



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] 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 Councill	Chief Technology Officer #

OTHERS

Bruce Gottlieb, Corporate Secretary #

DIRECTORS OR TRUSTEES

Mario Schlosser	Kareem Zaki
Joel Cutler	Joel Klein
Dennis Weaver	Bruce Gottlieb

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[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	55,023					55,023
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	55,023					55,023

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
.....	447,745	351,038	444,667	1,454,487	1,454,487	1,243,450
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	447,745	351,038	444,667	1,454,487	1,454,487	1,243,450
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	5,949					5,949
0699999 Subtotal - Other Receivables	5,949					5,949
0799999 Gross health care receivables	453,694	351,038	444,667	1,454,487	1,454,487	1,249,399

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables	2,298,233	1,995,001	373,379	2,324,558	2,671,612	2,004,263
2.	Claim overpayment receivables						
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	6,186			5,949	6,186	6,186
7.	TOTALS (Lines 1 through 6)	2,304,419	1,995,001	373,379	2,330,507	2,677,798	2,010,449

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,650,156	3,292	769		538	1,654,755
0499999 Subtotals	1,650,156	3,292	769		538	1,654,755
0599999 Unreported claims and other claim reserves						6,949,962
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						8,604,717
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,575,999

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Mulberry Management Corporation	465,977					465,977	
Oscar Insurance Corporation	3,212					3,212	
Oscar Insurance Company	25,000					25,000	
Mulberry Health Inc	6,000,000					6,000,000	
0199999 Total - Individually listed receivables	6,494,189					6,494,189	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	6,494,189					6,494,189	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Oscar Insurance Company		25,000	25,000	
0199999 Total - Individually Listed Payables	X X X	25,000	25,000	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	25,000	25,000	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	149,996	0.194	9,601	100.000		149,996
4. TOTAL Capitation Payments	149,996	0.194	9,601	100.000		149,996
Other Payments:						
5. Fee-for-service	77,252,676	99.806	X X X	X X X		77,252,676
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	77,252,676	99.806	X X X	X X X		77,252,676
13. TOTAL (Line 4 plus Line 12)	77,402,672	100.000	X X X	X X X		77,402,672

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 4818 NAIC Company Code 16202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	10,142	10,142								
2. First Quarter	10,527	10,527								
3. Second Quarter	10,565	10,565								
4. Third Quarter	10,101	10,101								
5. Current Year	9,601	9,601								
6. Current Year Member Months	124,292	124,292								
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	10,654	10,654								
8. Non-Physician	2,667	2,667								
9. TOTAL	13,321	13,321								
10. Hospital Patient Days Incurred	4,267	4,267								
11. Number of Inpatient Admissions	814	814								
12. Health Premiums Written (b)	94,259,432	94,259,432								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	94,259,432	94,259,432								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	77,402,672	77,402,672								
18. Amount Incurred for Provision of Health Care Services	77,289,307	77,289,307								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4818 NAIC Company Code 16202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	10,142	10,142								
2. First Quarter	10,527	10,527								
3. Second Quarter	10,565	10,565								
4. Third Quarter	10,101	10,101								
5. Current Year	9,601	9,601								
6. Current Year Member Months	124,292	124,292								
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	10,654	10,654								
8. Non-Physician	2,667	2,667								
9. TOTAL	13,321	13,321								
10. Hospital Patient Days Incurred	4,267	4,267								
11. Number of Inpatient Admissions	814	814								
12. Health Premiums Written (b)	94,259,432	94,259,432								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	94,259,432	94,259,432								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	77,402,672	77,402,672								
18. Amount Incurred for Provision of Health Care Services	77,289,307	77,289,307								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
23680	47-0698507 ...	01/01/2019	ODYSSEY REINS CO	 CT	 314,633	 4,112
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					 314,633	 4,112
2199999 Total - Accident and Health - Non-Affiliates					 314,633	 4,112
2299999 Total - Accident and Health					 314,633	 4,112
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					 314,633	 4,112
9999999 Total (Sum of 1199999 and 2299999)					 314,633	 4,112

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	SSL/I	CMM	647,725						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							647,725						
1099999 Total - General Account - Authorized - Non-Affiliates							647,725						
1199999 Total - General Account Authorized							647,725						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							647,725						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							647,725						
9999999 Total (Sum of 3499999 and 6899999)							647,725						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
9999999 Total (Sum of 2399999 and 3499999)									 X X X ...	.....	.....	.....	.....	.....

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....				

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Com- pany Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- ciliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)								
															16	17	18	19	20	21					22							
															Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other					Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)							
9999999 Total (Sum of 2399999 and 3499999)																																

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....				

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	648	676			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	315	199			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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)	16,173,626		16,173,626
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)	7,719,314		7,719,314
6. TOTAL Assets (Line 28)	47,693,210	(98,971)	47,594,239
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)	1,295,771		1,295,771
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)	15,756,034	(98,971)	15,657,063
16. TOTAL Capital and Surplus (Line 33)	31,937,176	X X X	31,937,176
17. TOTAL Liabilities, Capital and Surplus (Line 34)	47,693,210	(98,971)	47,594,239
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		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4818	Mulberry Health	15585	471142944	.....	.....	.....	Oscar Insurance Corporation of New Jersey	.. NJ .	... IA ...	Mulberry Health Inc.	Ownership	 100.0	Joshua Kushner	... N ....	.....
4818	Mulberry Health	15281	462043136	.....	.....	.....	Oscar Insurance Corporation	.. NY .	... IA ...	Mulberry Health Inc.	Ownership	 100.0	Joshua Kushner	... N ....	.....
4818	Mulberry Health	15777	473185443	.....	.....	.....	Oscar Insurance Company	.. TX .	... IA ...	Mulberry Health Inc.	Ownership	 100.0	Joshua Kushner	... N ....	.....
4818	Mulberry Health	15829	473103726	.....	.....	.....	Oscar Health Plan of California	.. CA .	... IA ...	Mulberry Health Inc.	Ownership	 100.0	Joshua Kushner	... N ....	.....
4818	Mulberry Health	00000	473979452	.....	.....	.....	Mulberry Management 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 .	... RE ..	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 .	... IA ...	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	16634	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 ....	.....

41

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH					6,469,189				6,469,189	
15281	46-2043136	OSCAR INS CORP					6,341,975				6,341,975	
00000	46-1315570	Mulberry Health Inc					(58,250,968)				(58,250,968)	
00000	47-3979452	Mulberry Management Corporation					41,194,167				41,194,167	
15829	47-3103726	OSCAR HLTH PLAN OF CA					(2,619,926)				(2,619,926)	
15777	47-3185443	OSCAR INS CO OF TX					890,784				890,784	
15585	47-1142944	OSCAR INS CORP OF NJ					(88,253)				(88,253)	
16231	37-1867604	OSCAR GARDEN STATE INS CORP					2,080,090				2,080,090	
16337	82-4782428	OSCAR HLTH PLAN INC					(293,596)				(293,596)	
16374	82-5440359	OSCAR INS CO OF FL					3,758,008				3,758,008	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP					98,426				98,426	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC					(33,062)				(33,062)	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC					407,167				407,167	
16634	83-3894406	OSCAR HLTH PLAN OF GA					45,999				45,999	
00000	30-1007548	Mulberry Ohio Management Corporation										
00000	00-0000000	OSCAR GOLDEN STATE MANAGED CARE										
00000	83-3549419	OSCAR INSURANCE COMPANY OF ILLINOIS										
00000	00-0000000	MULBERRY INSURANCE AGENCY, INC										
00000	00-0000000	OSCAR MANAGED CARE OF SOUTH FLORIDA, INC										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes
- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes
- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes
- AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
- APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

No
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

No
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

No
- AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16202201922600000

2019

Document Code: 226

LTC Supplemental Interrogatories



16202201930600000

2019

Document Code: 306

Health Life Supplement - April



16202201921100000

2019

Document Code: 211

Supplemental Health Care Exhibit



16202201921600000

2019

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



16202201921700000

2019

Document Code: 217

LHA Guaranty Association Reconciliation



16202201929000000

2019

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16202201930000000

2019

Document Code: 300

Management's Report of Internal Control over Financial Reporting



16202201922300000

2019

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

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