



16416202320100100

2023

Document Code: 201

ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2023
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[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[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 Street, 5th Floor New York, NY, US 10013 (Street and Number)		75 Varick Street, 5th Floor (Street and Number) (646)403-3677			
Mail Address	75 Varick Street, 5th Floor (Street and Number or P.O. Box)		(Area Code) (Telephone 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 New York, NY, US 10013 (Street and Number)		(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	111,359	11,182	(82,424)	.....	.....	40,117
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)	111,359	11,182	(82,424)	.....	.....	40,117

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
Pharmaceutical Rebate Receivables						
CVS Health	411,175	431,241	392,268	808,349	808,349	1,234,684
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	411,175	431,241	392,268	808,349	808,349	1,234,684
0299998 Claim Overpayment Receivables - Not Individually Listed					249,468	249,468
0299999 Subtotal - Claim Overpayment Receivables					249,468	249,468
Other Health Care Receivables						
CVS Health	104,425					104,425
0699998 Other Health Care Receivables - Not Individually Listed	1,757					1,757
0699999 Subtotal - Other Health Care Receivables	106,182					106,182
0799999 Gross Health Care receivables	517,357	431,241	392,268	1,057,817	1,057,817	1,340,866

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	1,048,786	2,696,465	95,431	1,947,602	1,144,217	1,250,053
2. Claim overpayment receivables			65,275	184,193	65,275	486,797
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables			1,757	104,425	1,757	
7. TOTALS (Lines 1 through 6)	1,048,786	2,696,465	162,463	2,236,220	1,211,249	1,736,850

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	652,518	99,348	23,263	11,526	170,633	957,288
0499999 Subtotals	652,518	99,348	23,263	11,526	170,633	957,288
0599999 Unreported claims and other claim reserves						11,713,478
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						12,670,766
0899999 Accrued Medical Incentive Pool and Bonus Amounts						501,974

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
						N O N E	
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
Individually Listed Payables				
Oscar Management Corporation	Administrative Service Agreement	776,246	776,246	.....
0199999 Individually Listed Payables	XXX	776,246	776,246	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	776,246	776,246	.....

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
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers	45,543	0.087	17,192	100.000	.....	45,543
4. TOTAL Capitation Payments	45,543	0.087	17,192	100.000	.....	45,543
Other Payments:						
5. Fee-for-service	52,087,462	99.913	XXX	XXX	.....	52,087,462
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	52,087,462	99.913	XXX	XXX	.....	52,087,462
13. TOTAL (Line 4 plus Line 12)	52,133,005	100.000	XXX	XXX	.....	52,133,005

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
.....
N O N E					
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						



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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 16416

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	14,269	14,269												
2. First Quarter	13,176	13,176												
3. Second Quarter	13,827	13,827												
4. Third Quarter	15,379	15,379												
5. Current Year	17,192	17,192												
6. Current Year Member Months	172,331	172,331												
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	13,778	13,778												
8. Non-Physician	7,202	7,202												
9. TOTAL	20,980	20,980												
10. Hospital Patient Days Incurred	3,476	3,476												
11. Number of Inpatient Admissions	617	617												
12. Health Premiums Written (b)	66,510,653	66,510,653												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	66,510,653	66,510,653												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	52,133,005	52,133,005												
18. Amount Incurred for Provision of Health Care Services	53,891,365	53,891,365												

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



2023

Document Code: 430

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 16416

NAIC Group Code 4818

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	14,269	14,269												
2. First Quarter	13,176	13,176												
3. Second Quarter	13,827	13,827												
4. Third Quarter	15,379	15,379												
5. Current Year	17,192	17,192												
6. Current Year Member Months	172,331	172,331												
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	13,778	13,778												
8. Non-Physician	7,202	7,202												
9. TOTAL	20,980	20,980												
10. Hospital Patient Days Incurred	3,476	3,476												
11. Number of Inpatient Admissions	617	617												
12. Health Premiums Written (b)	66,510,653	66,510,653												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	66,510,653	66,510,653												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	52,133,005	52,133,005												
18. Amount Incurred for Provision of Health Care Services	53,891,365	53,891,365												

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(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
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE .....	.....	(32,401)
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					.....	(32,401)
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	113,943	461,800
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					113,943	461,800
2199999 Total - Accident and Health - Non-Affiliates					113,943	429,399
2299999 Total - Accident and Health					113,943	429,399
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	(32,401)
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					113,943	461,800
9999999 Total (Sum of 1199999 and 2299999)					113,943	429,399

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		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	(40,455)						
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/I	CMM	236,223						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates								195,768					
1099999 Total - General Account - Authorized - Non-Affiliates								195,768					
1199999 Total - General Account - Authorized								195,768					
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	QA/I	CMM	196,817						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates								196,817					
2199999 Total - General Account - Unauthorized - Non-Affiliates								196,817					
2299999 Total - General Account - Unauthorized								196,817					
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
3999999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - Non-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								392,585					
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7399999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8499999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													

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		
			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)						195,768				
			9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						196,817				
			9999999 Total (Sum of 4599999 and 9099999)						392,585				

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-1320000	01/01/2021	Axa France Vie		575,743	66,210	641,953			477,841				477,841
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S.														
Non-Affiliates					575,743	66,210	641,953		XXX	477,841				477,841
2199999 Total - General Account - Accident and Health - Non-Affiliates					575,743	66,210	641,953		XXX	477,841				477,841
2299999 Total - General Account - Accident and Health					575,743	66,210	641,953		XXX	477,841				477,841
2399999 Total - General Account					575,743	66,210	641,953		XXX	477,841				477,841
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									XXX					
3099999 Total - Separate Accounts - Affiliates									XXX					
3499999 Total - Separate Accounts									XXX					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					575,743	66,210	641,953		XXX	477,841				477,841
9999999 Total (Sum of 2399999 and 3499999)					575,743	66,210	641,953		XXX	477,841				477,841

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer	7 Effective Date of Certified Reinsurer	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral (Col. 14 x Col. 8)	15 Dollar Amount of Collateral Required for Full Credit	Collateral							23 Percent of Collateral Provided for Net Obligation	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)	
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
9999999 Total (Sum of 2399999 and 3499999)																										

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	NONE			Letters of Credit Amount

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	393	20,885	13,725	22,810	8,081
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance	(15)	2,341	1,319	2,473	.....
5. TOTAL Hospital and Medical Expenses	281	17,739	10,990	19,143	.....
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(45)	(5,439)	(3,908)	(5,218)	.....
7. Claims payable	429	3,177	1,836	1,381	.....
8. Reinsurance recoverable on paid losses	114	5,075	3,174	6,625	5,571
9. Experience rating refunds due or unpaid	201	2,378	222	2,955	.....
10. Commissions and reinsurance expense allowances due		565	418	66	.....
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)	478	4,971	1,792	1,152	.....
16. Other (O)			3,799	2,282	.....
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	51,950,450		51,950,450
2. Accident and health premiums due and unpaid (Line 15)	40,117		40,117
3. Amounts recoverable from reinsurers (Line 16.1)	113,943	(113,943)	
4. Net credit for ceded reinsurance	X X X	534,874	534,874
5. All other admitted assets (Balance)	3,027,235	(200,911)	2,826,324
6. TOTAL Assets (Line 28)	55,131,745	220,020	55,351,765
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	12,241,367	429,399	12,670,766
8. Accrued medical incentive pool and bonus payments (Line 2)	501,974		501,974
9. Premiums received in advance (Line 8)	2,822,363		2,822,363
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)	164,112	(164,112)	
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)	23,725,147	(45,267)	23,679,880
15. TOTAL Liabilities (Line 24)	39,454,963	220,020	39,674,983
16. TOTAL Capital and Surplus (Line 33)	15,676,782	X X X	15,676,782
17. TOTAL Liabilities, Capital and Surplus (Line 34)	55,131,745	220,020	55,351,765
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	429,399		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	113,943		
22. Other ceded reinsurance recoverables	200,911		
23. TOTAL Ceded Reinsurance Recoverables	744,253		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance	164,112		
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	45,267		
30. TOTAL Ceded Reinsurance Payables/Offsets	209,379		
31. TOTAL Net Credit for Ceded Reinsurance	534,874		

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)	N O N E		.....	.....	.....
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 ..	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.	Ownership	100.0	Joshua Kushner	No ..		
4818	Oscar Health, Inc.	00000	844784269	.....	.....	N/A	Mulberry Insurance Agency	DE .. NIA ..	Oscar 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.	Ownership	100.0	Joshua Kushner	No ..		
4818	Oscar Health, Inc.	16231	371867604	.....	.....	N/A	Oscar Garden State Insurance Corporation	NJ .. IA ..	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.	Ownership	100.0	Joshua Kushner	No ..		
4818	Oscar Health, Inc.	15829	473103726	.....	.....	N/A	Oscar Health Plan of California	CA .. IA ..	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.	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.	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.	Ownership	100.0	Joshua Kushner	No ..		
4818	Oscar Health, Inc.	15777	473185443	.....	.....	N/A	Oscar Insurance Company	TX .. IA ..	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.	Ownership	100.0	Joshua Kushner	No ..		
4818	Oscar Health, Inc.	15281	462043136	.....	.....	N/A	Oscar Insurance Corporation	NY .. IA ..	Oscar 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.	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.	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, FCHN Holy Cross Holdco, LLC	No ..	0000000	
4818	Oscar Health, Inc.	00000	873253539	.....	.....	N/A	Oscar South Florida HoldCo, LLC	DE .. NIA ..	Oscar Health Inc.	Ownership	50.0	Joshua Kushner	No ..	00000001	
4818	Oscar Health, Inc.	00000	873253539	.....	.....	N/A	Oscar South Florida HoldCo, LLC	DE .. NIA ..	FCHN Holy Cross HoldCo, LLC	Ownership	50.0	FCHN Holy Cross HoldCo, LLC	No ..	00000001	

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

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)	
999999 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.	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
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1641620233600000

2023

Document Code: 360

Health Life Supplement - March



1641620232050000

2023

Document Code: 205

Schedule SIS



1641620234200000

2023

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



1641620233710000

2023

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1641620233700000

2023

Document Code: 370

Medicare Part D Coverage Supplement



1641620233650000

2023

Document Code: 365

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



1641620232400000

2023

Document Code: 224

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



1641620232500000

2023

Document Code: 225

Approval for Relief related to Require. for Audit Committees



1641620232600000

2023

Document Code: 226

LTC Supplemental Interrogatories



1641620233060000

2023

Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



2023

Document Code: 211

16416202321100000

Management's Report of Internal Control over Financial Reporting



2023

Document Code: 223

16416202322300000



16416202360036100

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 16416

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