



16416201920100100

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			
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	295 Lafayette Street New York, NY, US 10012 (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	295 Lafayette Street (Street and Number or P.O. Box)		New York, NY, US 10012 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	295 Lafayette Street New York, NY, US 10012 (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)			
Internet Website Address	hioscar.com		(212)226-1283 (Fax Number)			
Statutory Statement Contact	Aaron Crawford (Name) acrawford@hioscar.com (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension)			

**OFFICERS**

Name	Title	
Mario Schlosser	Chief Executive Officer	
Joel Klein	Chief Policy and Strategy Officer	#
Alan Warren	Chief Technology Officer	
Dennis Weaver	Chief Clinical Officer	#

**OTHERS**

Bruce Gottlieb, Secretary #

**DIRECTORS OR TRUSTEES**

Mario Schlosser  
Dennis Weaver  
Kareem ZakiJoel Klein  
Joel Cutler  
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)  
 Mario Schlosser  
 (Printed Name)  
 1.  
 Chief Executive Officer  
 (Title)

(Signature)  
 Sid Sankaran  
 (Printed Name)  
 2.  
 Chief Financial Officer  
 (Title)

(Signature)  
 Alan Warren  
 (Printed Name)  
 3.  
 Chief Technology 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[X] No[ ]

(Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	10,208	.....	.....	.....	.....	10,208
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) .....	10,208	.....	.....	.....	.....	10,208

## 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
<b>Pharmaceutical Rebate Receivables</b>						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	91,854	107,024	49,755	322,737	322,737	248,633
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	91,854	107,024	49,755	322,737	322,737	248,633
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 .....						
<b>Other Receivables</b>						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	91,854	107,024	49,755	322,737	322,737	248,633

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables .....	.....	305,897	.....	571,370	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	.....	.....	.....
7. TOTALS (Lines 1 through 6) .....	.....	305,897	.....	571,370	.....	.....

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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Unpaid</b>						
0199999 Total - Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	443,734	1,065	972	.....	.....	445,771
0499999 Subtotals .....	443,734	1,065	972	.....	.....	445,771
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	1,412,103
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	1,857,874
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

## 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
<b>Individually listed receivables</b>							
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 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<b>N O N E</b>			
0399999 TOTAL Gross Payables .....	X X X .....			

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	62,893	0.550	61,663	1,244.963	.....	62,893
4. TOTAL Capitation Payments .....	62,893	0.550	61,663	1,244.963	.....	62,893
<b>Other Payments:</b>						
5. Fee-for-service .....	11,367,129	99.450	XXX	XXX	.....	11,367,129
6. Contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments .....	11,367,129	99.450	XXX	XXX	.....	11,367,129
13. TOTAL (Line 4 plus Line 12) .....	11,430,022	100.000	XXX	XXX	.....	11,430,022

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 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 16416

	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
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	5,019	5,019								
2. First Quarter .....	5,215	5,215								
3. Second Quarter .....	5,038	5,038								
4. Third Quarter .....	4,953	4,953								
5. Current Year .....										
6. Current Year Member Months .....	61,663	61,663								
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	3,971	3,971								
8. Non-Physician .....	1,758	1,758								
9. TOTAL .....	5,729	5,729								
10. Hospital Patient Days Incurred .....	1,126	1,126								
11. Number of Inpatient Admissions .....	206	206								
12. Health Premiums Written (b) .....	19,078,483	19,078,483								
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	19,078,483	19,078,483								
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	11,430,022	11,430,022								
18. Amount Incurred for Provision of Health Care Services .....	13,287,896	13,287,896								

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(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 Company Code 16416

NAIC Group Code 4818

	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
<b>TOTAL Members at end of:</b>										
1. Prior Year										
2. First Quarter	5,019	5,019								
3. Second Quarter	5,215	5,215								
4. Third Quarter	5,038	5,038								
5. Current Year	4,953	4,953								
6. Current Year Member Months	61,663	61,663								
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	3,971	3,971								
8. Non-Physician	1,758	1,758								
9. TOTAL	5,729	5,729								
10. Hospital Patient Days Incurred	1,126	1,126								
11. Number of Inpatient Admissions	206	206								
12. Health Premiums Written (b)	19,078,483	19,078,483								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	19,078,483	19,078,483								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	11,430,022	11,430,022								
18. Amount Incurred for Provision of Health Care Services	13,287,896	13,287,896								

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

## **SCHEDULE S - PART 1 - SECTION 2**

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

**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
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
20087	47-0355979	06/30/2019	NATIONAL IND CO .....	NE .....	5,571,473	858,790
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....				5,571,473	858,790
2199999	Total - Accident and Health - Non-Affiliates .....				5,571,473	858,790
2299999	Total - Accident and Health .....				5,571,473	858,790
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....				5,571,473	858,790
9999999	Total (Sum of 1199999 and 2299999) .....				5,571,473	858,790

## SCHEDULE S - PART 3 - SECTION 2

## Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
20087	47-0355979	06/30/2019	NATIONAL IND CO	NE	QA/I	CMM	7,834,866						
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							8,084,715						
1099999 Total - General Account - Authorized - Non-Affiliates							8,084,715						
1199999 Total - General Account Authorized							8,084,715						
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							8,084,715						
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													
<b>Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates</b>													
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)							8,084,715						
9999999 Total (Sum of 3499999 and 6899999)							8,084,715						

**34 Schedule S - Part 4 .....** **NONE**

**35 Schedule S - Part 5 .....** **NONE**

**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 .....	8,085				
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) .....	22,530,640		22,530,640
2. Accident and health premiums due and unpaid (Line 15) .....	10,208		10,208
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) .....	1,296,215	(942,586)	353,629
6. <b>TOTAL Assets (Line 28)</b> .....	<b>29,408,536</b>	<b>858,790</b>	<b>30,267,326</b>
<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) .....	495,879		495,879
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) .....	18,580,597	(9,478,680)	9,101,917
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>20,075,560</b>	(8,619,890)	11,455,670
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>9,332,976</b>	X X X	<b>9,332,976</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>29,408,536</b>	(8,619,890)	<b>20,788,646</b>
<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. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>7,372,849</b>		
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. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>7,372,849</b>		

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

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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		15585	471142944			N/A	Oscar Insurance Corporation of New Jersey	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15777	473185443			N/A	Oscar Insurance Company	TX	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		0000	473979452			N/A	Mulberry Management Corporation	DE	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		0000	461315570			N/A	Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	45.7	Joshua Kushner	N	0000000
4818		16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16337	824782428			N/A	Oscar Health Plan, Inc	AZ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	RE	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
4818		00000	822830708			N/A	Oscar Health Plan of Illinois, Inc.	IL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	0000000
		00000													

Asterisk	Explanation
0000001	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 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 .....										
<b>9999999 Control Totals .....</b>												
XXX ..												

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?	Yes
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?	Yes
--	-----

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1641620193600000

2019

Document Code: 360

Health Life Supplement - March



2019

Document Code: 205

Schedule SIS



1641620194200000

2019

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



2019

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1641620193700000

2019

Document Code: 370

Medicare Part D Coverage Supplement



2019

Document Code: 365

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



1641620192240000

2019

Document Code: 224

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



2019

Document Code: 225

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

Approval for Relief related to Require. for Audit Committees



1641620192260000

2019

Document Code: 226

Health Life Supplement - April



1641620192110000

2019

Document Code: 211

LHA Guaranty Association Reconciliation



1641620192900000

2019

Document Code: 290

LTC Supplemental Interrogatories



1641620193060000

2019

Document Code: 306

Supplemental Health Care Exhibit's Expense Allocation Report



1641620192170000

2019

Document Code: 217

LHA Guaranty Association Adjustment Exhibit



1641620193000000

2019

Document Code: 300



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