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2022

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**ANNUAL STATEMENT**  
For the Year Ended DECEMBER 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
**Oscar Insurance Corporation of Ohio**

NAIC Group Code (Current Period)	4818	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 <input checked="" type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>		
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018	
Statutory Home Office	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 New York, NY, US 10013 (Street and Number) (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)		
Mail Address	75 Varick Street, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	75 Varick Street, 5th Floor (Street and Number) New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)		
Internet Website Address	www.hioscar.com				
Statutory Statement Contact	Elaine Yang (Name) FinancialReporting@hioscar.com (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension) (212)226-1283 (Fax Number)		

## OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_  
Alessandrea Quane President  
Victoria Baltrus Treasurer

## OTHERS

Melissa Curtin, Corporate Secretary

5 Fausto Palazzetti  
Sean Martin MD #

## **DIRECTORS OR TRUSTEES**

Alessandrea Quane  
Dennis Hillen #  
Steven Wolin #

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.

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(Signature)  
Alessandrea Quane  
(Printed Name)  
1.  
President  
(Title)

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(Signature)  
Victoria Baltrus  
(Printed Name)  
2.  
Treasurer  
(Title)

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(Signature)  
Melissa Curtin  
(Printed Name)  
3.  
Corporate Secretary  
(Title)

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2023

- 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[ ]

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(Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	85,671	29,735	10,570	.....	.....	125,976
0299997 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	85,671	29,735	10,570	.....	.....	125,976

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	787,359	721,344	680,960	1,392,691	1,392,691	2,189,663
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	787,359	721,344	680,960	1,392,691	1,392,691	2,189,663
0299998 Claim Overpayment Receivables - Not Individually Listed .....				141,094	141,094	
0299999 Subtotal - Claim Overpayment Receivables .....				141,094	141,094	
0699998 Other Health Care Receivables - Not Individually Listed .....	2,573,510					2,573,510
0699999 Subtotal - Other Health Care Receivables .....	2,573,510					2,573,510
0799999 Gross Health Care receivables .....	3,360,869	721,344	680,960	1,533,785	1,533,785	4,763,173

## EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	3,871,828	5,277,620	680,544	2,901,810	4,552,372	4,254,517
2. Claim overpayment receivables .....			28,225	112,869	28,225	1,161,348
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....				2,573,510		
7. TOTALS (Lines 1 through 6) .....	3,871,828	5,277,620	708,769	5,588,189	4,580,597	5,415,865

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,824,258	620	135	108	846,745	2,671,866
0499999 Subtotals .....	1,824,258	620	135	108	846,745	2,671,866
0599999 Unreported claims and other claim reserves .....						23,126,445
0699999 TOTAL Amounts Withheld .....						.....
0799999 TOTAL Claims Unpaid .....						25,798,311
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						7,187,975

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
						<b>N O N E</b>	
0399999 TOTAL Gross Amounts Receivable .....						.....	.....

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Oscar Management Corporation .....	Administrative Service Agreement .....	823,793	823,793	.....
0199999 Individually Listed Payables .....	XXX .....	823,793	823,793	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	823,793	823,793	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	89,097	0.085	10,684	100.000	.....	89,097
4. TOTAL Capitation Payments .....	89,097	0.085	10,684	100.000	.....	89,097
<b>Other Payments:</b>						
5. Fee-for-service .....	104,343,510	99.915	XXX	XXX	.....	104,343,510
6. Contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments .....	104,343,510	99.915	XXX	XXX	.....	104,343,510
13. TOTAL (Line 4 plus Line 12) .....	104,432,607	100.000	XXX	XXX	.....	104,432,607

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....	.....	.....	.....	.....	.....
<b>N O N E</b>					
9999999 TOTALS .....					
XXX .....					

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....						

**N O N E**



2022

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 4818

NAIC Company Code 16202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	10,145	10,145												
2. First Quarter	11,396	11,396												
3. Second Quarter	11,125	11,125												
4. Third Quarter	10,942	10,942												
5. Current Year	10,684	10,684												
6. Current Year Member Months	132,388	132,388												
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician	11,904	11,904												
8. Non-Physician	4,368	4,368												
9. TOTAL	16,272	16,272												
10. Hospital Patient Days Incurred	4,783	4,783												
11. Number of Inpatient Admissions	763	763												
12. Health Premiums Written (b)	128,433,225	128,433,225												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	128,201,249	128,201,249												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	104,432,607	104,432,607												
18. Amount Incurred for Provision of Health Care Services	116,935,473	116,935,473												

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 16202

NAIC Group Code 4818

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	10,145	10,145												
2. First Quarter	11,396	11,396												
3. Second Quarter	11,125	11,125												
4. Third Quarter	10,942	10,942												
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14. Property/Casualty Premiums Written														
15. Health Premiums Earned	128,201,249	128,201,249												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	104,432,607	104,432,607												
18. Amount Incurred for Provision of Health Care Services	116,935,473	116,935,473												

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

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

30 Grand Total

## **SCHEDULE S - PART 1 - SECTION 2**

**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

**SCHEDULE S - PART 2****Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates</b>						
.....	.....	.....	.....	.....	.....	.....
0999999 Subtotal - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates .....						
1099999 Total - Life and Annuity - Non-Affiliates .....						
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	106,980	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....						
2199999 Total - Accident and Health - Non-Affiliates .....						
2299999 Total - Accident and Health .....						
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....						

## SCHEDULE S - PART 3 - SECTION 2

## Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	SSL/I	CMM	428,759						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							428,759						
1099999 Total - General Account - Authorized - Non-Affiliates							428,759						
1199999 Total - General Account - Authorized							428,759						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							428,759						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							428,759						
9999999 Total (Sum of 4599999 and 9099999)							428,759						

**34 Schedule S - Part 4 .....** **NONE**

**35 Schedule S - Part 5 .....** **NONE**

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(\$000 Omitted)**

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	429	320	718	648	676
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	200,647	1,225	1,126		
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	(132)	(26)	(123)		
7. Claims payable .....	107	455	354		
8. Reinsurance recoverable on paid losses .....		101	650	315	199
9. Experience rating refunds due or unpaid .....	118		45		
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

**SCHEDULE S - PART 7**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	40,059,478		40,059,478
2. Accident and health premiums due and unpaid (Line 15) .....	35,966,956		35,966,956
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X	92,567	92,567
5. All other admitted assets (Balance) .....	7,177,387	(117,530)	7,059,857
6. <b>TOTAL Assets (Line 28)</b> .....	<b>83,203,821</b>	<b>(24,963)</b>	<b>83,178,858</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	25,691,331	106,980	25,798,311
8. Accrued medical incentive pool and bonus payments (Line 2) .....	7,187,975		7,187,975
9. Premiums received in advance (Line 8) .....	4,803,944		4,803,944
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	4,056,244	(131,943)	3,924,301
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>41,739,494</b>	<b>(24,963)</b>	<b>41,714,531</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>41,464,327</b>	X X X	41,464,327
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>83,203,821</b>	<b>(24,963)</b>	<b>83,178,858</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	106,980		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....	117,530		
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>224,510</b>		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	131,943		
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....	<b>131,943</b>		
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>92,567</b>		

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL) .....	.....	.....	.....	.....	.....	.....
2. Alaska (AK) .....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ) .....	.....	.....	.....	.....	.....	.....
4. Arkansas (AR) .....	.....	.....	.....	.....	.....	.....
5. California (CA) .....	.....	.....	.....	.....	.....	.....
6. Colorado (CO) .....	.....	.....	.....	.....	.....	.....
7. Connecticut (CT) .....	.....	.....	.....	.....	.....	.....
8. Delaware (DE) .....	.....	.....	.....	.....	.....	.....
9. District of Columbia (DC) .....	.....	.....	.....	.....	.....	.....
10. Florida (FL) .....	.....	.....	.....	.....	.....	.....
11. Georgia (GA) .....	.....	.....	.....	.....	.....	.....
12. Hawaii (HI) .....	.....	.....	.....	.....	.....	.....
13. Idaho (ID) .....	.....	.....	.....	.....	.....	.....
14. Illinois (IL) .....	.....	.....	.....	.....	.....	.....
15. Indiana (IN) .....	.....	.....	.....	.....	.....	.....
16. Iowa (IA) .....	.....	.....	.....	.....	.....	.....
17. Kansas (KS) .....	.....	.....	.....	.....	.....	.....
18. Kentucky (KY) .....	.....	.....	.....	.....	.....	.....
19. Louisiana (LA) .....	.....	.....	.....	.....	.....	.....
20. Maine (ME) .....	.....	.....	.....	.....	.....	.....
21. Maryland (MD) .....	.....	.....	.....	.....	.....	.....
22. Massachusetts (MA) .....	.....	.....	.....	.....	.....	.....
23. Michigan (MI) .....	.....	.....	.....	.....	.....	.....
24. Minnesota (MN) .....	.....	.....	.....	.....	.....	.....
25. Mississippi (MS) .....	.....	.....	.....	.....	.....	.....
26. Missouri (MO) .....	.....	.....	.....	.....	.....	.....
27. Montana (MT) .....	.....	.....	.....	.....	.....	.....
28. Nebraska (NE) .....	.....	.....	.....	.....	.....	.....
29. Nevada (NV) .....	.....	<b>N O N E</b>		.....	.....	.....
30. New Hampshire (NH) .....	.....	.....	.....	.....	.....	.....
31. New Jersey (NJ) .....	.....	.....	.....	.....	.....	.....
32. New Mexico (NM) .....	.....	.....	.....	.....	.....	.....
33. New York (NY) .....	.....	.....	.....	.....	.....	.....
34. North Carolina (NC) .....	.....	.....	.....	.....	.....	.....
35. North Dakota (ND) .....	.....	.....	.....	.....	.....	.....
36. Ohio (OH) .....	.....	.....	.....	.....	.....	.....
37. Oklahoma (OK) .....	.....	.....	.....	.....	.....	.....
38. Oregon (OR) .....	.....	.....	.....	.....	.....	.....
39. Pennsylvania (PA) .....	.....	.....	.....	.....	.....	.....
40. Rhode Island (RI) .....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC) .....	.....	.....	.....	.....	.....	.....
42. South Dakota (SD) .....	.....	.....	.....	.....	.....	.....
43. Tennessee (TN) .....	.....	.....	.....	.....	.....	.....
44. Texas (TX) .....	.....	.....	.....	.....	.....	.....
45. Utah (UT) .....	.....	.....	.....	.....	.....	.....
46. Vermont (VT) .....	.....	.....	.....	.....	.....	.....
47. Virginia (VA) .....	.....	.....	.....	.....	.....	.....
48. Washington (WA) .....	.....	.....	.....	.....	.....	.....
49. West Virginia (WV) .....	.....	.....	.....	.....	.....	.....
50. Wisconsin (WI) .....	.....	.....	.....	.....	.....	.....
51. Wyoming (WY) .....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS) .....	.....	.....	.....	.....	.....	.....
53. Guam (GU) .....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR) .....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI) .....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP) .....	.....	.....	.....	.....	.....	.....
57. Canada (CAN) .....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT) .....	.....	.....	.....	.....	.....	.....
59. TOTALS .....	.....	.....	.....	.....	.....	.....

# 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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	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. ....	DE .. UDP ..	Oscar Health, Inc. ....	Thrive Capital Partners III, LP .....	Ownership .....	75.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	00000	473979452	.....	.....	N/A .....	Oscar Management Corporation .....	DE .. NIA ..	Oscar Health, Inc. ....	Oscar Health, Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	00000	844784269	.....	.....	N/A .....	Mulberry Insurance Agency .....	DE .. NIA ..	Oscar Health, Inc. ....	Oscar Health, Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	16416	825264817	.....	.....	N/A .....	Oscar Buckeye State Insurance Corporation .....	OH .. IA ..	Oscar Health, Inc. ....	Oscar 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. ....	Oscar 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. ....	Oscar 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. ....	Oscar 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. ....	Oscar 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. ....	Oscar 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. ....	Oscar Health, Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	15777	473185443	.....	.....	N/A .....	Oscar Insurance Company .....	TX .. IA ..	Oscar Health, Inc. ....	Oscar 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. ....	Oscar 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. ....	Oscar Health, Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	15281	462043136	.....	.....	N/A .....	Oscar Insurance Corporation .....	NY .. IA ..	Oscar Health, Inc. ....	Oscar Health, Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	16202	364859637	.....	.....	N/A .....	Oscar Insurance Corporation of Ohio .....	OH .. RE ..	Oscar Health, Inc. ....	Oscar 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. ....	Oscar 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 .....	Oscar South Florida HoldCo. LLC .....	Ownership .....	100.0	Joshua Kushner, FCHN Holy Cross	.....	0000001
4818	Oscar Health, Inc. ....	00000	873253539	.....	.....	N/A .....	Oscar South Florida HoldCo. LLC .....	FL .. NIA ..	Oscar Health, Inc. ....	Oscar Health, Inc. ....	Ownership .....	50.0	Joshua Kushner .....	No ..	.....
4818	Oscar Health, Inc. ....	00000	873253539	.....	.....	N/A .....	Oscar South Florida HoldCo. LLC .....	FL .. NIA ..	FCHN Holy Cross HoldCo, LLC .....	FCHN Holy Cross HoldCo, LLC .....	Ownership .....	50.0	Non-Affiliated .....	No ..	0000001

Asterisk	Explanation
0000001	Oscar South Florida HoldCo, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross a non-affiliated entity .....
0000002	.....

# SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	461315570	Oscar Health Inc. f.k.a Mulberry Health Inc.		(393,500,000)		(76,860)					(393,576,860)	
00000	473979452	Oscar Management Corporation				(339,070,062)					(339,070,062)	
00000	844784269	Mulberry Insurance Agency				76,783					76,783	
16416	825264817	Oscar Buckeye State Insurance Corporation				6,261,001					6,261,001	
16231	371867604	Oscar Garden State Insurance Corporation		6,500,000		7,071,444					13,571,444	
16337	824782428	Oscar Health Plan Inc.				8,213,741					8,213,741	
15829	473103726	Oscar Health Plan of California				22,441,326					22,441,326	
16634	833894406	Oscar Health Plan of Georgia		45,000,000		21,603,627					66,603,627	
16597	832766385	Oscar Health Plan of New York, Inc.				6,705,312					6,705,312	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.		1,000,000		3,263,876					4,263,876	
15777	473185443	Oscar Insurance Company		47,000,000		71,507,210					118,507,210	
16374	825440359	Oscar Insurance Company of Florida		290,000,000		172,571,868					462,571,868	
15585	471142944	Oscar Insurance Company of New Jersey				(199)					(199)	
15281	462043136	Oscar Insurance Corporation				7,580,169					7,580,169	
16202	364859637	Oscar Insurance Corporation of Ohio				5,386,708					5,386,708	
16852	844470932	Oscar Health Plan of North Carolina, Inc.		4,000,000		2,339,717					6,339,717	
16854	843281623	Oscar Managed Care of South Florida, Inc				4,124,339					4,124,339	
00000	873253539	Oscar South Florida HoldCo, LLC										
9999999 Control Totals										XXX		

Schedule Y Part 2 Explanation:

## SCHEDULE Y

## Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of New Jersey	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Georgia	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of New York, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Pennsylvania, INC.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation of Ohio	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Garden State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of Florida	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### RESPONSES

#### REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

#### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

#### JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

#### SUPPLEMENTAL FILINGS

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

#### MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

#### APRIL FILING

19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	Yes

#### AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1620220223600000

2022 Document Code: 360

Health Life Supplement - March



2022

Document Code: 205

Schedule SIS



1620220224200000

2022 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



2022

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1620220223700000

2022 Document Code: 370

Medicare Part D Coverage Supplement



2022

Document Code: 365

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



1620220222400000

2022 Document Code: 224

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



2022

Document Code: 225

Approval for Relief related to Require. for Audit Committees



1620220222600000

2022 Document Code: 226

LTC Supplemental Interrogatories



2022

Document Code: 306

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

Health Life Supplement - April



1620220222110000

2022

Document Code: 211

