16416202020100100 2020 Document Code: 201

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

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 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 75 Varick St. 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 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 75 Varick St, 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 hioscar.com

Statutory Statement Contact Aaron Crawford (Name) (646)403-3677 (Area Code)(Telephone Number)(Extension)
FinancialReporting@hioscar.com (E-Mail Address) (212)226-1283 (Fax Number)

OFFICERS

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy and Strategy Officer
Siddhartha 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
Dennis Weaver
Kareem Zaki
Jed Feldman
Joel Klein
Joel Cutler
Siddhartha 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 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	Siddhartha Sankaran	Mario Schlosser
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Policy and Stragegy Officer	Chief Financial Officer	Chief Executive Officer
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes[X] No[ ]
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

(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	37,866	10,946	6,443			55,255
Group Subscribers:						
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)	37,866	10,946	6,443			55,255

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						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	167,001	146,995	139,385	803,566	803,566	453,381
0199999 Subtotal - Pharmaceutical Rebate Receivables	167,001	146,995	139,385	803,566	803,566	453,381
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	2,688					2,688
0699999 Subtotal - Other Receivables	2,688					2,688
0799999 Gross health care receivables	169,689	146,995	139,385	803,566	803,566	456,069

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	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
1. Pharmaceutical rebate receivables	523,084	574,132	99,370	1,157,577	622,454	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				2,688		
7. TOTALS (Lines 1 through 6)	523,084	574,132	99,370	1,160,265	622,454	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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	372,542			1,266		373,808
0499999 Subtotals	372,542			1,266		373,808
0599999 Unreported claims and other claim reserves						3,030,586
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						3,404,394
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,784,881

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Mulberry Management Corporation	Adminstrative Service Agreement	438,912	438,912	
0199999 Total - Individually Listed Payables	X X X	438,912	438,912	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	438,912	438,912	

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
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	26,183	0.144	79,965	1,294.560		26,183
4. TOTAL Capitation Payments	26,183	0.144	79,965	1,294.560		26,183
Other Payments:						
5. Fee-for-service	18,135,589	99.856	XXX	XXX		18,135,589
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	18,135,589	99.856	XXX	XXX		18,135,589
13. TOTAL (Line 4 plus Line 12)	18,161,772	100.000	XXX	XXX		18,161,772

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
	NONE				
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						

NONE

16416202043036100 2020 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR 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
TOTAL Members at end of:										
1. Prior Year	4,953	4,953								
2. First Quarter	6,633	6,633								
3. Second Quarter	6,319	6,319								
4. Third Quarter	6,401	6,401								
5. Current Year	6,177	6,177								
6. Current Year Member Months	76,965	76,965								
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,817	5,817								
8. Non-Physician	3,084	3,084								
9. TOTAL	8,901	8,901								
10. Hospital Patient Days Incurred	1,744	1,744								
11. Number of Inpatient Admissions	299	299								
12. Health Premiums Written (b)	27,377,521	27,377,521								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	27,377,522	27,377,522								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	18,161,772	18,161,772								
18. Amount Incurred for Provision of Health Care Services	21,493,172	21,493,172								

(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

16416202043059100 2020 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR 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
TOTAL Members at end of:										
1. Prior Year	4,953	4,953								
2. First Quarter	6,633	6,633								
3. Second Quarter	6,319	6,319								
4. Third Quarter	6,401	6,401								
5. Current Year	6,177	6,177								
6. Current Year Member Months	76,965	76,965								
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,817	5,817								
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9. TOTAL	8,901	8,901								
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11. Number of Inpatient Admissions	299	299								
12. Health Premiums Written (b)	27,377,521	27,377,521								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	27,377,522	27,377,522								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	18,161,772	18,161,772								
18. Amount Incurred for Provision of Health Care Services	21,493,172	21,493,172								

(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

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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
			N O N E									
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						
22276	63-0202590	01/01/2019	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	3,760,849	197,319
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					3,760,849	197,319
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1320000	01/01/2020	Axa France Vie	FRA	2,864,487	1,183,987
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					2,864,487	1,183,987
2199999 Total - Accident and Health - Non-Affiliates					6,625,336	1,381,306
2299999 Total - Accident and Health					6,625,336	1,381,306
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,760,849	197,319
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					2,864,487	1,183,987
9999999 Total (Sum of 1199999 and 2299999)					6,625,336	1,381,306

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													
22276	63-0202590	01/01/2019	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	12,588,548						
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/I	CMM	473,468						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							13,062,016						
1099999 Total - General Account - Authorized - Non-Affiliates							13,062,016						
1199999 Total - General Account - Authorized							13,062,016						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1320000	01/01/2020	Axa France Vie	FRA	QA/I	CMM	9,747,563						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							9,747,563						
2199999 Total - General Account - Unauthorized - Non-Affiliates							9,747,563						
2299999 Total - General Account - Unauthorized							9,747,563						
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
3999999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							22,809,579						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7399999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates													
7599999 Subtotal - Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates													
7799999 Total - Separate Accounts - Certified - Non-Affiliates													

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
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8499999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							13,062,016						
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							9,747,563						
9999999 Total (Sum of 4599999 and 9099999)							22,809,579						

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
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-1320000	01/01/2020	Axa France Vie		4,048,474	1,611,782	5,660,256			1,151,618		2,282,157	221,710	3,655,485
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485
2199999 Total - General Account - Accident and Health - Non-Affiliates					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485
2299999 Total - General Account - Accident and Health					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485
2399999 Total - General Account					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485
9999999 Total (Sum of 2399999 and 3499999)					4,048,474	1,611,782	5,660,256		X X X	1,151,618		2,282,157	221,710	3,655,485

(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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	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)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)
9999999 Total (Sum of 2399999 and 3499999)																	XXX					XXX	XXX		

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	**NONE** Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

($000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	22,810	8,081			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance	2,473				
5. TOTAL Hospital and Medical Expenses	19,143				
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(5,218)				
7. Claims payable	1,381				
8. Reinsurance recoverable on paid losses	6,625	5,571			
9. Experience rating refunds due or unpaid	2,955				
10. Commissions and reinsurance expense allowances due	66				
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)	1,152				
16. Other (O)	2,282				
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	21,097,933		21,097,933
2.	Accident and health premiums due and unpaid (Line 15)	55,443		55,443
3.	Amounts recoverable from reinsurers (Line 16.1)	6,625,336	(6,625,336)	
4.	Net credit for ceded reinsurance	X X X	3,672,704	3,672,704
5.	All other admitted assets (Balance)	3,346,048	(2,888,756)	457,292
6.	TOTAL Assets (Line 28)	31,124,760	(5,841,388)	25,283,372
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	2,023,088	1,381,306	3,404,394
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,784,881		1,784,881
9.	Premiums received in advance (Line 8)	1,645,128		1,645,128
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)	2,004,771	(2,004,771)	
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)	17,519,656	(5,217,923)	12,301,733
15.	TOTAL Liabilities (Line 24)	24,977,524	(5,841,388)	19,136,136
16.	TOTAL Capital and Surplus (Line 33)	6,147,236	X X X	6,147,236
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	31,124,760	(5,841,388)	25,283,372
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid	1,381,306		
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	6,625,336		
22.	Other ceded reinsurance recoverables	2,888,756		
23.	TOTAL Ceded Reinsurance Recoverables	10,895,398		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance	2,004,771		
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets	5,217,923		
30.	TOTAL Ceded Reinsurance Payables/Offsets	7,222,694		
31.	TOTAL Net Credit for Ceded Reinsurance	3,672,704		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	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						

N O N E

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
4818	Oscar Health, Inc.	00000	461315570			N/A	Oscar Health Inc. f.k.a Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	41.5	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	473979452			N/A	Mulberry Management Corporation	DE	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	301007548			N/A	Mulberry Ohio Management Corporation	OH	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	844784269			N/A	Mulberry Insurance Agnecy	DE	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	RE	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, INC.	PA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16852	844470932			N/A	Oscar Health Plan of North Carolina, Inc.	NC	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16854	843281623			N/A	Oscar Managed Care of South Florida, Inc	FL	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000				N/A	Oscar Golden State Managed Care (HMO)	CA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	

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/(Disbursements) 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 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH					719,708				719,708	
15281	46-2043136	OSCAR INS CORP		36,800,000			2,361,121				39,161,121	
00000	46-1315570	Oscar Health Inc. f.k.a Mulberry Health Inc.		(476,579,560)			(127,155,019)				(603,734,579)	
00000	47-3979452	Mulberry Management Corporation		110,423,209			75,695,896				186,119,105	
15829	47-3103726	OSCAR HLTH PLAN OF CA		79,300,000			9,829,976				89,129,976	
15777	47-3185443	OSCAR INS CO OF TX		84,058,723			7,795,123				91,853,846	
15585	47-1142944	OSCAR INS CORP OF NJ					342,478				342,478	
16231	37-1867604	OSCAR GARDEN STATE INS CORP		3,500,000			846,089				4,346,089	
16337	82-4782428	OSCAR HLTH PLAN INC		5,000,000			1,386,433				6,386,433	
16374	82-5440359	OSCAR INS CO OF FL		131,628,628			24,219,611				155,848,239	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP					438,912				438,912	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC		15,000,000			906,985				15,906,985	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC		3,000,000			278,207				3,278,207	
16634	83-3894406	OSCAR HLTH PLAN OF GA		500,000			35,626				535,626	
16854	84-3281623	OSCAR MANAGED CARE OF S FL INC		4,060,000			2,176,335				6,236,335	
16852	84-4470932	OSCAR HLTH PLAN OF NC INC		3,309,000			122,519				3,431,519	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Oscar Health Inc.

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?	Yes
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

16416202036000000 2020 Document Code: 360

Health Life Supplement - March

16416202020500000 2020 Document Code: 205

Schedule SIS

16416202042000000 2020 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

16416202037100000 2020 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

16416202037000000 2020 Document Code: 370

Medicare Part D Coverage Supplement

16416202036500000 2020 Document Code: 365

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

16416202022400000 2020 Document Code: 224

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

16416202022500000 2020 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees

16416202022600000 2020 Document Code: 226

LTC Supplemental Interrogatories

16416202030600000 2020 Document Code: 306

Health Life Supplement - April

16416202021100000 2020 Document Code: 211

LHA Guaranty Association Reconciliation

16416202029000000 2020 Document Code: 290

LHA Guaranty Association Adjustment Exhibit

16416202030000000 2020 Document Code: 300

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