

# Amended Explanation Page

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



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] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
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	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		75 Varick St. 5th Floor (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	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		75 Varick St, 5th floor (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)	
Internet Website Address	hioscar.com					
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 Office #
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	(Signature) Sid Sankaran	(Signature) Mario Schlosser
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chief Policy and Stragegy Officer	Chief Financial Officer	Chief Executive Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[ ] No[X]
day of , 2020	b. If no:	2
	1. State the amendment number	04/10/2020
	2. Date filed	38
	3. Number of pages attached	

(Notary Public Signature)

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 .....	97,293					98,426	
Oscar New York .....	1,133						
0199999 Total - Individually listed receivables .....	98,426					98,426	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	98,426					98,426	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Mulberry Health, Inc. ....		108,833	108,833	
0199999 Total - Individually Listed Payables .....	X X X	108,833	108,833	
0299999 Payables not Individually Listed .....	X X X			
0399999 TOTAL Gross Payables .....	X X X	108,833	108,833	

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													
20087	47-0355979	06/30/2019	NATIONAL IND CO	NE	QA/I	CMM	7,831,265						
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	SSL/I	CMM	249,849						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							8,081,114						
1099999 Total - General Account - Authorized - Non-Affiliates							8,081,114						
1199999 Total - General Account Authorized							8,081,114						
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							8,081,114						
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													
Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates													
6499999 Subtotal - Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates													
6699999 Total - Separate Accounts - Certified - Non-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)							8,081,114						
9999999 Total (Sum of 3499999 and 6899999)							8,081,114						

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	8,081				
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	5,571				
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	22,571,225		22,571,225
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....	5,571,473	(5,571,473)	
4. Net credit for ceded reinsurance .....	X X X	7,372,849	7,372,849
5. All other admitted assets (Balance) .....	1,197,789	(942,586)	255,203
6. TOTAL Assets (Line 28) .....	29,340,487	858,790	30,199,277
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	999,084	858,790	1,857,874
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	526,254		526,254
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) .....	18,591,005	(9,478,680)	9,112,325
15. TOTAL Liabilities (Line 24) .....	20,116,343	(8,619,890)	11,496,453
16. TOTAL Capital and Surplus (Line 33) .....	9,224,144	X X X	9,224,144
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	29,340,487	(8,619,890)	20,720,597
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	858,790		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	5,571,473		
22. Other ceded reinsurance recoverables .....	942,586		
23. TOTAL Ceded Reinsurance Recoverables .....	7,372,849		
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 .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....	7,372,849		