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2019

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**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 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]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]				
Incorporated/Organized	04/18/2018		Commenced Business	01/01/2019		
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	75 Varick St, 5th Floor New York, NY, US 10013 (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	75 Varick St, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	75 Varick St, 5th Floor New York, NY, US 10013 (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)			
Internet Web Site Address	hioscar.com		(212)226-1283 (Fax Number)			
Statutory Statement Contact	Aaron Crawford (Name) acrawford@hioscar.com (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension)			

**OFFICERS**

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy and Strategy Officer
Sid Sankaran	Chief Financial Officer
Dennis Weaver	Chief Clinical Officer #

**OTHERS**

Jed Feldman, Secretary #

**DIRECTORS OR TRUSTEES**

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

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)  
 Joel Klein  
 (Printed Name)  
 1.  
 Chief Policy and Strategy Officer  
 (Title)

(Signature)  
 Sid Sankaran  
 (Printed Name)  
 2.  
 Chief Financial Officer  
 (Title)

(Signature)  
 Dennis Weaver  
 (Printed Name)  
 3.  
 Chief Clinical Officer  
 (Title)

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[ ]

(Notary Public Signature)

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	410,953		410,953	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 (\$.....4,117,129), cash equivalents (\$.....14,044,233) and short-term investments (\$.....0) .....	18,161,362		18,161,362	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) .....	18,572,315		18,572,315	12,405,273
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	4,500		4,500	4,515
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	304,134		304,134	
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 .....	2,121,305		2,121,305	
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	1,462,431	980,003	482,428	
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 (\$.....218,926) and other amounts receivable .....	250,477	94,768	155,709	
25. Aggregate write-ins for other-than-invested assets .....				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	22,715,162	1,074,771	21,640,391	12,409,788
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	22,715,162	1,074,771	21,640,391	12,409,788
<b>DETAILS OF WRITE-INS</b>				
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. .....				
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) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,165,001 reinsurance ceded) .....	1,040,244		1,040,244	.....
2. Accrued medical incentive pool and bonus amounts .....				.....
3. Unpaid claims adjustment expenses .....	42,006		42,006	.....
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	4,679,996		4,679,996	.....
5. Aggregate life policy reserves .....				.....
6. Property/casualty unearned premium reserve .....				.....
7. Aggregate health claim reserves .....	91,251		91,251	.....
8. Premiums received in advance .....				488,867
9. General expenses due or accrued .....	233,137		233,137	.....
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 .....	4,879,366		4,879,366	.....
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 .....	353,999		353,999	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) .....	11,319,999		11,319,999	1,445,099
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	172,210	.....
26. Common capital stock .....	XXX	XXX	4,000	4,000
27. Preferred capital stock .....	XXX	XXX		.....
28. Gross paid in and contributed surplus .....	XXX	XXX	12,057,566	12,057,566
29. Surplus notes .....	XXX	XXX		.....
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		.....
31. Unassigned funds (surplus) .....	XXX	XXX	(1,913,384)	(1,096,877)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	XXX	XXX		.....
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	XXX	XXX		.....
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	10,320,392	10,964,689
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	21,640,391	12,409,788
<b>DETAILS OF WRITE-INS</b>				
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 .....	XXX	XXX	172,210	.....
2502. ....	XXX	XXX		.....
2503. ....	XXX	XXX		.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	172,210	.....
3001. ....	XXX	XXX		.....
3002. ....	XXX	XXX		.....
3003. ....	XXX	XXX		.....
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		.....
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		.....

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months .....	XXX .....	31,651		
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	5,446,067		
3. Change in unearned premium reserves and reserves for rate credits .....	XXX .....	349,131		
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	5,795,198		
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		5,225,712		
10. Other professional services .....		219,815		
11. Outside referrals .....				
12. Emergency room and out-of-area .....		145,931		
13. Prescription drugs .....		996,014		
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		6,587,472		
<b>Less:</b>				
17. Net reinsurance recoveries .....		3,768,733		
18. Total hospital and medical (Lines 16 minus 17) .....		2,818,739		
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....217,216 cost containment expenses .....		377,253		
21. General administrative expenses .....		2,215,363		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) .....		5,411,355		1,101,467
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	383,843		(1,101,467)
25. Net investment income earned .....		46,631		4,590
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		46,631		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) .....	XXX .....	430,474		(1,096,877)
31. Federal and foreign income taxes incurred .....	XXX .....			
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	430,474		(1,096,877)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX .....			
0701. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX .....			
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	10,964,689	.....	.....
34. Net income or (loss) from Line 32 .....	430,474	.....	(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 .....	(1,074,771)	.....	.....
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) .....	(644,297)	.....	10,964,689
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	10,320,392	.....	10,964,689
<b>DETAILS OF WRITE-INS</b>			
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) .....	.....	.....	.....

STATEMENT AS OF **June 30, 2019** OF THE **Oscar Buckeye State Insurance Corporation**  
**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	13,581,556		488,867
2.	Net investment income .....	46,623		57
3.	Miscellaneous income .....			
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>13,628,179</b>		<b>488,924</b>
5.	Benefit and loss related payments .....	4,404,726		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	3,056,433		145,235
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>7,461,159</b>		<b>145,235</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>6,167,020</b>		<b>343,689</b>
<b>Cash from Investments</b>				
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	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>			
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	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>			<b>410,913</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>			<b>(410,913)</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
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
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	6,167,020		11,994,342
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	11,994,342		
19.2	<b>End of period (Line 18 plus Line 19.1) .....</b>	<b>18,161,362</b>		<b>11,994,342</b>

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 .....	5,215		5,215							
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	31,651		31,651							
Total Member Ambulatory Encounters for Period:										
7. Physician .....	7,003		7,003							
8. Non-Physician .....	954		954							
9. Total .....	7,957		7,957							
10. Hospital Patient Days Incurred .....	292		292							
11. Number of Inpatient Admissions .....	65		65							
12. Health Premiums Written (a) .....	9,808,741		9,808,741							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	9,808,741		9,808,741							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	4,382,227		4,382,227							
18. Amount Incurred for Provision of Health Care Services .....	6,587,472		6,587,472							

(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 .....	277,035	.....	.....	.....	.....	277,035
0499999 Subtotals .....	277,035	.....	.....	.....	.....	277,035
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	1,928,210
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	2,205,245
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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....		1,906,170		1,131,495		
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) .....		1,906,170		1,131,495		
10. Healthcare receivables (a) .....				218,926		
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	1,906,170			912,569		

(a) Excludes \$.....0 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 #	Six Months Ended June 30, 2019	12 Months Ended Dec. 31 2018
	<b>NET INCOME</b>					
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$430,474	(\$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	\$430,474	(\$1,096,877)
	<b>SURPLUS</b>					
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$10,320,392	\$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	\$10,320,392	\$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 to which could impact the amounts reported and disclosed herein.

C. Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratably over the terms of the applicable reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as marketing, are charged to operations as incurred.

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) The Company does not anticipate investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while the management believes the

## **Notes to Financial Statement**

amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

- (12) The company has not modified its capitalization policy from the prior period.
- (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**

As of June 30, 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**

The Company had 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	\$410,953	\$410,931	\$22	—	\$410,953	1.8%	1.9%
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	\$410,953	\$410,931	\$22	—	\$410,953	1.8%	1.9%

(2)-(4) Not applicable.

K-R. Not applicable.

## 6. Joint Ventures, Partnerships, and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

## 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

The Company had no Derivative Instruments in 2019.

## 9. Income Taxes

### A.

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

		Description			6/30/2019			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	\$160,135	—	\$160,135	\$250,535	—	\$250,535	(\$90,400)	—	—	(\$90,400)		
(b)	Statutory Valuation Allowance Adjustments	\$160,135	—	\$160,135	\$250,535	—	\$250,535	(\$90,400)	—	—	(\$90,400)		
(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	6/30/2019			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.									

## Notes to Financial Statement

(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.								
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	49,982%	53,102%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$10,320,392	\$10,964,689

B-D. Not applicable.

E. At June 30, 2019, the Company had unused operating loss carryforwards available to offset against future taxable income of \$404,948. The origination and expiration of the carryforwards are as follows:

<u>Amount</u>	<u>Origination Date</u>	<u>Expiration Date</u>
\$404,948	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:

<b>Fiscal Year Ended</b>	<b>Amount</b>
2018	\$ 12,061,566
2019	\$ 0
Total at June 30, 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 \$353,999 to its various affiliates as of June 30, 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.

## **Notes to Financial Statement**

- 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**

The Company had no Debt in 2019.

### **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 400,000 shares, with a par value of \$0.01 authorized, issued and outstanding as of June 30, 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)-(8) Not applicable.
- (9) Changes in balances of special surplus funds from the prior year of \$172,210 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**

# Notes to Financial Statement

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.

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.

# Notes to Financial Statement

## A. Fair Value

## (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
<b>a. Assets at fair value</b>				
<b>Perpetual Preferred stock</b>				
Industrial and Misc				
Parent, Subsidiaries and Affiliates				
<b>Total Perpetual Preferred Stocks</b>				
<b>Bonds</b>				
U.S. Governments				
Industrial and Misc				
Hybrid Securities				
Parent, Subsidiaries and Affiliates				
<b>Total Bonds</b>				
<b>Common Stock</b>				
Industrial and Misc				
Parent, Subsidiaries and Affiliates				
<b>Total Common Stocks</b>				
<b>Derivative assets</b>				
Interest rate contracts				
Foreign exchange contracts				
Credit contracts				
Commodity futures contracts				
Commodity forward contracts				
<b>Total Derivatives</b>				
Cash Equivalents & Short Term Investments				
Other MM Mutual Fund				
Receivables for Securities				
Separate account assets				
<b>Total assets at fair value</b>				
<b>b. Liabilities at fair value</b>				
Derivative liabilities				
<b>Total liabilities at fair value</b>				

- (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 six months ended June 30, 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 six months ended June 30, 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

# **Notes to Financial Statement**

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 June 30, 2019:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$414,018	\$410,953	\$0	\$414,018	\$0	\$0	\$0
<b>Total</b>	<b>\$414,018</b>	<b>\$410,953</b>	<b>\$0</b>	<b>\$414,018</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

D. Not applicable.

E. Not applicable.

## **21. Other Items**

A. Unusual or Infrequent Items

Not applicable.

B. Troubled Debt Restructuring: Debtors

Not applicable.

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 August 15, 2019 for the statutory quarterly 2019 statements issued on August 15, 2019.

### Type II – Unrecognized Subsequent Events:

## Notes to Financial Statement

There have been no Type II events. Subsequent Events have been considered through August 15, 2019 for the statutory quarterly 2019 statements issued on August 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 June 30, 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 \$172,210. 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 June 30, 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	\$172,210	-
C.	ACA fee assessment paid	-	-
D.	Premium written subject to ACA 9010 assessment	\$9,808,741	-
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$10,320,392	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$10,148,182	
G.	Authorized Control Level (Five-Year Historical Line 15)	\$20,648	
H.	Would reporting the ACA assessment as of June 30, 2019 have triggered an RBC action level (YES/NO)?	No	

## 23. Reinsurance

#### A. Ceded Reinsurance Report

## Section 1 – General Interrogatories

(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, officer, 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 \$2,603,733. (both private reinsurance and the Transitional Reinsurance Program).

## Notes to Financial Statement

(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 (\$2,358,924).

(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. Uncollectible Reinsurance

Not applicable.

#### C. Commutation of Reinsurance

Not applicable.

#### D. Certified Reinsurer Downgraded or Status Subject to Revocation

Not applicable.

### **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

(1) 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

(2) 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	\$4,748
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$4,511,352
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(\$4,511,352)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	(\$4,748)
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									C	-
1.Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	D	-
2.Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	E	-
3.Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	F	-
4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-	-	-	-	-	-	-	-	G	-
5.Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	H	-
6.Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	I	-
7.Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-
c. Temporary ACA Risk Corridors Program										
1.Accrued retrospective premium	-	-	-	-	-	-	-	-	J	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-
3.Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions	-	-	-	-	-	-	-	-	-	-

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

**Notes to Financial Statement**

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									A		
1.Accrued retrospective premium	-	-	-	-	-	-	-	-		-	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	B	-	-
b.2015									C	-	-
1.Accrued retrospective premium	-	-	-	-	-	-	-	-		-	-
2.Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	D	-	-
c. 2016									E	-	-
1.Accrued retrospective premium	-	-	-	-	-	-	-	-		-	-
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**

The Company had no Intercompany Pooling Arrangements in 2019

**27. Structured Settlements**

The Company had no Structured Settlement in 2019.

**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
6/30/2019	\$124,158	-	-	-	-
3/31/2019	\$94,768	\$129,893	-	-	-

**B. Risk-Sharing Receivables**

STATEMENT AS OF **June 30, 2019** OF THE Oscar Buckeye State Insurance Corporation  
**Notes to Financial Statement**

Not applicable.

**29. Participating Policies**

The Company had no Participating Policies in 2019.

**30. Premium Deficiency Reserves**

(1)	Liability carried for premium deficiency reserves	<u>\$0</u>
(2)	Date of the most recent evaluation of this liability	<u>6/30/2019</u>
(3)	Was anticipated investment income utilized in this calculation?	<u>No</u>

**31. Anticipated Salvage and Subrogation**

The Company had no Salvage and Subrogation in 2019.

**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 [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 [ ]  No [X]  
3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
 Yes [ ]  No [X]  
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 Name of Entity	2 NAIC Company Code	3 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.  
 Yes [ ]  No [X]  
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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

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).  
 Yes [ ]  No [X]  
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  
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]  
14.2 If yes, please complete the following:  
.....

## GENERAL INTERROGATORIES (Continued)

		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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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:

- The security was purchased prior to January 1, 2018 .
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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	.....	52.387%
1.2 A&H cost containment percent	.....	3.748%
1.3 A&H expense percent excluding cost containment expenses	.....	44.737%

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
<b>Accident and Health - Non-affiliates</b>								
23680 .....	47-0698507 .....	01/01/2019 .....	ODYSSEY REINS CO .....	CT .....	SSL/A/I .....	Authorized .....		
20087 .....	47-0355979 .....	06/30/2019 .....	NATIONAL IND CO .....	NE .....	QA/A/I .....	Authorized .....		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS****Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 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 .....	9,808,741							9,808,741
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) .....	XXX .....								
59. Subtotal .....	XXX .....	9,808,741							9,808,741
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. Total (Direct Business) .....	XXX .....	9,808,741							9,808,741

**DETAILS OF WRITE-INS**

58001. ....	XXX .....								
58002. ....	XXX .....								
58003. ....	XXX .....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....								

(a) Active Status Counts:

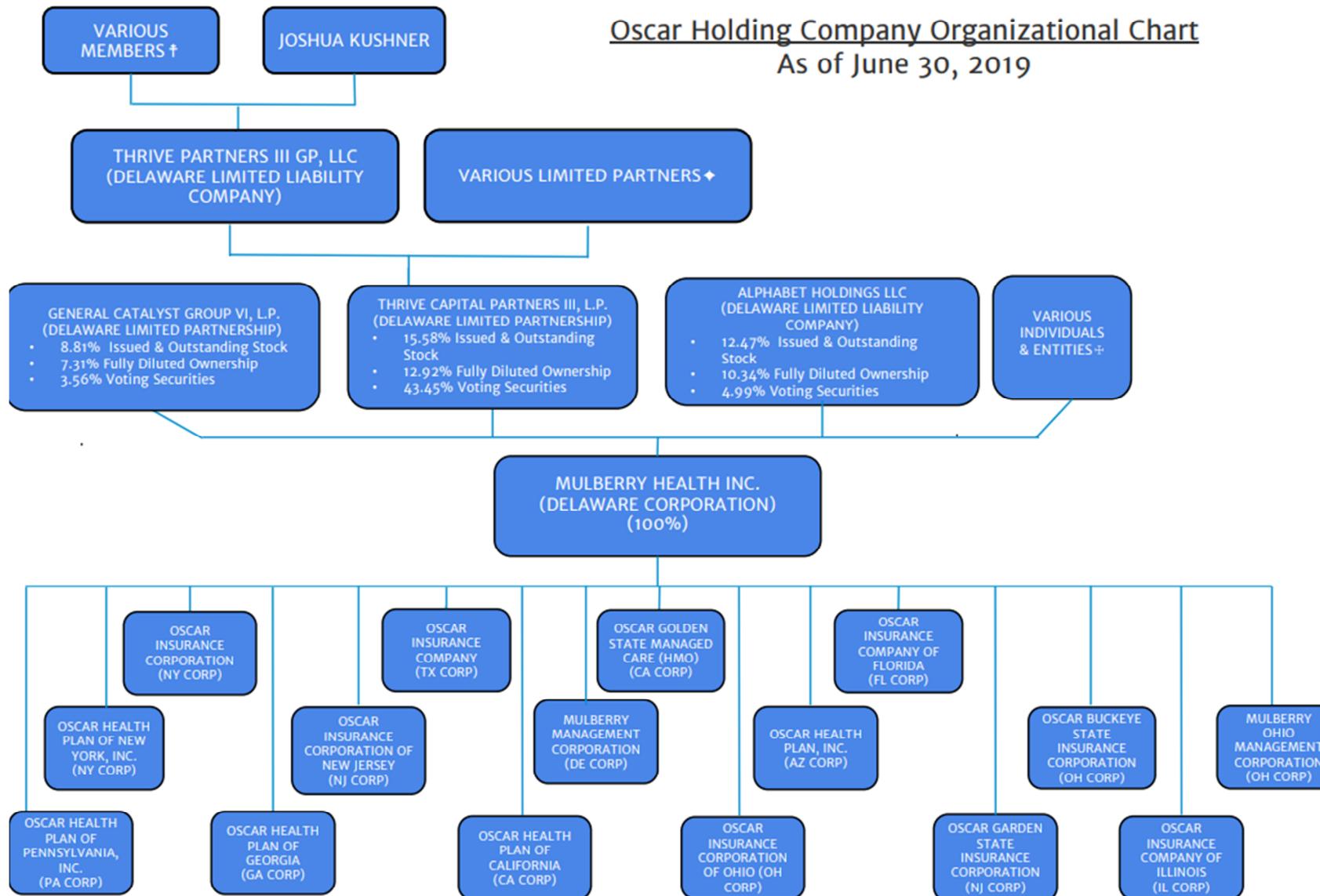
L Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 E Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 N None of the above Not allowed to write business in the state

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



# 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?	*
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 Corporation .....	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 .....	16597	832766385	.....	.....	Oscar Health Plan of New York, Inc. ....	NY .. IA ..	Mulberry Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	N ..	.....		
4818 ..	Mulberry Health .....	16590	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 ..	.....		

Q16

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.

### RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2019

Document Code: 365

1641620193650002



STATEMENT AS OF **June 30, 2019** OF THE **Oscar Buckeye State Insurance Corporation**  
**SCHEDULE A - VERIFICATION**  
**Real Estate**

	1 Year To Date	2 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 Year To Date	2 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 Year To Date	2 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	..... 410,931	..... 410,913
2. Cost of bonds and stocks acquired .....	..... 22	..... 18
3. Accrual of discount .....	.....	.....
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) .....	..... 410,953	..... 410,931
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	..... 410,953	..... 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
<b>BONDS</b>								
1. NAIC 1 (a) .....	410,942	.....	.....	11	410,942	410,953	.....	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 .....	410,942	.....	.....	11	410,942	410,953	.....	410,931
<b>PREFERRED STOCK</b>								
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 .....	410,942	.....	.....	11	410,942	410,953	.....	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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of cash equivalents acquired .....	14,044,233	
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) .....	14,044,233	
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	14,044,233	

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
E04 Schedule D Part 3 .....	NONE
E05 Schedule D Part 4 .....	NONE
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			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
State Street .....										XXX
Bank of America .....	New York, NY .....									XXX
0199998 Deposits in .....	0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....	XXX	XXX ..			5,394	5,394	5,394	XXX
0199999 Totals - Open Depositories .....			XXX	XXX ..			2,668,976	3,397,932	4,117,129	XXX
0299998 Deposits in .....	0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories .....			XXX	XXX ..						XXX
0399999 Total Cash On Deposit .....			XXX	XXX ..			2,668,976	3,397,932	4,117,129	XXX
0499999 Cash in Company's Office .....			XXX	XXX ..	XXX	XXX ..				XXX
0599999 Total Cash .....			XXX	XXX ..			2,668,976	3,397,932	4,117,129	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Cusip	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
09248U700	BLACKROCK LIQUIDITY FEDFUNDS PORTFO		06/30/2019	2.340	XXX	14,044,233		44,233
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					14,044,233		44,233
8899999	Total - Cash Equivalents					14,044,233		44,233

## **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)  
    Realized; Q4  
    Unrealized; Q4; Q5  
Capital Stock; Q3; Q10, Note 13  
Capital Notes; Q6; Q10, Note 11  
Caps; QE06; QSI04  
Cash; Q2; Q6; QE12  
Cash Equivalents; Q2; Q6; QE13  
Claims; Q3; Q4; Q8; Q9  
Collars; QE06; QSI04  
Commissions; Q6  
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2  
Cost Containment Expenses; Q4  
Contingencies; Q10, Note 14  
Counterparty Exposure; Q10, Note 8; QE06; QE08  
Debt; Q10, Note 11  
Deferred Compensation; Q10, Note 12  
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08  
Discontinued Operations; Q10, Note 4  
Electronic Data Processing Equipment; Q2  
Encumbrances; Q2; QSI01; QE01  
Emergency Room; Q4  
Expenses; Q3; Q4; Q6  
Extinguishment of Liabilities; Q10, Note 17  
Extraordinary Item; Q10, Note 21  
Fair Value; Q7, Note 20  
Fee for Service; Q4  
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05  
Forwards; QE06; QSI04  
Furniture, Equipment and Supplies; Q2  
Guaranty Fund; Q2  
Health Care Receivables; Q2; Q9; Q10, Note 28  
Holding Company; Q16  
Hospital/Medical Benefits; Q4  
Incentive Pools; Q3; Q4; Q8; Q9  
Income; Q4; Q5; Q6  
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9  
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25  
Intercompany Pooling; Q10, Note 26  
Investment Income; Q10, Note 7  
    Accrued; Q2  
    Earned; Q2; QSI03  
    Received; Q6  
Investments; Q10, Note 5; Q11.1; Q11.2; QE08  
Joint Venture; Q10, Note 6  
Leases; Q10, Note 15  
Limited Liability Company (LLC); Q10, Note 6  
Limited Partnership; Q10, Note 6  
Long-Term Invested Assets; Q2; QE03  
Managing General Agents; Q10, Note 19  
Medicare Part D Coverage; QSupp1  
Member Months; Q4; Q7  
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02  
Nonadmitted Assets; Q2; Q5; QSI01; QSI03  
Off-Balance Sheet Risk; Q10, Note 16  
Options; QE06; QSI04  
Organizational Chart; Q11; Q14  
Out-of-Area; Q4  
Outside Referrals; Q4  
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1  
Participating Policies; Q10, Note 29  
Pharmaceutical Rebates; Q10, Note 28  
Policyholder Dividends; Q5; Q6  
Postemployment Benefits; Q10, Note 12  
Postretirement Benefits; Q10, Note 12  
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

## **INDEX TO HEALTH QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

    Advance; Q3

    Collected; Q6

    Deferred; Q2

    Direct; Q7; Q13

    Earned; Q7

    Retrospective; Q2

    Uncollected; Q2

    Unearned; Q4

    Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

    Ceded; Q3; Q12

    Funds Held; Q2

    Payable; Q3

    Premiums; Q3

    Receivable; Q2; Q4

    Unauthorized; Q3; Q5

Reserves

    Accident and Health; Q3; Q4

    Claim; Q3; Q5; Q8

    Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8