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2023

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ended DECEMBER 31, 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[ <input type="checkbox"/> ] Dental Service Corporation[ <input type="checkbox"/> ] Other[ <input type="checkbox"/> ]	Property/Casualty[ <input type="checkbox"/> ] Vision Service Corporation[ <input type="checkbox"/> ] Is HMO Federally Qualified? Yes[ <input type="checkbox"/> ] No[X] N/A[ <input type="checkbox"/> ]	Hospital, Medical & Dental Service or Indemnity[ <input type="checkbox"/> ] Health Maintenance Organization[X]			
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018		
Statutory Home Office	4400 Easton Commons Way (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	75 Varick Street, 5th Floor (Street and Number)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
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)			
Internet Website Address	www.hioscar.com		(646)403-3677 (Area Code) (Telephone Number)			
Statutory Statement Contact	Eric Suh (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
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.

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

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

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

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2024

- 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)

## 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 .....	53,153	18,020	89,981	.....	.....	161,154
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) .....	53,153	18,020	89,981	.....	.....	161,154

## 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
<b>Pharmaceutical Rebate Receivables</b>						
CVS Health .....	1,012,199	893,129	875,391	1,775,859	1,775,859	2,780,719
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,012,199	893,129	875,391	1,775,859	1,775,859	2,780,719
0299998 Claim Overpayment Receivables - Not Individually Listed .....	472	.....	.....	409,825	409,825	472
0299999 Subtotal - Claim Overpayment Receivables .....	472	.....	.....	409,825	409,825	472
<b>Other Health Care Receivables</b>						
CVS Health .....	210,680	.....	.....	.....	.....	210,680
0699998 Other Health Care Receivables - Not Individually Listed .....	28,648	.....	.....	.....	.....	28,648
0699999 Subtotal - Other Health Care Receivables .....	239,328	.....	.....	.....	.....	239,328
0799999 Gross Health Care receivables .....	1,251,999	893,129	875,391	2,185,684	2,185,684	3,020,519

## 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 .....	3,029,711	6,399,438	440,466	4,116,112	3,470,177	3,582,354
2. Claim overpayment receivables .....			57,367	352,930	57,367	141,094
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....			24,288	215,040	24,288	2,573,510
7. TOTALS (Lines 1 through 6) .....	3,029,711	6,399,438	522,121	4,684,082	3,551,832	6,296,958

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
<b>Claims Unpaid (Reported)</b>						
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,528,808	39,360	30,035	27,990	116,806	1,742,999
0499999 Subtotals .....	1,528,808	39,360	30,035	27,990	116,806	1,742,999
0599999 Unreported claims and other claim reserves .....						22,010,206
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						23,753,205
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						5,794,655

## 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 .....	603,753	603,753	.....
0199999 Individually Listed Payables .....	XXX .....	603,753	603,753	.....
0299999 Payables not Individually Listed .....	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	XXX .....	603,753	603,753	.....

## 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 .....	39,499	0.032	10,679	100.000	.....	39,499
4. TOTAL Capitation Payments .....	39,499	0.032	10,679	100.000	.....	39,499
<b>Other Payments:</b>						
5. Fee-for-service .....	122,283,570	99.968	XXX	XXX	.....	122,283,570
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 .....	122,283,570	99.968	XXX	XXX	.....	122,283,570
13. TOTAL (Line 4 plus Line 12) .....	122,323,069	100.000	XXX	XXX	.....	122,323,069

## 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**



## 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 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year .....	10,684	10,684												
2. First Quarter .....	11,091	11,091												
3. Second Quarter .....	10,961	10,961												
4. Third Quarter .....	10,869	10,869												
5. Current Year .....	10,679	10,679												
6. Current Year Member Months .....	130,086	130,086												
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	11,747	11,747												
8. Non-Physician .....	4,265	4,265												
9. TOTAL .....	16,012	16,012												
10. Hospital Patient Days Incurred .....	5,453	5,453												
11. Number of Inpatient Admissions .....	973	973												
12. Health Premiums Written (b) .....	145,113,054	145,113,054												
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	145,113,054	145,113,054												
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	122,323,069	122,323,069												
18. Amount Incurred for Provision of Health Care Services .....	119,929,349	119,929,349												

(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



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## 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 .....	10,684	10,684												
2. First Quarter .....	11,091	11,091												
3. Second Quarter .....	10,961	10,961												
4. Third Quarter .....	10,869	10,869												
5. Current Year .....	10,679	10,679												
6. Current Year Member Months .....	130,086	130,086												
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	11,747	11,747												
8. Non-Physician .....	4,265	4,265												
9. <b>TOTAL</b> .....	16,012	16,012												
10. Hospital Patient Days Incurred .....	5,453	5,453												
11. Number of Inpatient Admissions .....	973	973												
12. Health Premiums Written (b) .....	145,113,054	145,113,054												
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	145,113,054	145,113,054												
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	122,323,069	122,323,069												
18. Amount Incurred for Provision of Health Care Services .....	119,929,349	119,929,349												

(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

**31 Schedule S - Part 1 - Section 2 .....** **NONE**

**32 Schedule S - Part 2 .....** **NONE**

## 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 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/I	CMM	229,211						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						229,211						
1099999	Total - General Account - Authorized - Non-Affiliates						229,211						
1199999	Total - General Account - Authorized						229,211						
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total												
1899999	Total - General Account - Unauthorized - Affiliates												
2299999	Total - General Account - Unauthorized												
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total												
2999999	Total - General Account - Certified - Affiliates												
3399999	Total - General Account - Certified												
3699999	Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total												
4099999	Total - General Account - Reciprocal Jurisdiction - Affiliates												
4499999	Total - General Account - Reciprocal Jurisdiction												
4599999	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						229,211						
4899999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total												
5299999	Total - Separate Accounts - Authorized Affiliates												
5699999	Total - Separate Accounts - Authorized												
5999999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total												
6399999	Total - Separate Accounts - Unauthorized - Affiliates												
6799999	Total - Separate Accounts - Unauthorized												
7099999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total												
7499999	Total - Separate Accounts - Certified - Affiliates												
7899999	Total - Separate Accounts - Certified												
8199999	Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total												
8599999	Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates												
8999999	Total - Separate Accounts - Reciprocal Jurisdiction												
9099999	Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified												
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						229,211						
9999999	Total (Sum of 4599999 and 9099999)						229,211						

**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 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	229	429	320	718	648
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	474	201	1,225	1,126	
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	(22)	(132)	(26)	(123)	
7. Claims payable .....		107	455	354	
8. Reinsurance recoverable on paid losses .....			101	650	315
9. Experience rating refunds due or unpaid .....	23	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) .....	28,764,642		28,764,642
2. Accident and health premiums due and unpaid (Line 15) .....	47,398,236		47,398,236
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X .....	1,032	1,032
5. All other admitted assets (Balance) .....	4,964,314	(22,912)	4,941,402
6. <b>TOTAL Assets (Line 28)</b> .....	<b>81,127,192</b>	<b>(21,880)</b>	<b>81,105,312</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	23,753,205		23,753,205
8. Accrued medical incentive pool and bonus payments (Line 2) .....	5,794,655		5,794,655
9. Premiums received in advance (Line 8) .....	4,469,495		4,469,495
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) .....	5,107,468	(21,880)	5,085,588
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>39,124,823</b>	<b>(21,880)</b>	<b>39,102,943</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>42,002,369</b>	X X X .....	<b>42,002,369</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>81,127,192</b>	<b>(21,880)</b>	<b>81,105,312</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....	22,912		
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>22,912</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 .....	21,880		
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....	<b>21,880</b>		
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>1,032</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 .....	73.3	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. ....	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 HoldCo, LLC .....	No ..	.....
4818	Oscar Health, Inc. ....	00000	873253539	.....	.....	N/A .....	Oscar South Florida HoldCo, LLC .....	DE .. NIA ..	Oscar Health, Inc. ....	Oscar Health, Inc. ....	Ownership .....	50.0	Joshua Kushner .....	No ..	0000001
4818	Oscar Health, Inc. ....	00000	873253539	.....	.....	N/A .....	Oscar South Florida HoldCo, LLC .....	DE .. NIA ..	FCHN Holy Cross HoldCo, LLC .....	FCHN Holy Cross HoldCo, LLC .....	Ownership .....	50.0	FCHN Holy Cross HoldCo, LLC .....	No ..	0000001

Asterisk	Explanation
0000001	Oscar South Florida HoldCo, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross HoldCo, LLC, 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.	4,146,433	4,353,567		(7,351,070)					1,148,930	
00000	473979452	Oscar Management Corporation				(360,364,627)					(360,364,627)	
00000	844784269	Mulberry Insurance Agency				83,883					83,883	
16416	825264817	Oscar Buckeye State Insurance Corporation				6,345,198					6,345,198	
16231	371867604	Oscar Garden State Insurance Corporation				10,530,287					10,530,287	
16337	824782428	Oscar Health Plan Inc.				9,786,599					9,786,599	
15829	473103726	Oscar Health Plan of California				13,553,426					13,553,426	
16634	833894406	Oscar Health Plan of Georgia		5,000,000		24,347,541					29,347,541	
16597	832766385	Oscar Health Plan of New York, Inc.				(327,385)					(327,385)	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.		1,500,000		3,214,517					4,714,517	
15777	473185443	Oscar Insurance Company				89,120,196					89,120,196	
16374	825440359	Oscar Insurance Company of Florida				193,650,362					193,650,362	
15585	471142944	Oscar Insurance Company of New Jersey		(5,000,000)		15,219					(4,984,781)	
15281	462043136	Oscar Insurance Corporation				5,071,387					5,071,387	
16202	364859637	Oscar Insurance Corporation of Ohio	(4,146,433)	(5,853,567)		5,684,069					(4,315,931)	
16852	844470932	Oscar Health Plan of North Carolina, Inc.				2,567,838					2,567,838	
16854	843281623	Oscar Managed Care of South Florida, Inc.		3,988,778		4,072,560					8,061,338	
00000	873253539	Oscar South Florida HoldCo, LLC		(3,988,778)							(3,988,778)	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation: Oscar Health Inc.

## 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.	73.3%	No
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Health Plan of Georgia	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Health Plan of New York, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Health Plan of Pennsylvania, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Insurance Corporation of Ohio	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Garden State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Insurance Company	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Insurance Company of Florida	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	73.3%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	FCHN Holy Cross HoldCo, LLC	Oscar South Florida HoldCo. LLC	50.0%	Yes

# 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  |
| 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?  | Yes |

#### APRIL FILING

- |  |     |
|--|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | No  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | No  |
| 22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1620220233600000

2023 Document Code: 360

Health Life Supplement - March



2023

Document Code: 205

Schedule SIS



1620220234200000

2023 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



2023

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1620220233700000

2023 Document Code: 370

Medicare Part D Coverage Supplement



2023

Document Code: 365

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



16202202322400000

2023 Document Code: 224

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



2023

Document Code: 225

Approval for Relief related to Require. for Audit Committees



16202202322600000

2023 Document Code: 226

LTC Supplemental Interrogatories



2023

Document Code: 306

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

Health Life Supplement - April



2023

Document Code: 211

1620220232110000

Management's Report of Internal Control over Financial Reporting



2023

Document Code: 223

1620220232230000





16202202360036100

2023

Document Code: 600

**Market Conduct Annual Statement (MCAS) Premium Exhibit For Year**

For the Year Ended DECEMBER 31, 2023

(To Be Filed by March 1)

For the State of Ohio

NAIC Group Code 4818

NAIC Company Code 16202

MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability Income .....	NO .....
2. Health .....	YES .....
3. Homeowners .....	NO .....
4. Individual Annuity .....	NO .....
5. Individual Life .....	NO .....
6. Lender-Placed Home and Auto .....	NO .....
7. Long-Term Care .....	NO .....
8. Other Health .....	NO .....
9. Private Flood .....	NO .....
10. Private Passenger Auto .....	NO .....
11. Short-Term Limited Duration Health Plans .....	NO .....
12. Travel .....	NO .....