



ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Oscar Insurance Corporation of Ohio

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16202	Employer's ID Number	36-4859637
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[] 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	02/17/2017		Commenced Business	01/01/2018		
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 (Street and Number)			
	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)			
Mail Address	75 Varick Street, 5th Floor (Street and Number or P.O. Box)		New York, NY, US 10013 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			75 Varick Street, 5th Floor (Street and Number)			
	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)			
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Eric Suh (Name)		(646)403-3677 (Area Code)(Telephone Number)(Extension)			
	FinancialReporting@hioscar.com (E-Mail Address)		(212)226-1283 (Fax Number)			

OFFICERS

Name	Title	#
Janet Liang	President	
Victoria Baltrus	Treasurer	
Melissa Curtin	Corporate Secretary	

OTHERS

DIRECTORS OR TRUSTEES

Janet Liang #
Geoffrey Bartsh #
Lori Nelson #
Fausto Palazzetti
Sean Martin MD

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)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	92,469	34,502	15,784			142,755
Group subscribers:						
.....						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	92,469	34,502	15,784			142,755

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Health	1,450,156	1,317,488	552,190			3,319,834
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,450,156	1,317,488	552,190			3,319,834
0299998 Claim Overpayment Receivables - Not Individually Listed	598,676			606,115	606,115	598,676
0299999 Subtotal - Claim Overpayment Receivables	598,676			606,115	606,115	598,676
Other Health Care Receivables						
CVS Health	621,196					621,196
0699998 Other Health Care Receivables - Not Individually Listed	6,814,275					6,814,275
0699999 Subtotal - Other Health Care Receivables	7,435,471					7,435,471
0799999 Gross Health Care Receivables	9,484,303	1,317,488	552,190	606,115	606,115	11,353,981

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

		Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables	3,659,212	13,837,528	1,350,564	1,969,270	5,009,776	4,556,578
2.	Claim overpayment receivables	29,120		743,677	461,114	772,797	410,297
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	210,680		236,669	7,198,802	447,349	239,328
7.	TOTALS (Lines 1 through 6)	3,899,012	13,837,528	2,330,910	9,629,186	6,229,922	5,206,203

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	425,973	15,065	18,569	9,544	301,921	771,072
0499999 Subtotals	425,973	15,065	18,569	9,544	301,921	771,072
0599999 Unreported claims and other claim reserves						19,133,862
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						19,904,934
0899999 Accrued Medical Incentive Pool and Bonus Amounts						13,143,326

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Oscar Management Corporation	Administrative Service Agreement	742,175	742,175	
0199999 Individually Listed Payables	X X X	742,175	742,175	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	742,175	742,175	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries						
3.	All other providers	29,729	0.024	10,521	100.000		29,729
4.	TOTAL Capitation Payments	29,729	0.024	10,521	100.000		29,729
Other Payments:							
5.	Fee-for-service	129,900,510	99.977	X X X	X X X		129,900,510
6.	Contractual fee payments			X X X	X X X		
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	129,900,510	99.977	X X X	X X X		129,900,510
13.	TOTAL (Line 4 plus Line 12)	129,930,239	100.000	X X X	X X X		129,930,239

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4818

NAIC Company Code 16202

30 Ohio

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	10,679	10,679												
2. First Quarter	10,829	10,829												
3. Second Quarter	10,862	10,862												
4. Third Quarter	10,681	10,681												
5. Current Year	10,521	10,521												
6. Current Year Member Months	127,170	127,170												
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	12,209	12,209												
8. Non-Physician	2,839	2,839												
9. TOTAL	15,048	15,048												
10. Hospital Patient Days Incurred	6,321	6,321												
11. Number of Inpatient Admissions	884	884												
12. Health Premiums Written (b)	155,985,950	155,985,950												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	155,985,950	155,985,950												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	129,930,239	129,930,239												
18. Amount Incurred for Provision of Health Care Services	126,991,186	126,991,186												

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 4818 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 16202

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	10,679	10,679												
2. First Quarter	10,829	10,829												
3. Second Quarter	10,862	10,862												
4. Third Quarter	10,681	10,681												
5. Current Year	10,521	10,521												
6. Current Year Member Months	127,170	127,170												
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	12,209	12,209												
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14. Property/Casualty Premiums Written														
15. Health Premiums Earned	155,985,950	155,985,950												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	129,930,239	129,930,239												
18. Amount Incurred for Provision of Health Care Services	126,991,186	126,991,186												

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
23680	47-0698507 ...	01/01/2024	ODYSSEY REINS CO	 CT .....	.....	..... 32,268
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					.....	..... 32,268
2199999 Total - Accident and Health - Non-Affiliates .....					.....	..... 32,268
2299999 Total - Accident and Health .....					.....	..... 32,268
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	..... 32,268
9999999 Total (Sum of 1199999 and 2299999) .....					.....	..... 32,268

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	CMM	143,485						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							143,485						
1099999 Total - General Account - Authorized - Non-Affiliates							143,485						
1199999 Total - General Account - Authorized							143,485						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							143,485						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							143,485						
9999999 Total (Sum of 4599999 and 9099999)							143,485						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	143	229	429	320	718
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	67	474	201	1,225	1,126
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(32)	(22)	(132)	(26)	(123)
7. Claims payable	32		107	455	354
8. Reinsurance recoverable on paid losses				101	650
9. Experience rating refunds due or unpaid	10	23	118		45
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	29,682,326		29,682,326
2. Accident and health premiums due and unpaid (Line 15)	58,107,228		58,107,228
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	9,744	9,744
5. All other admitted assets (Balance)	12,215,152	(9,794)	12,205,358
6. TOTAL Assets (Line 28)	100,004,706	(50)	100,004,656
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,872,666	32,268	19,904,934
8. Accrued medical incentive pool and bonus payments (Line 2)	13,143,326		13,143,326
9. Premiums received in advance (Line 8)	3,847,981		3,847,981
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	6,673,577	(32,318)	6,641,259
15. TOTAL Liabilities (Line 24)	43,537,550	(50)	43,537,500
16. TOTAL Capital and Surplus (Line 33)	56,467,156	X X X	56,467,156
17. TOTAL Liabilities, Capital and Surplus (Line 34)	100,004,706	(50)	100,004,656
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	32,268		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables	9,794		
23. TOTAL Ceded Reinsurance Recoverables	42,062		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	32,318		
30. TOTAL Ceded Reinsurance Payables/Offsets	32,318		
31. TOTAL Net Credit for Ceded Reinsurance	9,744		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4818	Oscar Health, Inc.	00000	461315570	.....	0001568651	New York Stock Exchange	Oscar Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	71.8	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	473979452	.....		N/A	Oscar Management Corporation	DE	NIA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	844784269	.....		N/A	Mulberry Insurance Agnecy	DE	NIA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	332199357	.....		N/A	Oscar Health Maintenance Organization of Florida, Inc.	FL	NIA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16416	825264817	.....		N/A	Oscar Buckeye State Insurance Corporation	OH	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16231	371867604	.....		N/A	Oscar Garden State Insurance Corporation	NJ	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16337	824782428	.....		N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15829	473103726	.....		N/A	Oscar Health Plan of California	CA	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16634	833894406	.....		N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16597	832766385	.....		N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16590	833324290	.....		N/A	Oscar Health Plan of Pennsylvania, Inc.	PA	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15777	473185443	.....		N/A	Oscar Insurance Company	TX	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16374	825440359	.....		N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15281	462043136	.....		N/A	Oscar Insurance Corporation	NY	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16202	364859637	.....		N/A	Oscar Insurance Corporation of Ohio	OH	RE	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16852	844470932	.....		N/A	Oscar Health Plan of North Carolina, Inc.	NC	IA	Oscar Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16854	843281623	.....		N/A	Oscar Managed Care of South Florida, Inc	FL	IA	Oscar South Florida HoldCo. LLC	Ownership	100.0	Joshua Kushner, FCHN Holy Cross HoldCo, LLC	No	
4818	Oscar Health, Inc.	00000	873253539	.....		N/A	Oscar South Florida HoldCo, LLC	DE	NIA	Oscar Health Inc.	Ownership	50.0	Joshua Kushner	No	0000001
		00000	873253539	.....		N/A	Oscar South Florida HoldCo, LLC	DE	NIA	FCHN Holy Cross HoldCo, LLC	Ownership	50.0	FCHN Holy Cross HoldCo, LLC	No	0000001
4818	Oscar Health, Inc.	00000	822553610	.....		N/A	Oscar Medical Group of California, P.C.	CA	NIA	Oscar Health Inc.	Other		Joshua Kushner	No	0000002
4818	Oscar Health, Inc.	00000	842761576	.....		N/A	Oscar Medical Group, P.A.	FL	NIA	Oscar Health Inc.	Other		Joshua Kushner	No	0000002
4818	Oscar Health, Inc.	00000	872248477	.....		N/A	Oscar Medical Group of New Jersey, P.C.	NJ	NIA	Oscar Health Inc.	Other		Joshua Kushner	No	0000002
4818	Oscar Health, Inc.	00000	814293897			N/A	Oscar Medical of New York, P.C.	NY	NIA	Oscar Health Inc.	Other		Joshua Kushner	No	0000002

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Asterisk	Explanation
0000001	Oscar South Florida Holdco, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross HoldCo, LLC, a non-affiliated entity
0000002	Oscar Health, Inc. has determined that it has a controlling financial interest in the medical professional corporations with which it has a business arrangement because, as part of its arrangement, it has guaranteed their debt, and the equity at risk is insufficient to finance their activities without additional subordinated financial support from Oscar Health, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	461315570	Oscar Health Inc.	115,000,000	(146,600,000)			(35,902,344)				(67,502,344)	
00000	473979452	Oscar Management Corporation					(512,677,487)				(512,677,487)	
00000	844784269	Mulberry Insurance Agnecy					26,134				26,134	
00000	332199357	Oscar Health Maintenance Organization of Florida,		1,800,000							1,800,000	
16416	825264817	Oscar Buckeye State Insurance Corporation					26,647,944				26,647,944	
16231	371867604	Oscar Garden State Insurance Corporation					10,612,497				10,612,497	
16337	824782428	Oscar Health Plan Inc.					9,121,462				9,121,462	
15829	473103726	Oscar Health Plan of California					2,235,897				2,235,897	
16634	833894406	Oscar Health Plan of Georgia		143,000,000			48,237,866				191,237,866	
16597	832766385	Oscar Health Plan of New York, Inc.					499,210				499,210	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.					2,607,573				2,607,573	
15777	473185443	Oscar Insurance Company					119,438,291				119,438,291	
16374	825440359	Oscar Insurance Company of Florida	(115,000,000)				318,864,342				203,864,342	
15281	462043136	Oscar Insurance Corporation					(1,795,629)				(1,795,629)	
16202	364859637	Oscar Insurance Corporation of Ohio					7,589,634				7,589,634	
16852	844470932	Oscar Health Plan of North Carolina, Inc.		1,800,000			4,650,577				6,450,577	
16854	843281623	Oscar Managed Care of South Florida, Inc										
00000	873253539	Oscar South Florida HoldCo. LLC										
00000	822553610	Oscar Medical Group of California, P.C.					(248,319)				(248,319)	
00000	842761576	Oscar Medical Group, P.A.					367,083				367,083	
00000	872248477	Oscar Medical Group of New Jersey, P.C.										
00000	814293897	Oscar Medical of New York, P.C.					(274,731)				(274,731)	
9999999	Control Totals								X X X			

Schedule Y Part 2 Explanation: Oscar Health Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Health Plan of North Carolina, Inc. ...	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Health Plan of Georgia	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Health Plan of New York, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Health Plan of Pennsylvania, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Insurance Corporation of Ohio	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Garden State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Insurance Company	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Insurance Company of Florida	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	71.8%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	FCHN Holy Cross HoldCo, LLC	Oscar South Florida HoldCo. LLC	50.0%	Yes

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

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

Yes

SUPPLEMENTAL FILINGS

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

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?

Yes

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

Yes

AUGUST FILING

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

Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees

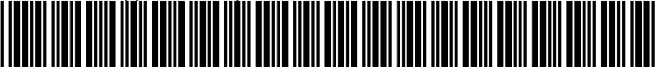


LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - April



16202202421100000

2024

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

For the Year Ended DECEMBER 31, 2024
(To Be Filed by March 1)
For the State of Ohio

NAIC Group Code 4818

NAIC Company Code 16202

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