

## **Amended Explanation Page**

The Company is admending its financial statements based on comments from the Ohio Department of Insurance. The schedules being refiled are the:

Liabilities, Capital and Surplus  
General Interrogatories  
Notes to Financial Statements



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2019

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**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2019**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Oscar Insurance Corporation of Ohio**

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16202	Employer's ID Number	36-4859637
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]				
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018		
Statutory Home Office	1300 East 9th St (Street and Number)		Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)			
Main Administrative Office	75 Varick Street, 5th Floor (Street and Number)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
			(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	75 Varick Street, 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 Street, 5th Floor (Street and Number)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
			(646)403-3677 (Area Code) (Telephone Number)			
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 & Strategy Officer
Sid Sankaran	Chief Financial Officer #
Dennis Weaver	Chief Clinical Officer
Meghan Joyce	Chief Operating Officer #
Isaac Council	Chief Technology Officer #

**OTHERS**

Harold Greenberg, Corporate Secretary #

**DIRECTORS OR TRUSTEES**

Mario Schlosser	Kareem Zaki
Joel Cutler	Joel Klein
Dennis Weaver	Jed Feldman #
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 the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)

Meghan Joyce

(Printed Name)

1.

Chief Operating Officer

(Title)

(Signature)

Sid Sankaran

(Printed Name)

2.

Chief Financial Officer

(Title)

(Signature)

Mario Schlosser

(Printed Name)

3.

Chief Executive Officer

(Title)

Subscribed and sworn to before me this

day of \_\_\_\_\_, 2020

a. Is this an original filing?

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[ ] No[X]

1

03/11/2020

20

(Notary Public Signature)

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....4,112 reinsurance ceded) .....	8,600,605		8,600,605	9,034,769
2. Accrued medical incentive pool and bonus amounts .....	3,575,999		3,575,999	.....
3. Unpaid claims adjustment expenses .....	159,348		159,348	176,450
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	4,084		4,084	.....
5. Aggregate life policy reserves .....				.....
6. Property/casualty unearned premium reserves .....				.....
7. Aggregate health claim reserves .....	550,515		550,515	600,390
8. Premiums received in advance .....	1,295,771		1,295,771	2,099,881
9. General expenses due or accrued .....	1,466,629		1,466,629	1,695,244
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				26,532
10.2 Net deferred tax liability .....				.....
11. Ceded reinsurance premiums payable .....	103,083		103,083	108,541
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 .....				1,721,325
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) .....	15,756,034		15,756,034	15,463,132
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	1,653,966	.....
26. Common capital stock .....	XXX	XXX	100	100
27. Preferred capital stock .....	XXX	XXX	.....	.....
28. Gross paid in and contributed surplus .....	XXX	XXX	31,909,900	25,909,900
29. Surplus notes .....	XXX	XXX	.....	.....
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	.....	.....
31. Unassigned funds (surplus) .....	XXX	XXX	(1,626,790)	(4,583,265)
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	31,937,176	21,326,735
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	47,693,210	36,789,867
<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. ACA 9010 Data .....	XXX	XXX	1,653,966	.....
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	1,653,966	.....
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	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Policies**

The financial statements of Oscar Insurance Corporation of Ohio are present on the bases of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	Twelve Months Ended December 31, 2019	Twelve Months Ended December 31, 2018
<b>NET INCOME:</b>					
(1) Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$4,987,157	-\$2,052,337
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$4,987,157	-\$2,052,337
<b>SURPLUS</b>					
(5) Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$31,937,176	\$21,326,735
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$31,937,176	\$21,326,735

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

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. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing are charged to operations as incurred.

In addition, The Company used the following accounting policies:

- (1) Short-term investments are stated at amortized cost
- (2) Bonds not backed by other loans are stated at amortized costs 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 management believes the 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 liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from 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 December 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.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**2. Accounting Changes and Corrections of Errors**

The Company had no Accounting Changes or Corrections of Errors in 2019 or 2018.

**3. Business Combinations and Goodwill**

The Company had no Business Combinations or Goodwill in 2019 or 2018.

**4. Discontinued Operations**

The Company had no discontinued operations in 2019 or 2018.

**5. Investments**

A-K. Not applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted ) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted ) Restricted to Total Assets (a)	7 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 reverse 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	\$ 418,996	\$ 416,925	\$ 2,071		418,996	0.85%	0.88%
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	\$ 418,996	\$ 416,925	\$ 2,071		\$ 418,996	0.85%	0.88%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2)-(4) Not applicable

M-Q. 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 and Limited Liability Companies during the statement periods.

**7. Investment Income**

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

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.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**8. Derivative Instruments**

The Company had no Derivative Instruments in 2019 or 2018.

**9. Income Taxes**

A

(1) The components of the net deferred tax asset/(liability) at December 31, 2019 are as follows:

	Description	12/31/2019			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	\$633,703		633,703	\$723,944		723,944	(90,241)	—	(90,241)
(b)	Statutory Valuation Allowance Adjustments	\$0		—	\$722,281		722,281	(722,281)	—	(722,281)
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	633,703		633,703	1,663		1,663	632,040	—	632,040
(d)	Deferred Tax Assets Nonadmitted	71,966		71,966			—	71,966	—	71,966
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	561,737		561,737	1,663		1,663	560,074	—	560,074
(f)	Deferred Tax Liabilities	561,737		561,737	1,663		1,663	560,074	—	560,074
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e -	—		—	—		—	—	—	—

(2) Admission Calculation Components SSAP No. 101

No Significant Change

	Description	12/31/2019			12/31/2018			Change		
		(1) Ordinary	(1) Ordinary	(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.	554,227								
(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)	7,510								
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	7,510								
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	3,567,967								
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	546,717								
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—

(3) Threshold Limitation

	2019	2018
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	759%	449%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$31,937,176	\$21,326,735

B-E. Not applicable.

F. The Company's federal income tax return will be consolidated with various operating affiliates. MHI is the ultimate filing parent.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**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	22,000,000
2019	6,000,000
<b>Total at December 31, 2019</b>	<b>28,000,000</b>

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

D. The Company was due to receive \$6,469,189 from its various affiliates as of December 31, 2019 for operating expenses paid on their behalf and capital contributions. The terms of settlement for operating expenses require that these amounts be settled 45 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**

The Company had no debt in 2019 or 2018.

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

A - I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefits plan at December 31, 2019.

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

(1) The company has 10,000 shares, with a par value of \$0.01, that are authorized, issued and outstanding as of December 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)-(8) Not applicable

(9) Changes in balances of special surplus funds from the prior year of \$1,653,966 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**

A. The Company did not have any contingent commitments at December 31, 2019 or 2018.

B. The Company did not have any contingent assessments at December 31, 2019 or 2018.

C. The Company did not have any gain contingencies at December 31, 2019 or 2018.

D. The Company did not have any claims related to extra contractual obligation and bath faith losses stemming from lawsuits at December 31, 2019 or 2018.

## Notes to Financial Statements

E. The Company did not have any product liabilities at December 31, 2019 or 2018.

F. The Company did not have any other contingencies at December 31, 2019 or 2018.

### **15. Leases**

The Company did not have any material lease obligations at December 31, 2019 or 2018.

### **16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentration of credit risk at December 31, 2019 or 2018.

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

A - C. The Company does not participate in any transfer of receivables, financial assets or wash sales.

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

A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period December 31, 2019.

B. The Company did not serve as an Administrative Services Contract (ASC) plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2019.

C. The Company did not have any Medicare or other similarly structured cost based reimbursement contracts for the period ended December 31, 2019.

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

The Company has no direct premiums written or produced by managing agents or third-party administrators.

### **20. Fair Value Measurements**

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 cash equivalents 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.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**A. Fair Value**

1. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	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 Equivalent (E-2)					
Other MM Mutual Fund					
Total Cash Equivalent (E-2)					
Separate account assets					
<b>Total assets at fair value/NAV</b>					
<b>b. Liabilities at fair value</b>					
Derivative liabilities					
<b>Total liabilities at fair value</b>					

There were no transfers between Levels 1 and 2 during the twelve months ended December 31, 2019 and the year ended December 31, 2018.

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 twelve months ended December 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 twelve months ended December 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. Fair Value Combination - Not applicable.

C. Fair Value Hierarchy at December 31, 2019.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets (Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	419,669	418,996		419,669		
Short Term						
Cash Equivalents	\$ 13,588,231	\$ 13,588,231	\$ 13,588,231			
Total	\$ 14,007,900	\$ 14,007,227	\$ 13,588,231	419669		

D. Not Practicable to Estimate Fair Value - Not applicable.

E. Investments Measured Using the NAV Practical Expedient - 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:

In February 2020, the Company received cash contributions in the amount of \$6,000,000 from Mulberry Health, Inc. which was treated as a Type I Subsequent event in accordance with SSAP No.9 *Subsequent Events*. The Company accounted for the contribution in its December 31, 2019 surplus and as a receivable from its parent company Mulberry Health, Inc.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through March 1, 2020 for the statutory annual 2019 statements issued on March 1, 2020.

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 December 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 1,653,966. 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 December 31, 2019 would not have triggered an RBC action level.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

Description

Did the reporting entity write accident and health insurance premium that is subject to

- A. Section 9010 of the Federal Affordable Care Act (YES/NO)?
- B. ACA fee assessment payable for the upcoming year
- C. ACA fee assessment paid
- D. Premium written subject to ACA 9010 assessment
- E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)
- Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)
- F. Authorized Control Level (Five-Year Historical Line 15)
- G. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)?

Current Year Prior Year

Yes

1,653,966	—
94,259,432	31,937,176
30,283,210	4,207,807

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 \$4,112 (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 \$350,541.

(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.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. No Significant Changes

B. No Significant Changes

C. No Significant Changes

D. No Significant Changes

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

**E. Risk Sharing Provisions of the Affordable Care Act (ACA)**

**1. Did the reporting entity write accident and health insurance premium that is subject**

The company had zero balances for the risk corridors program due a lack of sufficient data to estimate the recoverable amounts.

**2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year**

	<u>AMOUNT</u>
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk poll payments)	
\$23,430,616	
Liabilities	
2. Risk Adjustment user fees payable for ACA Risk Adjustment	\$18,693
3. Premium adjustments due to ACA Risk Adjustment (including high-risk poll payments)	
Operations (Revenue & Expenses)	
4. Reported as revenue in premiums for accident and health contracts (written.collected) due to ACA Risk Adjustment	
\$22,777,593	
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	-\$18,693
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 -	
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 premiums	
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 Risk Corridors	AA
Operations (Revenue & Expenses)	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

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

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

	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	Cumulative Balance from Prior Years (Col 1 - 3 +7)
	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)										
	\$ 20,064,073		\$ 19,411,050		\$ 653,023		\$ (657,369)		A	(4,346)
2.Premium - adjustments (payable) (including high risk									B	
3.Subtotal ACA Permanent Risk Adjustment Program										
	\$ 20,064,073		\$ 19,411,050		\$ 653,023		\$ (657,369)			(4,346)
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										
	\$ 20,064,073		\$ 19,411,050		\$ 653,023		\$ (657,369)			(4,346)

A. The Company received the final CMS reports.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

(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			
	1	2	3	4	5	6	7	8	Ref	Cumulative Balance from Prior Years (Col1-3 +7)	Cumulative Balance from Prior Years (Col 2-4+8)
a. 2014	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	A	9	10
									A		
									B		
									C		
									D		
									E		
b. 2015									F		
c. 2016											
d. Total for risk corridors											

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2018 were \$9,635,159. As of December 31, 2019, \$6,005,515 has been paid for insured claims attributable to insured events of the prior years. Claim adjustment expenses are assumed paid for current year. Reserves remaining for prior years are now \$88,835 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been a (\$3,540,809) unfavorable(favorable) prior-year development December 31, 2018 to December 31, 2019. The increase(decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements**

The Company had no intercompany pooling arrangements in December 31, 2019 or 2018.

**27. Structured Settlements**

The Company had no structured settlements as of December 31, 2019 or 2018.

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oscar Insurance Corporation of Ohio  
**Notes to Financial Statements**

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
12/31/2019	\$1,243,450	\$0			
9/30/2019	\$1,082,796	\$1,088,355			
6/30/2019	\$1,126,715	\$1,130,908		\$938,560	
3/31/2019	\$1,160,567	\$1,082,176		\$660,422	\$396,019
12/31/2018	\$1,114,687	\$1,031,679		\$1,058,400	
9/30/2018	\$930,062	\$850,564		\$928,438	
6/30/2018	\$866,936	\$863,224	\$621,666		\$228,991
3/31/2018	\$704,307	\$689,237	\$513,881	\$102,803	\$82,404

**B. Risk-Sharing Receivables**

Not applicable

**29. Participating Policies**

The Company did not have any participating contracts as of December 31, 2019 or 2018.

**30. Premium Deficiency Reserves**

(1) Liability carried for premium deficiency reserves	\$0
(2) Date of the most recent evaluation of this liability	12/31/2019
(3) Was anticipated investment income utilized in this calculation?	NO

**31. Anticipated Salvage and Subrogation**

The Company does not anticipate any salvage or subrogation as of December 31, 2019 or 2018.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1 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?  
 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[ ]

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?

2.2 If yes, date of change:

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

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 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.

3.3 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).

3.4 By what department or departments?

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business?  
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business?  
 4.22 renewals?

Yes[ ] No[X]  
Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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.

Yes[ ] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the 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?

6.2 If yes, give full information:

Yes[ ] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]

7.2 If yes,  
 7.21 State the percentage of foreign control ..... 0.000%  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

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?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

Yes[ ] No[X]

Yes[ ] No[X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  
 10.2 If response to 10.1 is yes, provide information related to this exemption:  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  
 10.4 If response to 10.3 is yes, provide information related to this exemption:  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[ ] No[X]

Yes[ ] No[X]

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Fausto Palazzetti (Chief Actuary) 75 Varick Street 5th Floor, New York, NY 10013

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[ ] No[X]

12.11 Name of real estate holding company

**GENERAL INTERROGATORIES (Continued)**

12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... 0  
 12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  
 13.3 Have there been any changes made to any of the trust indentures during the year?  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

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

14.1 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?  
 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.

Yes[X] No[ ]

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

Yes[ ] No[X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[ ] No[X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[ ] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers ..... \$ ..... 0  
 20.12 To stockholders not officers ..... \$ ..... 0  
 20.13 Trustees, supreme or grand (Fraternal only) ..... \$ ..... 0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers ..... \$ ..... 0  
 20.22 To stockholders not officers ..... \$ ..... 0  
 20.23 Trustees, supreme or grand (Fraternal only) ..... \$ ..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[ ] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others ..... \$ ..... 0  
 21.22 Borrowed from others ..... \$ ..... 0  
 21.23 Leased from others ..... \$ ..... 0  
 21.24 Other ..... \$ ..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[ ] No[X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment ..... \$ ..... 0  
 22.22 Amount paid as expenses ..... \$ ..... 0  
 22.23 Other amounts paid ..... \$ ..... 0

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

Yes[X] No[ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ ..... 6,000,000

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ ..... 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

\$ ..... 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

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

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

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

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

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

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

\$ ..... 0

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ ..... 0

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

**GENERAL INTERROGATORIES (Continued)**

24.103 Total payable for securities lending reported on the liability page.

\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes[X] No[ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ ..... 420,917
25.22 Subject to reverse repurchase agreements	\$ ..... 0
25.23 Subject to dollar repurchase agreements	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements	\$ ..... 0
25.25 Placed under option agreements	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ ..... 0
25.27 FHLB Capital Stock	\$ ..... 0
25.28 On deposit with states	\$ ..... 420,917
25.29 On deposit with other regulatory bodies	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ ..... 0
25.32 Other	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

26.2 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.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[ ] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108	Yes[ ] No[X]
26.42 Permitted Accounting Practice	Yes[ ] No[X]
26.43 Other Accounting Guidance	Yes[ ] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:

Yes[ ] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[ ] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ ..... 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

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

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

28.02 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)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[ ] No[X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

28.05 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
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[ ] No[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[ ] No[X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

## GENERAL INTERROGATORIES (Continued)

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
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[ ] No[X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total .....		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	418,996	419,669	673
30.2 Preferred stocks .....			
30.3 Totals .....	418,996	419,669	673

30.4 Describe the sources or methods utilized in determining the fair values:  
Third Party (Clearwater)

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[ ] N/A[ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]

32.2 If no, list exceptions:

33. By self-designation 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]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an 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]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

## OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

## GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....	.....

37.1 Amount of payments for legal expenses, if any? \$..... 0  
 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 0  
 38.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

	Yes [ ] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	93,611,707	
2.2 Premium Denominator .....	93,611,707	86,276,057
2.3 Premium Ratio (2.1 / 2.2) .....	1.000	
2.4 Reserve Numerator .....	8,151,120	
2.5 Reserve Denominator .....	12,731,203	9,635,159
2.6 Reserve Ratio (2.4 / 2.5) .....	0.640	

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ ] No [X]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 500,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	1,756
8.2 Number of providers at end of reporting year	2,948

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	\$..... 0
9.22 Business with rate guarantees over 36 months	\$..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 0
10.22 Amount actually paid for year bonuses	\$..... 0
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or	Yes [ ] No [X]
11.14 A Mixed Model (combination of above)?	Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio	\$..... 0
------	-----------

11.4 If yes, show the amount required.

\$..... 1,710,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Cuyahoga County .....
Lake County .....
Lorain County .....
Medina County .....
Summit County .....

13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

**GENERAL INTERROGATORIES (Continued)**

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written  
15.2 Total incurred claims  
15.2 Number of covered lives

\$ ..... 0  
\$ ..... 0  
..... 0

\*Ordinary Life Insurance Includes

Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

16.1 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]

Yes[ ] No[X]