

Amended Explanation Page

The Company is amending certain schedules of its December 31, 2019 financial statments.



For the Year Ending DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

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] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	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)			
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Aaron Crawford (Name)		(646)403-3677 (Area Code)(Telephone Number)(Extension)			
	acrawford@hioscar.com (E-Mail Address)		(212)226-1283 (Fax Number)			

OFFICERS

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & 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)	(Signature)	(Signature)
Joel Klein	Sid Sankaran	Mario Schlosser
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Policy & Strategy Officer	Chief Financial Officer	Chief Executive Officer
(Title)	(Title)	(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] <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div>
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(Notary Public Signature)

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	16,380,784		16,380,784
2. Accident and health premiums due and unpaid (Line 15)	23,485,637		23,485,637
3. Amounts recoverable from reinsurers (Line 16.1)	314,633	(314,633)	
4. Net credit for ceded reinsurance	X X X	215,662	215,662
5. All other admitted assets (Balance)	8,661,485		8,661,485
6. TOTAL Assets (Line 28)	48,842,539	(98,971)	48,743,568
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,600,605	4,112	8,604,717
8. Accrued medical incentive pool and bonus payments (Line 2)	3,575,999		3,575,999
9. Premiums received in advance (Line 8)	1,502,932		1,502,932
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,283,659	(103,083)	2,180,576
15. TOTAL Liabilities (Line 24)	15,963,195	(98,971)	15,864,224
16. TOTAL Capital and Surplus (Line 33)	32,879,344	X X X	32,879,344
17. TOTAL Liabilities, Capital and Surplus (Line 34)	48,842,539	(98,971)	48,743,568
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	4,112		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables	314,633		
23. TOTAL Ceded Reinsurance Recoverables	318,745		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	103,083		
30. TOTAL Ceded Reinsurance Payables/Offsets	103,083		
31. TOTAL Net Credit for Ceded Reinsurance	215,662		