



16416202220100102

2022

Document Code: 201

QUARTERLY STATEMENT

AS OF JUNE 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

Oscar Buckeye State Insurance Corporation

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16416	Employer's ID Number	82-5264817
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[]	Hospital, Medical & Dental Service or Indemnity[]			
	Dental Service Corporation[]	Vision Service Corporation[]	Health Maintenance Organization[]			
	Other[]	Is HMO Federally Qualified? Yes[] No[] N/A[X]				
Incorporated/Organized	04/18/2018		Commenced Business	01/01/2019		
Statutory Home Office	4400 Easton Commons Way (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	75 Varick St. 5th Floor (Street and Number)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
			(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	75 Varick St, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	75 Varick St, 5th floor (Street and Number)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
			(646)403-3677 (Area Code) (Telephone Number)			
Internet Web Site Address	hioscar.com					
Statutory Statement Contact	Elaine Yang (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, 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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	416,489		416,489	419,038
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
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 (\$.....42,979,328), cash equivalents (\$.....0) and short-term investments (\$.....0)	42,979,328		42,979,328	28,087,234
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	43,395,817		43,395,817	28,506,272
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,201		1,201	1,223
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	60,757		60,757	54,296
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)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,843,343		3,843,343	3,174,310
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	2,477,835	1,568,685	909,150	738,112
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				
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 adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....923,849) and other amounts receivable	1,946,684	997,085	949,599	663,192
25. Aggregate write-ins for other-than-invested assets	6,487	6,487		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	51,732,124	2,572,257	49,159,867	33,137,405
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	51,732,124	2,572,257	49,159,867	33,137,405
DETAILS OF WRITE-INS				
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	6,487	6,487		
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)	6,487	6,487		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....2,761,482 reinsurance ceded)	3,591,499		3,591,499	3,003,769
2. Accrued medical incentive pool and bonus amounts	75,662		75,662	
3. Unpaid claims adjustment expenses	115,509		115,509	87,978
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	22,533,260		22,533,260	9,759,027
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves	192,804		192,804	133,484
8. Premiums received in advance				2,547,510
9. General expenses due or accrued	530,028		530,028	522,083
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	7,014,397		7,014,397	4,004,959
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	920,056		920,056	600,940
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				96,465
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)	34,973,215		34,973,215	20,756,215
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	4,000	4,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	17,057,566	17,057,566
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(2,874,914)	(4,680,376)
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	14,186,652	12,381,190
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	49,159,867	33,137,405
DETAILS OF WRITE-INS				
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.	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 To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	78,678	44,939	91,915
2. Net premium income (including \$.....0 non-health premium income)	XXX	18,192,639	10,495,861	20,895,484
3. Change in unearned premium reserves and reserve for rate credits	XXX	118,987	35,194	.....
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	18,311,626	10,531,055	20,895,484
Hospital and Medical:				
9. Hospital/medical benefits .....	.....	12,540,345	8,240,225	18,377,837
10. Other professional services .....	.....	1,645,364	1,453,766	3,040,809
11. Outside referrals .....	.....	.....	.....	.....
12. Emergency room and out-of-area .....	.....	537,714	266,430	643,858
13. Prescription drugs .....	.....	3,870,053	2,081,426	5,453,017
14. Aggregate write-ins for other hospital and medical .....	.....	.....	.....	.....
15. Incentive pool, withhold adjustments and bonus amounts .....	.....	75,662	(695,162)	(684,396)
16. Subtotal (Lines 9 to 15) .....	.....	18,669,138	11,346,685	26,831,125
Less:				
17. Net reinsurance recoveries .....	.....	7,942,261	4,819,171	10,990,423
18. Total hospital and medical (Lines 16 minus 17) .....	.....	10,726,877	6,527,514	15,840,702
19. Non-health claims (net) .....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....611,052 cost containment expenses .....	.....	757,509	846,146	1,075,961
21. General administrative expenses .....	.....	3,706,074	2,310,743	5,352,040
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....	.....	(285,765)	(527,327)	(857,003)
23. Total underwriting deductions (Lines 18 through 22) .....	.....	14,904,695	9,157,076	21,411,700
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,406,931	1,373,979	(516,216)
25. Net investment income earned .....	.....	(3,688)	(3,423)	(7,541)
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....	.....	.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26) .....	.....	(3,688)	(3,423)	(7,541)
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	3,403,243	1,370,556	(523,757)
31. Federal and foreign income taxes incurred	XXX .....	.....	.....	76,150
32. Net income (loss) (Lines 30 minus 31)	XXX	3,403,243	1,370,556	(599,907)
DETAILS OF WRITE-INS				
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 (Lines 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 (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	12,381,190	6,147,236	6,147,236
34. Net income or (loss) from Line 32	3,403,243	1,370,556	(599,907)
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			
39. Change in nonadmitted assets	(1,694,246)	(114,313)	(74,445)
40. Change in unauthorized and certified reinsurance	96,465	2,004,771	1,908,306
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		5,000,000	5,000,000
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)	1,805,462	8,261,014	6,233,954
49. Capital and surplus end of reporting period (Line 33 plus 48)	14,186,652	14,408,250	12,381,190
DETAILS OF WRITE-INS			
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)			

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	30,359,650	16,124,943	22,606,381
2.	Net investment income	(1,116)	(855)	(2,407)
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	30,358,534	16,124,088	22,603,974
5.	Benefit and loss related payments	11,064,655	3,430,773	13,469,292
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,325,635	2,849,173	6,721,209
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	76,150		
10.	TOTAL (Lines 5 through 9)	15,466,440	6,279,946	20,190,501
11.	Net cash from operations (Line 4 minus Line 10)	14,892,094	9,844,142	2,413,473
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
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			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
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)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock		5,000,000	5,000,000
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 (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)		5,000,000	5,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	14,892,094	14,844,142	7,413,473
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	28,087,234	20,673,761	20,673,761
19.2	End of period (Line 18 plus Line 19.1)	42,979,328	35,517,903	28,087,234

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

20,0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,835	7,835								
2. First Quarter	13,668	13,668								
3. Second Quarter	13,073	13,073								
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	78,678	78,678								
Total Member Ambulatory Encounters for Period:										
7. Physician	8,811	8,811								
8. Non-Physician	4,333	4,333								
9. Total	13,144	13,144								
10. Hospital Patient Days Incurred	1,098	1,098								
11. Number of Inpatient Admissions	202	202								
12. Health Premiums Written (a)	29,381,141	29,381,141								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	29,381,141	29,381,141								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	17,080,576	17,080,576								
18. Amount Incurred for Provision of Health Care Services	18,669,138	18,669,138								

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	1,228,946	59,982	25,438	171	2,001	1,316,538
0499999 Subtotals	1,228,946	59,982	25,438	171	2,001	1,316,538
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	5,036,443
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	6,352,981
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	75,662

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	1,737,959	10,651,061	1,152,107	2,632,196	2,890,066	3,137,253
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)	1,737,959	10,651,061	1,152,107	2,632,196	2,890,066	3,137,253
10. Healthcare receivables (a)	1,297,096	696,303	231,218	1,689,715	1,528,314	1,529,477
11. Other non-health						
12. Medical incentive pools and bonus amounts				75,662		
13. Totals (Lines 9 - 10 + 11 + 12)	440,863	9,954,758	920,889	1,018,143	1,361,752	1,607,776

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

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Policies

The financial statements of Oscar Buckeye State Insurance Corporation ('The Company') are presented on the basis 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 #	Six Months Ended June 30, 2022	Twelve Months Ended December 31, 2021
NET INCOME:						
(1) Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 3,403,243	\$ (599,907)	
(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	\$ 3,403,243	\$ (599,907)	
SURPLUS						
(5) Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 14,186,652	\$ 12,381,190	
(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	\$ 14,186,652	\$ 12,381,190	

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 August 15, 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

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

4. Discontinued Operations - Not Applicable

5. Investments

A-K. Not Applicable

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	\$ 416,489	\$ 419,038	\$ (2,549)		416,489	0.805 %	0.847 %
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	\$ 416,489	\$ 419,038	\$ (2,549)		\$ 416,489	0.805 %	0.847 %

(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-I. No change

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:

Fiscal Year Ended	Amount
2021	\$5,000,000
2022	\$0
Total at June 30, 2022	\$5,000,000

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

The cash was accounted for as a capital contribution credited to additional paid in capital.

D. The Company was due to pay \$811,223 to its affiliate Oscar Management Corporation as of June 30, 2022 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 \$108,833 to Oscar Health, Inc. as of June 30, 2022.

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.

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 \$20,374 as of June 30, 2022 in 401(k) matching contribution expense.

F-I. Not Applicable

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

A. The Company has 400,000 shares, with a par value of \$0.01, that are authorized, issued and outstanding as of June 30, 2022. 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 ODI.

D-H. Not Applicable

I. Changes in balances of special surplus funds from the prior year of \$0 is due to the Consolidated Appropriations Act of 2016 which imposed the Health Insurance Provider's fee.

J-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.

Notes to Financial Statements

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. Measured and Reported at Fair Value – Not applicable

B. Fair Value Combination - Not Applicable

C. Fair Value Hierarchy at June 30, 2022:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$414,157	\$416,489	\$—	\$414,157	\$—	\$—	\$—
Total	\$414,157	\$416,489	\$—	\$414,157	\$—	\$—	\$—

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 August 15, 2022 for the statutory quarterly 2022 statements issued on August 15, 2022.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through August 15, 2022 for the statutory quarterly 2022 statements issued on August 15, 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 \$7,513,975.

(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 \$(499,579).

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

(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 Ceded Reinsurance - Not Applicable

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

E. Reinsurance Credit

(1) - Not Applicable

(2) - Not Applicable

(3) - Not Applicable

(4) Has the Company reflected reinsurance accounting credit for any contracts that are not subject to Appendix A-791 and not yearly renewable term reinsurance, which meet the risk transfer requirements of SSAP No. 61R?

Type of contract:	Response:	Identify reinsurance contract(s):	Has the insured event(s) triggering contract coverage been recognized?
Assumption reinsurance – new for the reporting period ^[1]	Yes () No (X)		N/A
Non-proportional reinsurance, which does not result in significant surplus relief	Yes (X) No ()	ODYSSEY REINS CO.	Yes (X) No () N/A ()

^[1] This disclosure relates to ceding companies with assumption reinsurance agreements (paragraph 60 of SSAP 61R) entered into during the current year for which indemnity reinsurance is being applied for policyholders who have not yet agreed to the transfer to the new insurer or for which the regulator has not yet approved the novation to the new insurer.

(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)

(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.

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

(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)	
	Liabilities	
2	Risk adjustment user fees payable for ACA Risk Adjustment	\$32,450
3	Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$19,101,437
	Operations (Revenue & Expense)	
4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$(10,524,033)
5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$14,949
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	

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

(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.

	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)										
2. Premium - adjustments (payable) (including high risk)										
3. Subtotal ACA Permanent Risk Adjustment Program			8,577,404	—		8,577,404		1,220,483		— 9,797,887
b. Transitional ACA Reinsurance Program			8,577,404	—		8,577,404		1,220,483		— 9,797,887
1. Amounts recoverable for claims paid										
2. Amounts recoverable for claims unpaid (contra liability)										
3. Amounts receivable relating to uninsured plans										
4. Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium										
5. Ceded reinsurance premiums payable										
6. Liability for amounts held under uninsured plans										
7. Subtotal ACA Transitional Reinsurance Program										
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium										
2. Reserve for rate credits or policy experience rating refunds										
3. Subtotal ACA Risk Corridors Program										
d. Total for ACA Risk Sharing Provisions			8,577,404	—	—	—	8,577,404	—	1,220,483	— 9,797,887

B. Adjustments recorded to the 2021 accrual estimates for new market data received in 2022.

(4) There is no Roll forward of risk corridors asset and liability balances by program benefit year:

(5) There is no ACA Risk Corridors Receivable as of Reporting Date

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2021 were \$3,137,253. As of June 30, 2022, \$1,737,959 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 \$1,152,107 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been a \$(247,187) unfavorable (favorable) prior-year development December 31, 2021 to June 30, 2022. 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

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
Notes to Financial Statements

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

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
6/30/2022	\$ 923,849	\$ —	\$ —	\$ —	\$ —
3/31/2022	\$ 839,031	\$ 844,139	\$ 696,303	\$ —	\$ —
12/31/2021	\$ 655,763	\$ 661,849	\$ 416,766	\$ 212,746	\$ —
9/30/2021	\$ 610,963	\$ 614,827	\$ —	\$ 590,823	\$ 20,140
6/30/2021	\$ 590,170	\$ 590,752	\$ —	\$ 550,035	\$ 40,135
3/31/2021	\$ 470,058	\$ 474,049	\$ —	\$ 408,351	\$ 60,588
12/31/2020	\$ 436,441	\$ 435,510	\$ —	\$ 371,455	\$ 58,400
9/30/2020	\$ 457,183	\$ 464,158	\$ —	\$ 364,994	\$ 92,189
6/30/2020	\$ 404,640	\$ 402,945	\$ —	\$ 176,832	\$ 220,166
3/31/2020	\$ 432,064	\$ 414,632	\$ —	\$ 293,410	\$ 120,004
12/31/2019	\$ 270,344	\$ 217,974	\$ —	\$ 261,756	\$ (46,136)
9/30/2019	\$ 293,567	\$ 284,289	\$ —	\$ 239,858	\$ 42,351

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies- Not Applicable

30. Premium Deficiency Reserves

(1) Liability carried for premium deficiency reserves	\$709,152
(2) Date of the most recent evaluation of this liability	June 30, 2022
(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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
 Yes [] No [] N/A [X]

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?
 Yes [] No [X]

2.2 If yes, date of change:

3.1 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 and 1A.
 Yes[X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes[] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Yes[X] No []

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes[X] No []

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
 0001568651

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes[] No [X]

4.2 If yes, provide the name of 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.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
 If yes, attach an explanation.
 Yes[] No [] N/A [X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
 12/31/2020

6.2 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.
 12/31/2020

6.3 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).

6.4 By what department or departments?
 Multi-state Financial Examination led by the Texas Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 Yes[] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes[] No [X]

7.1 Has this 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?
 Yes[] No [X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
 Yes[] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 Yes[] No [X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 Yes[] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

9.1 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?
 (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.
 9.11 If the response to 9.1 is No, please explain:
 9.2 Has the code of ethics for senior managers been amended?
 Yes[] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 Yes[] No [X]

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
 Yes[] No [X]

FINANCIAL

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
 Yes[] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
 \$..... 0

13. Amount of real estate and mortgages held in short-term investments:
 \$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 Yes[] No [X]

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[] No[X]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
.....

17.2 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)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

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

17.5 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

17.5097 For those firms/individuals listed in the table for Question 17.5, 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[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 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]

20. 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.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- 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]

GENERAL INTERROGATORIES (Continued)

21. 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]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	64.648%
1.2 A&H cost containment percent	.....	2.080%
1.3 A&H expense percent excluding cost containment expenses	.....	13.112%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[] No[X]

3.1 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]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	SS/I	CMM	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
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	29,381,141								29,381,141
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	29,381,141								29,381,141
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	29,381,141								29,381,141

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

Oscar Holding Company Organizational Chart

As of June 30th, 2022

Definitions

Voting Power: Means the votes entitled to be cast by a holder of Class A and/or Class B common stock as a percentage of total votes entitled to be cast by holders of Oscar Health, Inc.'s outstanding Class A and Class B common stock. Each share of Class A common stock is entitled to one vote. Each share of Class B common stock is entitled to 20 votes.

Key

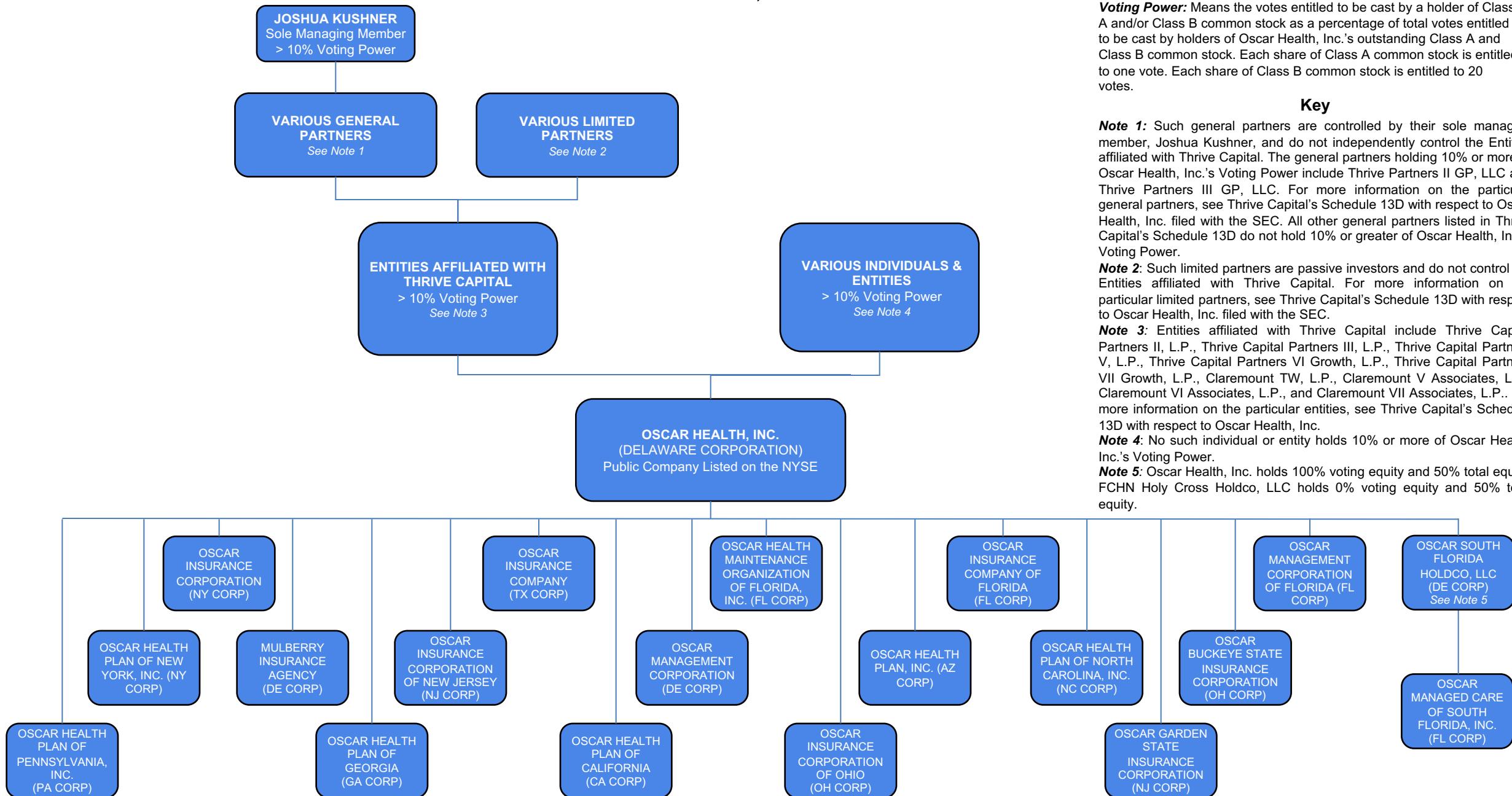
Note 1: Such general partners are controlled by their sole managing member, Joshua Kushner, and do not independently control the Entities affiliated with Thrive Capital. The general partners holding 10% or more of Oscar Health, Inc.'s Voting Power include Thrive Partners II GP, LLC and Thrive Partners III GP, LLC. For more information on the particular general partners, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc. filed with the SEC. All other general partners listed in Thrive Capital's Schedule 13D do not hold 10% or greater of Oscar Health, Inc.'s Voting Power.

Note 2: Such limited partners are passive investors and do not control the Entities affiliated with Thrive Capital. For more information on the particular limited partners, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc. filed with the SEC.

Note 3: Entities affiliated with Thrive Capital include Thrive Capital Partners II, L.P., Thrive Capital Partners III, L.P., Thrive Capital Partners V, L.P., Thrive Capital Partners VI Growth, L.P., Thrive Capital Partners VII Growth, L.P., Claremont TW, L.P., Claremont V Associates, L.P., Claremont VI Associates, L.P., and Claremont VII Associates, L.P.. For more information on the particular entities, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc.

Note 4: No such individual or entity holds 10% or more of Oscar Health, Inc.'s Voting Power.

Note 5: Oscar Health, Inc. holds 100% voting equity and 50% total equity; FCHN Holy Cross Holdco, LLC holds 0% voting equity and 50% total equity.



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4818 ..	Oscar Health, Inc.	00000	461315570 ..	.....	0001568651	New York Stock Exchange	Oscar Health Inc. f.k.a Mulberry Health Inc.	DE .. UDP ..	Thrive Capital Partners III, LP	Ownership	75.4	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	00000	473979452 ..	.....	.....	N/A	Oscar Management Corporation	DE .. NIA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	00000	844784269 ..	.....	.....	N/A	Mulberry Insurance Agency	DE .. NIA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16416	825264817 ..	.....	.....	N/A	Oscar Buckeye State Insurance Corporation	OH .. RE ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16231	371867604 ..	.....	.....	N/A	Oscar Garden State Insurance Corporation	NJ .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16337	824782428 ..	.....	.....	N/A	Oscar Health Plan Inc.	AZ .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	15829	473103726 ..	.....	.....	N/A	Oscar Health Plan of California	CA .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16634	833894406 ..	.....	.....	N/A	Oscar Health Plan of Georgia	GA .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16597	832766385 ..	.....	.....	N/A	Oscar Health Plan of New York, Inc.	NY .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16590	833324290 ..	.....	.....	N/A	Oscar Health Plan of Pennsylvania, INC.	PA .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	15777	473185443 ..	.....	.....	N/A	Oscar Insurance Company	TX .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16374	825440359 ..	.....	.....	N/A	Oscar Insurance Company of Florida	FL .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	15585	471142944 ..	.....	.....	N/A	Oscar Insurance Company of New Jersey	NJ .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	15281	462043136 ..	.....	.....	N/A	Oscar Insurance Corporation	NY .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16202	364859637 ..	.....	.....	N/A	Oscar Insurance Corporation of Ohio	OH .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16852	844470932 ..	.....	.....	N/A	Oscar Health Plan of North Carolina, Inc.	NC .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	16854	843281623 ..	.....	.....	N/A	Oscar Managed Care of South Florida, Inc.	FL .. IA ..	Oscar South Florida HoldCo. LLC	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	00000	872647289 ..	.....	.....	N/A	Oscar Health Mainenance Organization of Florida, Inc.	FL .. IA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	00000	873575735 ..	.....	.....	N/A	Oscar Management Corporation of Florida	FL .. NIA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		
4818 ..	Oscar Health, Inc.	00000	873253539 ..	.....	.....	N/A	Oscar South Florida HoldCo. LLC	FL .. NIA ..	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No		

Q16

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

See Explanation

Explanations:

2. 2021 audited financial is pending due to the ongoing Multi-state Financial Examination. An extension was granted by the regulating department of the state of domicile.

Bar Codes:

Medicare Part D Coverage Supplement



1641620223650002

2022

Document Code: 365

N O N E

STATEMENT AS OF **June 30, 2022** OF THE **Oscar Buckeye State Insurance Corporation**
SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other-than-temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	..... 419,038	..... 424,172
2. Cost of bonds and stocks acquired .....	.....	.....
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	.....	.....
7. Deduct amortization of premium .....	..... 2,549	..... 5,134
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	..... 416,489	..... 419,038
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	..... 416,489	..... 419,038

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	417,768	.....	.....	(1,279)	417,768	416,489	.....	419,038
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	417,768	.....	.....	(1,279)	417,768	416,489	.....	419,038
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	417,768	.....	.....	(1,279)	417,768	416,489	.....	419,038

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SI03 Schedule DA Part 1	.....	NONE
SI03 Schedule DA Verification	.....	NONE
SI04 Schedule DB - Part A Verification	.....	NONE
SI04 Schedule DB - Part B Verification	.....	NONE
SI05 Schedule DB Part C Section 1	.....	NONE
SI06 Schedule DB Part C Section 2	.....	NONE
SI07 Schedule DB - Verification	.....	NONE
SI08 Schedule E - Verification (Cash Equivalents)	.....	NONE

E01 Schedule A Part 2	NONE
E01 Schedule A Part 3	NONE
E02 Schedule B Part 2	NONE
E02 Schedule B Part 3	NONE
E03 Schedule BA Part 2	NONE
E03 Schedule BA Part 3	NONE
E04 Schedule D Part 3	NONE
E05 Schedule D Part 4	NONE
E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Bank of America	New York, NY		SD				39,620,273	40,743,890	42,963,376	XXX
State Street							15,952	15,952	15,952	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		XXX	XXX ..						XXX
0199999 Totals - Open Depositories			XXX	XXX ..			39,636,225	40,759,842	42,979,328	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories			XXX	XXX ..						XXX
0399999 Total Cash On Deposit			XXX	XXX ..			39,636,225	40,759,842	42,979,328	XXX
0499999 Cash in Company's Office			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash			XXX	XXX ..			39,636,225	40,759,842	42,979,328	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
8609999999 Total Cash Equivalents								

N O N E



16416202222200102

2022

Document Code: 222

Communication of Internal Control Related Matters Noted in an Audit