Amended Explanation Page

The Company is amending its Statement of Acturial Opinion based on comments from the department of insurance.

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

Oscar Insurance Corporation of Ohio

NAIC Group Code 4818 (Current Period), 4818 (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[X] N/A[ ]

Incorporated/Organized 02/17/2017 Commenced Business 01/01/2018

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 (Street and Number)
New York, NY, US 10012 (City or Town, State, Country and Zip Code) (646)403-3677 (Area Code) (Telephone Number)

Mail Address 295 Lafayette Street (Street and Number or P.O. Box), New York, NY, US 10012 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 295 Lafayette Street (Street and Number)
New York, NY, US 10012 (City or Town, State, Country and Zip Code) (646)403-3677 (Area Code) (Telephone Number)

Internet Website Address www.hioscar.com

Statutory Statement Contact Aaron Crawford (Name) (646)403-3677 (Area Code)(Telephone Number)(Extension)
acrawford@hioscar.com (E-Mail Address) (212)226-1283 (Fax Number)

OFFICERS

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & Strategy Officer
Alan Warren	Chief Technology Officer
Dennis Weaver	Chief Clinical Officer

OTHERS

Bruce Gottlieb, Corporate Secretary

DIRECTORS OR TRUSTEES

Mario Schlosser
Joel Cutler
Dennis Weaver
Kareem Zaki
Joel Klein
Bruce Gottlieb #

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	Sid Sankaran	Alan Warren
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Executive Officer	Chief Financial Officer	Chief Technology Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
_____ day of _____, 2019

a. Is this an original filing? Yes[ ] No[X]
b. If no, 1. State the amendment number 3
2. Date filed 04/15/2019
3. Number of pages attached 5

(Notary Public Signature)