

## **Amended Explanation Page**

The Company is amending its Summary Investment Schedule for December 31, 2019 to agree to Asset schedule.



16416201920100105

2019

Document Code: 201

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

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16416	Employer's ID Number	82-5264817
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]				
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 Website Address	hioscar.com		(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 and Strategy Officer
Sid Sankaran	Chief Financial Officer
Dennis Weaver	Chief Clinical Officer
Meghan Joyce	Chief Operating Officer
Isaac Councill	Chief Technology Officer

**OTHERS**

Harold Greenberg, Secretary #

**DIRECTORS OR TRUSTEES**

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

State of New York  
 County of New York ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of 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)  
 Joel Klein  
 (Printed Name)  
 1.  
 Chief Policy and Strategy 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]

3

06/10/2020

1

(Notary Public Signature)