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2021

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**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]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]				
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
Alessandrea Quane	President #
Victoria Baltrus	Treasurer #
Jing Huang	Senior Vice President #

**OTHERS**

Melissa Curtin, Corporate Secretary #

**DIRECTORS OR TRUSTEES**

Alessandrea 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)  
Alessandrea 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[X] No[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Notary Public Signature)

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	8,262,119		8,262,119	4,488,903
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common Stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....33,453,513, Schedule E Part 1), cash equivalents (\$.....1,109,803, Schedule E Part 2) and short-term investments (\$.....1,049,942, Schedule DA) .....	35,613,258		35,613,258	28,102,954
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	43,875,377		43,875,377	32,591,857
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	21,392		21,392	15,111
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	119,185		119,185	125,997
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....	19,188,783		19,188,783	21,762,432
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	100,579		100,579	649,605
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				44,934
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				(7,688)
18.2 Net deferred tax asset .....	1,386,126	56,807	1,329,319	991,524
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....1,719,903) and other amounts receivable .....	5,423,192	3,695,963	1,727,229	1,408,969
25. Aggregate write-ins for other than invested assets .....	85,439	85,439		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	70,200,073	3,838,209	66,361,864	57,582,741
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	70,200,073	3,838,209	66,361,864	57,582,741
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. TPA Deposit .....	85,439	85,439		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	85,439	85,439		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....454,562 reinsurance ceded) .....	12,840,883		12,840,883	9,545,173
2. Accrued medical incentive pool and bonus amounts .....	5,499,395		5,499,395	3,003,673
3. Unpaid claims adjustment expenses .....	241,732		241,732	179,979
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	160,114		160,114	293,005
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....	623,546		623,546	607,514
8. Premiums received in advance .....	4,900,930		4,900,930	4,206,025
9. General expenses due or accrued .....	1,659,196		1,659,196	1,561,960
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	342,455		342,455	
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....	26,278		26,278	123,246
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	363,638		363,638	719,708
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	26,658,167		26,658,167	20,240,283
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX	100	100
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	31,909,900	31,909,900
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	7,793,697	5,432,458
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	39,703,697	37,342,458
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	66,361,864	57,582,741
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. ACA 9010 Data .....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	121,457	122,807
1. Member Months .....	XXX	121,457	122,807
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	96,974,415	95,624,247
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. TOTAL Revenues (Lines 2 to 7) .....	XXX	96,974,415	95,624,247
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		21,099,277	33,642,416
10. Other professional services .....		40,897,633	21,156,957
11. Outside referrals .....			
12. Emergency room and out-of-area .....		832,561	660,601
13. Prescription drugs .....		17,750,581	19,453,244
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....		2,495,721	4,346,367
16. Subtotal (Lines 9 to 15) .....		83,075,773	79,259,585
<b>Less:</b>			
17. Net reinsurance recoveries .....		1,224,706	1,125,929
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		81,851,067	78,133,656
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....239,239 cost containment expenses .....		1,022,836	1,397,157
21. General administrative expenses .....		10,061,085	9,066,978
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		92,934,988	88,597,791
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	4,039,427	7,026,456
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		11,584	72,364
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		(706)	459
27. Net investment gains (losses) (Lines 25 plus 26) .....		10,878	72,823
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	4,050,305	7,099,279
31. Federal and foreign income taxes incurred .....	XXX	946,361	1,895,957
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,103,944	5,203,322
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

# STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	37,342,458	32,879,344
34. Net income or (loss) from Line 32 .....	3,103,944	5,203,322
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	365,593	378,578
39. Change in nonadmitted assets .....	(1,108,298)	(1,118,786)
40. Change in unauthorized and certified reinsurance .....		
41. Change in treasury stock .....		
42. Change in surplus notes .....		
43. Cumulative effect of changes in accounting principles .....		
44. Capital Changes:		
44.1 Paid in .....		
44.2 Transferred from surplus (Stock Dividend) .....		
44.3 Transferred to surplus .....		
45. Surplus adjustments:		
45.1 Paid in .....		
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	2,361,239	4,463,114
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	39,703,697	37,342,458
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	100,064,855	100,007,105
2.	Net investment income .....	56,253	80,599
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	100,121,108	100,087,704
5.	Benefit and loss related payments .....	76,918,307	81,562,246
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	11,486,345	6,765,321
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	381,281	1,526,904
10.	TOTAL (Lines 5 through 9) .....	88,785,933	89,854,471
11.	Net cash from operations (Line 4 minus Line 10) .....	11,335,175	10,233,233
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	1,632,717	598,139
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	2,190	(3)
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	1,634,907	598,136
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	5,459,778	4,690,203
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	5,459,778	4,690,203
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(3,824,871)	(4,092,067)
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		6,000,000
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		6,000,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	7,510,304	12,141,166
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	28,102,954	15,961,788
19.2	End of year (Line 18 plus Line 19.1) .....	35,613,258	28,102,954

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001	.....	.....	.....
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income .....	96,974,415	96,974,415								
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....										XXX .....
4. Risk revenue .....										XXX .....
5. Aggregate write-ins for other health care related revenues .....										XXX .....
6. Aggregate write-ins for other non-health care related revenues .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	Other Non-Health
7. TOTAL Revenues (Lines 1 to 6) .....	96,974,415	96,974,415								
8. Hospital/medical benefits .....	21,099,277	21,099,277								XXX .....
9. Other professional services .....	40,897,633	40,897,633								XXX .....
10. Outside referrals .....										XXX .....
11. Emergency room and out-of-area .....	832,561	832,561								XXX .....
12. Prescription drugs .....	17,750,581	17,750,581								XXX .....
13. Aggregate write-ins for other hospital and medical .....										XXX .....
14. Incentive pool, withhold adjustments and bonus amounts .....	2,495,721	2,495,721								XXX .....
15. Subtotal (Lines 8 to 14) .....	83,075,773	83,075,773								XXX .....
16. Net reinsurance recoveries .....	1,224,706	1,224,706								XXX .....
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	81,851,067	81,851,067								XXX .....
18. Non-health claims (net) .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		
19. Claims adjustment expenses including \$.....239,239 cost containment expenses .....	1,022,836	1,022,836								
20. General administrative expenses .....	10,061,085	10,061,085								
21. Increase in reserves for accident and health contracts .....		XXX .....	XXX .....	XXX .....	XXX .....					XXX .....
22. Increase in reserves for life contracts .....		XXX .....	XXX .....	XXX .....	XXX .....					
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	92,934,988	92,934,988								
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	4,039,427	4,039,427								
<b>DETAILS OF WRITE-INS</b>										
0501. ....										XXX .....
0502. ....										XXX .....
0503. ....										XXX .....
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX .....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX .....
0601. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		XXX .....
0602. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		XXX .....
0603. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		XXX .....
0698. Summary of remaining write-ins for Line 6 from overflow page .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		XXX .....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....		XXX .....
1301. ....										XXX .....
1302. ....										XXX .....
1303. ....										XXX .....
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX .....
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										XXX .....

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	97,294,392	.....	319,977	96,974,415
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	.....	.....	.....	.....
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8) .....	97,294,392	.....	319,977	96,974,415
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11) .....	97,294,392	.....	319,977	96,974,415

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	78,591,164	78,591,164								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	1,672,857	1,672,857								
1.4 Net	76,918,307	76,918,307								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	13,295,445	13,295,445								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	454,562	454,562								
3.4 Net	12,840,883	12,840,883								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	623,546	623,546								
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	623,546	623,546								
5. Accrued medical incentive pools and bonuses, current year	5,499,395	5,499,395								
6. Net healthcare receivables (a)	1,423,729	1,423,729								
7. Amounts recoverable from reinsurers December 31, current year	100,579	100,579								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	9,898,860	9,898,860								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	353,687	353,687								
8.4 Net	9,545,173	9,545,173								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	607,514	607,514								
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net	607,514	607,514								
10. Accrued medical incentive pools and bonuses, prior year	3,003,673	3,003,673								
11. Amounts recoverable from reinsurers December 31, prior year	649,605	649,605								
12. Incurred benefits:										
12.1 Direct	80,580,052	80,580,052								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	1,224,706	1,224,706								
12.4 Net	79,355,346	79,355,346								
13. Incurred medical incentive pools and bonuses	2,495,722	2,495,722								

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	2,398,931	2,398,931	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	2,398,931	2,398,931	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct .....	10,896,514	10,896,514	.....	.....	.....	.....	.....	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	454,562	454,562	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net .....	10,441,952	10,441,952	.....	.....	.....	.....	.....	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct .....	13,295,445	13,295,445	.....	.....	.....	.....	.....	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	454,562	454,562	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net .....	12,840,883	12,840,883	.....	.....	.....	.....	.....	.....	.....	.....

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	6,983,108	77,079,228	1,307,312	12,157,117	8,290,420	10,152,687
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	6,983,108	77,079,228	1,307,312	12,157,117	8,290,420	10,152,687
10. Healthcare receivables (a) .....	3,707,800	2,887,204	889,591	4,526,274	4,597,391	3,992,136
11. Other non-health .....						
12. Medical incentive pool and bonus amounts .....			842,003	4,657,392	842,003	3,003,673
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	3,275,308	74,192,024	1,259,724	12,288,235	4,535,032	9,164,224

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)**

**Grand Total**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018 .....	XXX .....	67,974 .....	67,974 .....	68,117 .....	68,126 .....
4. 2019 .....	XXX .....	XXX .....	72,779 .....	81,239 .....	81,757 .....
5. 2020 .....	XXX .....	XXX .....	XXX .....	69,102 .....	74,941 .....
6. 2021 .....	XXX .....	XXX .....	XXX .....	XXX .....	69,677 .....

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018 .....	XXX .....	77,609 .....	67,974 .....	68,620 .....	68,531 .....
4. 2019 .....	XXX .....	XXX .....	85,506 .....	81,931 .....	82,232 .....
5. 2020 .....	XXX .....	XXX .....	XXX .....	81,063 .....	76,209 .....
6. 2021 .....	XXX .....	XXX .....	XXX .....	XXX .....	86,493 .....

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018 .....	86,374 .....	68,126 .....	2,036 .....	2.989 .....	70,162 .....	81.231 .....	405 .....	7 .....	70,574 .....	81.708 .....
3. 2019 .....	91,577 .....	81,757 .....	2,430 .....	2.972 .....	84,187 .....	91.930 .....	475 .....	9 .....	84,671 .....	92.458 .....
4. 2020 .....	95,624 .....	74,941 .....	1,303 .....	1.738 .....	76,244 .....	79.733 .....	1,268 .....	8 .....	77,520 .....	81.067 .....
5. 2021 .....	96,974 .....	69,677 .....	833 .....	1.195 .....	70,510 .....	72.710 .....	16,816 .....	218 .....	87,544 .....	90.275 .....

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)**  
**Hospital and Medical**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018 .....	XXX	67,974	67,974	68,117	68,126
4. 2019 .....	XXX	XXX	72,779	81,239	81,757
5. 2020 .....	XXX	XXX	XXX	69,102	74,941
6. 2021 .....	XXX	XXX	XXX	XXX	69,677

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018 .....	XXX	77,609	67,974	68,620	68,531
4. 2019 .....	XXX	XXX	85,506	81,931	82,232
5. 2020 .....	XXX	XXX	XXX	81,063	76,209
6. 2021 .....	XXX	XXX	XXX	XXX	86,493

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018 .....	86,374	68,126	2,036	2.989	70,162	81.231	405	7	70,574	81.708
3. 2019 .....	91,577	81,757	2,430	2.972	84,187	91.930	475	9	84,671	92.458
4. 2020 .....	95,624	74,941	1,303	1.738	76,244	79.733	1,268	8	77,520	81.067
5. 2021 .....	96,974	69,677	833	1.195	70,510	72.710	16,816	218	87,544	90.275

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other . . . . . NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....	160,114	160,114							
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....									
5. Aggregate write-ins for other policy reserves .....									
6. TOTALS (Gross) .....	160,114	160,114							
7. Reinsurance ceded .....									
8. TOTALS (Net) (Page 3, Line 4) .....	160,114	160,114							
9. Present value of amounts not yet due on claims .....	623,546	623,546							
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. TOTALS (Gross) .....	623,546	623,546							
13. Reinsurance ceded .....									
14. TOTALS (Net) (Page 3, Line 7) .....	623,546	623,546							
<b>DETAILS OF WRITE-INS</b>									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....									

(a) Includes \$.....0 premium deficiency reserve.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			80,315		80,315
2. Salaries, wages and other benefits	168,128	707,090	2,685,025		3,560,243
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)		50	40,809		40,859
4. Legal fees and expenses			49,434		49,434
5. Certifications and accreditation fees		34,262	89,646		123,908
6. Auditing, actuarial and other consulting services			29,648		29,648
7. Traveling expenses			543		543
8. Marketing and advertising			1,888,104		1,888,104
9. Postage, express and telephone					
10. Printing and office supplies			(11,293)		(11,293)
11. Occupancy, depreciation and amortization			828,124		828,124
12. Equipment			14		14
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services			33,262		33,262
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			13,576		13,576
17. Collection and bank service charges			267,231	14,273	281,504
18. Group service and administration fees	60,180	1,707	998,161		1,060,048
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			1,023,280		1,023,280
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	10,931	40,488	145,052		196,471
23.5 Other (excluding federal income and real estate taxes)			1,585,315		1,585,315
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			314,839		314,839
26. TOTAL Expenses Incurred (Lines 1 to 25)	239,239	783,597	10,061,085	14,273	(a) 11,098,194
27. Less expenses unpaid December 31, current year			1,659,196		1,659,196
28. Add expenses unpaid December 31, prior year					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	239,239	783,597	8,401,889	14,273	9,438,998

**DETAILS OF WRITE-INS**

2501. Interest Penalties			314,839		314,839
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			314,839		314,839

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	7,527	11,947
1.1 Bonds exempt from U.S. tax .....	(a) .....		
1.2 Other bonds (unaffiliated) .....	(a) .....	6,743	9,489
1.3 Bonds of affiliates .....	(a) .....		
2.1 Preferred stocks (unaffiliated) .....	(b) .....		
2.11 Preferred stocks of affiliates .....	(b) .....		
2.2 Common stocks (unaffiliated) .....			
2.21 Common stocks of affiliates .....			
3. Mortgage loans .....	(c) .....		
4. Real estate .....	(d) .....		
5. Contract loans .....			
6. Cash, cash equivalents and short-term investments .....	(e) .....	5,307	4,421
7. Derivative instruments .....	(f) .....		
8. Other invested assets .....			
9. Aggregate write-ins for investment income .....			
10. TOTAL gross investment income .....		19,577	25,857
11. Investment expenses .....	(g) .....	14,273	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....		
13. Interest expense .....	(h) .....		
14. Depreciation on real estate and other invested assets .....	(i) .....		
15. Aggregate write-ins for deductions from investment income .....			
16. TOTAL Deductions (Lines 11 through 15) .....			14,273
17. Net Investment income (Line 10 minus Line 16) .....			11,584

## DETAILS OF WRITE-INS

0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....		
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		

(a) Includes \$.....945 accrual of discount less \$.....53,787 amortization of premium and less \$.....9,298 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....4,177 accrual of discount less \$.....1,003 amortization of premium and less \$.....30 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	30		30		
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....	(1,032)		(1,032)		
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....	296		296		
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. TOTAL Capital gains (losses) .....	(706)		(706)		

## DETAILS OF WRITE-INS

0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....				

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Investment income due and accrued .....	.....	.....	.....
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	.....
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset .....	56,807	64,457	7,650
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable .....	3,695,963	2,588,787	(1,107,176)
25. Aggregate write-ins for other than invested assets .....	85,439	76,667	(8,772)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,838,209	2,729,911	(1,108,298)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27) .....	3,838,209	2,729,911	(1,108,298)
<b>DETAILS OF WRITE-INS</b>			
1101. .....	.....	.....	.....
1102. .....	.....	.....	.....
1103. .....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....
2501. TPA Deposit .....	85,439	76,667	(8,772)
2502. .....	.....	.....	.....
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	85,439	76,667	(8,772)

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	10,061	10,055	10,244	10,317	10,145	121,457
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. TOTAL .....	10,061	10,055	10,244	10,317	10,145	121,457
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Policies**

The financial statements of Oscar Insurance Corporation of Ohio ('The Company') are presented on the bases of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

		SSAP #	F/S Page	F/S Line #	Twelve Months Ended December 31, 2021	Twelve Months Ended December 31, <del>2020</del>
<b>NET INCOME:</b>						
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$3,103,944	\$5,203,322
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$3,103,944	\$5,203,322
<b>SURPLUS</b>						
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$39,703,697	\$37,342,458
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$39,703,697	\$37,342,458

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratably over the terms of the applicable reinsurance contracts. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing, are charged to operations as incurred.

In addition, The Company used the following accounting policies: (1) Short-term investments are stated at amortized cost. (2) Bonds not backed by other loans are stated at amortized costs using the interest method.

(3-9) Not applicable

(10) The Company does not anticipate investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from prior period.

(13) The Company's Pharmacy Benefit Manager- CVS Health has a contractually guaranteed minimum pharmaceutical rebates. These amounts determine the Company's estimated receivable adjusted for payments received.

**D. Going Concern**

As of March 1, 2022, the management team has evaluated the Company's operations and financial position. No uncertainties or doubt exists about The Company's ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors - Not Applicable**

**3. Business Combinations and Goodwill - Not Applicable**

**4. Discontinued Operations - Not Applicable**

**5. Investments**

A-K. Not applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

**L. Restricted Assets**

**(1) Restricted Assets (Including Pledged)**

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted ) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted ) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale- excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$ 434,793	\$ 418,996	\$ 15,797		434,793	0.619 %	0.655 %
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$ 434,793	\$ 418,996	\$ 15,797		\$ 434,793	0.619 %	0.655 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

**(2)-(4) Not applicable**

**M-R. Not applicable**

**6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable**

**7. Investment Income**

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

**8. Derivative Instruments - Not Applicable**

**9. Income Taxes**

A

(1) The components of the net deferred tax asset/(liability) at December 31, 2021 are as follows:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

<u>Deferred Taxes</u>		<u>2021</u>		<u>2020</u>		<u>Change</u>
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	1,386,266		1,386,266	1,055,981		1,055,981
(b) Statutory valuation allowance adjustments	0		0	0		0
(c) Adjusted Gross DTAs (a-b)	1,386,266	0	1,386,266	1,055,981	0	1,055,981
(d) DTAs nonadmitted	56,807		56,807	64,457		64,457
(e) Subtotal DTAs (c-d)	1,329,459	0	1,329,459	991,524	0	991,524
(f) DTLs	140		140			0
(g) Net Admitted DTAs (DTLs) (e-f)	\$ 1,329,319	\$ 0	\$ 1,329,319	\$ 991,524	\$ 0	\$ 991,524
						\$ 337,795

(2) Admission Calculation Components SSAP No. 101

<u>Admission Calculation Components SSAP No.</u>		<u>2021</u>		<u>2020</u>		<u>Change</u>
<u>101</u>	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years' recoverable through loss carrybacks	1,321,810		1,321,810	984,014		984,014
(b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from (a) above after application of the threshold limitation (The lesser of (b) 1 and (b) 2 below)	7,510		7,510	7,510		7,510
1. Adjusted gross DTAs expected to be realized following the balance sheet date	7,510		7,510	7,510		0
2. Adjusted gross DTAs allowed per limitation threshold	5,904,885		5,904,885	5,558,152		0
(c) Adjusted gross DTAs (excluding the amount of DTAs from (a) and (b) above offset by gross DTLs)	140		140	0		0
(d) DTAs admitted as the results of application of SSAP No. 101. Total (a) + (b) + (c)	\$ 1,329,459	\$ 0	\$ 1,329,459	\$ 991,524	\$ 0	\$ 991,524
						\$ 337,935

(3) Threshold Limitation

<u>Threshold Limitation</u>	<u>2021</u> (in whole dollars)	<u>2020</u> (in whole dollars)
(a) RBC percentage used to determine recovery period and threshold limitation amount	929%	892%
(b) Amount of total adjusted capital used to determine recovery period and threshold limitation	\$39,703,697	\$37,342,458

(4) No. The Company did not use tax-planning strategies

B. Not applicable.

C. Current income taxes incurred consist of the following major components:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

	(1)	(2)	(3)
<b>1. Current Income Tax</b>			
(a) Federal	946,361	1,884,362	(938,001)
(b) Foreign			
(c) Subtotal	946,361	1,884,362	(938,001)
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred	946,361	1,884,362	(938,001)
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary			
(1) Premiums received in advance	205,963	190,230	15,733
(2) Policyholder reserves	253,819	188,978	64,841
(3) Discount of Unpaid Losses	52,915	30,042	22,873
(4) Compensation and Benefit			—
(5) Start-up costs	79,476	86,985	(7,510)
(6) Non-Admitted Assets	794,094	559,745	234,349
(7) NOL carryforwards			—
(8) Other (including items <5% of total ordinary tax assets)			—
Subtotal	1,386,266	1,055,981	330,286
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted	56,807	64,457	(7,649)
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	1,329,459	991,524	337,935
(e) Capital:			
(1) Investments			
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total capital tax assets)			
(99) Subtotal			
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 1,329,459	\$ 991,524	\$ 337,935
<b>3. Deferred Tax Liabilities:</b>			
(a) Ordinary			
(1) Prepaid Expenses			0
(2) LRD Transition Adjustment			0
(3) Fixed Assets			0
(4) Bond Market Discount	140		140
(5) §481(a) Adjustment			0
(6) Capitalized Salary			0
(7) Other (including items <5% of total ordinary tax liabilities)			0
(99) Subtotal	140	—	140
(b) Capital:			
(1) Investments			
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal			
(c) Deferred tax liabilities (3a99 + 3b99)	140	—	140
<b>4. Net deferred tax assets/liabilities (2i – 3c)</b>	\$ 1,329,319	\$ 991,524	\$ 337,795

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

(3) - (4) Not applicable.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

	<u>2021</u>		<u>2020</u>	
Loss before income tax	\$ 4,050,306		\$ 7,099,279	
Income tax expense at Federal Statutory Rate	850,564	21.00 %	1,490,849	21.00 %
Health Insurer Fee		— %	227,998	3.21 %
Change in non-admitted assets	(234,349)	(5.79) %	(236,523)	(3.33) %
Change in valuation allowance		— %		— %
Deferred Tax Rate Adjustment		— %		— %
Other		— %		— %
	<hr/>	<hr/>	<hr/>	<hr/>
Total income tax	\$ 616,215	15.21 %	\$ 1,482,383	20.88 %

**Income Tax**

	<u>2021</u>	<u>2020</u>
Pre-tax Income (Loss)	\$4,050,306	7,099,279
Current Expense (Benefit)	946,361	1,884,362
Deferred Expense (Benefit)	<hr/> (330,146)	<hr/> (401,979)
Total Income Tax Expense (Benefit)	\$616,215	\$1,482,383

E. Not applicable.

F. The Company's federal income tax return will be consolidated with various operating affiliates. Oscar Health, Inc. is the ultimate filing parent.

G - I. Not applicable.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Oscar Health Inc. funds the Company in order to support ongoing operations and meet the reserve requirements established by the ODI.

B. Not Applicable

C. A summary of the contributions is as follows:

<b>Fiscal Year Ended</b>	<b>Amount</b>
2020	—
2021	—
Total at December 31, 2021	—

D. The Company was due to pay \$363,638 to its affiliate Oscar Management Corporation as of December 31, 2021 for operating expenses paid on The Company's behalf. The Company is billed 30 days following the close of the month and will then reimburse these amounts 15 days after receipt of invoice. Oscar Health, Inc. and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement. The Company was due to pay \$273,908 to Oscar Health, Inc. as of December 31, 2021.

E. None

F. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by Oscar Management Corporation and subsequently reimbursed by affiliated companies.

G. All outstanding shares of the Company are owned by the parent company, Oscar Health Inc., an insurance holding company domiciled in the State of Delaware.

H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.

# Notes to Financial Statements

I-O. None

**11. Debt - Not Applicable****12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A-D. Not Applicable

E. Defined Contribution Plans

Oscar Health, Inc. sponsors certain 401(k) Plans for its employees which are funded by voluntary contributions with an employer match. Oscar Management Corporation charges the subsidiaries with its share of the employer match. The Company incurred approximately \$35,574 as of December 31, 2021 in 401(k) matching contribution expense.

F-I. Not Applicable

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

A. The company has 10,000 shares, with a par value of \$0.01, that are authorized, issued and outstanding as of December 31, 2021. All shares are Class A shares.

B. No preferred stock has been authorized.

C. Under Ohio law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company's statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjustment net investment income for such period) as to the amount of dividends it may declare or pay in any twelve month period without the prior approval of the Ohio Department of Insurance.

D-M. Not Applicable.

**14. Liabilities, Contingencies and Assessments - Not Applicable****15. Leases - Not Applicable****16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable****17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities - Not Applicable****18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable****19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable****20. Fair Value Measurements**

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 - Quoted (unadjusted) prices for identical assets in active markets.

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, short-term investment and cash equivalents are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value

(1) Fair Value Measurements at Reporting Date

## Notes to Financial Statements

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
<b>Perpetual Preferred stock</b>					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Perpetual Preferred Stocks</b>					
<b>Bonds</b>					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
<b>Total Bonds</b>					
<b>Common Stock</b>					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Common Stocks</b>					
<b>Derivative assets</b>					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
<b>Total Derivatives</b>					
Separate account assets					
<b>Total assets at fair value/NAV</b>					
<b>b. Liabilities at fair value</b>					
Derivative liabilities					
<b>Total liabilities at fair value</b>					

There were no transfers between Levels 1 and 2 during the twelve months ended December 31, 2021 and the year ended December 31, 2020.

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value for the twelve months ended December 31, 2021 and the year ended December 31, 2020.

(3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the twelve months ended December 31, 2021 and the year ended December 31, 2020.

(4) Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.

(5) The Company does not have any derivative assets and liabilities.

B. Fair Value Combination - Not applicable.

C. Fair Value Hierarchy at December 31, 2021.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 8,247,498	\$ 8,262,119	\$ —	\$ 8,247,498	\$ —	\$ —	\$ —
Short Term	\$ 1,049,988	\$ 1,049,942	\$ —	\$ 1,049,988	\$ —	\$ —	\$ —
Cash Equivalents	\$ 1,109,802	\$ 1,109,803	\$ 1,109,802	\$ —	\$ —	\$ —	\$ —
Total	\$ 10,407,288	\$ 10,421,864	\$ 1,109,802	\$ 9,297,486	\$ —	\$ —	\$ —

D. Not Practicable to Estimate Fair Value - Not applicable.

E. Investments Measured Using the NAV Practical Expedient - Not applicable.

**21. Other Items** - Not Applicable

**22. Events Subsequent**

Type I – Recognized Subsequent Events:

There have been no Type I events. Subsequent Events have been considered through March 1, 2022 for the statutory annual 2021 statements issued on March 1, 2022.

Type II – Unrecognized Subsequent Events:

## Notes to Financial Statements

There have been no Type II events. Subsequent Events have been considered through March 1, 2022 for the statutory annual 2021 statements issued on March 1, 2022.

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes( ) No (X)

(2) Have any policies issued by the corporation been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes( ) No (X)

##### Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes( ) No (X)

a. Not applicable

b. The total amount of reinsurance credits taken as an asset or reduction of a liability is \$555,141 (both private reinsurance and the Transitional Reinsurance Program).

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies.

Yes( ) No (X)

##### Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated change in surplus for elimination of all reinsurance amounts would be \$\$528,863.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

Yes( ) No (X)

B. Uncollectable Reinsurance - Not applicable.

C. Commutation of Reinsurance - Not applicable.

D. Certified Reinsurer Downgraded or Status Subject to Revocation - Not applicable.

E. Reinsurance Credit

(1) - Not Applicable

(2) -During 2021, the Company had one excess of loss reinsurance contract with Odyssey Reinsurance Company (“Odyssey”). The Company’s arrangement with Odyssey includes an attachment point, which is not unusual for non-proportional reinsurance contracts. The Company did not reduce its credit for reinsurance due to the existence of the attachment point.

(3) - Not Applicable

(4) - The Company has reflected reinsurance accounting credit for the excess of loss reinsurance agreement with Odyssey, which meets the risk transfer requirements of SSAP No. 61R. This reinsurance contract does not result in significant surplus relief.

(5-6) - Not Applicable

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

D. Not Applicable.

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? YES

The company had zero balances for the risk corridors and reinsurance programs due to the termination of this portion of the programs.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	Description	Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$19,188,783
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	-\$16,939
3.	Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	
	Operations (Revenue & Expense)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$19,328,427
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$16,939
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
	Liabilities	
4.	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
	Operations (Revenue & Expense)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9.	ACA Reinsurance contributions - not reported as ceded premium	
c.	Temporary ACA Risk Corridors Program	
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
	Operations (Revenue & Expense)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)
	1	2	3	4	5	6	7	8	9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable
a. Permanent ACA Risk Adjustment Program										
1. Premium - adjustments receivable (including high risk pool payments)	\$21,572,836		\$21,712,479		\$ (139,643)		\$ (6,129,280)		A	(6,268,923)
2. Premium - adjustments (payable) (including high risk)									B	
3. Subtotal ACA Permanent Risk Adjustment Program	\$21,572,836		\$21,712,479		\$ (139,643)		\$ (6,129,280)			(6,268,923)
b. Transitional ACA Reinsurance Program									C	
1. Amounts recoverable for claims paid									D	
2. Amounts recoverable for claims unpaid (contra liability)									E	
3. Amounts receivable relating to uninsured plans									F	
4. Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium									G	
5. Ceded reinsurance premiums payable									H	
6. Liability for amounts held under uninsured plans										
7. Subtotal ACA Transitional Reinsurance Program										
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium									I	
2. Reserve for rate credits or policy experience rating refunds									J	
3. Subtotal ACA Risk Corridors Program										
d. Total for ACA Risk Sharing Provisions	\$21,572,836		\$21,712,479		\$ (139,643)		\$ (6,129,280)			(6,268,923)

A. Adjustments recorded to the 2020 accrual estimates for new market data received in 2021.

(4) Roll forward of risk corridors asset and liability balances by program benefit year

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col1-3 +7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable
a. 2014											
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
b. 2015											
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
c. 2016											
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
d. Total for risk corridors											

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non- admissions) (1-2- 3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014						
b. 2015						
c. 2016						
d. Total (a+b+c)	\$	0	0	\$	\$	\$

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2020 were \$9,164,224. As of December 31, 2021, \$3,275,308 has been paid for insured claims attributable to insured events of the prior years. Claim adjustment expenses are assumed paid for current year. Reserves remaining for prior years are now \$1,259,724 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been a \$(4,629,192) unfavorable(favorable) prior-year development December 31, 2020 to December 31, 2021. The increase(decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements - Not Applicable**

**27. Structured Settlements - Not Applicable**

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Oscar Insurance Corporation of Ohio**  
**Notes to Financial Statements**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$1,719,903	\$0	\$0	\$0	\$0
9/30/2021	\$1,722,109	\$1,731,664	\$0	\$0	\$0
6/30/2021	\$1,694,741	\$1,650,721	\$0	\$0	\$1,535,783
3/31/2021	\$1,410,078	\$1,389,312	\$2,065	\$1,148,181	\$201,174
12/31/2020	\$1,500,640	\$1,402,005	\$0	\$1,240,816	\$34,008
9/30/2020	\$1,547,531	\$1,536,075	\$0	\$1,125,652	\$401,124
6/30/2020	\$1,517,131	\$1,500,614	\$0	\$635,945	\$808,457
3/31/2020	\$1,408,797	\$1,379,555	\$0	\$907,508	\$450,899
12/31/2019	\$1,339,475	\$1,242,386	\$0	\$1,258,353	-\$12,081
9/30/2019	\$1,139,050	\$1,074,180	\$0	\$1,079,687	-\$15,620
6/30/2019	\$1,168,583	\$1,115,669	\$0	\$938,560	\$175,424
3/31/2019	\$1,076,671	\$1,079,448	\$0	\$660,422	\$413,833

B. Risk-Sharing Receivables - Not Applicable

**29. Participating Policies-** Not Applicable

**30. Premium Deficiency Reserves**

(1) Liability carried for premium deficiency reserves —  
 (2) Date of the most recent evaluation of this liability 12/31/2021  
 (3) Was anticipated investment income utilized in this calculation? NO

**31. Anticipated Salvage and Subrogation -** Not Applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

2.2 If yes, date of change:

Yes[X] No[ ] N/A[ ]  
Ohio  
Yes[X] No[ ]  
0001568651.....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[X].....

12/31/2020.....

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

4.22 renewals?

Yes[ ] No[X]  
Yes[ ] No[X]Yes[ ] No[X]  
Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Yes[ ] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

6.2 If yes, give full information:

Yes[ ] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]

7.2 If yes,

7.21 State the percentage of foreign control ..... 0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC), or a DIHC itself, regulated by the Federal Reserve Board?

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

Yes[ ] No[X]

Yes[ ] No[X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity such company?

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[ ] No[X]

Yes[ ] No[X] N/A[ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Pricewaterhouse Coopers LLC, Two Commerce Square - Suite 1800, 2001 Market Street, Philadelphia, PA 19103

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

10.6 If the response to 10.5 is no or n/a please explain:

Yes[ ] No[X]

Yes[ ] No[X]

Yes[X] No[ ] N/A[ ]

**GENERAL INTERROGATORIES (Continued)**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Fausto Palazzetti (Chief Actuary) 75 Varick Street, New York, NY 10013

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]  
 12.11 Name of real estate holding company \$..... 0  
 12.12 Number of parcels involved \$..... 0  
 12.13 Total book/adjusted carrying value \$..... 0

12.2 If yes, provide explanation

## 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [ ] No [ ] N/A [X]  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ] N/A [X]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ] N/A [X]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [ ] No [X]  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes [ ] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. Yes [ ] No [X]

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]  
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]  
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$..... 0  
 20.12 To stockholders not officers \$..... 0  
 20.13 Trustees, supreme or grand (Fraternal only) \$..... 0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$..... 0  
 20.22 To stockholders not officers \$..... 0  
 20.23 Trustees, supreme or grand (Fraternal only) \$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \$..... 0  
 21.22 Borrowed from others \$..... 0  
 21.23 Leased from others \$..... 0  
 21.24 Other \$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$..... 0  
 22.22 Amount paid as expenses \$..... 0  
 22.23 Other amounts paid \$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

## GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....	???

## INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)	Yes[X] No[ ]
25.02 If no, give full and complete information, relating thereto	
25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)	
25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$..... 0
25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.	\$..... 0
25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes[ ] No[ ] N/A[X]
25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes[ ] No[ ] N/A[X]
25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes[ ] No[ ] N/A[X]
25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	
25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.093 Total payable for securities lending reported on the liability page.	\$..... 0
26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03).	Yes[X] No[ ]
26.2 If yes, state the amount thereof at December 31 of the current year:	
26.21 Subject to repurchase agreements	\$..... 0
26.22 Subject to reverse repurchase agreements	\$..... 0
26.23 Subject to dollar repurchase agreements	\$..... 0
26.24 Subject to reverse dollar repurchase agreements	\$..... 0
26.25 Placed under option agreements	\$..... 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$..... 0
26.27 FHLB Capital Stock	\$..... 0
26.28 On deposit with states	\$..... 434,793
26.29 On deposit with other regulatory bodies	\$..... 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$..... 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$..... 0
26.32 Other	\$..... 0
26.3 For category (26.26) provide the following:	

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes[ ] No[X]
27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.	
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:	
27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes[ ] No[X]
27.4 If the response to 27.3 is yes, does the reporting entity utilize:	
27.41 Special Accounting Provision of SSAP No. 108	Yes[ ] No[X]
27.42 Permitted Accounting Practice	Yes[ ] No[X]
27.43 Other Accounting Guidance	Yes[ ] No[X]
27.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:	Yes[ ] No[X]
- The reporting entity has obtained explicit approval from the domiciliary state.	
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.	
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.	
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts	

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes[ ] No[X]
28.2 If yes, state the amount thereof at December 31 of the current year.	\$..... 0
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?	Yes[X] No[ ]
29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:	

1 Name of Custodian(s)	2 Custodian's Address
State Street Bank and Trust Company .....	801 Pennsylvania Avenue Kansas City, MO 64105 .....

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:	

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes[ ] No[X]
29.04 If yes, give full and complete information relating thereto:	

**GENERAL INTERROGATORIES (Continued)**

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Goldman Sachs Asset Management, L.P. ....	U .....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[ ] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107738 .....	Goldman Sachs Asset Management, L.P. ....	CF5M58QA35CFPUX70H17 ..	SEC .....	NO .....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[ ] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total .....	.....	.....

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2	3
1	2	3
.....	.....	.....
.....	.....	.....
.....	.....	.....
31.1 Bonds .....	9,312,061	9,297,486
31.2 Preferred stocks .....	.....	.....
31.3 Totals .....	9,312,061	9,297,486
		(14,575)

31.4 Describe the sources or methods utilized in determining the fair values:  
Third Party Vendor (Clearwater)

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[ ] N/A[ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]

33.2 If no, list exceptions:

34. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities? Yes[ ] No[X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

**GENERAL INTERROGATORIES (Continued)**

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[ ] No[ ] N/A[X]

**OTHER**

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$.....0

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any?

\$.....0

39.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$.....0

40.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

	Yes [ ] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	96,974,415	.....
2.2 Premium Denominator .....	96,974,415	95,624,247
2.3 Premium Ratio (2.1 / 2.2) .....	100.000	.....
2.4 Reserve Numerator .....	19,123,938	.....
2.5 Reserve Denominator .....	19,123,938	13,449,365
2.6 Reserve Ratio (2.4 / 2.5) .....	100.000	.....

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[ ] No[ ] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 750,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

We believe that our surplus together with our claims reserve provision and allowance for unpaid claims adjustment expenses will meet the financial obligations to our subscribers and their dependents.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	2,998
8.2 Number of providers at end of reporting year	41,902

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[ ] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	\$..... 0
9.22 Business with rate guarantees over 36 months	\$..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 5,499,395
10.22 Amount actually paid for year bonuses	\$..... 0
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[ ] No[X]

11.12 A Medical Group/Staff Model,

Yes[ ] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[ ] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

Yes[X] No[ ]

11.4 If yes, show the amount required.

\$..... 15,196,050

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[X] No[ ]

11.6 If the amount is calculated, show the calculation.

300% of ACL in the Company's RBC filing.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ashtabula County .....
Cuyahoga County .....
Geauga County .....
Lake County .....
Lorain County .....
Medina County .....
Portage County .....
Stark County .....
Summit County .....
Tuscarawas County .....

## GENERAL INTERROGATORIES (Continued)

1	Name of Service Area
Wayne County .....	

13.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X] \$..... 0  
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$..... 0  
 13.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X] \$..... 0  
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes[ ] No[ ] N/A[X]  
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written \$..... 0  
 15.2 Total incurred claims \$..... 0  
 15.2 Number of covered lives ..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]  
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>BALANCE SHEET (Pages 2 and 3)</b>					
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
4. TOTAL Capital and Surplus (Page 3, Line 33)	39,703,697	37,342,458	32,879,344	21,326,735	2,541,511
<b>INCOME STATEMENT (Page 4)</b>					
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)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	11,335,175	10,233,233	811,248	(13,739,991)	3,394,412
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital	39,703,697		32,879,344	21,353,267	2,541,511
15. Authorized control level risk-based capital	5,065,388		4,207,846	4,747,893	12,405
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7)	10,145		9,601	10,142	
17. TOTAL Members Months (Column 6, Line 7)	121,457		124,292	127,361	
<b>OPERATING PERCENTAGE (Page 4)</b>					
(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		1.6		
21. Other claims adjustment expenses	0.8		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)	
<b>UNPAID CLAIMS ANALYSIS</b>					
(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		
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
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:

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama (AL) .....	N .....										
2. Alaska (AK) .....	N .....										
3. Arizona (AZ) .....	N .....										
4. Arkansas (AR) .....	N .....										
5. California (CA) .....	N .....										
6. Colorado (CO) .....	N .....										
7. Connecticut (CT) .....	N .....										
8. Delaware (DE) .....	N .....										
9. District of Columbia (DC) .....	N .....										
10. Florida (FL) .....	N .....										
11. Georgia (GA) .....	N .....										
12. Hawaii (HI) .....	N .....										
13. Idaho (ID) .....	N .....										
14. Illinois (IL) .....	N .....										
15. Indiana (IN) .....	N .....										
16. Iowa (IA) .....	N .....										
17. Kansas (KS) .....	N .....										
18. Kentucky (KY) .....	N .....										
19. Louisiana (LA) .....	N .....										
20. Maine (ME) .....	N .....										
21. Maryland (MD) .....	N .....										
22. Massachusetts (MA) .....	N .....										
23. Michigan (MI) .....	N .....										
24. Minnesota (MN) .....	N .....										
25. Mississippi (MS) .....	N .....										
26. Missouri (MO) .....	N .....										
27. Montana (MT) .....	N .....										
28. Nebraska (NE) .....	N .....										
29. Nevada (NV) .....	N .....										
30. New Hampshire (NH) .....	N .....										
31. New Jersey (NJ) .....	N .....										
32. New Mexico (NM) .....	N .....										
33. New York (NY) .....	N .....										
34. North Carolina (NC) .....	N .....										
35. North Dakota (ND) .....	N .....										
36. Ohio (OH) .....	L .....	97,294,392								97,294,392	
37. Oklahoma (OK) .....	N .....										
38. Oregon (OR) .....	N .....										
39. Pennsylvania (PA) .....	N .....										
40. Rhode Island (RI) .....	N .....										
41. South Carolina (SC) .....	N .....										
42. South Dakota (SD) .....	N .....										
43. Tennessee (TN) .....	N .....										
44. Texas (TX) .....	N .....										
45. Utah (UT) .....	N .....										
46. Vermont (VT) .....	N .....										
47. Virginia (VA) .....	N .....										
48. Washington (WA) .....	N .....										
49. West Virginia (WV) .....	N .....										
50. Wisconsin (WI) .....	N .....										
51. Wyoming (WY) .....	N .....										
52. American Samoa (AS) .....	N .....										
53. Guam (GU) .....	N .....										
54. Puerto Rico (PR) .....	N .....										
55. U.S. Virgin Islands (VI) .....	N .....										
56. Northern Mariana Islands (MP) .....	N .....										
57. Canada (CAN) .....	N .....										
58. Aggregate other alien (OT) .....	XXX .....										
59. Subtotal .....	XXX .....	97,294,392								97,294,392	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....										
61. TOTAL (Direct Business) .....	XXX .....	97,294,392								97,294,392	

**DETAILS OF WRITE-INS**

58001 .....	XXX .....									
58002 .....	XXX .....									
58003 .....	XXX .....									
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 N - None of the above - Not allowed to write business in the state

1

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

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(b) Explanation of basis of allocation by state, premiums by state, etc.:

## Oscar Holding Company Organizational Chart

As of December 31<sup>st</sup>, 2021

