



16416202420100100

2024

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ended DECEMBER 31, 2024**  
**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, Suite 125 (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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	75 Varick Street, 5th floor New York, NY, US 10013 (Street and Number)		75 Varick Street, 5th floor (Street and Number) (646)403-3677 (Area Code) (Telephone Number)			
Internet Website Address	hioscar.com					
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	#
Janet Liang Victoria Baltrus Melissa Curtin	President Treasurer Corporate Secretary	

**OTHERS**

**DIRECTORS OR TRUSTEES**

Janet Liang # Sean Martin MD Lori Nelson #	Fausto Palazzetti Geoffrey Bartsch #
--	---

State of Illinois  
County of Cook 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) Janet Liang (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                   , 2025

a. Is this an original filing?  
 b. If no: 1. State the amendment number  
           2. Date filed  
           3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	117,735,631		117,735,631	415,067
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....67,583,558, Schedule E-Part 1), cash equivalents (\$.....1,117,418, Schedule E-Part 2) and short-term investments (\$.....7,742,140, Schedule DA) .....	76,443,116		76,443,116	51,535,383
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	194,178,747		194,178,747	51,950,450
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,043,192		1,043,192	3,759
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	276,504		276,504	40,117
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	14,832,064		14,832,064	113,943
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	211,043		211,043	200,911
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	2,094,504		2,094,504	429,884
18.2 Net deferred tax asset .....	1,816,622		1,816,622	989,675
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....5,516,299) and other amounts receivable .....	7,080,189	1,236,721	5,843,468	1,403,006
25. Aggregate write-ins for other-than-invested assets .....	6,487	6,487		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	221,539,352	1,243,208	220,296,144	55,131,745
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	221,539,352	1,243,208	220,296,144	55,131,745
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. TPA Deposit .....	6,487	6,487		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	6,487	6,487		

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....3,591,983 reinsurance ceded)	53,393,353		53,393,353	12,241,367
2. Accrued medical incentive pool and bonus amounts	1,358,724		1,358,724	501,974
3. Unpaid claims adjustment expenses	814,847		814,847	175,983
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	85,204,965		85,204,965	21,177,793
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves	7,912,647		7,912,647	308,784
8. Premiums received in advance	4,218,962		4,218,962	2,822,363
9. General expenses due or accrued	3,664,473		3,664,473	1,047,642
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	18,605,285		18,605,285	45,267
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	3,633,805		3,633,805	776,246
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				164,112
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....1,430,974 current)	1,430,974		1,430,974	193,432
24. TOTAL Liabilities (Lines 1 to 23)	180,238,035		180,238,035	39,454,963
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	4,000	4,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	17,057,566	17,057,566
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	22,996,543	(1,384,784)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	40,058,109	15,676,782
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	220,296,144	55,131,745
<b>DETAILS OF WRITE-INS</b>				
2301. Advanced premium tax credit payable	1,430,974		1,430,974	148,357
2302. Premium refunds payable				45,075
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,430,974		1,430,974	193,432
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	761,997	172,331
1. Member Months .....	XXX	761,997	172,331
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	246,734,187	66,118,068
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. TOTAL Revenues (Lines 2 to 7) .....	XXX	246,734,187	66,118,068
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		191,337,569	34,054,077
10. Other professional services .....		2,124,299	9,454,222
11. Outside referrals .....			
12. Emergency room and out-of-area .....		11,633,287	1,325,911
13. Prescription drugs .....		20,297,118	8,555,181
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....		856,750	501,974
16. Subtotal (Lines 9 to 15) .....		226,249,023	53,891,365
<b>Less:</b>			
17. Net reinsurance recoveries .....		46,230,111	281,166
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		180,018,912	53,610,199
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....3,181,305 cost containment expenses .....		5,484,921	1,580,143
21. General administrative expenses .....		36,804,406	11,177,876
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		222,308,239	66,368,218
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	24,425,948	(250,150)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		6,391,853	2,573,229
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....		6,391,853	2,573,229
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	30,817,801	2,323,079
31. Federal and foreign income taxes incurred .....	XXX	7,248,629	593,893
32. Net income (loss) (Lines 30 minus 31) .....	XXX	23,569,172	1,729,186
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

# STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	15,676,782	13,319,747
34. Net income or (loss) from Line 32 .....	23,569,172	1,729,186
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	811,823	1,004,799
39. Change in nonadmitted assets .....	(163,780)	(310,249)
40. Change in unauthorized and certified reinsurance .....	164,112	(66,701)
41. Change in treasury stock .....		
42. Change in surplus notes .....		
43. Cumulative effect of changes in accounting principles .....		
44. Capital Changes:		
44.1 Paid in .....		
44.2 Transferred from surplus (Stock Dividend) .....		
44.3 Transferred to surplus .....		
45. Surplus adjustments:		
45.1 Paid in .....		
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	24,381,327	2,357,035
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	40,058,109	15,676,782
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	333,213,641	60,798,807
2.	Net investment income .....	4,791,155	2,573,248
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	338,004,796	63,372,055
5.	Benefit and loss related payments .....	149,489,599	44,602,794
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	37,934,915	12,192,150
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	8,913,249	1,023,777
10.	TOTAL (Lines 5 through 9) .....	196,337,763	57,818,721
11.	Net cash from operations (Line 4 minus Line 10) .....	141,667,033	5,553,334
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	757,000	
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	757,000	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	117,516,300	
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	117,516,300	
14.	Net increase/(decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(116,759,300)	
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	24,907,733	5,553,334
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	51,535,383	45,982,049
19.2	End of year (Line 18 plus Line 19.1) .....	76,443,116	51,535,383

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

20.0001		
---------	--	--

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## DETAILS OF WRITE-INS

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) Individual .....	299,284,979		52,550,792	246,734,187
2. Comprehensive (hospital and medical) Group .....				
3. Medicare Supplement .....				
4. Vision only .....				
5. Dental only .....				
6. Federal Employees Health Benefits Plan .....				
7. Title XVIII - Medicare .....				
8. Title XIX - Medicaid .....				
9. Credit A&H .....				
10. Disability Income .....				
11. Long-Term Care .....				
12. Other health .....				
13. Health subtotal (Lines 1 through 12) .....	299,284,979		52,550,792	246,734,187
14. Life .....				
15. Property/casualty .....				
16. TOTALS (Lines 13 to 15) .....	299,284,979		52,550,792	246,734,187

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	177,828,177	177,828,177												
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	28,349,406	28,349,406												
1.4 Net	149,478,771	149,478,771												
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	56,985,336	56,985,336												
3.2 Reinsurance assumed														
3.3 Reinsurance ceded	3,591,983	3,591,983												
3.4 Net	53,393,353	53,393,353												
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	7,912,647	7,912,647												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	7,912,647	7,912,647												
5. Accrued medical incentive pools and bonuses, current year	1,358,724	1,358,724												
6. Net healthcare receivables (a)	4,354,337	4,354,337												
7. Amounts recoverable from reinsurers December 31, current year	14,832,064	14,832,064												
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	12,670,766	12,670,766												
8.2 Reinsurance assumed														
8.3 Reinsurance ceded	429,399	429,399												
8.4 Net	12,241,367	12,241,367												
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	308,784	308,784												
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net	308,784	308,784												
10. Accrued medical incentive pools and bonuses, prior year	501,974	501,974												
11. Amounts recoverable from reinsurers December 31, prior year	113,943	113,943												
12. Incurred benefits:														
12.1 Direct	225,392,273	225,392,273												
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	46,230,111	46,230,111												
12.4 Net	179,162,162	179,162,162												
13. Incurred medical incentive pools and bonuses	856,750	856,750												

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	1,733,723	1,733,723												
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	1,733,723	1,733,723												
2. Incurred but Unreported:														
2.1 Direct	55,251,613	55,251,613												
2.2 Reinsurance assumed														
2.3 Reinsurance ceded	3,591,983	3,591,983												
2.4 Net	51,659,630	51,659,630												
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	56,985,336	56,985,336												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded	3,591,983	3,591,983												
4.4 Net	53,393,353	53,393,353												

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) Individual .....	6,119,486	139,174,657	1,588,708	59,717,292	7,708,194	12,550,151
2. Comprehensive (hospital and medical) Group .....						
3. Medicare Supplement .....						
4. Vision only .....						
5. Dental only .....						
6. Federal Employees Health Benefits Plan .....						
7. Title XVIII - Medicare .....						
8. Title XIX - Medicaid .....						
9. Credit A&H .....						
10. Disability Income .....						
11. Long-Term Care .....						
12. Other health .....						
13. Health subtotal (Lines 1 to 12) .....	6,119,486	139,174,657	1,588,708	59,717,292	7,708,194	12,550,151
14. Healthcare receivables (a) .....	1,760,294	8,773,199	446,421	6,306,599	2,206,715	2,398,683
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....			296,286	1,062,438	296,286	501,974
17. TOTALS (Lines 13 - 14 + 15 + 16) .....	4,359,192	130,401,458	1,438,573	54,473,131	5,797,765	10,653,442

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

## Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	911	920	744	1,016	1,032
2. 2020 .....	(1,418)	1,742	1,685	1,924	1,944
3. 2021 .....	XXX	13,479	15,562	15,921	15,869
4. 2022 .....	XXX	XXX	21,696	28,822	29,230
5. 2023 .....	XXX	XXX	XXX	38,400	42,367
6. 2024 .....	XXX	XXX	XXX	XXX	130,401

## Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	1,227	1,084	1,020	1,032	1,032
2. 2020 .....	2,210	1,955	1,966	1,942	1,944
3. 2021 .....	XXX	16,238	16,240	16,040	15,875
4. 2022 .....	XXX	XXX	28,345	29,417	29,396
5. 2023 .....	XXX	XXX	XXX	50,704	44,080
6. 2024 .....	XXX	XXX	XXX	XXX	191,181

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020 .....	4,568	1,944	1,328	68.334	3,272	71.638			3,272	71.638
2. 2021 .....	20,895	15,869	869	5.476	16,738	80.105	6		16,744	80.134
3. 2022 .....	34,622	29,230	1,600	5.475	30,830	89.048	166	4	31,000	89.539
4. 2023 .....	66,118	42,367	1,805	4.260	44,172	66.808	1,713	16	45,901	69.423
5. 2024 .....	246,734	130,401	4,299	3.297	134,700	54.593	60,780	795	196,275	79.549

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)**  
**Hospital and Medical**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	911	920	744	1,016	1,032
2. 2020 .....	(1,418)	1,742	1,685	1,924	1,944
3. 2021 .....	XXX	13,479	15,562	15,921	15,869
4. 2022 .....	XXX	XXX	21,696	28,822	29,230
5. 2023 .....	XXX	XXX	XXX	38,400	42,367
6. 2024 .....	XXX	XXX	XXX	XXX	130,401

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	1,227	1,084	1,020	1,032	1,032
2. 2020 .....	2,210	1,955	1,966	1,942	1,944
3. 2021 .....	XXX	16,238	16,240	16,040	15,875
4. 2022 .....	XXX	XXX	28,345	29,417	29,396
5. 2023 .....	XXX	XXX	XXX	50,704	44,080
6. 2024 .....	XXX	XXX	XXX	XXX	191,181

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020 .....	4,568	1,944	1,328	68.334	3,272	71.638			3,272	71.638
2. 2021 .....	20,895	15,869	869	5.476	16,738	80.105	6		16,744	80.134
3. 2022 .....	34,622	29,230	1,600	5.475	30,830	89.048	166	4	31,000	89.539
4. 2023 .....	66,118	42,367	1,805	4.260	44,172	66.808	1,713	16	45,901	69.423
5. 2024 .....	246,734	130,401	4,299	3.297	134,700	54.593	60,780	795	196,275	79.549

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other . . . . . NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves .....												
2.	Additional policy reserves (a) .....												
3.	Reserve for future contingent benefits .....												
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....												
5.	Aggregate write-ins for other policy reserves .....	85,204,965	85,204,965										
6.	TOTALS (Gross) .....	85,204,965	85,204,965										
7.	Reinsurance ceded .....												
8.	TOTALS (Net) (Page 3, Line 4) .....	85,204,965	85,204,965										
9.	Present value of amounts not yet due on claims .....	7,912,647	7,912,647										
10.	Reserve for future contingent benefits .....												
11.	Aggregate write-ins for other claim reserves .....												
12.	TOTALS (Gross) .....	7,912,647	7,912,647										
13.	Reinsurance ceded .....												
14.	TOTALS (Net) (Page 3, Line 7) .....	7,912,647	7,912,647										
<b>DETAILS OF WRITE-INS</b>													
0501.	ACA Risk Adjustment Payable .....	85,204,965	85,204,965										
0502.	.....												
0503.	.....												
0598.	Summary of remaining write-ins for Line 5 from overflow page .....												
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	85,204,965	85,204,965										
1101.	.....												
1102.	.....												
1103.	.....												
1198.	Summary of remaining write-ins for Line 11 from overflow page .....												
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....												

(a) Includes \$.....0 premium deficiency reserve.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)					
2. Salaries, wages and other benefits	1,911,243	775,167	8,100,047		10,786,457
3. Commissions (less \$.....4,801,325 ceded plus \$.....0 assumed)			(4,739,961)		(4,739,961)
4. Legal fees and expenses			41,822		41,822
5. Certifications and accreditation fees			217,942		217,942
6. Auditing, actuarial and other consulting services			813,154		813,154
7. Traveling expenses			101,521		101,521
8. Marketing and advertising			14,704,101		14,704,101
9. Postage, express and telephone		77,808	133,380		211,188
10. Printing and office supplies			13,021		13,021
11. Occupancy, depreciation and amortization			2,511,330		2,511,330
12. Equipment			(12,652)		(12,652)
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services			49,040		49,040
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			(12)		(12)
17. Collection and bank service charges			131,635	11,173	142,808
18. Group service and administration fees	1,160,157	1,402,803	2,314,258		4,877,218
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes			6,643		6,643
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			3,255,296		3,255,296
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	109,905	47,838	431,223		588,966
23.5 Other (excluding federal income and real estate taxes)			8,418,326		8,418,326
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			314,292		314,292
26. TOTAL Expenses Incurred (Lines 1 to 25)	3,181,305	2,303,616	36,804,406	11,173	(a) 42,300,500
27. Less expenses unpaid December 31, current year	472,619	342,228	3,664,473		4,479,320
28. Add expenses unpaid December 31, prior year	131,244	44,739	1,047,642		1,223,625
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,839,930	2,006,127	34,187,575	11,173	39,044,805

**DETAILS OF WRITE-INS**

2501. Interest Penalties			147,626		147,626
2502. Bad Debts			166,666		166,666
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			314,292		314,292

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	779,732	1,565,834
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....	.....
1.2 Other bonds (unaffiliated) .....	(a) .....	226,787	377,917
1.3 Bonds of affiliates .....	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans .....	(c) .....	.....	.....
4. Real estate .....	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) .....	4,357,073	4,459,275
7. Derivative instruments .....	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL gross investment income .....	5,363,592	.....	6,403,026
11. Investment expenses .....	(g) .....	11,173	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	.....	.....
13. Interest expense .....	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets .....	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	11,173	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	6,391,853

## DETAILS OF WRITE-INS

0901. .....	.....	.....	.....
0902. .....	.....	.....	.....
0903. .....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. .....	.....	.....	.....
1502. .....	.....	.....	.....
1503. .....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....624,826 accrual of discount less \$.....63,561 amortization of premium and less \$.....831,415 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....29,975 accrual of discount less \$.....2,548 amortization of premium and less \$.....43,336 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....	.....	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. TOTAL Capital gains (losses) .....	.....	.....	.....	.....	.....

NONE

## DETAILS OF WRITE-INS

0901. .....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Investment income due and accrued .....	.....	.....	.....
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	.....
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset .....	.....	15,124	15,124
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable .....	1,236,721	1,057,817	(178,904)
25. Aggregate write-ins for other-than-invested assets .....	6,487	6,487	.....
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,243,208	1,079,428	(163,780)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27) .....	1,243,208	1,079,428	(163,780)
<b>DETAILS OF WRITE-INS</b>			
1101. .....	.....	.....	.....
1102. .....	.....	.....	.....
1103. .....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....
2501. TPA Deposit .....	6,487	6,487	.....
2502. .....	.....	.....	.....
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	6,487	6,487	.....

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	17,192	54,444	68,647	73,536	72,324	761,997
2. Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations .....	.....	.....	.....	.....	.....	.....
4. Point of Service .....	.....	.....	.....	.....	.....	.....
5. Indemnity Only .....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7. TOTAL .....	17,192	54,444	68,647	73,536	72,324	761,997
<b>DETAILS OF WRITE-INS</b>						
0601. .....	.....	.....	.....	.....	.....	.....
0602. .....	.....	.....	.....	.....	.....	.....
0603. .....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Policies**

The financial statements of Oscar Buckeye State Insurance Corporation ("The Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	Twelve Months Ended December 31, 2024	Twelve Months Ended December 31, 2023
<b>NET INCOME:</b>					
(1) Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)				\$ 23,569,172	\$ 1,729,186
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)				\$ 23,569,172	\$ 1,729,186
<b>SURPLUS</b>					
(5) Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)				\$ 40,058,109	\$ 15,676,782
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)				\$ 40,058,109	\$ 15,676,782

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratably over the terms of the applicable reinsurance contracts. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing, are charged to operations as incurred.

In addition, the Company used the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized costs using the effective interest method.
- (3-9) Not Applicable
- (10) The Company anticipates net investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from prior period.
- (13) The Company's Pharmacy Benefit Manager, CVS Health, has contractually guaranteed minimum pharmaceutical rebates. These amounts determine the Company's estimated receivable adjusted for payments received.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

**D. Going Concern**

As of March 1, 2025, the management team has evaluated the Company's operations and financial position. No uncertainties or doubt exists about the Company's ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors - Not Applicable**

**3. Business Combinations and Goodwill - Not Applicable**

**4. Discontinued Operations - Not Applicable**

**5. Investments**

A-K. Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted ) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted ) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale- excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$ 415,034	\$ 423,944	\$ (8,910)		\$ 415,034	0.187 %	0.188 %
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$ 415,034	\$ 423,944	\$ (8,910)		\$ 415,034	0.187 %	0.188 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2)-(4) Not Applicable

M-S. Not Applicable

**6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable**

**7. Investment Income**

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

<u>Interest Income Due and Accrued</u>	<u>Amount</u>
1. Gross	\$ 1,043,192
2. Nonadmitted	\$ —
3. Admitted	\$ 1,043,192

D. The aggregate deferred interest.

	<u>Amount</u>
Aggregate Deferred Interest	\$ —

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

	<u>Amount</u>
Cumulative amounts of PIK interest included in the current principal balance	\$ —

**8. Derivative Instruments** - Not Applicable

**9. Income Taxes**

A.

(1) The components of the net deferred tax asset (DTA) /liability (DTL) at December 31, 2024 are as follows:

	<b>December 31, 2024</b>			<b>December 31, 2023</b>			<b>Change</b>		
	(1) Ordinary	(2) Capital	(3) (Col 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col 4 + 5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7 + 8) Total
(a) Gross DTAs	\$1,945,813	\$ —	\$1,945,813	\$1,004,800	\$ —	\$1,004,800	\$ 941,013	\$ —	\$ 941,013
(b) Statutory valuation allowance adjustments	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(c) Adjusted Gross DTAs (1a - 1b)	\$1,945,813	\$ —	\$1,945,813	\$1,004,800	\$ —	\$1,004,800	\$ 941,013	\$ —	\$ 941,013
(d) DTAs Nonadmitted	\$ —	\$ —	\$ —	\$ 15,124	\$ —	\$ 15,124	\$ (15,124)	\$ —	\$ (15,124)
(e) Subtotal Net Admitted DTAs (1c - 1d)	\$1,945,813	\$ —	\$1,945,813	\$ 989,676	\$ —	\$ 989,676	\$ 956,137	\$ —	\$ 956,137
(f) DTLs	\$ 129,191	\$ —	\$ 129,191	\$ 1	\$ —	\$ 1	\$ 129,190	\$ —	\$ 129,190
(g) Net Admitted DTAs (DTLs) (1e - 1f)	\$1,816,622	\$ —	\$1,816,622	\$ 989,675	\$ —	\$ 989,675	\$ 826,947	\$ —	\$ 826,947

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

(2) Admission Calculation Components SSAP No. 101

	12/31/2024			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col 4 + 5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2- 5) Capital	(9) (Col 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above after application of the threshold limitation (The lesser of 2(b) 1 and 2(b) 2 below)	\$1,871,962	\$ —	\$1,871,962	\$ 989,675	\$ —	\$ 989,675	\$ 882,287	\$ —	\$ 882,287
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$1,871,962	\$ —	\$1,871,962	\$ 989,675	\$ —	\$ 989,675	\$ 882,287	\$ —	\$ 882,287
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	xxx	xxx	\$5,736,223	xxx	xxx	\$1,468,711	xxx	xxx	\$ 4,267,512
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 73,851	\$ —	\$ 73,851	\$ 1	\$ —	\$ 1	\$ 73,850	\$ —	\$ 73,850
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$1,945,813	\$ —	\$1,945,813	\$ 989,676	\$ —	\$ 989,676	\$ 956,137	\$ —	\$ 956,137
Total (2(a) + 2(b) + 2(c))									

(3) Threshold Limitation

	12/31/2024	12/31/2023
		(in whole dollars)
(a) RBC percentage used to determine recovery period and threshold limitation amount	457%	496%
(b) Amount of total adjusted capital used to determine recovery period and threshold limitation	\$ 40,058,109	\$ 15,676,782

(4) Impact of tax-planning Strategies

	12/31/2024		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 1,945,813	\$ —	\$1,004,800	\$ —	\$941,013	\$ —
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 1,945,813	\$ —	\$ 989,676	\$ —	\$956,137	\$ —
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____	No X				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

B. Regarding deferred tax liabilities that are not recognized: Not Applicable

C. Current income taxes incurred consist of the following major components:

	12/31/2024	12/31/2023	Change
<b>1. Current Income Tax</b>			
(a) Federal	\$ 7,248,629	\$ 593,893	\$ 6,654,736
(b) Foreign	\$ —	\$ —	\$ —
(c) Subtotal	\$ 7,248,629	\$ 593,893	\$ 6,654,736
(d) Federal income tax on net capital gains	\$ —	\$ —	\$ —
(e) Utilization of capital loss carry-forwards	\$ —	\$ —	\$ —
(f) Other	\$ —	\$ —	\$ —
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 7,248,629	\$ 593,893	\$ 6,654,736
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 194,766	\$ 36,808	\$ 157,958
(2) Unearned premium reserve	\$ 177,196	\$ 118,539	\$ 58,657
(3) Policyholder reserves	\$ 886,438	\$ 197,101	\$ 689,337
(4) Investments	\$ —	\$ —	\$ —
(5) Deferred acquisition costs	\$ —	\$ —	\$ —
(6) Policyholder dividends accrual	\$ —	\$ —	\$ —
(7) Fixed assets	\$ —	\$ —	\$ —
(8) Compensation and benefits accrual	\$ —	\$ —	\$ —
(9) Pension accrual	\$ —	\$ —	\$ —
(10) Receivables – nonadmitted	\$ 261,074	\$ 223,504	\$ 37,570
(11) Net operating loss carry-forward	\$ 406,676	\$ 406,723	\$ (47)
(12) Tax credit carry-forward	\$ —	\$ —	\$ —
(13) Other	\$ 19,663	\$ 22,125	\$ (2,462)
(99) Subtotal (sum of 2a1 through 2a13)	\$ 1,945,813	\$ 1,004,800	\$ 941,013
(b) Statutory valuation allowance adjustment	\$ —	\$ —	\$ —
(c) Nonadmitted	\$ —	\$ 15,124	\$ (15,124)
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 1,945,813	\$ 989,676	\$ 956,137
(e) Capital:			
(1) Investments	\$ —	\$ —	\$ —
(2) Net capital loss carry-forward	\$ —	\$ —	\$ —
(3) Real estate	\$ —	\$ —	\$ —
(4) Other	\$ —	\$ —	\$ —
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ —	\$ —	\$ —
			\$ —
(f) Statutory valuation allowance adjustment	\$ —	\$ —	\$ —
(g) Nonadmitted	\$ —	\$ —	\$ —
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ —	\$ —	\$ —
(i) Admitted deferred tax assets (2d + 2h)	\$ 1,945,813	\$ 989,676	\$ 956,137
<b>3. Deferred Tax Liabilities:</b>			
(a) Ordinary			
(1) Investments	\$ 129,191	\$ 1	\$ 129,190
(2) Fixed assets	\$ —	\$ —	\$ —

## Notes to Financial Statements

(3) Deferred and uncollected premium	\$ —	\$ —	\$ —
(4) Policyholder reserves	\$ —	\$ —	\$ —
(5) Other	\$ —	\$ —	\$ —
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 129,191	\$ 1	\$ 129,190
(b) Capital			
(1) Investments	\$ —	\$ —	\$ —
(2) Real estate	\$ —	\$ —	\$ —
(3) Other	\$ —	\$ —	\$ —
(99) Subtotal (3b1+3b2+3b3)	\$ —	\$ —	\$ —
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 129,191	\$ 1	\$ 129,190
<b>4. Net DTAs/DTLs (2i - 3c)</b>	<b>\$ 1,816,622</b>	<b>\$ 989,675</b>	<b>\$ 826,947</b>

The change in net deferred income taxes is comprised of the following :

	<u>12/31/2024</u>	<u>12/31/2023</u>	<u>Change</u>
Total deferred tax assets	\$ 1,945,813	\$ 1,004,800	\$ 941,013
Total deferred tax liabilities	\$ 129,191	\$ 1	\$ 129,190
Net deferred tax assets/liabilities	\$ 1,816,622	\$ 1,004,799	\$ 811,823
Tax effect of unrealized gains/losses			\$ —
Change in net deferred income taxes			\$ 811,823

The Company evaluates the need for a valuation allowance against its deferred tax assets considering all available positive and negative evidence. The realization of deferred tax assets depends on the Company's historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Based on its analysis, the Company concluded that it is more likely than not that all of the deferred tax asset will be realized as of December 31, 2024 and December 2023.

#### D. Effective Tax Rate Reconciliation

	<u>12/31/2024</u>		<u>12/31/2023</u>	
		Effective Tax Rate		Effective Tax Rate
Income (Loss) before income tax	\$ 30,817,801		\$ 2,323,079	
Income tax expense at Federal Statutory Rate	\$ 6,471,738	21.00 %	\$ 487,847	21.00 %
Change in non-admitted assets	\$ (37,570)	(0.12)%	\$ (61,976)	(2.67)%
Change in valuation allowance	\$ —	— %	\$ (836,776)	(36.02)%
Other	\$ 2,638	0.01 %	\$ (1)	— %
Total income tax expense (benefit)	\$ 6,436,806	20.89 %	\$ (410,906)	(17.69)%
Federal current tax expense (benefit)	\$ 7,248,629	23.52 %	\$ 593,893	25.56 %
Change in deferred income tax expense (benefit)	\$ (811,823)	(2.63)%	\$ (1,004,799)	(43.25)%
Total income tax expense (benefit)	\$ 6,436,806	20.89 %	\$ (410,906)	(17.69)%

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

E. At December 31, 2024, the Company had net operating loss carryforwards available to offset against future taxable income of \$1,936,549, which expires as follows:

<u>Amount</u>	<u>Origination Date</u>	<u>Expiration Date</u>
\$ 839,024	2018	2038
\$ —	2019	2039
\$ —	2020	2040
\$ 1,097,525	2021	2041
\$ —	2022	2042
\$ —	2023	2043
	2024	2044
\$ 1,936,549		

The Company had no deposits at December 31, 2024 under Section 6603 of the Code.

F. The Company's federal income tax return is consolidated with the following entities: Oscar Health, Inc., Oscar Management Corporation, Mulberry Insurance Agency Inc., Oscar Insurance Corporation of New Jersey, Oscar Health Maintenance Org of Florida, Inc., Oscar Medical Group California, P.C., Oscar Medical of New York, P.C., Oscar Medical Group, P.A., Oscar Insurance Corporation, Oscar Health Plan of California, Oscar Insurance Company, Oscar Garden State Insurance Corporation, Oscar Health Plan, Inc., Oscar Insurance Company of Florida, Oscar Buckeye State Insurance Corporation, Oscar Health Plan of New York, Inc., Oscar Health Plan of Pennsylvania, Inc., Oscar Health Plan of Georgia, Oscar Health Plan of North Carolina, Inc., Oscar Golden State Managed Care.

The Company participates in an Income Tax Allocation Agreement with its parent, Oscar Health Inc., and each of the affiliates included in the consolidated tax return. Federal income tax liability is allocated in the manner provided by Treasury Regulation Section 1.1502-33(d)(3) ("Percentage Method"). The Percentage Method under this paragraph (d)(3) allocates tax liability based on the absorption of tax attributes, without taking into account the ability of any member to subsequently absorb its own tax attributes. The allocation under this method is in addition to the allocation under section 1552.

G. The Company complies with the NAIC's statutory accounting and reporting guidelines regarding tax loss contingencies under SSAP No. 5R, Liabilities, Loss Contingencies and Impairments of Assets. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date. The Company began operations during 2018 and is open to federal tax examination for the tax years 2021 through 2023.

H. Repatriation Tax: Not Applicable

I. Alternative Minimum Tax Credit

- i. On August 16, 2022, the Inflation Reduction Act of 2022 ("Act") was signed into law. The Act includes a new Federal alternative minimum tax ("AMT"), effective January 1, 2023, that is based on the adjusted financial statement income ("AFSI") set forth on the applicable financial statement ("AFS") of an applicable corporation. A corporation is an applicable corporation if its rolling average pre-tax AFSI over three prior years (starting with 2021-2023) is greater than \$1 billion. For a group of related entities, the \$1 billion threshold is determined on a group basis, and the group's AFS is generally treated as the AFS for all separate taxpayers in the group. An applicable corporation is not automatically subject to an AMT liability. The corporation's tentative AMT liability is equal to 15% of its adjusted AFSI, and AMT is payable to the extent the tentative AMT liability exceeds regular corporate income tax. However, any AMT paid would be indefinitely available as a credit carryover that could reduce future regular tax in excess of AMT.
- ii. The Company, and the controlled group of corporations of which the reporting entity is a member, has determined that they do not expect to be liable for AMT for the 2024 tax year.
- iii. Based upon information available as of December 31, 2024, the controlled group of corporations of which the Company is a member, does not expect to qualify as an applicable corporation.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A.-D. Oscar Health Inc. ("OHI" or the "Parent") funds the Company, if necessary, in order to support ongoing operations and meet the reserve requirements established by the ODI. The Company received no capital contributions during 2024 and 2023.

Effective 2024, the Company ("Lender") entered into a revolving credit agreement with Oscar Insurance Corporation of Ohio ("Borrower") at an interest rate equal to the Secured Overnight Financing Rate ("SOFR"). This agreement allows the Borrower to draw up to a limit in aggregate principal amount of \$15,000,000 from the Company. As of December 31, 2024, the Company had no outstanding balances due from the Borrower related to this agreement.

The Company was due to pay \$3,633,805 to its affiliate, Oscar Management Corporation ("OMC"), as of December 31, 2024 for operating expenses paid on the Company's behalf. The Company is billed 30 days following the close of the month and will then reimburse these amounts 15 days after receipt of invoice. The Company participates in an Income Tax Allocation Agreement with its parent, OHI, and each of the affiliates included in the consolidated federal tax return. The Company was due to receive \$2,094,504 from OHI as December 31, 2024. The Company's tax sharing amount of \$429,884 receivable from OHI at December 31, 2023 has been fully settled as of December 31, 2024.

E. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by OMC and subsequently reimbursed by affiliated companies.

F. None

G. All outstanding shares of the Company are owned by the parent company, OHI an insurance holding company domiciled in the State of Delaware.

H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.

I-O. None

**11. Debt - Not Applicable**

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A-D. Not Applicable

E. Defined Contribution Plans

OHI sponsors certain 401(k) Plans for its employees which are funded by voluntary contributions with an employer match. OMC charges the subsidiaries with its share of the employer match. The Company incurred approximately \$110,845 and \$48,464 for the twelve months ended December 31, 2024 and 2023, respectively, in 401(k) matching contribution expense.

F-I. Not Applicable

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

A. The Company has 400,000 shares, with a par value of \$0.01, that are authorized, issued and outstanding as of December 31, 2024. All shares are Class A shares.

B. No preferred stock has been authorized.

C. Under Ohio law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company's statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjusted net investment income for such period) as to the amount of dividends it may declare or pay in any twelve month period without the prior approval of the ODI.

D-M. Not Applicable

**14. Liabilities, Contingencies and Assessments - Not Applicable**

**15. Leases - Not Applicable**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities - Not Applicable**

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable**

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

# Notes to Financial Statements

## 20. Fair Value Measurements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. Fair value represents the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants. The Company's financial assets and liabilities measured at fair value on a recurring basis are categorized into a three-level fair value hierarchy based on the priority of the inputs used in the fair value valuation technique.

The levels of the fair value hierarchy are as follows:

Level 1 - Inputs utilize quoted (unadjusted) prices in active markets for identical assets or liabilities.

Level 2 - Inputs utilize quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; or model-derived valuations in which all significant inputs are observable in active markets.

Level 3 - Inputs utilized are unobservable but significant to the fair value measurement for the asset or liability. The unobservable inputs are used to measure fair value to the extent relevant observable inputs are not available. The unobservable inputs typically reflect management's own estimates about the assumptions a market participant would use in pricing the asset or liability.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

### A. Fair Value

#### (1) Fair Value Measurements at Reporting Date:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
<b>Perpetual Preferred stock</b>					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Perpetual Preferred Stocks</b>					
<b>Bonds</b>					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
<b>Total Bonds</b>					
<b>Common Stock</b>					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Common Stocks</b>					
<b>Derivative assets</b>					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
<b>Total Derivatives</b>					
Separate account assets					
<b>Total assets at fair value/NAV</b>					
<b>b. Liabilities at fair value</b>					
Derivative liabilities					
<b>Total liabilities at fair value</b>					

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value as of December 31, 2024 and December 31, 2023.

(3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the periods ended December 31, 2024 and December 31, 2023.

(4) Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

(5) The Company does not have any derivative assets and liabilities.

B. Fair Value Combination - Not Applicable

C. Fair Value Hierarchy at December 31, 2024:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$117,076,265	\$117,735,631	\$—	\$117,076,265	\$—	\$—	\$—
Short-Term	\$7,732,779	\$7,742,140	\$—	\$7,732,779	\$—	\$—	\$—
Cash Equivalents	\$1,117,418	\$1,117,418	\$1,117,418	\$—	\$—	\$—	\$—

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Investments Measured Using the NAV Practical Expedient - Not Applicable

**21. Other Items** - Not Applicable

**22. Events Subsequent**

Type I – Recognized Subsequent Events:

There have been no Type I events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes( ) No (X)

(2) Have any policies issued by the corporation been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes( ) No (X)

a. Not Applicable

b. The total amount of reinsurance credits taken as an asset or reduction of a liability is \$18,635,090.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies?

Yes( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated change in surplus for elimination of all reinsurance amounts would be \$(29,805).

# Notes to Financial Statements

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes( ) No (X)

B. Uncollectable Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

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

E. Reinsurance Credit

(1) - Not Applicable

(2) - Not Applicable

(3) - Not Applicable

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

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

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

(5-6) - Not Applicable

## 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. Not Applicable

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?  
YES

The Company had zero balances for the risk corridors and reinsurance programs due to the termination of this portion of the programs.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

Description		Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1 Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)		\$0
Liabilities		
2 Risk adjustment user fees payable for ACA Risk Adjustment		\$111,283
3 Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$85,204,965
Operations (Revenue & Expense)		
4 Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$(85,342,463)
5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$116,812

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
			Prior Year Accrued Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)		9	10
	1	2	3	4	5	6	7	8		Receivable	Payable
Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	9	10	Receivable
a. Permanent ACA Risk											
1.Premium - adjustments receivable (including high risk pool payments)											
	\$ —		\$ 36,479		\$ (36,479)		\$36,186		A	\$ (293)	
2.Premium - adjustments (payable) (including high											
3.Subtotal ACA Permanent Risk Adjustment Program			\$21,177,793		\$21,351,769		\$ (173,976)		B	\$ 187,318	\$ 13,342
	\$ —	\$21,177,793	\$ 36,479	\$21,351,769	\$ (36,479)	\$ (173,976)	\$36,186	\$187,318		\$ (293)	\$13,342

A. Adjustments recorded to prior years balance estimates for new market data received in 2024.

B. Adjustments recorded to prior years balance estimates for new market data received in 2024.

## 25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2023 were \$12,550,151. As of December 31, 2024, \$6,119,486 has been paid for insured claims and claim adjustment expenses attributable to insured events of the prior years. Reserves remaining for prior years are now \$1,588,708 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been \$(4,841,957) of unfavorable (favorable) prior-year development from December 31, 2023 to December 31, 2024. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses, including reasons for the change and the effects on the financial statements, for the most recent reporting period presented.

## 26. Intercompany Pooling Arrangements - Not Applicable

## 27. Structured Settlements - Not Applicable

## 28. Health Care Receivables

### A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 4,520,092	\$ 756,418	\$ —	\$ —	\$ —
9/30/2024	\$ 3,966,026	\$ 3,929,109	\$ —	\$ 3,648,516	\$ —
6/30/2024	\$ 3,373,960	\$ 3,558,103	\$ —	\$ 2,920,530	\$ —
3/31/2024	\$ 2,333,403	\$ 2,604,274	\$ —	\$ 2,179,868	\$ 24,285
12/31/2023	\$ 1,209,167	\$ 1,209,167	\$ —	\$ 894,202	\$ 264,456
9/30/2023	\$ 1,379,090	\$ 1,379,090	\$ 856,155	\$ —	\$ 455,850
6/30/2023	\$ 1,104,830	\$ 1,104,830	\$ 835,912	\$ 139,803	\$ 8,090
3/31/2023	\$ 952,361	\$ 952,361	\$ 780,631	\$ —	\$ 95,768
12/31/2022	\$ 979,155	\$ 979,155	\$ 787,365	\$ 146,490	\$ 2,848
9/30/2022	\$ 921,843	\$ 918,714	\$ 816,986	\$ —	\$ 95,320
6/30/2022	\$ 991,785	\$ 991,785	\$ 817,326	\$ —	\$ 173,210
3/31/2022	\$ 829,282	\$ 829,282	\$ 696,303	\$ 93,153	\$ 27,494

### B. Risk-Sharing Receivables - Not Applicable

## 29. Participating Policies- Not Applicable

ANNUAL STATEMENT FOR THE YEAR **2024** OF THE **Oscar Buckeye State Insurance Corporation**  
**Notes to Financial Statements**

**30. Premium Deficiency Reserves**

(1) Liability carried for premium deficiency reserves	\$0
(2) Date of the most recent evaluation of this liability	December 31, 2024
(3) Was anticipated investment income utilized in this calculation?	YES

**31. Anticipated Salvage and Subrogation - Not Applicable**

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

2.2 If yes, date of change:

Yes[X] No[ ] N/A[ ]  
 Ohio  
 Yes[X] No[ ]  
 0001568651

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?  
 Participating States: AZ, FL, GA, NC, NJ, NY, OH, PA, TX

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2020  
 12/31/2020  
 08/29/2022

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  
 4.22 renewals?

Yes[ ] No[X]  
 Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
 If yes, complete and file the merger history data file with the NAIC.

Yes[ ] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

6.2 If yes, give full information:

Yes[ ] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]

7.2 If yes,  
 7.21 State the percentage of foreign control  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.000%

1 Nationality	2 Type of Entity
.....	.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?  
 8.2 If response to 8.1 is yes, please identify the name of the DIHC.  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

Yes[ ] No[X]

Yes[ ] No[X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?  
 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[ ] No[X]

Yes[ ] No[X] N/A[ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Pricewaterhouse Coopers LLC, Two Commerce Square - Suite 1800, 2001 Market Street, Philadelphia, PA 19103

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  
 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  
 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  
 10.6 If the response to 10.5 is no or n/a, please explain:

Yes[ ] No[X]

Yes[ ] No[X]

Yes[X] No[ ] N/A[ ]

**GENERAL INTERROGATORIES (Continued)**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
William Ober (Chief Actuary) 75 Varick Street, New York, NY 10013

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]

12.11 Name of real estate holding company  
12.12 Number of parcels involved  
12.13 Total book/adjusted carrying value  
\$..... 0

12.2 If yes, provide explanation

## 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  
13.3 Have there been any changes made to any of the trust indentures during the year?  
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:  
14.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]  
14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]  
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[ ] No[X]  
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers  
20.12 To stockholders not officers  
20.13 Trustees, supreme or grand (Fraternal only)  
\$..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers  
20.22 To stockholders not officers  
20.23 Trustees, supreme or grand (Fraternal only)  
\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others  
21.22 Borrowed from others  
21.23 Leased from others  
21.24 Other  
\$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[X] No[ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment  
22.22 Amount paid as expenses  
22.23 Other amounts paid  
\$..... 21,315,290  
\$..... 0  
\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]  
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  
\$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes[ ] No[X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

## GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

## INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes[X] No[ ]

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$..... 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$..... 0

25.093 Total payable for securities lending reported on the liability page. \$..... 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes[X] No[ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$..... 0

26.22 Subject to reverse repurchase agreements \$..... 0

26.23 Subject to dollar repurchase agreements \$..... 0

26.24 Subject to reverse dollar repurchase agreements \$..... 0

26.25 Placed under option agreements \$..... 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$..... 0

26.27 FHLB Capital Stock \$..... 0

26.28 On deposit with states \$..... 415,034

26.29 On deposit with other regulatory bodies \$..... 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$..... 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$..... 0

26.32 Other \$..... 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[ ] No[X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[ ] No[ ]

27.4 If the response to 27.3 is yes, does the reporting entity utilize:

27.41 Special Accounting Provision of SSAP No. 108 Yes[ ] No[ ]

27.42 Permitted Accounting Practice Yes[ ] No[ ]

27.43 Other Accounting Guidance Yes[ ] No[ ]

27.5 By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes[ ] No[ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[ ] No[X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$..... 0

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]

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

1 Name of Custodian(s)	2 Custodian's Address
U.S. Bank NA .....	1 Federal Street Boston, MA 02110 .....

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes[X] No[ ]

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

ANNUAL STATEMENT FOR THE YEAR **2024** OF THE Oscar Buckeye State Insurance Corporation  
**GENERAL INTERROGATORIES (Continued)**

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A .....	U.S. Bank NA .....	05/15/2024 ..	New Investment Account .....

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "...handle securities"]

1	Name of Firm or Individual	2	Affiliation
	JP Morgan Asset Management .....		U .....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[X] No[ ]

6 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107038 .....	JP Morgan Asset Management	549300W78QHV4XMM6K69 .....	SEC .....	NO .....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes [ ] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total .....		

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		
.....	.....	.....	.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
	Statement (Admitted) Value	Fair Value	
31.1 Bonds .....	125,477,771	124,809,044	(668,727)
31.2 Preferred stocks .....			
31.3 Totals .....	125,477,771	124,809,044	(668,727)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair value is determined in line with SSAP 100R. Level 1 is based on the quoted market price in active markets for the exact assets. Level 2 is based on the quoted market price in active markets for similar assets. Level 3 involves alternative valuation methods.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair

Yes[X] No[ ] N/A[ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?  
33.2 If no, list exceptions:

Yes[X] No[ ]

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

34. By self-designating 5GI securities, the reporting entity may:

- a. Documentation necessary to permit a full credit analysis.

self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The issuer has an actual expectation of ultimate payment of all contracted interest and principal.

Yes [ ] No [X]

**GENERAL INTERROGATORIES (Continued)**

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes[ ] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[ ] No[ ] N/A[X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes[ ] No[X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes[ ] No[X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes[ ] No[ ]

39.22 Immediately converted to U.S. dollars

Yes[ ] No[ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ ..... 0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

41.1 Amount of payments for legal expenses, if any?

\$ ..... 0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$ ..... 0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

	Yes [ ] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	\$..... 0
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	\$..... 0
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	246,734,187	66,118,068
2.2 Premium Denominator .....	246,734,187	66,118,068
2.3 Premium Ratio (2.1 / 2.2) .....	100.000	100.000
2.4 Reserve Numerator .....	147,869,689	34,229,918
2.5 Reserve Denominator .....	147,869,689	34,229,918
2.6 Reserve Ratio (2.4 / 2.5) .....	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[ ] No[ ] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 960,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

We believe that our surplus together with our claims reserve provision, allowance for unpaid claims adjustment expenses, the federal government's stop loss insurance program and excess of loss reinsurance agreement with a private carrier will meet the financial obligations to our subscribers and their dependents.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 31,031
8.2 Number of providers at end of reporting year	..... 26,941

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[ ] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 1,358,724
10.22 Amount actually paid for year bonuses	\$..... 0
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[ ] No[X]

11.12 A Medical Group/Staff Model,

Yes[ ] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[ ] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

Yes[ ] No[X]

11.4 If yes, show the amount required.

Yes[ ] No[X]

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[ ] No[X]

11.6 If the amount is calculated, show the calculation.

300% of RBC Authorized Control Level

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Delaware County .....
Fairfield County .....
Franklin County .....
Licking County .....
Madison County .....
Union County .....
Perry County .....
Butler County .....
Clermont County .....
Hamilton County .....

## GENERAL INTERROGATORIES (Continued)

1 Name of Service Area
Hocking County .....
Warren County .....

13.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]  
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$..... 0  
 13.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]  
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes[ ] No[ ] N/A[X]  
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written \$..... 0  
 15.2 Total incurred claims \$..... 0  
 15.3 Number of covered lives ..... 0

<b>*Ordinary Life Insurance Includes</b>
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]  
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	220,296,144	55,131,745	55,550,282	33,137,405	31,124,760
2. TOTAL Liabilities (Page 3, Line 24) .....	180,238,035	39,454,963	42,230,535	20,756,215	24,977,524
3. Statutory minimum capital and surplus requirement .....	25,099,701	8,878,824	5,351,694	3,868,332	1,710,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	40,058,109	15,676,782	13,319,747	12,381,190	6,147,236
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	246,734,187	66,118,068	34,622,182	20,895,484	4,567,942
6. TOTAL Medical and Hospital Expenses (Line 18) .....	180,018,912	53,610,199	25,719,811	15,840,702	2,349,934
7. Claims adjustment expenses (Line 20) .....	5,484,921	1,580,143	1,172,779	1,075,961	731,768
8. TOTAL Administrative Expenses (Line 21) .....	36,804,406	11,177,876	8,140,744	5,352,040	1,998,388
9. Net underwriting gain (loss) (Line 24) .....	24,425,948	(250,150)	583,765	(516,216)	(2,364,068)
10. Net investment gain (loss) (Line 27) .....	6,391,853	2,573,229	246,906	(7,541)	99,086
11. TOTAL Other Income (Lines 28 plus 29) .....					
12. Net income or (loss) (Line 32) .....	23,569,172	1,729,186	830,671	(599,907)	(2,264,982)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	141,667,033	5,553,334	17,894,880	2,413,473	(1,471,448)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	40,058,109	15,676,782	13,319,747	12,381,190	6,147,236
15. Authorized control level risk-based capital .....	8,366,567	2,959,608	1,783,898	1,289,444	213,450
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	72,324	17,192	14,269	7,835	6,177
17. TOTAL Members Months (Column 6, Line 7) .....	761,997	172,331	159,613	91,915	76,965
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	73.0	81.1	74.3	75.8	51.4
20. Cost containment expenses .....	1.3	1.8	3.4	1.0	11.4
21. Other claims adjustment expenses .....	0.9	0.6	0.0	4.2	4.6
22. TOTAL Underwriting Deductions (Line 23) .....	90.1	100.4	98.3	102.5	151.8
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	9.9	(0.4)	1.7	(2.5)	(51.8)
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5) .....	5,797,765	6,986,010	1,556,728	2,289,913	653,073
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)] .....	10,653,442	6,147,348	1,607,776	2,687,393	513,541
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain:

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama (AL) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. Alaska (AK) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. Arizona (AZ) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. Arkansas (AR) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. California (CA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6. Colorado (CO) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. Connecticut (CT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. Delaware (DE) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. District of Columbia (DC) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. Florida (FL) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. Georgia (GA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Hawaii (HI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
13. Idaho (ID) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
14. Illinois (IL) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
15. Indiana (IN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
16. Iowa (IA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
17. Kansas (KS) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
18. Kentucky (KY) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
19. Louisiana (LA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
20. Maine (ME) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
21. Maryland (MD) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
22. Massachusetts (MA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
23. Michigan (MI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
24. Minnesota (MN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
25. Mississippi (MS) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
26. Missouri (MO) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
27. Montana (MT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
28. Nebraska (NE) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
29. Nevada (NV) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
30. New Hampshire (NH) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
31. New Jersey (NJ) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
32. New Mexico (NM) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
33. New York (NY) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
34. North Carolina (NC) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
35. North Dakota (ND) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
36. Ohio (OH) .....	L .....	299,284,979	.....	.....	.....	.....	.....	.....	.....	299,284,979	
37. Oklahoma (OK) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
38. Oregon (OR) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
39. Pennsylvania (PA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
40. Rhode Island (RI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
41. South Carolina (SC) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
42. South Dakota (SD) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
43. Tennessee (TN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
44. Texas (TX) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
45. Utah (UT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
46. Vermont (VT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
47. Virginia (VA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
48. Washington (WA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
49. West Virginia (WV) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
50. Wisconsin (WI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
51. Wyoming (WY) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
52. American Samoa (AS) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
53. Guam (GU) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
54. Puerto Rico (PR) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
55. U.S. Virgin Islands (VI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
56. Northern Mariana Islands (MP) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
57. Canada (CAN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
58. Aggregate other alien (OT) .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
59. Subtotal .....	XXX .....	299,284,979	.....	.....	.....	.....	.....	.....	.....	299,284,979	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
61. TOTAL (Direct Business) .....	XXX .....	299,284,979	.....	.....	.....	.....	.....	.....	.....	299,284,979	

**DETAILS OF WRITE-INS**

58001 .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002 .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003 .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

1

2. R - Registered - Non-domiciled RRGs

2

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

3

4. Q - Qualified - Qualified or accredited reinsurer

4

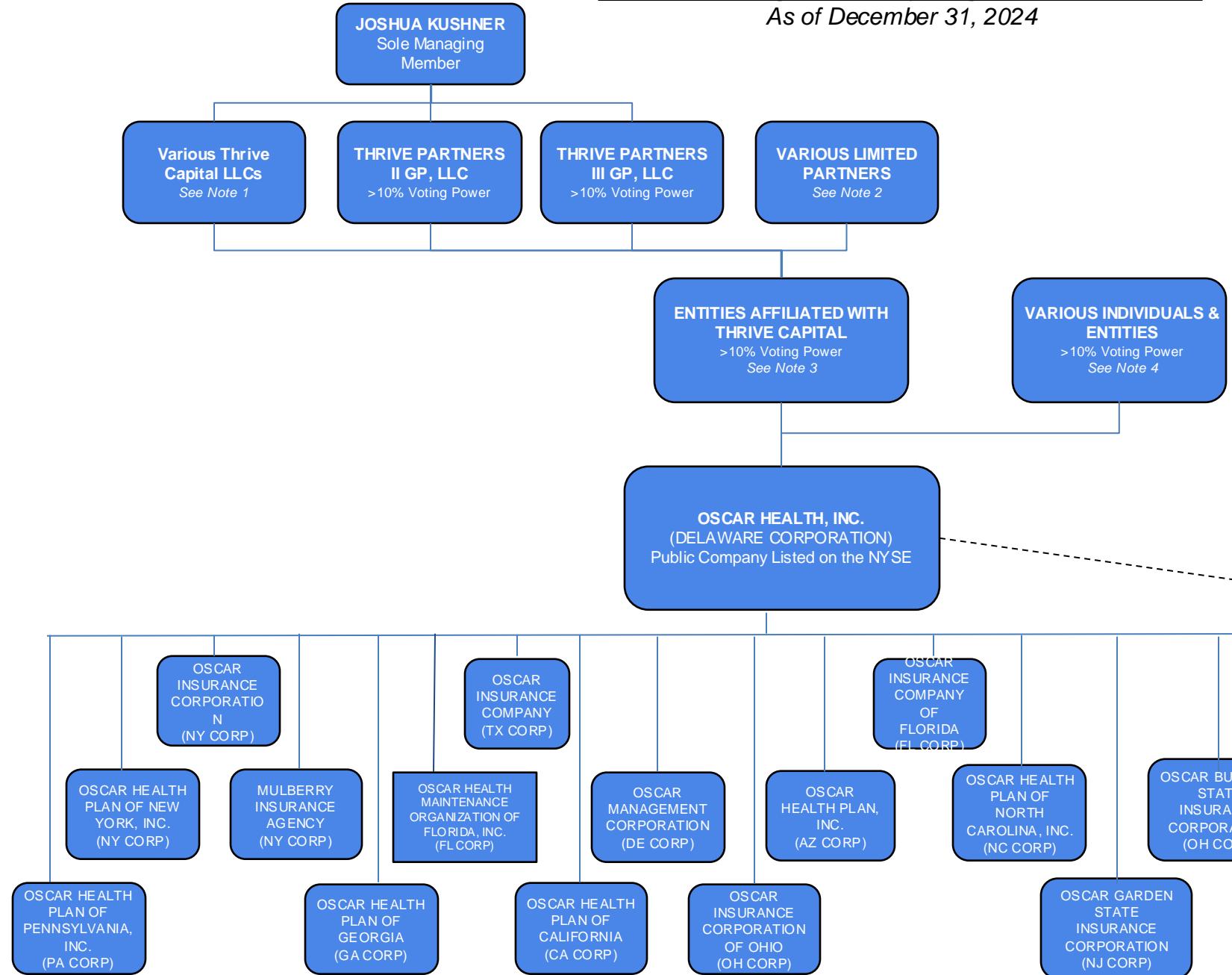
5. N - None of the above - Not allowed to write business in the state

5

(b) Explanation of basis of allocation by states, premiums by state, etc.: All premiums written within the state of Ohio.

## Oscar Holding Company Organizational Chart

As of December 31, 2024



## Key

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

**Note 1:** Note that these entities are general partners of a Thrive Capital fund each with less than 10% Voting Power of Oscar Health, Inc. ("OHI"). These entities as well as Thrive Partners II GP, LLC and Thrive Partners III GP, LLC, are controlled by their sole managing member, Joshua Kushner, and do not independently control the entities affiliated with Thrive Capital. For more information, see Thrive Capital's Schedule 13D with respect to OHI filed with the SEC.

**Note 2:** Such limited partners are passive investors and do not control the entities affiliated with Thrive Capital.

**Note 3:** Entities affiliated with Thrive Capital include Thrive Capital Partners II, L.P., Thrive Capital Partners III, L.P., Thrive Capital Partners V, L.P., Thrive Capital Partners VI Growth, L.P., Thrive Capital Partners VII Growth, L.P., Claremont TW, L.P., Claremont V Associates, L.P., Claremont VI Associates, L.P., and Claremont VII Associates, L.P.

**Note 4:** No such individual or entity holds 10% or more of OHI's Voting Power.

**Note 5:** OHI holds 50% equity, FCHN Holy Cross Holdco, LLC holds 50% equity.

**Note 6:** Oscar Medical Group is comprised of four physician-owned professional corporations, each wholly owned by a single physician. OHI has a controlling financial interest in each entity, each entity is included in OHI's consolidated financial statements, and therefore they are included here.

*\*\*Immaterial and/or dormant subsidiaries are not pictured in this org chart*

