



QUARTERLY STATEMENT
AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
Oscar Insurance Corporation of Ohio

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16202	Employer's ID Number	36-4859637	
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[]	Hospital, Medical & Dental Service or Indemnity[]				
	Dental Service Corporation[]	Vision Service Corporation[]	Health Maintenance Organization[]				
	Other[]	Is HMO Federally Qualified? Yes[] No[X] N/A[]					
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018			
Statutory Home Office	4400 Easton Commons Way (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)				
Main Administrative Office	75 Varick Street, 5th Floor (Street and Number)		75 Varick Street, 5th Floor (Street and Number)				
	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)				
Mail Address	75 Varick Street, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	75 Varick Street, 5th Floor (Street and Number)		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 Web Site Address	www.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
Melissa Curtin	Corporate Secretary

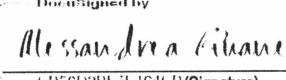
OTHERS

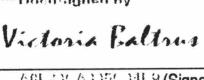
DIRECTORS OR TRUSTEES

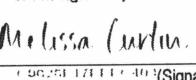
Alessandrea Quane	Fausto Palazzetti
Dennis Hillen	Sean Martin MD
Steven Wolin	

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.

DocuSigned by

 C96251717111403 (Signature)
 Alessandrea Quane
 (Printed Name)
 1.
 President
 (Title)

DocuSigned by

 C96251717111403 (Signature)
 Victoria Baltrus
 (Printed Name)
 2.
 Treasurer
 (Title)

DocuSigned by

 C96251717111403 (Signature)
 Melissa Curtin
 (Printed Name)
 3.
 Corporate Secretary
 (Title)

Subscribed and sworn to before me this
10 day of August, 2023


 (Notary Public Signature)

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[]

