

Amended Explanation Page

The Company is amended its annual statement to agree to the 2020 audited financials per the Department's request.



16202202020100105

2020

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ANNUAL STATEMENT
For the Year Ending **DECEMBER 31, 2020**
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 <input checked="" type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>				
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>				
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
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 New York, NY, US 10013 (Street and Number) (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) FinancialReporting@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 & Strategy Officer
Siddhartha Sankaran	Chief Financial Officer
Dennis Weaver	Chief Clinical Officer
Meghan Joyce	Chief Operating Officer
Isaac Councill	Chief Technology Officer

OTHERS

Harold Greenberg, Corporate Secretary

DIRECTORS OR TRUSTEES

Mario Schlosser
Joel Cutler
Dennis Weaver
Siddhartha Sankar

Kareem Zaki
Joel Klein
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 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.
Policy & Strategy Officer
(Title)

(Signature)
Isaac Council
(Printed Name)
2.
Chief Technology Officer
(Title)

(Signature)

Mario Schlosser
(Printed Name)
3.
Chief Executive Officer
(Title)

Subscribed and sworn to before me this
____ day of _____, 2021

- 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]
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08/13/2021
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(Notary Public Signature)