



16202201720100100

2017

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2017**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Oscar Insurance Corporation of Ohio**

NAIC Group Code	4818 (Current Period)	0000 (Prior Period)	NAIC Company Code	16202	Employer's ID Number	36-4859637
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]				
Incorporated/Organized	02/17/2017		Commenced Business			
Statutory Home Office	1300 East 9th St (Street and Number)		Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)			
Main Administrative Office	295 Lafayette Street New York, NY, US 10012 (Street and Number)		New York, NY 10012 (Area Code) (Telephone Number)			
Mail Address	295 Lafayette Street (Street and Number or P.O. Box)		New York, NY, US 10012 (Area Code) (Telephone Number)			
Primary Location of Books and Records	295 Lafayette Street New York, NY, US 10012 (Street and Number)		New York, NY, US 10012 (Area Code) (Telephone Number)			
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Aaron Crawford acrawford@hioscar.com (Name) (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension) (212)226-1283 (Fax Number)			

**OFFICERS**

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & Strategy Officer
Brian West	Chief Financial Officer and Treasurer
John Loser	Chief Risk Officer
Alan Warren	Chief Technology Officer
Dennis Weaver	Chief Clinical Officer
	#

**OTHERS**

Bruce Gottlieb, Secretary

Mario Schlosser	Brian West
Kareem Zaki	Joel Cutler
Joel Klein	John Loser
Dennis Weaver #	

**DIRECTORS OR TRUSTEES**

State of	New York
County of	New York

ss

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

(Signature)  
Mario Schlosser  
(Printed Name)  
1.  
Chief Executive Officer  
(Title)

(Signature)  
Joel Klein  
(Printed Name)  
2.  
Chief Policy & Strategy Officer  
(Title)

(Signature)  
Brian West  
(Printed Name)  
3.  
Chief Financial Officer & Treasurer  
(Title)

Subscribed and sworn to before me this  
day of \_\_\_\_\_, 2018

a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

<b>16 Exhibit of Nonadmitted Assets .....</b>	<b>NONE</b>
<b>17 Exhibit 1 - Enrollment By Product Type .....</b>	<b>NONE</b>
<b>18 Exhibit 2 - Accident and Health Premiums .....</b>	<b>NONE</b>
<b>19 Exhibit 3 - Health Care Receivables .....</b>	<b>NONE</b>
<b>20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....</b>	<b>NONE</b>
<b>21 Exhibit 4 - Claims Unpaid .....</b>	<b>NONE</b>
<b>22 Exhibit 5 - Amounts Due From Parent .....</b>	<b>NONE</b>

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Mulberry Health Inc .....	Direct Expenses .....	853,719	853,719	.....
Mulberry Management Corporation .....	Allocated Expenses .....	26,392	26,392	.....
Oscar Insurance Corporation .....	Allocated Expenses .....	688,627	688,627	.....
0199999 Total - Individually Listed Payables .....	XXX .....	1,568,738	1,568,738	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	1,568,738	1,568,738	.....

**24 Exhibit 7 - Pt 1 - Summary Trans. With Prov . . . . .** **NONE**

**24 Exhibit 7 - Pt 2 - Summary Trans. With Interm . . . . .** **NONE**

**25 Exhibit 8 - Furniture and Equipment Owned . . . . .** **NONE**



2017

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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 4818

NAIC Company Code 16202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

**NONE**

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 4818	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	NAIC Company Code 16202 10 Other
		2 Individual	3 Group							
	Total									
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

31 Schedule S - Part 1 - Section 2 .....	NONE
32 Schedule S - Part 2 .....	NONE
33 Schedule S - Part 3 - Section 2 .....	NONE
34 Schedule S - Part 4 .....	NONE
35 Schedule S - Part 5 .....	NONE
36 Schedule S - Part 6 .....	NONE

**SCHEDULE S - PART 7**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	7,305,635		7,305,635
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (Balance) .....	201,424		201,424
6. <b>TOTAL Assets (Line 28)</b> .....	<b>7,507,059</b>		<b>7,507,059</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....			
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	3,396,810		3,396,810
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	1,568,738		1,568,738
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>4,965,548</b>		<b>4,965,548</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>2,541,511</b>	XXX	<b>2,541,511</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>7,507,059</b>		<b>7,507,059</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....			

**38 Schedule T - Premiums and Other Considerations ..... NONE**

**39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written ..... NONE**

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4818		15585	471142944			N/A	Oscar Insurance Corporation of New Jersey	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15777	473185443			N/A	Oscar Insurance Company of Texas	TX	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15829	473103726			N/A	Oscar Health Plan of California	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		0000	461315570			N/A	Mulberry Management Inc.	DE	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		0000	461315570			N/A	Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	47.1	Joshua Kushner	N	0000000
4818		16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	RE	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	301007548			N/A	Mulberry Ohio Management Corporation	OH	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000

Asterisk	Explanation
0000001	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH .....		3,910,000		(1,568,738)					2,341,262	
15281	46-2043136	OSCAR INS CORP .....				18,075,029					18,075,029	
00000	46-1315570	Mulberry Health Inc .....		(3,910,000)		(20,003,345)					(23,913,345)	
00000	47-3979452	Mulberry Management Corporation .....				4,141,558					4,141,558	
15829	47-3103726	OSCAR HLTH PLAN OF CA .....				5,873,068					5,873,068	
15777	47-3185443	OSCAR INS CO OF TX .....				(4,268,388)					(4,268,388)	
15585	47-1142944	OSCAR INS CORP OF NJ .....				(1,201,039)					(1,201,039)	
16231	37-1867604	OSCAR GARDEN STATE INS CORP .....				(1,048,145)					(1,048,145)	
9999999 Control Totals .....									XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

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

#### MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Waived
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

#### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

#### JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

#### AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
---	-----

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

#### APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No

#### AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No
--	----

Explanation:

Bar Code:

Statement of Actuarial Opinion / Certification



1620220174400000

2017

Document Code: 440

Medicare Supplement Insurance Experience Exhibit



1620220173600000

2017

Document Code: 360

Health Life Supplement



1620220172050000

2017

Document Code: 205

Schedule SIS



1620220174200000

2017

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



1620220173710000

2017

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1620220173700000

2017

Document Code: 370

Medicare Part D Coverage Supplement



1620220173650000

2017

Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



1620220172240000

2017

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



1620220172250000

2017

Document Code: 225

Approval for Relief related to Require. for Audit Committees



1620220172260000

2017

Document Code: 226

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

LTC Supplemental Interrogatories



1620220173060000

2017

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



1620220172110000

2017

Document Code: 211

Supplemental Health Care Exhibit



1620220172160000

2017

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



1620220172170000

2017

Document Code: 217

Management's Report of Internal Control over Financial Reporting



1620220172230000

2017

Document Code: 223



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