



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

NAIC Group Code	<u>4818</u> (Current Period)	,	<u>0000</u> (Prior Period)	NAIC Company Code	<u>16202</u>	Employer's ID Number	<u>36-4859637</u>
Organized under the Laws of	<u>Ohio</u>	,	State of Domicile or Port of Entry	<u>OH</u>			
Country of Domicile	<u>United States of America</u>						
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	<u>02/17/2017</u>			Commenced Business			
Statutory Home Office	<u>1300 East 9th St</u> (Street and Number)			,	<u>Cleveland, OH, US 44114</u> (City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>295 Lafayette Street</u> (Street and Number)				<u>New York, NY, US 10012</u> (City or Town, State, Country and Zip Code)		
					<u>(646)403-3677</u> (Area Code) (Telephone Number)		
Mail Address	<u>295 Lafayette Street</u> (Street and Number or P.O. Box)			,	<u>New York, NY, US 10012</u> (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>295 Lafayette Street</u> (Street and Number)				<u>(646)403-3677</u> (Area Code) (Telephone Number)		
	<u>New York, NY, US 10012</u> (City or Town, State, Country and Zip Code)				<u>(646)403-3677</u> (Area Code) (Telephone Number)		
Internet Website Address	<u>www.hioscar.com</u>						
Statutory Statement Contact	<u>Aaron Crawford</u> (Name)				<u>(646)403-3677</u> (Area Code)(Telephone Number)(Extension)		
	<u>acrawford@hioscar.com</u> (E-Mail Address)				<u>(212)226-1283</u> (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

DIRECTORS OR TRUSTEES

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

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)	(Signature)	(Signature)
Mario Schlosser	Joel Klein	Brian West
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Executive Officer	Chief Policy & Strategy Officer	Chief Financial Officer & Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2018

a. Is this an original filing? Yes[X] No[]

b. If no, 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

(Notary Public Signature)

16 Exhibit of Nonadmitted Assets NONE

17 Exhibit 1 - Enrollment By Product Type NONE

18 Exhibit 2 - Accident and Health Premiums NONE

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

21 Exhibit 4 - Claims Unpaid NONE

22 Exhibit 5 - Amounts Due From Parent NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
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	X X X	1,568,738	1,568,738	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	1,568,738	1,568,738	

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

24 Exhibit 7 - Pt 2 - Summary Trans. With Intern NONE

25 Exhibit 8 - Furniture and Equipment Owned NONE



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

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(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 NAIC Company Code 16202

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

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

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)
ASSETS (Page 2, Col. 3)			
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	X X X		
5. All other admitted assets (Balance)	201,424		201,424
6. TOTAL Assets (Line 28)	7,507,059		7,507,059
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	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. TOTAL Liabilities (Line 24)	4,965,548		4,965,548
16. TOTAL Capital and Surplus (Line 33)	2,541,511	X X X	2,541,511
17. TOTAL Liabilities, Capital and Surplus (Line 34)	7,507,059		7,507,059
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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	Relation- 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 .....	.....	Joshua Kushner	N	0000000

Asterisk	Explanation
0000001	.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 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 .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

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

[Barcode]

16202201744000000 2017 Document Code: 440

Medicare Supplement Insurance Experience Exhibit

[Barcode]

16202201736000000 2017 Document Code: 360

Health Life Supplement

[Barcode]

16202201720500000 2017 Document Code: 205

Schedule SIS

[Barcode]

16202201742000000 2017 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

[Barcode]

16202201737100000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

[Barcode]

16202201737000000 2017 Document Code: 370

Medicare Part D Coverage Supplement

[Barcode]

16202201736500000 2017 Document Code: 365

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

[Barcode]

16202201722400000 2017 Document Code: 224

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

[Barcode]

16202201722500000 2017 Document Code: 225

Approval for Relief related to Require. for Audit Committees

[Barcode]

16202201722600000 2017 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



16202201730600000

2017

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



16202201721100000

2017

Document Code: 211

Supplemental Health Care Exhibit



16202201721600000

2017

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



16202201721700000

2017

Document Code: 217

Management's Report of Internal Control over Financial Reporting



16202201722300000

2017

Document Code: 223

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