

Amended Explanation Page

The Company is amending its Decemeber 31, 2021 financial statement, 5 Yrs Historial Data, based on comments from the Department.



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2021
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					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018		
Statutory Home Office	4400 Easton Commons Way (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office			75 Varick Street, 5th Floor (Street and Number)			
	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	75 Varick Street, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			75 Varick Street, 5th Floor (Street and Number)			
	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)			
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Gregory Schroeder (Name)		(646)403-3677 (Area Code)(Telephone Number)(Extension)			
	FinancialReporting@hioscar.com (E-Mail Address)		(212)226-1283 (Fax Number)			

OFFICERS

Name	Title	
Alessandra Quane	President	#
Victoria Baltrus	Treasurer	#
Jing Huang	Senior Vice President	#

OTHERS

Melissa Curtin, Corporate Secretary #

DIRECTORS OR TRUSTEES

Alessandra Quane # Fausto Palazzetti #
Monica Chopra # Sameer Amin #

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) Alessandra Quane (Printed Name) 1. President (Title)	(Signature) Victoria Baltrus (Printed Name) 2. Treasurer (Title)	(Signature) Jing Huang (Printed Name) 3. Senior Vice President (Title)
Subscribed and sworn to before me this day of , 2022	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] 2 05/04/2022 1
(Notary Public Signature)		

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	66,361,864	57,582,741	48,842,539	36,789,867	7,507,059
2. TOTAL Liabilities (Page 3, Line 24)	26,658,167	20,240,283	15,963,195	15,463,132	4,965,548
3. Statutory minimum capital and surplus requirement	15,196,050	1,710,000	1,710,000	1,710,000	1,710,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	39,703,697	37,342,458	32,879,344	21,326,735	2,541,511
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	96,974,415	95,624,247	93,611,707	86,276,057	
6. TOTAL Medical and Hospital Expenses (Line 18)	81,851,067	78,133,656	76,885,151	74,366,864	
7. Claims adjustment expenses (Line 20)	1,022,836	1,397,157	2,228,997	2,034,759	
8. TOTAL Administrative Expenses (Line 21)	10,061,085	9,066,978	7,785,875	11,948,839	1,370,746
9. Net underwriting gain (loss) (Line 24)	4,039,427	7,026,456	6,711,684	(2,074,405)	(1,370,746)
10. Net investment gain (loss) (Line 27)	10,878	72,823	82,084	48,600	2,257
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	3,103,944	5,203,322	6,001,295	(2,052,337)	(1,368,489)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	11,335,175	10,233,233	811,248	(13,739,991)	3,394,412
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	39,703,697	37,342,458	32,879,344	21,353,267	2,541,511
15. Authorized control level risk-based capital	5,065,388	4,273,566	4,207,846	4,747,893	12,405
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	10,145	10,061	9,601	10,142	
17. TOTAL Members Months (Column 6, Line 7)	121,457	122,807	124,292	127,361	
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	84.4	81.7	82.1	86.2	
20. Cost containment expenses	0.2	0.9	1.6		
21. Other claims adjustment expenses	0.8	0.6	0.8		
22. TOTAL Underwriting Deductions (Line 23)	95.8	92.7	92.8	102.4	
23. TOTAL Underwriting Gain (Loss) (Line 24)	4.2	7.3	7.2	(2.4)	
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	4,535,032	9,334,785	3,716,707		
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	9,164,224	10,029,181	7,630,896		
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain: