



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
Oscar Buckeye State Insurance Corporation

NAIC Group Code	4818 (Current Period)	0000 (Prior Period)	NAIC Company Code	16416	Employer's ID Number	82-5264817
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] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	04/18/2018		Commenced Business			
Statutory Home Office	2000 Huntingdon Center, 41 S. High Street (Street and Number)		Columbus, OH, US 43215 (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	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 and Strategy Officer	#
Alan Warren	Chief Technology Officer	#
Dennis Weaver	Chief Clinical Officer	#

OTHERS

Bruce Gottlieb, Secretary #

DIRECTORS OR TRUSTEES

Mario Schlosser #	Joel Klein #
Dennis Weaver #	Joel Cutler #
Kareem Zaki #	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) Mario Schlosser (Printed Name) 1. Chief Executive Officer (Title)	(Signature) Joel Klein (Printed Name) 2. Chief Policy and Strategy Officer (Title)	(Signature) Bruce Gottlieb (Printed Name) 3. Corporate Secretary (Title)
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Subscribed and sworn to before me this day of , 2019	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[ ]   
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(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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

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. ....	Admin Expenses .....	335,707	335,707	
Mulberry Management Corporation .....	Admin Expenses .....	620,525	620,525	
0199999 Total - Individually Listed Payables .....	X X X .....	956,232	956,232	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	956,232	956,232	

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 16416

	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										

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 NAIC Company Code 16416

	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										

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

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

37 Schedule S - Part 7 ..... NONE



SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
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) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

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	TX	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		0000	473979452			N/A	Mulberry Management Corporation	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	45.7	Joshua Kushner	N	0000000
4818		16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16337	824782428			N/A	Oscar Health Plan, Inc	AZ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	RE	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	822830708			N/A	Oscar Health Plan of Illinois, Inc.	IL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000

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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 .....	.....	.....	.....	.....	.. (1,721,324) ..	.....	.....	.....	.. (1,721,324) ..	.....
.. 15281 ..	.. 46-2043136 ..	OSCAR INS CORP .....	.....	.....	.....	.....	.. (10,358,412) ..	.....	.....	.....	.. (10,358,412) ..	.....
.. 00000 ..	.. 46-1315570 ..	Mulberry Health Inc .....	.....	.. (12,057,566) ..	.....	.....	.. (3,854,793) ..	.....	.....	.....	.. (15,912,359) ..	.....
.. 00000 ..	.. 47-3979452 ..	Mulberry Management Corporation .....	.....	.....	.....	.....	.. 26,760,723 ..	.....	.....	.....	.. 26,760,723 ..	.....
.. 15829 ..	.. 47-3103726 ..	OSCAR HLTH PLAN OF CA .....	.....	.....	.....	.....	.. (4,300,299) ..	.....	.....	.....	.. (4,300,299) ..	.....
.. 15777 ..	.. 47-3185443 ..	OSCAR INS CO OF TX .....	.....	.....	.....	.....	.. 1,378,614 ..	.....	.....	.....	.. 1,378,614 ..	.....
.. 15585 ..	.. 47-1142944 ..	OSCAR INS CORP OF NJ .....	.....	.....	.....	.....	.. 1,787 ..	.....	.....	.....	.. 1,787 ..	.....
.. 16231 ..	.. 37-1867604 ..	OSCAR GARDEN STATE INS CORP .....	.....	.....	.....	.....	.. (1,602,848) ..	.....	.....	.....	.. (1,602,848) ..	.....
.. 16337 ..	.. 82-4782428 ..	OSCAR HLTH PLAN INC .....	.....	.....	.....	.....	.. (413,890) ..	.....	.....	.....	.. (413,890) ..	.....
.. 16374 ..	.. 82-5440359 ..	OSCAR INS CO OF FL .....	.....	.....	.....	.....	.. (4,933,327) ..	.....	.....	.....	.. (4,933,327) ..	.....
.. 16416 ..	.. 82-5264817 ..	OSCAR BUCKEYE STATE INS CORP .....	.....	.. 12,057,566 ..	.....	.....	.. (956,231) ..	.....	.....	.....	.. 11,101,335 ..	.....
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 if your company is engaged in the type of business covered by the supplement. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

No
- AUGUST FILING
26. 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



Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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

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



LTC Supplemental Interrogatories



Supplemental Health Care Exhibit



## LHA Guaranty Association Reconciliation



## Management's Report of Internal Control over Financial Reporting



<u>Approval for Relief related to one-year cooling off period for inde. CPA</u>	<u>Approval for Relief related to Require. for Audit Committees</u>
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LTC Supplemental Interrogatories Health Life Supplement - April

Supplemental Health Care Exhibit

Supplemental Health Care Exhibit's Expense Allocation Report



LHA Guaranty Association Reconciliation LHA Guaranty Association Adjustment Exhibit



**OVERFLOW PAGE FOR WRITE-INS**

**N O N E**

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