAINT VINCENT AFFILIATED	FA .	INIA	SAINT VINCENT HEALTH STSTEW	Ownership	55.5	HIGHWARK HEALTH	IN	
0000		00000	20 010 1000 1		0000000000		PHYSICIANS	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1679140 .	000000000	0000000000		SAINT VINCENT MEDICAL								
.							EDUCATION & RESEARCH INSTITUTE,		NII A	CAINT VINIOENT LIE ALTIL CVOTEM	De and of Directors		HIGHMARK HEALTH	N	
2 0000		nnnn	25-1669168	00000000	0000000000		THE SAINT VINCENT FOUNDATION	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHWARK HEALTH	N	
5 0000		00000	25-1009100	100000000	0000000000		FOR HEALTH AND HUMAN SERVICES	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	1
0000		00000	25-0969488	000000000	0000000000		THE VISITING NURSE ASSOCIATION								
			40.0=40000				OF ERIE COUNTY	PA .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	16-0743222	000000000	0000000000		WESTFIELD MEMORIAL HOSPITAL,	NY .	NIA	SAINT VINCENT HEALTH SYSTEM	Board of Directors		HIGHMARK HEALTH	NI NI	
0000		00000	27-3035436	000000000	0000000000		SILVER RAIN, LP	PA .	NIA	SILVER RAIN MANAGEMENT, LLC	Ownership	1.0	HIGHMARK HEALTH	N N	
0000		00000	45-3688292		0000000000		ASSOCIATED CLINICAL								
							LABORATORIES OF PENNSYLVANIA,								
0000		00000	25-1533746	00000000	0000000000		ASSOCIATED CLINICAL	PA .	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	40.0	HIGHMARK HEALTH	N	
0000		00000	25-1533/46 .	000000000	0000000000		LABORATORIES, LP	PA .	NIA	TRISTATE REGIONAL ASSOCIATES LLP	Ownership	39.6	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95789	23-7328765	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS			THIS THE RESIDING ENGLISHMENT ESTEEM	O WINGTONIA				
							OF CALIFORNIA. INC.	CA .	IA	UNITED CONCORDIA COMPANIES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	47089	23-2541529	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS		1.0	LINITED CONCORDIA COMPANIES INC	O	100.0	LUCUMADIZUEALTU	N	
0812	HIGHMARK INC	95160	74-2489037	00000000	0000000000		OF PENNSYLVANIA, INCUNITED CONCORDIA DENTAL PLANS	PA .	IA	UNITED CONCORDIA COMPANIES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0012	THO INVIAIN INO	33100	14-2403037	000000000	0000000000		OF TEXAS, INC.	TX .	IA	UNITED CONCORDIA COMPANIES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	96150	38-2289438	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS			,	'				
0040	LUCUMARKING	٥٥٥٥٥	50 4540000	00000000	000000000		OF THE MIDWEST, INC.	MI .	IA	UNITED CONCORDIA COMPANIES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	95253	52-1542269	000000000	0000000000		UNITED CONCORDIA DENTAL PLANS,	. MD.	IA	UNITED CONCORDIA COMPANIES. INC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	60222	11-3008245	000000000	0000000000		UNITED CONCORDIA INSURANCE	I. IVID .	ול	ONTED CONCORDIA COMI ANIES, INC	Ownership				
							COMPANY OF NEW YORK	NY .	IA	UNITED CONCORDIA COMPANIES, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0812	HIGHMARK INC	85766	86-0307623	000000000	0000000000		UNITED CONCORDIA INSURANCE	, -	,,	LINUTED CONCODDIA COMPANIES ""	0	1000	LUCUMARKUEALTU	,,	
0000		00000	25-1689871 .	00000000	0000000000		COMPANY	AZ .	IA	UNITED CONCORDIA COMPANIES, INC WEST PENN ALLEGHENY HEALTH	Ownership	100.0	HIGHMARK HEALTH	N	
10000		00000	20-1003011.		, 00000000000		ASSOCIATES, LP	PA .	NIA	SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	l N	
0000		00000	25-1838458	000000000	0000000000		ALLEGHENY CLINIC	PA .	NIA	WEST PENN ALLEGHENY HEALTH					
0000				00000000	00000000		ALL FOLIFAIN IMA 01110 05			SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	30-0314897	00000000	0000000000		ALLEGHENY IMAGING OF MCCANDLESS	PA .	NIIA	WEST PENN ALLEGHENY HEALTH	Ownership	15.0	HICHMARK HEALTH	NI NI	
							MCCANDLESS	PA .	NIA	SYSTEM, INC.	Ownership	45.0	I DIGUNARA MEALIH	IN	

						PARI	1A - DETAIL OF INSURAN	NCF F	IOLDIN	IG COMPANY SYSTEM					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries		Report-	(Name of	Management,	Ownership	Controlling	Filing	
			ī	LEDEDVI		•		iliary		,	,			, · · ·	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
0000		00000	25-1838457 .	000000000	0000000000		ALLEGHENY MEDICAL PRACTICE			WEST PENN ALLEGHENY HEALTH					
							NETWORK	PA .	NIA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1320493 .	000000000	0000000000		ALLEGHENY SINGER RESEARCH	D.	NII A	WEST PENN ALLEGHENY HEALTH	Deceder (D'exaless		LUCUMARKUEALTU		
0000		00000	25-1875178 .	00000000	0000000000		ALLE-KISKI MEDICAL CENTER	PA . PA .	NIA	SYSTEM, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	20-10/01/0.	000000000	00000000000		ALLE-NISKI MEDICAL CENTER	PA .	NIA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	l N	
0000		00000	25-1737079 .	000000000	0000000000		CANONSBURG GENERAL HOSPITAL .	PA .	NIA	WEST PENN ALLEGHENY HEALTH	Board of Directors		IIIOIIWARKTIEAETT	IN	
0000			20 1101010 .				ON INTO THE PROPERTY IN THE PR			SYSTEM. INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	25-1798379 .	000000000	0000000000		FORBES HEALTH FOUNDATION	PA .	NIA	WEST PENN ALLEGHENY HEALTH					
										SYSTEM. INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	47-2368587 .	000000000	0000000000		JV HOLDCO, LLC	PA .	NIA	WEST PENN ALLEGHENY HEALTH					
										SYSTEM, INC.	Ownership	59.6	HIGHMARK HEALTH	N	
0000		00000	84-2176985 .	000000000	0000000000		WEXFORD MEDICAL MALL AND			MEST BENN ALLESCHENVLIENT					
							HOSPITAL CONDOMINIUM	D.	NII A	WEST PENN ALLEGHENY HEALTH	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	26-1284448 .	00000000	0000000000		ASSOCIATION MCCANDLESS ENDOSCOPY CENTER	PA . PA .	NIA	SYSTEM, INC	Board of Directors		HIGHWARK HEALTH	N	
1		00000	20-1204440 .	000000000	00000000000		MCCANDLESS ENDOSCOPT CENTER	FA .	NIA	SYSTEM, INC.	Ownership	50.0	HIGHMARK HEALTH	l N	
2 0000		00000	25-1880238 .	000000000	0000000000		NORTH SHORE ENDOSCOPY CENTER	PA .	NIA	WEST PENN ALLEGHENY HEALTH	Ownership	30.0	IIIOIIWARKTIEAETT	IN	
0000			20 1000200 .		0000000000		NORTH OHORE ENDOGGET TO ENTER	/	141/	SYSTEM. INC.	Ownership	50.0	HIGHMARK HEALTH	N	
ו 10000 ת		00000	25-1652874 .	000000000	0000000000		OPTIMA IMAGING	PA .	NIA	WEST PENN ALLEGHENY HEALTH					
										SYSTEM, INC.	Ownership	20.0	HIGHMARK HEALTH	N	
0000		15279	46-3476730 .	000000000	0000000000		PALLADIUM RISK RETENTION			WEST PENN ALLEGHENY HEALTH					
							GROUP, INC.	VT .	IA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-3982341 .	000000000	0000000000		PETERS TOWNSHIP SURGERY	D.	NII A	WEST PENN ALLEGHENY HEALTH	O samelia	400.0	HIGHMARK HEALTH	l N	
0000		00000	25 1472072	00000000	0000000000		CENTER, LLCSUBURBAN HEALTH FOUNDATION	PA . PA .	NIA	SYSTEM, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1472073 .	000000000	00000000000		SUBURBAN HEALTH FOUNDATION	FA .	NIA	SYSTEM. INC.	Board of Directors		HIGHMARK HEALTH	l N	
0000		00000	20-1107650 .	000000000	0000000000		WEST PENN ALLEGHENY			WEST PENN ALLEGHENY HEALTH	Board of Directors		TIIGHWARKTILALITI	IN	
0000			20 1101000 .				FOUNDATION, LLC	PA .	NIA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	11-3683376 .	000000000	0000000000		ALLEGHENY CLINIC MEDICAL			WEST PENN ALLEGHENY HEALTH					
							ONCOLOGY	PA .	NIA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	27-2344847 .	000000000	0000000000		WEST PENN AMBULATORY	_		WEST PENN ALLEGHENY HEALTH					
0000		00000	05 4405405	00000000	000000000000000000000000000000000000000		SURGICAL COMPANY, LLC	PA .	NIA	SYSTEM, INC.	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1437405 .	000000000	0000000000		WEST PENN CORPORATE MEDICAL	_E ,	N.11 A	WEST PENN ALLEGHENY HEALTH	Oanabia	400.0	LUCUMADIZATEN	N I	
0000		00000	25-1470766 .	00000000	0000000000		SERVICES, INC	PA .	NIA	SYSTEM, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-14/0/00 .				WEST PENN HOSPITAL FOUNDATION	PA .	NIA	SYSTEM, INC.	Board of Directors		HIGHMARK HEALTH	l N	
0000		00000	26-1630719 .	000000000	0000000000		WEST PENN NEUROSURGERY PC	PA .	NIA	WEST PENN ALLEGHENY HEALTH	Podia oi Diiectois		THOUNKING HEALTH	IN	
0000			20 1000710 .					/ /	130/ 1	SYSTEM. INC.	Ownership	100 0	HIGHMARK HEALTH	N	
0000		00000	27-1939478 .	000000000	0000000000		CHAUTAUQUA MEDICAL PRACTICE								
							P.C	NY .	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	100.0	HIGHMARK HEALTH	N	
0000		00000	25-1528055 .	000000000	0000000000		CLINICAL PATHOLOGY INSTITUTE								
							COOPERATIVE, INC	PA .	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	23-2919277 .	000000000	0000000000		TRISTATE REGIONAL ASSOCIATES			WESTELE BANKASSIA WASSIAN WAS			LUCUMA DIVINE TO THE	.	
0000		00000	22 7020105	00000000			LLP	PA .	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Ownership	1.5	HIGHMARK HEALTH	N	
0000		00000	23-7029185 .	000000000	0000000000		WESTFIELD HOSPITAL REGIONAL AUXILIARY. INC	NY .	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	N	
0000		00000	22-2270533 .	00000000	0000000000		WESTFIELD MEMORIAL HOSPITAL		NIA	WEST ILLE WEWORIAL HOSPITAL, INC	Dodiu oi Directors		THOUWARK HEALTH	IN	
0000			22-2210000				FOUNDATION, INC	NY .	NIA	WESTFIELD MEMORIAL HOSPITAL, INC	Board of Directors		HIGHMARK HEALTH	l N	
							1. 55.15/11/01, 11/5					1		14	

STATEMENT AS OF **September 30, 2020** OF THE **Forevercare, Inc.**

Asterisk	Explanation
0000001	Inter-County Health Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board.
0000002	Inter-County Hospitalization Plan: 50/50 membership between Highmark Inc. and Independence Hospital Indemnity Plan, Inc. Each member elects 50% of the Board. Gateway Health Plan L.P.: Ownership between Highmark Ventures, LLC (1% GP), Highmark Inc. (49% LP), Mercy Health Plan (1% GP & 49% LP). Each LP elects 50% of the Board.

STATEMENT AS OF **September 30, 2020** OF THE **Forevercare, Inc.**

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. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:



STATEMENT AS OF September 30, 2020 of the Forevercare, Inc.

OVERFLOW PAGE FOR WRITE-INS

SI01 Schedule A Verification
SI01 Schedule B Verification
SI01 Schedule BA Verification
SI01 Schedule D Verification
SI02 Schedule D Part 1B
SI03 Schedule DA Part 1 NONE
SI03 Schedule DA Verification
SI04 Schedule DB - Part A Verification
SI04 Schedule DB - Part B Verification
SI05 Schedule DB Part C Section 1
SI06 Schedule DB Part C Section 2
SI07 Schedule DB - Verification
SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3NONE
E03 Schedule BA Part 2
E03 Schedule BA Part 3
E04 Schedule D Part 3NONE
E05 Schedule D Part 4NONE
E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DB Part E
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF $September\ 30,\ 2020$ of the $Forevercare,\ Inc.$

SCHEDULE E - PART 1 - CASH Month End Depository Balances

MOTI	ili Elia D	epository B	alalices					
1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Dur	ing Current Qua	arter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Cash - Operating Account PNC Bank, NA					9,172,366	9,172,356	9,172,356	XXX
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories	XXX	X X X						XXX
0199999 Totals - Open Depositories	. XXX	X X X			9,172,366	9,172,356	9,172,356	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories	XXX	X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X			9,172,366	9,172,356	9,172,356	XXX
0499999 Cash in Company's Office	. XXX	X X X	. X X X .	X X X				XXX
0599999 Total Cash	XXX	X X X			9,172,366	9,172,356	9,172,356	XXX

STATEMENT AS OF **September 30, 2020** of the **Forevercare, Inc.**

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
							Amount of	
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	Amount Received During Year
			N E					
	IN V	JÏ	N C					
8899999 Total (Cash Equivalents							

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