



QUARTERLY STATEMENT
AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
Oscar Buckeye State Insurance Corporation

NAIC Group Code	4818 (Current Period)	4818 (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[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	04/18/2018		Commenced Business	01/01/2018		
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	New York, NY, US 10012 (City or Town, State, Country and Zip Code)		295 Lafayette Street (Street and Number)		(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	New York, NY, US 10012 (City or Town, State, Country and Zip Code)		295 Lafayette Street (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)	
Internet Web Site Address	hioscar.com					
Statutory Statement Contact	Aaron Crawford (Name) acrawford@hioscar.com (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 and Strategy Officer	
Alan Warren	Chief Technology Officer	
Dennis Weaver	Chief Clinical Officer	
Sid Sankaran	Chief Financial Officer	#

OTHERS

Jed Feldman, Corporate Secretary #

DIRECTORS OR TRUSTEES

Mario Schlosser	Joel Klein
Dennis Weaver	Joel Cutler
Kareem Zaki	Sid Sankaran #
Jed Feldman #	

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 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) Sid Sankaran (Printed Name) 3. Chief Financial Officer (Title)
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Subscribed and sworn to before me this _____ day of _____, 2019

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)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	410,942		410,942	410,931
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
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 (\$.....15,901,294), cash equivalents (\$.....0) and short-term investments (\$.....0)	15,901,294		15,901,294	11,994,342
6.	Contract loans (including \$.....0 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)	16,312,236		16,312,236	12,405,273
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,788		1,788	4,515
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	411,623		411,623	
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 (\$.....73,611) and other amounts receivable	73,611		73,611	
25.	Aggregate write-ins for other-than-invested assets	1,980	1,980		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	16,801,238	1,980	16,799,258	12,409,788
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	16,801,238	1,980	16,799,258	12,409,788
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	1,980	1,980		
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,980	1,980		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....58,856 reinsurance ceded)	2,011,757		2,011,757	
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	39,440		39,440	
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,095,078		2,095,078	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	30,722		30,722	
8.	Premiums received in advance				488,867
9.	General expenses due or accrued	207,346		207,346	
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	28,190		28,190	
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	512,015		512,015	956,232
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 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)				
24.	Total liabilities (Lines 1 to 23)	4,924,548		4,924,548	1,445,099
25.	Aggregate write-ins for special surplus funds	X X X	X X X	101,142	
26.	Common capital stock	X X X	X X X	4,000	4,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	12,057,566	12,057,566
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(287,998)	(1,096,877)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	11,874,710	10,964,689
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	16,799,258	12,409,788
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	Section 9010	X X X	X X X	101,142	
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	101,142	
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	15,857		
2.	Net premium income (including \$.....0 non-health premium income)	X X X	5,406,167		
3.	Change in unearned premium reserves and reserves for rate credits	X X X	277,650		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	5,683,817		
Hospital and Medical:					
9.	Hospital/medical benefits		3,032,254		
10.	Other professional services		37,397		
11.	Outside referrals				
12.	Emergency room and out-of-area		27,032		
13.	Prescription drugs		311,337		
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		3,408,020		
Less:					
17.	Net reinsurance recoveries		58,856		
18.	Total hospital and medical (Lines 16 minus 17)		3,349,164		
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....119,339 cost containment expenses		207,264		
21.	General administrative expenses		1,217,128		1,101,467
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		4,773,556		1,101,467
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	910,261		(1,101,467)
25.	Net investment income earned		1,740		4,590
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,740		4,590
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	912,001		(1,096,877)
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	912,001		(1,096,877)
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (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	10,964,689		
34.	Net income or (loss) from Line 32	912,001		(1,096,877)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(1,980)		
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			4,000
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			12,057,566
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)	910,021		10,964,689
49.	Capital and surplus end of reporting period (Line 33 plus 48)	11,874,710		10,964,689
DETAILS OF WRITE-INS				
4701.	.....	.....	.....	.....
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) .....	.....	.....	.....

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	6,906,594		488,867
2.	Net investment income	4,457		57
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	6,911,051		488,924
5.	Benefit and loss related payments	1,587,560		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,416,539		145,235
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	3,004,099		145,235
11.	Net cash from operations (Line 4 minus Line 10)	3,906,952		343,689
Cash from Investments				
12.	Proceeds 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.	Cost of investments acquired (long-term only):			
13.1	Bonds			410,913
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)			410,913
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			(410,913)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			12,061,566
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.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			12,061,566
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,906,952		11,994,342
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	11,994,342		
19.2	End of period (Line 18 plus Line 19.1)	15,901,294		11,994,342

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter	5,019	5,019								
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	15,857	15,857								
Total Member Ambulatory Encounters for Period:										
7. Physician	3,123	3,123								
8. Non-Physician	504	504								
9. Total	3,627	3,627								
10. Hospital Patient Days Incurred	111	111								
11. Number of Inpatient Admissions	24	24								
12. Health Premiums Written (a)	5,769,446	5,769,446								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	5,683,817	5,683,817								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,337,407	1,337,407								
18. Amount Incurred for Provision of Health Care Services	3,408,020	3,408,020								

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	103,450	5,555	98			109,103
0499999 Subtotals	103,450	5,555	98			109,103
0599999 Unreported claims and other claim reserves						1,961,510
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,070,613
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)		1,380,296		2,042,479		
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)		1,380,296		2,042,479		
10.	Healthcare receivables (a)				73,611		
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)		1,380,296		1,968,868		

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. The accompanying financial statements of Oscar Buckeye State Insurance Corporation (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance.

Effective August 22, 2018 Oscar Buckeye State Insurance Corporation was licensed by the Ohio Department of Insurance. Our members enrolled during open enrollment, which begins November 1, 2018. Members were effectuated January 1, 2019, after which the Company began reporting premiums earned and claims expenses.

A reconciliation of The Company’s net income and capital surplus between NAIC SAP and practices prescribed or permitted by Ohio Statutory Accounting Principles (“NAIC SAP”) is shown below:

		SSAP #	F/S Page	F/S Line #	Three Months Ended March 31, 2019	12 Months Ended Dec. 31 2018
NET INCOME						
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$912,001	(\$1,096,877)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:				—	—
(3)	State Permitted Practices that increase (decrease) from NAIC SAP				—	—
(4)	Net income (loss), NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$912,001	(\$1,096,877)
SURPLUS						
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$11,874,710	\$10,964.689
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:				—	—
(7)	State Permitted Practices that increase (decrease) from NAIC SAP				—	—
(8)	Statutory Surplus, NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$11,874,710	\$10,964.689

B. The preparation of these statutory-basis financial statements requires management to make estimates and assumptions that affect the amounts reported in the statutory-basis financial statements and accompanying notes. Actual results could differ from those estimates. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

C. There has been no underwriting expenses in 2019 including premiums and claims.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3-9) Not applicable
- (10) Not applicable
- (11) Not applicable
- (12) Not applicable.
- (13) The company’s Pharmacy Benefit Manager- CVS Health has a contractually guaranteed minimum pharmaceutical rebates. These amounts determine the company’s estimated receivable adjusted for payments received.

D. Going Concern

Notes to Financial Statement

As of March 31, 2019, the management team has evaluated the Company’s operations and financial position. No uncertainties or doubt exists about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or correction of errors in 2019.

3. Business Combinations and Goodwill

The Company had no business combinations or goodwill in 2019.

4. Discontinued Operations

The Company had no discontinued operations in 2019.

5. Investments

A-K. Not applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Notes to Financial Statement

		1	2	3	4	5	6	7
		Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown	—	—	—	—	—	— %	— %
b.	Collateral held under security lending agreements	—	—	—	—	—	— %	— %
c.	Subject to repurchase agreements	—	—	—	—	—	— %	— %
d.	Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e.	Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f.	Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g.	Placed under option contracts	—	—	—	—	—	— %	— %
h.	Letter stock or securities restricted as to sale— excluding FHLB capital stock	—	—	—	—	—	— %	— %
i.	FHLB capital stock	—	—	—	—	—	— %	— %
j.	On deposit with states	\$416,336	\$410,931	\$5,405	—	\$416,336	2.47%	2.47%
k.	On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l.	Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m.	Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n.	Other restricted assets	—	—	—	—	—	— %	— %
o.	Total Restricted Assets	\$416,336	\$410,931	\$5,405	—	\$416,336	2.47%	2.47%

(2)-(4) Not applicable

K-R. Not applicable

6. Joint Ventures, Partnerships, and Limited Liability Companies

Not applicable

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

Notes to Financial Statement

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$ 0.

8. Derivative Instruments

Not applicable

9. Income Taxes

A.

1) The components of the net deferred tax asset/(liability) at September 30, are as follows.

Description		3/31/2019			12/31/2018			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4+5) Total	(7) (Col. 1– 4) Ordinary	(8) (Col. 2–5) Capital	(9) (Col. 7+8) Total
(a)	Gross Deferred Tax Assets	\$59,015	—	\$59,015	\$250,535	—	\$250,535	(\$191,520)	—	(\$191,520)
(b)	Statutory Valuation Allowance Adjustments	\$59,015	—	\$59,015	\$250,535	—	\$250,535	(\$191,520)	—	(\$191,520)
(c)	Adjusted Gross Deferred Tax Assets (1a – 1b)	—	—	—	—	—	—	—	—	—
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—
(e)	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	—	—	—	—	—	—	—	—	—
(f)	Deferred Tax Liabilities	—	—	—	—	—	—	—	—	—
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	—	—	—	—	—	—	—	—	—

2) Admission Calculation Components SSAP No. 101

No Significant Change

Description	3/31/2019			12/31/2018			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 – 4) Ordinary	(8) (Col. 2 – 5) Capital	(9) (Col. 7 + 8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.									
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.									

Notes to Financial Statement

2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold									
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)									
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-

3) Threshold Limitation

	2019	2018
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	0%	53,102%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$11,874,710	\$10,964,689

B-D. Not Applicable

E. At March 31, 2019, the Company had unused operating loss carryforwards available to offset against future taxable income of \$1,096,877. The origination and expiration of the carryforwards are as follows:

<u>Amount</u>		<u>Expiration Date</u>
\$184,876	December 31, 2018	December 31, 2033

F. The Company’s federal income tax return will be consolidated with the various entities in the reporting year.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Mulberry Health Inc. funds the Company in order to support ongoing operations and meet the reserve requirements established by the ODI.
- B. Not Applicable
- C. A summary of the contributions is as follows:

Fiscal Year Ended	Amount
2018	\$ 12,061,566
2019	\$ 0
Total at March 31, 2019	\$ 12,061,566

The cash was accounted for as a capital contribution credited to additional paid in capital and common stock.

- D. The company was due to pay \$512,015 to its various affiliates as of March 31, 2019 for operating expenses paid on their behalf. The terms of settlement require that these amounts be settled 60 days after receipt of invoice.
- E. None.
- F. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by Mulberry Management Corporation and subsequently reimbursed by affiliated companies.
- G. All outstanding shares of the Company are owned by the parent company, Mulberry Health Inc., an insurance holding company domiciled in the State of Delaware.
- H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.
- I–O. None

11. Debt

Not Applicable.

Notes to Financial Statement

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

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

- (1) The company has 1 share, with a par value of \$100 authorized, issued and outstanding as of March 31, 2019. All shares are Class A shares.
- (2) No preferred stock has been authorized.
- (3) Under Ohio law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company’s statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjustment net investment income for such period) as to the amount of dividends it may declare or pay in any twelve-month period without the prior approval of the Ohio Department of Insurance.
- (4)
- (4)-(8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year of \$101,142 is due to the Consolidated Appropriations Act of 2016 which imposed the Health Insurance Provider’s fee.
- (10)-(13) Not Applicable

14. Liabilities, Contingencies and Assessments

Not Applicable.

15. Leases

A-B Not Applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

20. Fair Value Measurement

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 - Quoted (unadjusted) prices for identical assets in active markets.

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data.

Notes to Financial Statement

The estimated fair values of bonds, short-term investment and preferred stocks are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service (“pricing service”), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company’s assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value

1. Fair Value Measurements at Reporting Date

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value for the three months ended March 31, 2019 and the year ended December 31, 2018.

(3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the three months ended March 31, 2019 and the year ended December 31, 2018.

(4) Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.

(5) The Company does not have any derivative assets and liabilities.

B. Not Applicable.

C. Fair Value Hierarchy at March 31, 2019:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$412,349	\$410,942	\$0	\$412,349	\$0	\$0
Total	\$412,349	\$410,942	\$0	\$412,349	\$0	\$0

D. Not Applicable.

E. Not Applicable.

21. Other Items

A. Unusual or Infrequent Items
Not Applicable

B. Troubled Debt Restructuring: Debtors

Not Applicable

Notes to Financial Statement

- C. Other Disclosures
Not Applicable
- D. Business Interruption Insurance Recoveries

Not Applicable
- E. State Transferable and Non-Transferable Tax Credits
Not Applicable
- F. Subprime Mortgage Related Risk Exposure
Not applicable
- G. Retained Assets
Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts
Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events:

There have been no Type I events. Subsequent Events have been considered through May 15, 2019 for the statutory quarterly 2019 statements issued on May 15, 2019.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through May 15, 2019 for the statutory quarterly 2019 statements issued on May 15, 2019.

On January 1, 2019, the Company was subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of March 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2019, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020 to be \$101,142. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0%. Reporting the ACA assessment as of March 31, 2019, would not have triggered an RBC action level.

Description		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 (YES/NO)?	Yes	
B.	ACA fee assessment payable for the upcoming year	\$101,142	-
C.	ACA fee assessment paid	-	-
D.	Premium written subject to ACA 9010 assessment	\$5,769,446	-
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$11,874,710	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B. above)	\$11,773,568	
G.	Authorized Control Level (Five-Year Historical Line 15)	\$20,648	
H.	Would reporting the ACA assessment as of March 31, 2019 have triggered an RBC action level (YES/NO)?	No	

23. Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

Notes to Financial Statement

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, office, trustee, or director of the company?

Yes() No (**X**)

2. Have any policies issued by the corporation been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes() No (**X**)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes() No (**X**)

- a. Not Applicable
- b. The total amount of reinsurance credits taken as an asset or reduction of a liability is \$58,856. (both private reinsurance and the Transitional Reinsurance Program).

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies.

Yes() No (**X**)

Section 3 – Ceded Reinsurance Report – Part B

- (1) The estimated change in surplus for elimination of all reinsurance amounts would be \$3,893.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

Yes() No (**X**)

B. Uncollectable Reinsurance

Not Applicable

C. Commutation of Reinsurance

Not Applicable

D. Certified Reinsurer Downgraded or Status Subject to Revocation

Not Applicable

Notes to Financial Statement

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. No Significant Changes

B. No Significant Changes

C. No Significant Changes

D. No Significant Changes

E. Risk Sharing Provisions of the Affordable Care Act

(4) Did the Reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions? **YES**

Notes to Financial Statement

Impact of Risk Sharing Provisions of the Affordable Care Act on Assets, Liabilities, and Revenue for the Current Year. Asset balances shall reflect admitted asset balances.

Description		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	-
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$2,379
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$1,855,646
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(\$1,855,646)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	(\$2,379)
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	-
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	-
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA Reinsurance	-
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
	9. ACA Reinsurance contributions – not reported as ceded premium	-
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors	-
	Liabilities	
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

Notes to Financial Statement

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any non-admission) and liability balances, along with the reasons for the adjustments to prior year balances.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1.Premium adjustments receivable (including high risk pool payments)	-	-	-	-	-	-	-	-	A	-
2.Premium adjustments (payable) (including high risk pool premium)	-	-	-	-	-	-	-	-	B	-
3.Subtotal ACA Permanent Risk Adjustment Program	-	-	-	-	-	-	-	-		-
b. Transitional ACA Reinsurance Program										
1.Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	C	-
2.Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	D	-
3.Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-
4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-	-	-	-	-	-	-	-	F	-
5.Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	G	-
6.Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	H	-
7.Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-
c. Temporary ACA Risk Corridors Program										
1.Accrued retrospective premium	-	-	-	-	-	-	-	-	I	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-
3.Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-		-
d. Total for ACA Risk Sharing Provisions	-	-	-	-	-	-	-	-		-

Notes to Financial Statement

(4) Roll forward of risk corridors asset and liability balances by program benefit year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulativ e Balance from Prior Years (Col 1 – 3 +7)	Cumulativ e Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivabl e	(Payable)		Receivabl e	(Payable)
a. 2014											
1.Accrued retrospective premium	-	-	-	-	-	-	-	-	A	-	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	B	-	-
b.2015											
1.Accrued retrospective premium	-	-	-	-	-	-	-	-	C	-	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	D	-	-
c. 2016											
1.Accrued retrospective premium	-	-	-	-	-	-	-	-	E	-	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	F	-	-
d.Total for risk corridors	-	-	-	-	-	-	-	-		-	-

25. Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

Not Applicable.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2019	\$73,611	-	-	-	-

29. Participating Policies

Notes to Financial Statement

Not applicable.

30. Premium Deficiency Reserves

Not Applicable

31. Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 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 reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

Since December 31, 2018, Oscar Health Plan of Pennsylvania and Oscar Health Plan of Georgia were incorporated.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[] No[] N/A[X]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
..... No .....	..... No .....	..... No .....	..... No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted 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?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

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

If no, attach a description with this statement.

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

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?

Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company	801 Pennsylvania Avenue Kansas City, MO 64105 ...

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[] No[X]

17.5098 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 assets?

Yes[] No[X]

17.6 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 for the table below.

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

c. 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]

20. 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 .

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES (Continued)

- 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 62.000%
1.2 A&H cost containment percent	..... 2.100%
1.3 A&H expense percent excluding cost containment expenses	..... 25.100%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
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]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
23680	47-0698507 .....	.....	ODYSSEY REINS CO	CT .....	..... SSL/A/I	Authorized .....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	5,769,446						5,769,446	
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	5,769,446						5,769,446	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	5,769,446						5,769,446	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

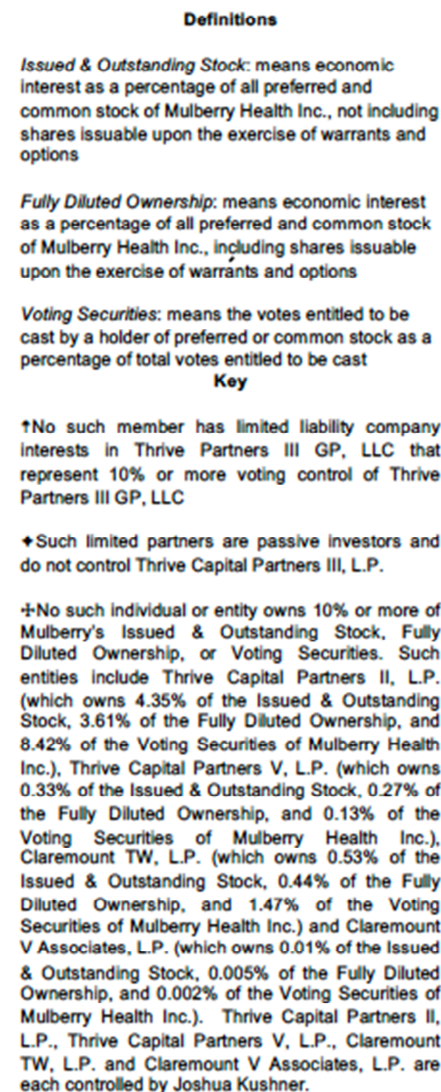
- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

1

56

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

Oscar Holding Company Organizational Chart
As of March 31, 2019



+No such individual or entity owns 10% or more of Mulberry's Issued & Outstanding Stock, Fully Diluted Ownership, or Voting Securities. Such entities include Thrive Capital Partners II, L.P. (which owns 4.35% of the Issued & Outstanding Stock, 3.61% of the Fully Diluted Ownership, and 8.42% of the Voting Securities of Mulberry Health Inc.), Thrive Capital Partners V, L.P. (which owns 0.33% of the Issued & Outstanding Stock, 0.27% of the Fully Diluted Ownership, and 0.13% of the Voting Securities of Mulberry Health Inc.), Claremount TW, L.P. (which owns 0.53% of the Issued & Outstanding Stock, 0.44% of the Fully Diluted Ownership, and 1.47% of the Voting Securities of Mulberry Health Inc.) and Claremount V Associates, L.P. (which owns 0.01% of the Issued & Outstanding Stock, 0.005% of the Fully Diluted Ownership, and 0.002% of the Voting Securities of Mulberry Health Inc.). Thrive Capital Partners II, L.P., Thrive Capital Partners V, L.P., Claremount TW, L.P. and Claremount V Associates, L.P. are each controlled by Joshua Kushner.

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 ..	Mulberry Health	15585	471142944 ..	.....	.....	.....	Oscar Insurance Corporation of New Jersey .....	.. NJ ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	15281	462043136 ..	.....	.....	.....	Oscar Insurance Corporation .....	.. NY ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	15777	473185443 ..	.....	.....	.....	Oscar Insurance Company .....	.. TX ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	15829	473103726 ..	.....	.....	.....	Oscar Health Plan of California .....	.. CA ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	473979452 ..	.....	.....	.....	Mulberry Management Inc. ....	.. DE ..	.. NIA ..	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	461315570 ..	.....	.....	.....	Mulberry Health Inc. ....	.. DE ..	.. UDP ..	Thrive Capital Partners III, LP ..	Ownership .....	..... 43.5	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	16202	364859637 ..	.....	.....	.....	Oscar Insurance Corporation of Ohio .....	.. OH ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	16231	371867604 ..	.....	.....	.....	Oscar Garden State Insurance Corporation .....	.. NJ ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	16337	824782428 ..	.....	.....	.....	Oscar Health Plan Inc .....	.. AZ ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	16347	825440359 ..	.....	.....	.....	Oscar Insurance Company of Florida .....	.. FL ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	16416	825264817 ..	.....	.....	.....	Oscar Buckeye State Insurance Corporation .....	.. OH ..	.. RE ..	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	832766385 ..	.....	.....	.....	Oscar Health Plan of New York, Inc. ....	.. NY ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	822830708 ..	.....	.....	.....	Oscar Health Plan of Illinois, Inc. ....	.. IL ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	833324290 ..	.....	.....	.....	Oscar Health Plan of Pennsylvania, Inc. ..	.. PA ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	833894406 ..	.....	.....	.....	Oscar Health Plan of Georgia .....	.. GA ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	301007548 ..	.....	.....	.....	Mulberry Ohio Management Corporation ..	.. OH ..	.. NIA ..	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	000000000 ..	.....	.....	.....	Oscar Golden State Managed Care .....	.. CA ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818 ..	Mulberry Health	00000	833549419 ..	.....	.....	.....	Oscar Insurance Company of Illinois .....	.. IL ..	.. IA ...	Mulberry Health Inc.	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....

Asterisk	Explanation
0000001	

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.

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

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16416201936500001

2019

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2019** OF THE **Oscar Buckeye State Insurance Corporation**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	410,931	
2. Cost of bonds and stocks acquired		410,913
3. Accrual of discount	11	18
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	410,942	410,931
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	410,942	410,931

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	410,931			11	410,942			410,931
2.	NAIC 2 (a)								
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	410,931			11	410,942			410,931
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	410,931			11	410,942			410,931

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	.....	.....
2.	Cost of cash equivalents acquired .....	.....	.....
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals .....	.....	.....
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	.....	.....
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11) .....	.....	.....

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/ Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X				X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X		X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
CUSIP Identification	Description																					
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX															XXX	XXX	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX		XXX													XXX	XXX	
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX		XXX													XXX	XXX	
9899999	Subtotal - Preferred and Common Stocks				XXX		XXX													XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks				XXX		XXX													XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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 DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
Bank of America	New York, NY						13,827,559	14,631,671	15,895,900	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X			5,394	5,394	5,394	X X X
0199999 Totals - Open Depositories			X X X	X X X			13,832,953	14,637,065	15,901,294	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			13,832,953	14,637,065	15,901,294	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			13,832,953	14,637,065	15,901,294	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
8899999	Total - Cash Equivalents .....					.....	.....	.....

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

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