

QUARTERLY STATEMENT
AS OF MARCH 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 (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 Web Site Address	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
Alessandrea Quane	President
Victoria Baltus	Treasurer
Melissa Curtin	Corporate Secretary

OTHERS

DIRECTORS OR TRUSTEES

Alessandrea Quane	Fausto Palazzetti
Dennis Hillen	Sean Martin MD
Steven Wolin	

State of New York
County of New York ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Alessandrea Quane (Printed Name) 1. President (Title)	(Signature) Victoria Baltus (Printed Name) 2. Treasurer (Title)	(Signature) Melissa Curtin (Printed Name) 3. Corporate Secretary (Title)
Subscribed and sworn to before me this day of , 2024	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	415,058		415,058	415,067
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
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 (\$.....99,509,886), cash equivalents (\$.....8,993) and short-term investments (\$.....0)	99,518,879		99,518,879	51,535,383
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	99,933,937		99,933,937	51,950,450
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	8,144		8,144	3,759
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,546,285		1,546,285	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 (\$.....84,097)	84,097		84,097	
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	2,692,923		2,692,923	113,943
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts	1,975,509		1,975,509	200,911
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				429,884
18.2	Net deferred tax asset	1,004,799	15,124	989,675	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 (\$.....3,533,023) and other amounts receivable	4,695,832	1,036,000	3,659,832	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)	111,948,013	1,057,611	110,890,402	55,131,745
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	111,948,013	1,057,611	110,890,402	55,131,745
DETAILS OF WRITE-INS					
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 Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....4,955,658 reinsurance ceded)	22,108,927		22,108,927	12,241,367
2.	Accrued medical incentive pool and bonus amounts	491,549		491,549	501,974
3.	Unpaid claims adjustment expenses	375,897		375,897	175,983
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	42,487,462		42,487,462	21,177,793
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	568,726		568,726	308,784
8.	Premiums received in advance				2,822,363
9.	General expenses due or accrued	2,501,452		2,501,452	1,047,642
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	10,506,572		10,506,572	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	2,311,428		2,311,428	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 \$.....0 current)				193,432
24.	Total liabilities (Lines 1 to 23)	81,352,013		81,352,013	39,454,963
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	4,000	4,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	17,057,566	17,057,566
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	12,476,823	(1,384,784)
32.	Less treasury stock, at cost:				
32.1	0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	29,538,389	15,676,782
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	110,890,402	55,131,745
DETAILS OF WRITE-INS					
2301.	Advanced premium tax credit payable				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)				193,432
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	141,221	39,285	172,331
2.	Net premium income (including \$.....0 non-health premium income)	X X X	45,606,823	12,624,972	66,118,068
3.	Change in unearned premium reserves and reserve for rate credits	X X X	(153,613)	69,900	
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	45,453,210	12,694,872	66,118,068
Hospital and Medical:					
9.	Hospital/medical benefits		24,653,990	6,837,399	34,054,077
10.	Other professional services		1,333,825	1,942,945	9,454,222
11.	Outside referrals				
12.	Emergency room and out-of-area		1,248,077	322,297	1,325,911
13.	Prescription drugs		3,579,712	1,882,532	8,555,181
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		(10,425)		501,974
16.	Subtotal (Lines 9 to 15)		30,805,179	10,985,173	53,891,365
Less:					
17.	Net reinsurance recoveries		7,057,387	654,456	281,166
18.	Total hospital and medical (Lines 16 minus 17)		23,747,792	10,330,717	53,610,199
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....834,587 cost containment expenses		1,198,749	252,034	1,580,143
21.	General administrative expenses		7,767,474	2,781,861	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)		32,714,015	13,364,612	66,368,218
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	12,739,195	(669,740)	(250,150)
25.	Net investment income earned		936,483	542,246	2,573,229
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains (losses) (Lines 25 plus 26)		936,483	542,246	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)	X X X	13,675,678	(127,494)	2,323,079
31.	Federal and foreign income taxes incurred	X X X			593,893
32.	Net income (loss) (Lines 30 minus 31)	X X X	13,675,678	(127,494)	1,729,186
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
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 (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	15,676,782	13,319,747	13,319,747
34.	Net income or (loss) from Line 32	13,675,678	(127,494)	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			1,004,799
39.	Change in nonadmitted assets	21,817	141,663	(310,249)
40.	Change in unauthorized and certified reinsurance	164,112	(462,351)	(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)	13,861,607	(448,182)	2,357,035
49.	Capital and surplus end of reporting period (Line 33 plus 48)	29,538,389	12,871,565	15,676,782
DETAILS OF WRITE-INS				
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) .....	.....	.....	.....

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	71,614,203	17,789,445	60,798,807
2.	Net investment income	932,107	537,884	2,573,248
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	72,546,310	18,327,329	63,372,055
5.	Benefit and loss related payments	18,256,112	8,264,236	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	6,736,586	2,079,067	12,192,150
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(429,884)		1,023,777
10.	TOTAL (Lines 5 through 9)	24,562,814	10,343,303	57,818,721
11.	Net cash from operations (Line 4 minus Line 10)	47,983,496	7,984,026	5,553,334
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
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)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
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)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources				
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 (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	47,983,496	7,984,026	5,553,334
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	51,535,383	45,982,049	45,982,049
19.2	End of period (Line 18 plus Line 19.1)	99,518,879	53,966,075	51,535,383

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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	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											
Total Members at end of:														
1. Prior Year	17,192	17,192												
2. First Quarter	54,444	54,444												
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	141,221	141,221												
Total Member Ambulatory Encounters for Period:														
7. Physician	13,579	13,579												
8. Non-Physician	1,207	1,207												
9. Total	14,786	14,786												
10. Hospital Patient Days Incurred	1,368	1,368												
11. Number of Inpatient Admissions	280	280												
12. Health Premiums Written (a)	55,017,936	55,017,936												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	54,864,323	54,864,323												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	18,332,182	18,332,182												
18. Amount Incurred for Provision of Health Care Services	30,805,179	30,805,179												

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

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	550,747	95,443	93,179	30,952	166,337	936,658
0499999 Subtotals	550,747	95,443	93,179	30,952	166,337	936,658
0599999 Unreported claims and other claim reserves						26,127,927
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						27,064,585
0899999 Accrued Medical Incentive Pool And Bonus Amounts						491,549

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business							
1.	Comprehensive (hospital & medical) Individual	4,276,876	11,524,179	4,031,743	18,645,910	8,308,619	12,550,151
2.	Comprehensive (hospital & 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)	4,276,876	11,524,179	4,031,743	18,645,910	8,308,619	12,550,151
14.	Healthcare receivables (a)			2,374,895	2,194,128	2,374,895	2,398,683
15.	Other non-health						
16.	Medical incentive pools and bonus amounts				491,549		501,974
17.	Totals (Lines 13 - 14 + 15 + 16)	4,276,876	11,524,179	1,656,848	16,943,331	5,933,724	10,653,442

(a) Excludes \$.00 loans or advances to providers not yet expensed.

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 #	Three Months Ended March 31, 2024	Twelve Months Ended December 31, 2023
NET INCOME:						
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)				\$ 13,675,678	\$ 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)				\$ 13,675,678	\$ 1,729,186
SURPLUS						
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)				\$ 29,538,389	\$ 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)				\$ 29,538,389	\$ 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 polices:

- (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.

D. Going Concern

As of May 15, 2024, 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

Notes to Financial Statements

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	\$ 424,051	\$ 423,944	\$ 107		\$ 424,051	0.379 %	0.382 %
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	\$ 424,051	\$ 423,944	\$ 107		\$ 424,051	0.379 %	0.382 %

(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-R. 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.

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	\$ 8,144
2. Nonadmitted	\$ —
3. Admitted	\$ 8,144

Notes to Financial Statements

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-I. No change

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

- A. Oscar Health Inc. ("OHI" or "Parent") funds the Company, if necessary, in order to support ongoing operations and meet the reserve requirements established by the ODI.
- B. Not Applicable
- C. None
- D. The Company was due to pay \$2,311,428 to its affiliate, Oscar Management Corporation ("OMC"), as of March 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's tax sharing amount of \$429,884 receivable from OHI at December 31, 2023 has been fully settled as of March 31, 2024.
- E. None
- F. 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.
- 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 \$29,840 and \$11,164 for the three months ended March 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 March 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

Notes to Financial Statements

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

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
a.Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks					
Bonds					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Common Stocks					
Derivative assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value/NAV					
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

(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 March 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 March 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.

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 March 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	\$411,563	\$415,058	\$—	\$411,563	\$—	\$—	\$—
Cash Equivalents	\$8,993	\$8,993	\$8,993	\$—	\$—	\$—	\$—

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 May 15, 2024 for the statutory statement issued on May 15, 2024.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through May 15, 2024 for the statutory statement issued on May 15, 2024.

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 \$9,624,090.

(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 \$882,482.

(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

Notes to Financial Statements

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 (X) No () 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)	\$84,097
	Liabilities	
2	Risk adjustment user fees payable for ACA Risk Adjustment	\$54,389
3	Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$39,511,485
	Operations (Revenue & Expense)	
4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$(18,249,596)
5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$21,601
b.	Transitional ACA Reinsurance Program	
	Assets	
1	Amounts recoverable for claims paid due to ACA Reinsurance	
2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
	Liabilities	
4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	
5	Ceded reinsurance premiums payable due to ACA Reinsurance	
6	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
	Operations (Revenue & Expense)	
7	Ceded reinsurance premiums due to ACA Reinsurance	
8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9	ACA Reinsurance contributions - not reported as ceded premium	
c.	Temporary ACA Risk Corridors Program	
	Assets	
1	Accrued retrospective premium due to ACA Risk Corridors	
	Liabilities	
2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
	Operations (Revenue & Expense)	
3	Effect of ACA Risk Corridors on net premium income (paid/received)	
4	Effect of ACA Risk Corridors on change in reserves for rate credits	

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 Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulativ e Balance from Prior Years (Col 1 - 3 +7)	Cumulativ e Balance from Prior Years (Col 2 - 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. Permanent ACA Risk Adjustment Program									A		
1.Premium - adjustments receivable (including high risk pool payments)	\$ —		\$ —		\$ —		\$84,097			\$84,097	
2.Premium - adjustments (payable) (including high risk		\$21,177,793		\$ —		\$21,177,793		\$ 394,292			\$21,572,085
3.Subtotal ACA Permanent Risk Adjustment Program	\$ —	\$21,177,793	\$ —	\$ —	\$ —	\$21,177,793	\$84,097	\$394,292		\$84,097	\$21,572,085
b. Transitional ACA Reinsurance Program									C		
1.Amounts recoverable for claims paid											
2.Amounts recoverable for claims unpaid (contra liability)											
3.Amounts receivable relating to uninsured plans											
4.Liabilities for contributions payable due to ACA Reinsurance ñ not reported as ceded premium									F		
5.Ceded reinsurance premiums payable											
6.Liability for amounts held under uninsured plans											
7.Subtotal ACA Transitional Reinsurance Program											
c. Temporary ACA Risk Corridors Program									H		
1.Accrued retrospective premium											
2.Reserve for rate credits or policy experience rating refunds											
3.Subtotal ACA Risk Corridors Program											
d.Total for ACA Risk Sharing Provisions	\$ —	\$21,177,793	\$ —	\$ —	\$ —	\$21,177,793	\$84,097	\$394,292		\$84,097	\$21,572,085

- 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.

Notes to Financial Statements

(4) Roll forward of risk corridors asset and liability balances by program benefit year:

Risk Corridors Program Year	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			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col1-3 +7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. 2014											
1.Accrued retrospective premium									A		
2.Reserve for rate credits or policy experience rating refunds									B		
b.2015											
1.Accrued retrospective premium									C		
2.Reserve for rate credits or policy experience rating refunds									D		
c. 2016											
1.Accrued retrospective premium									E		
2.Reserve for rate credits or policy experience rating refunds									F		
d.Total for risk corridors											

(5) ACA Risk Corridors Receivable as of Reporting Date:

Risk Corridors Program Year		1	2	3	4	5	6
		Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance (Gross of Non- admissions) (1-2- 3)	Non-admitted Amount	Net Admitted Assets (4-5)
a.	2014						
b.	2015						
c.	2016						
d.	Total (a+b+c)						

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2023 were \$12,550,151. As of March 31, 2024, \$4,276,876 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 \$4,031,743 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been \$(4,241,532) of unfavorable (favorable) prior-year development from December 31, 2023 to March 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

Notes to Financial Statements

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
3/31/2024	\$ 2,167,106	\$ —	\$ —	\$ —	\$ —
12/31/2023	\$ 1,205,788	\$ 1,209,278	\$ —	\$ —	\$ —
9/30/2023	\$ 1,375,207	\$ 1,379,282	\$ 856,155	\$ —	\$ —
6/30/2023	\$ 1,101,754	\$ 1,104,949	\$ 835,912	\$ 139,803	\$ —
3/31/2023	\$ 948,789	\$ 951,505	\$ 780,631	\$ —	\$ 83,965
12/31/2022	\$ 977,630	\$ 980,387	\$ 787,365	\$ 146,490	\$ (2,549)
9/30/2022	\$ 932,406	\$ 934,964	\$ 816,986	\$ —	\$ 101,948
6/30/2022	\$ 996,222	\$ 998,655	\$ 817,326	\$ —	\$ 166,941
3/31/2022	\$ 839,773	\$ 842,167	\$ 696,303	\$ 93,153	\$ 22,387
12/31/2021	\$ 648,874	\$ 661,805	\$ 416,766	\$ 212,746	\$ 18,888
9/30/2021	\$ 613,711	\$ 615,904	\$ —	\$ 590,823	\$ 22,874
6/30/2021	\$ 593,472	\$ 588,581	\$ —	\$ 550,035	\$ 42,288

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies- Not Applicable

30. Premium Deficiency Reserves

- (1) Liability carried for premium deficiency reserves\$0
- (2) Date of the most recent evaluation of this liabilityMarch 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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

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

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 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?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[X] No[]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001568651
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020
- 6.2 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.

12/31/2020
- 6.3 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).

08/29/2022
- 6.4 By what department or departments?

Participating States: AZ, FL, GA, NC, NJ, NY, OH, PA, TX
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this 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?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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.]

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

- 9.1 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?

(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.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

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

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. 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[] No[X]

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

1	2
Name of Custodian(s)	Custodian Address
.....	

17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....			

17.5 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. 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	2
Name of Firm or Individual	Affiliation
.....	

17.5097 For those firms/individuals listed in the table for Question 17.5, 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[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....				

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

21. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	54.083%
1.2 A&H cost containment percent	1.836%
1.3 A&H expense percent excluding cost containment expenses	17.890%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
3.1 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]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	CMM	Authorized		
00000	CR-3191255	01/01/2024	Hannover Life Reassur Co of Amer (Bermuda) Ltd	BMU	QA/I	CMM	Certified	2	07/01/2020

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only									
		1	2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit -Type Contracts
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 ..	55,017,936							55,017,936	
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)	X X X									
59.	Subtotal	X X X	55,017,936							55,017,936	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	Total (Direct Business)	X X X	55,017,936							55,017,936	
DETAILS OF WRITE-INS											
58001.	.....	X X X									
58002.	.....	X X X									
58003.	.....	X X X									
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
2. R - Registered - Non-domiciled RRGs
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

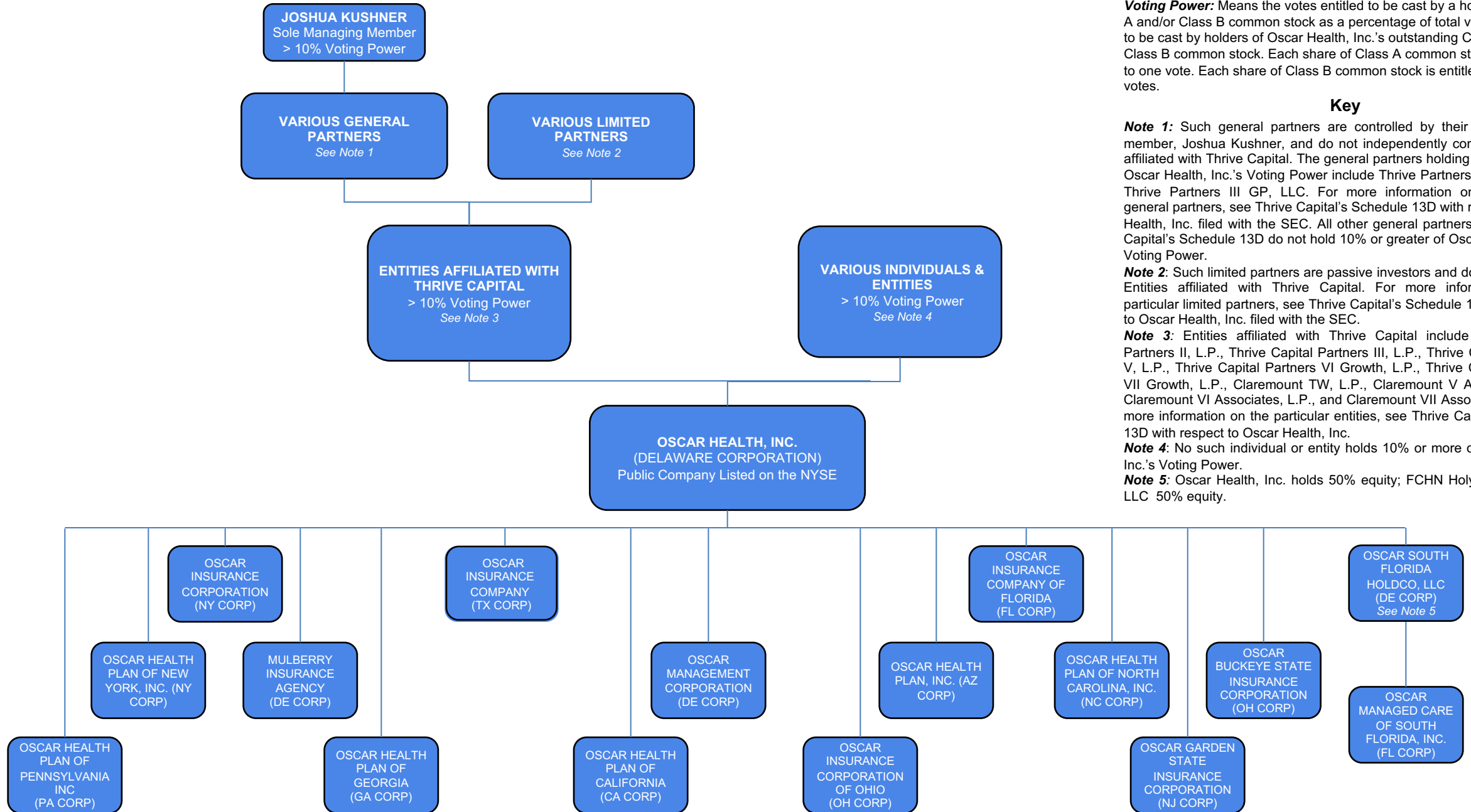
1

4. Q - Qualified - Qualified or accredited reinsurer
5. N - None of the above - Not allowed to write business in the state

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Oscar Holding Company Organizational Chart

As of March 31st, 2024



Definitions

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.

Key

Note 1: Such general partners are controlled by their sole managing member, Joshua Kushner, and do not independently control the Entities affiliated with Thrive Capital. The general partners holding 10% or more of Oscar Health, Inc.'s Voting Power include Thrive Partners II GP, LLC and Thrive Partners III GP, LLC. For more information on the particular general partners, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc. filed with the SEC. All other general partners listed in Thrive Capital's Schedule 13D do not hold 10% or greater of Oscar Health, Inc.'s Voting Power.

Note 2: Such limited partners are passive investors and do not control the Entities affiliated with Thrive Capital. For more information on the particular limited partners, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc. filed with the SEC.

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., Claremount TW, L.P., Claremount V Associates, L.P., Claremount VI Associates, L.P., and Claremount VII Associates, L.P.. For more information on the particular entities, see Thrive Capital's Schedule 13D with respect to Oscar Health, Inc.

Note 4: No such individual or entity holds 10% or more of Oscar Health, Inc.'s Voting Power.

Note 5: Oscar Health, Inc. holds 50% equity; FCHN Holy Cross Holdco, LLC 50% equity.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16

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	72.8	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 Agency	DE	NIA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	RE	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, Inc.	PA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16852	844470932			N/A	Oscar Health Plan of North Carolina, Inc.	NC	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16854	843281623			N/A	Oscar Managed Care of South Florida, Inc	FL	IA	Oscar South Florida HoldCo. LLC	Ownership	100.0	Joshua Kushner, FCHN Holy Cross Holdco, LLC	No	0000000
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo, LLC	DE	NIA	Oscar Health Inc.	Ownership	50.0	Joshua Kushner	No	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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



164162024365000012024Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2024** OF THE **Oscar Buckeye State Insurance Corporation**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	415,067	415,066
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	9	(1)
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	415,058	415,067
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	415,058	415,067

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	415,067			(9)	415,058			415,067
2.	NAIC 2 (a)								
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	415,067			(9)	415,058			415,067
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	415,067			(9)	415,058			415,067

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0;
NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	8,877	
2.	Cost of cash equivalents acquired	116	8,877
3.	Accrual of discount		
4.	Unrealized valuation increase/(decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	8,993	8,877
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	8,993	8,877

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DB Part E	NONE
E11	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
Open Depositories										
Bank of America	New York, NY			5.540	934,843		63,274,636	80,722,514	99,509,886	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X ..						X X X
0199999 Total - Open Depositories			X X X	X X X ..	934,843		63,274,636	80,722,514	99,509,886	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories			X X X	X X X ..						X X X
0299999 Total - Suspended Depositories			X X X	X X X ..						X X X
0399999 Total Cash On Deposit			X X X	X X X ..	934,843		63,274,636	80,722,514	99,509,886	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X	X X X ..				X X X
0599999 Total			X X X	X X X ..	934,843		63,274,636	80,722,514	99,509,886	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
. 4812C0670 .	JPMORGAN:US GVT MM CAP	.. SD ..	 03/04/2024 ...	 5.200	 X X X	 8,993	.....	..... 116
8309999999 Subtotal - All Other Money Market Mutual Funds						 8,993	.....	..... 116
8609999999 Total Cash Equivalents						 8,993	.....	..... 116