



QUARTERLY STATEMENT  
AS OF JUNE 30, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
Oscar Buckeye State Insurance Corporation

|                                       |                                                                         |                        |                                                                                                          |            |                                                                                          |            |
|---------------------------------------|-------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------|------------|
| NAIC Group Code                       | 4818<br>(Current Period)                                                | 4818<br>(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[ ]<br>Dental Service Corporation[ ]<br>Other[ ] |                        | Property/Casualty[ ]<br>Vision Service Corporation[ ]<br>Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ] |            | Hospital, Medical & Dental Service or Indemnity[ ]<br>Health Maintenance Organization[X] |            |
| Incorporated/Organized                | 04/18/2018                                                              |                        | Commenced Business                                                                                       | 01/01/2019 |                                                                                          |            |
| Statutory Home Office                 | 4400 Easton Commons Way, Suite 125<br>(Street and Number)               |                        | Columbus, OH, US 43219<br>(City or Town, State, Country and Zip Code)                                    |            |                                                                                          |            |
| Main Administrative Office            |                                                                         |                        | 75 Varick Street, 5th Floor<br>(Street and Number)                                                       |            |                                                                                          |            |
|                                       | New York, NY, US 10013<br>(City or Town, State, Country and Zip Code)   |                        | (646)403-3677<br>(Area Code) (Telephone Number)                                                          |            |                                                                                          |            |
| Mail Address                          | 75 Varick Street, 5th Floor<br>(Street and Number or P.O. Box)          |                        | New York, NY, US 10013<br>(City or Town, State, Country and Zip Code)                                    |            |                                                                                          |            |
| Primary Location of Books and Records |                                                                         |                        | 75 Varick Street, 5th floor<br>(Street and Number)                                                       |            |                                                                                          |            |
|                                       | New York, NY, US 10013<br>(City or Town, State, Country and Zip Code)   |                        | (646)403-3677<br>(Area Code) (Telephone Number)                                                          |            |                                                                                          |            |
| Internet Web Site Address             | hioscar.com                                                             |                        |                                                                                                          |            |                                                                                          |            |
| Statutory Statement Contact           | Eric Suh<br>(Name)                                                      |                        | (646)403-3677<br>(Area Code)(Telephone Number)(Extension)                                                |            |                                                                                          |            |
|                                       | FinancialReporting@hioscar.com<br>(E-Mail Address)                      |                        | (212)226-1283<br>(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)       | (Signature)     | (Signature)         |
| Alessandrea Quane | Victoria Baltus | Melissa Curtin      |
| (Printed Name)    | (Printed Name)  | (Printed Name)      |
| 1.                | 2.              | 3.                  |
| President         | Treasurer       | Corporate Secretary |
| (Title)           | (Title)         | (Title)             |

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

a. Is this an original filing? Yes[X] No[ ]

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

ASSETS

|                      |                                                                                                                                                        | Current Statement Date |                       |                                         | 4                                                |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------------------------------|--------------------------------------------------|
|                      |                                                                                                                                                        | 1                      | 2                     | 3                                       | December 31<br>Prior Year Net<br>Admitted Assets |
|                      |                                                                                                                                                        | Assets                 | Nonadmitted<br>Assets | Net Admitted<br>Assets<br>(Cols. 1 - 2) |                                                  |
| 1.                   | Bonds .....                                                                                                                                            | 46,372,933             |                       | 46,372,933                              | 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<br>encumbrances) .....                                                                               |                        |                       |                                         |                                                  |
| 4.2                  | Properties held for the production of income (less \$.....0<br>encumbrances) .....                                                                     |                        |                       |                                         |                                                  |
| 4.3                  | Properties held for sale (less \$.....0 encumbrances) .....                                                                                            |                        |                       |                                         |                                                  |
| 5.                   | Cash (\$.....96,979,638), cash equivalents (\$.....2,948,363) and<br>short-term investments (\$.....749,871) .....                                     | 100,677,872            |                       | 100,677,872                             | 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) .....                                                                                              | 147,050,805            |                       | 147,050,805                             | 51,950,450                                       |
| 13.                  | Title plants less \$.....0 charged off (for Title insurers only) .....                                                                                 |                        |                       |                                         |                                                  |
| 14.                  | Investment income due and accrued .....                                                                                                                | 495,933                |                       | 495,933                                 | 3,759                                            |
| 15.                  | Premiums and considerations:                                                                                                                           |                        |                       |                                         |                                                  |
| 15.1                 | Uncollected premiums and agents' balances in the course of<br>collection .....                                                                         | 819,393                |                       | 819,393                                 | 40,117                                           |
| 15.2                 | Deferred premiums, agents' balances and installments booked<br>but deferred and not yet due (including \$.....0 earned but<br>unbilled premiums) ..... |                        |                       |                                         |                                                  |
| 15.3                 | Accrued retrospective premiums (\$.....0) and contracts<br>subject to redetermination (\$.....36,460) .....                                            | 36,460                 |                       | 36,460                                  |                                                  |
| 16.                  | Reinsurance:                                                                                                                                           |                        |                       |                                         |                                                  |
| 16.1                 | Amounts recoverable from reinsurers .....                                                                                                              | 6,985,171              |                       | 6,985,171                               | 113,943                                          |
| 16.2                 | Funds held by or deposited with reinsured companies .....                                                                                              |                        |                       |                                         |                                                  |
| 16.3                 | Other amounts receivable under reinsurance contracts .....                                                                                             | 678,354                |                       | 678,354                                 | 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<br>(\$.....0) .....                                                                     |                        |                       |                                         |                                                  |
| 22.                  | Net adjustment in assets and liabilities due to foreign exchange rates .....                                                                           |                        |                       |                                         |                                                  |
| 23.                  | Receivables from parent, subsidiaries and affiliates .....                                                                                             |                        |                       |                                         |                                                  |
| 24.                  | Health care (\$.....5,711,552) and other amounts receivable .....                                                                                      | 6,856,073              | 1,058,010             | 5,798,063                               | 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<br>Protected Cell Accounts (Lines 12 to 25) .....                                    | 163,933,475            | 1,079,621             | 162,853,854                             | 55,131,745                                       |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....                                                                       |                        |                       |                                         |                                                  |
| 28.                  | TOTAL (Lines 26 and 27) .....                                                                                                                          | 163,933,475            | 1,079,621             | 162,853,854                             | 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<br>Covered   | 2<br>Uncovered | 3<br>Total  | 4<br>Total  |
| 1.                   | Claims unpaid (less \$.....(96,258) reinsurance ceded) .....                                                                                             | 22,897,939     |                | 22,897,939  | 12,241,367  |
| 2.                   | Accrued medical incentive pool and bonus amounts .....                                                                                                   | 179,089        |                | 179,089     | 501,974     |
| 3.                   | Unpaid claims adjustment expenses .....                                                                                                                  | 316,690        |                | 316,690     | 175,983     |
| 4.                   | Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio<br>rebate per the Public Health Service Act .....           | 89,865,484     |                | 89,865,484  | 21,177,793  |
| 5.                   | Aggregate life policy reserves .....                                                                                                                     |                |                |             |             |
| 6.                   | Property/casualty unearned premium reserve .....                                                                                                         |                |                |             |             |
| 7.                   | Aggregate health claim reserves .....                                                                                                                    | 849,980        |                | 849,980     | 308,784     |
| 8.                   | Premiums received in advance .....                                                                                                                       |                |                |             | 2,822,363   |
| 9.                   | General expenses due or accrued .....                                                                                                                    | 2,266,582      |                | 2,266,582   | 1,047,642   |
| 10.1                 | Current federal and foreign income tax payable and interest thereon (including \$.....0<br>on realized gains (losses)) .....                             |                |                |             |             |
| 10.2                 | Net deferred tax liability .....                                                                                                                         |                |                |             |             |
| 11.                  | Ceded reinsurance premiums payable .....                                                                                                                 | 9,486,469      |                | 9,486,469   | 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<br>(including \$.....0 current) .....                                          |                |                |             |             |
| 15.                  | Amounts due to parent, subsidiaries and affiliates .....                                                                                                 | 2,490,551      |                | 2,490,551   | 776,246     |
| 16.                  | Derivatives .....                                                                                                                                        |                |                |             |             |
| 17.                  | Payable for securities .....                                                                                                                             |                |                |             |             |
| 18.                  | Payable for securities lending .....                                                                                                                     |                |                |             |             |
| 19.                  | Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0<br>unauthorized reinsurers and \$.....0 certified reinsurers) ..... |                |                |             |             |
| 20.                  | Reinsurance in unauthorized and certified (\$.....0) companies .....                                                                                     | 21,487         |                | 21,487      | 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) .....                                                                                                                  | 128,374,271    |                | 128,374,271 | 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          | 17,418,017  | (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          | 34,479,583  | 15,676,782  |
| 34.                  | Total Liabilities, capital and surplus (Lines 24 and 33) .....                                                                                           | X X X          | X X X          | 162,853,854 | 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<br>Uncovered       | 2<br>Total | 3<br>Total         | 4<br>Total                   |
| 1.                           | Member Months .....                                                                                                               | X X X .....          | 331,711    | 79,352             | 172,331                      |
| 2.                           | Net premium income (including \$.....0 non-health premium income) .....                                                           | X X X .....          | 85,719,117 | 28,924,941         | 66,118,068                   |
| 3.                           | Change in unearned premium reserves and reserve for rate credits .....                                                            | X X X .....          | 345,227    | 100,478            |                              |
| 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 .....          | 86,064,344 | 29,025,419         | 66,118,068                   |
| <b>Hospital and Medical:</b> |                                                                                                                                   |                      |            |                    |                              |
| 9.                           | Hospital/medical benefits .....                                                                                                   |                      | 49,824,378 | 13,356,258         | 34,054,077                   |
| 10.                          | Other professional services .....                                                                                                 |                      | 675,159    | 4,263,053          | 9,454,222                    |
| 11.                          | Outside referrals .....                                                                                                           |                      |            |                    |                              |
| 12.                          | Emergency room and out-of-area .....                                                                                              |                      | 2,553,640  | 559,565            | 1,325,911                    |
| 13.                          | Prescription drugs .....                                                                                                          |                      | 8,427,215  | 4,045,848          | 8,555,181                    |
| 14.                          | Aggregate write-ins for other hospital and medical .....                                                                          |                      |            |                    |                              |
| 15.                          | Incentive pool, withhold adjustments and bonus amounts .....                                                                      |                      | (322,885)  | 72,307             | 501,974                      |
| 16.                          | Subtotal (Lines 9 to 15) .....                                                                                                    |                      | 61,157,507 | 22,297,031         | 53,891,365                   |
| <b>Less:</b>                 |                                                                                                                                   |                      |            |                    |                              |
| 17.                          | Net reinsurance recoveries .....                                                                                                  |                      | 13,419,738 | 288,683            | 281,166                      |
| 18.                          | Total hospital and medical (Lines 16 minus 17) .....                                                                              |                      | 47,737,769 | 22,008,348         | 53,610,199                   |
| 19.                          | Non-health claims (net) .....                                                                                                     |                      |            |                    |                              |
| 20.                          | Claims adjustment expenses, including \$.....1,788,569 cost containment expenses .....                                            |                      | 2,464,931  | 813,152            | 1,580,143                    |
| 21.                          | General administrative expenses .....                                                                                             |                      | 16,734,384 | 5,339,211          | 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) .....                                                                         |                      | 66,937,084 | 28,160,711         | 66,368,218                   |
| 24.                          | Net underwriting gain or (loss) (Lines 8 minus 23) .....                                                                          | X X X .....          | 19,127,260 | 864,708            | (250,150)                    |
| 25.                          | Net investment income earned .....                                                                                                |                      | 2,520,375  | 1,237,317          | 2,573,229                    |
| 26.                          | Net realized capital gains (losses) less capital gains tax of \$.....0 .....                                                      |                      |            |                    |                              |
| 27.                          | Net investment gains (losses) (Lines 25 plus 26) .....                                                                            |                      | 2,520,375  | 1,237,317          | 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 .....          | 21,647,635 | 2,102,025          | 2,323,079                    |
| 31.                          | Federal and foreign income taxes incurred .....                                                                                   | X X X .....          | 2,987,266  |                    | 593,893                      |
| 32.                          | Net income (loss) (Lines 30 minus 31) .....                                                                                       | X X X .....          | 18,660,369 | 2,102,025          | 1,729,186                    |
| <b>DETAILS OF WRITE-INS</b>  |                                                                                                                                   |                      |            |                    |                              |
| 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<br>To Date | Prior Year<br>To Date | Prior Year<br>Ended<br>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 .....                                                  | 18,660,369              | 2,102,025             | 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 .....                                                       | (193)                   | (40,437)              | (310,249)                          |
| 40.                       | Change in unauthorized and certified reinsurance .....                                   | 142,625                 | 72,847                | (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) .....                                 | 18,802,801              | 2,134,435             | 2,357,035                          |
| 49.                       | Capital and surplus end of reporting period (Line 33 plus 48) .....                      | 34,479,583              | 15,454,182            | 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<br>Current<br>Year<br>To Date | 2<br>Prior<br>Year<br>To Date | 3<br>Prior<br>Year Ended<br>December 31 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|-----------------------------------------|
| Cash from Operations                                                |                                                                                                                    |                                 |                               |                                         |
| 1.                                                                  | Premiums collected net of reinsurance .....                                                                        | 160,577,302                     | 37,876,673                    | 60,798,807                              |
| 2.                                                                  | Net investment income .....                                                                                        | 2,012,416                       | 1,237,390                     | 2,573,248                               |
| 3.                                                                  | Miscellaneous income .....                                                                                         |                                 |                               |                                         |
| 4.                                                                  | TOTAL (Lines 1 to 3) .....                                                                                         | 162,589,718                     | 39,114,063                    | 63,372,055                              |
| 5.                                                                  | Benefit and loss related payments .....                                                                            | 48,012,151                      | 18,581,386                    | 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 .....                                            | 16,935,616                      | 6,979,136                     | 12,192,150                              |
| 8.                                                                  | Dividends paid to policyholders .....                                                                              |                                 |                               |                                         |
| 9.                                                                  | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains<br>(losses) .....           | 2,557,382                       |                               | 1,023,777                               |
| 10.                                                                 | TOTAL (Lines 5 through 9) .....                                                                                    | 67,505,149                      | 25,560,522                    | 57,818,721                              |
| 11.                                                                 | Net cash from operations (Line 4 minus Line 10) .....                                                              | 95,084,569                      | 13,553,541                    | 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 .....                                                                                                        | 45,942,080                      |                               |                                         |
| 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) .....                                                              | 45,942,080                      |                               |                                         |
| 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) .....                                            | (45,942,080)                    |                               |                                         |
| 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<br>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<br>17) .....           | 49,142,489                      | 13,553,541                    | 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) .....                                                                       | 100,677,872                     | 59,535,590                    | 51,535,383                              |

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

|         |  |  |  |  |
|---------|--|--|--|--|
| 20.0001 |  |  |  |  |
|---------|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

97

|                                                                 | 1<br><br>Total | Comprehensive (Hospital & Medical) |                | 4<br><br>Medicare<br>Supplement | 5<br><br>Vision<br>Only | 6<br><br>Dental<br>Only | 7<br><br>Federal<br>Employees Health<br>Benefits Plan | 8<br><br>Title XVIII<br>Medicare | 9<br><br>Title XIX<br>Medicaid | 10<br><br>Credit<br>A&H | 11<br><br>Disability<br>Income | 12<br><br>Long-Term<br>Care | 13<br><br>Other<br>Health | 14<br><br>Other<br>Non-Health |
|-----------------------------------------------------------------|----------------|------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|-------------------------------------------------------|----------------------------------|--------------------------------|-------------------------|--------------------------------|-----------------------------|---------------------------|-------------------------------|
|                                                                 |                | 2<br><br>Individual                | 3<br><br>Group |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| Total Members at end of:                                        |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 1. Prior Year .....                                             | 17,192         | 17,192                             |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 2. First Quarter .....                                          | 54,444         | 54,444                             |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 3. Second Quarter .....                                         | 68,647         | 68,647                             |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 4. Third Quarter .....                                          |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 5. Current Year .....                                           |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 6. Current Year Member Months .....                             | 331,711        | 331,711                            |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| Total Member Ambulatory Encounters for Period:                  |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 7. Physician .....                                              | 23,092         | 23,092                             |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 8. Non-Physician .....                                          | 2,434          | 2,434                              |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 9. Total .....                                                  | 25,526         | 25,526                             |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 10. Hospital Patient Days Incurred .....                        | 5,687          | 5,687                              |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 11. Number of Inpatient Admissions .....                        | 940            | 940                                |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 12. Health Premiums Written (a) .....                           | 103,680,979    | 103,680,979                        |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 13. Life Premiums Direct .....                                  |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 14. Property/Casualty Premiums Written .....                    |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 15. Health Premiums Earned .....                                | 104,026,206    | 104,026,206                        |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 16. Property/Casualty Premiums Earned .....                     |                |                                    |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 17. Amount Paid for Provision of Health Care Services .....     | 55,179,160     | 55,179,160                         |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |
| 18. Amount Incurred for Provision of Health Care Services ..... | 61,157,507     | 61,157,507                         |                |                                 |                         |                         |                                                       |                                  |                                |                         |                                |                             |                           |                               |

(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<br>Account                                                         | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 days | 6<br>Over 120 Days | 7<br>Total |
| 0199999 Individually Listed Claims Unpaid .....                      |                  |                   |                   |                    |                    |            |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered ..... |                  |                   |                   |                    |                    |            |
| 0399999 Aggregate Accounts Not Individually Listed - Covered .....   | 517,184          | 46,015            | 9,098             | 10,413             | 14,033             | 596,743    |
| 0499999 Subtotals .....                                              | 517,184          | 46,015            | 9,098             | 10,413             | 14,033             | 596,743    |
| 0599999 Unreported claims and other claim reserves .....             |                  |                   |                   |                    |                    | 22,204,938 |
| 0699999 Total Amounts Withheld .....                                 |                  |                   |                   |                    |                    |            |
| 0799999 Total Claims Unpaid .....                                    |                  |                   |                   |                    |                    | 22,801,681 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts .....       |                  |                   |                   |                    |                    | 179,089    |

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

|                     |                                                     | Claims<br>Paid Year to Date                                         |                                                  | Liability End of<br>Current Quarter                 |                                                  | 5<br><br>Claims Incurred<br>in Prior Years<br>(Columns 1+3) | 6<br><br>Estimated Claim<br>Reserve and<br>Claim<br>Liability<br>Dec 31 of<br>Prior Year |
|---------------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                     |                                                     | 1<br>On<br>Claims Incurred<br>Prior to January 1<br>of Current Year | 2<br>On<br>Claims Incurred<br>During the<br>Year | 3<br>On<br>Claims Unpaid<br>Dec 31 of<br>Prior Year | 4<br>On<br>Claims Incurred<br>During the<br>Year |                                                             |                                                                                          |
| Line of<br>Business |                                                     |                                                                     |                                                  |                                                     |                                                  |                                                             |                                                                                          |
| 1.                  | Comprehensive (hospital & medical) Individual ..... | 5,714,854                                                           | 36,880,507                                       | 3,078,985                                           | 20,668,934                                       | 8,793,839                                                   | 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) .....               | 5,714,854                                                           | 36,880,507                                       | 3,078,985                                           | 20,668,934                                       | 8,793,839                                                   | 12,550,151                                                                               |
| 14.                 | Healthcare receivables (a) .....                    | 1,361,597                                                           |                                                  | 941,789                                             | 5,827,772                                        | 2,303,386                                                   | 2,398,683                                                                                |
| 15.                 | Other non-health .....                              |                                                                     |                                                  |                                                     |                                                  |                                                             |                                                                                          |
| 16.                 | Medical incentive pools and bonus amounts .....     |                                                                     |                                                  | 179,089                                             |                                                  | 179,089                                                     | 501,974                                                                                  |
| 17.                 | Totals (Lines 13 - 14 + 15 + 16) .....              | 4,353,257                                                           | 36,880,507                                       | 2,316,285                                           | 14,841,162                                       | 6,669,542                                                   | 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 # | Six Months Ended June 30, 2024 | Twelve Months Ended December 31, 2023 |
|-------------|---------------------------------------------------------------------------|--------|----------|------------|--------------------------------|---------------------------------------|
| NET INCOME: |                                                                           |        |          |            |                                |                                       |
| (1)         | Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)                |        |          |            | \$ 18,660,369                  | \$ 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)                                                        |        |          |            | \$ 18,660,369                  | \$ 1,729,186                          |
| SURPLUS     |                                                                           |        |          |            |                                |                                       |
| (5)         | Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)                |        |          |            | \$ 34,479,583                  | \$ 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)                                                        |        |          |            | \$ 34,479,583                  | \$ 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 August 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<br>Total Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted<br>from Current<br>Year | 2<br>Total Gross<br>(Admitted &<br>Nonadmitted )<br>Restricted<br>From Prior<br>Year | 3<br>Increase/<br>(Decrease) (1<br>minus 2) | 4<br>Total Current<br>Year<br>Nonadmitted<br>Restricted | 5<br>Total Current<br>Year Admitted<br>Restricted (1<br>minus 4) | 6<br>Gross<br>(Admitted &<br>Nonadmitted )<br>Restricted to<br>Total Assets<br>(a) | 7<br>Admitted<br>Restricted To<br>Total<br>Admitted<br>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                                                        | \$ 433,037                                                                            | \$ 423,944                                                                           | \$ 9,093                                    |                                                         | \$ 433,037                                                       | 0.264 %                                                                            | 0.266 %                                                           |
| 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                                                       | \$ 433,037                                                                            | \$ 423,944                                                                           | \$ 9,093                                    |                                                         | \$ 433,037                                                       | 0.264 %                                                                            | 0.266 %                                                           |

(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                               | \$ 495,933    |
| 2. Nonadmitted                         | \$ —          |
| 3. Admitted                            | \$ 495,933    |

D. The aggregate deferred interest.

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

Notes to Financial Statements

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

|                                                                              | Amount |
|------------------------------------------------------------------------------|--------|
| 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 the "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 \$2,490,551 to its affiliate, Oscar Management Corporation ("OMC"), as of June 30, 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 June 30, 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 \$62,291 and \$25,623 for the six months ended June 30, 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 June 30, 2024. All shares are Class A shares.

B. No preferred stock has been authorized.

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

D-M. Not Applicable

14. Liabilities, Contingencies and Assessments - Not Applicable

15. Leases - Not Applicable

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

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

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

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

Notes to Financial Statements

20. Fair Value Measurements

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

The levels of the fair value hierarchy are as follows:

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

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

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

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

A. Fair Value

(1) Fair Value Measurements at Reporting Date:

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

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value as of June 30, 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 June 30, 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.

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

B. Fair Value Combination - Not Applicable

C. Fair Value Hierarchy at June 30, 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                        | \$46,313,765         | \$46,372,933    | \$—         | \$46,313,765 | \$—       | \$—                   | \$—                              |
| Short-Term                   | \$750,125            | \$749,871       | \$—         | \$750,125    | \$—       | \$—                   | \$—                              |
| Cash Equivalents             | \$2,948,363          | \$2,948,363     | \$2,948,363 | \$—          | \$—       | \$—                   | \$—                              |

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

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through August 15, 2024 for the statutory statement issued on August 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 \$7,567,267.

(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 \$1,940,689.

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

Yes( ) No (X)

B. Uncollectable Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

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

E. Reinsurance Credit

(1) - Not Applicable

Notes to Financial Statements

(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 <sup>[1]</sup>              | 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)                   | \$36,460       |
|             | Liabilities                                                                                                       |                |
|             | 2 Risk adjustment user fees payable for ACA Risk Adjustment                                                       | \$82,099       |
|             | 3 Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)                       | \$87,388,348   |
|             | Operations (Revenue & Expense)                                                                                    |                |
|             | 4 Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$(66,174,096) |
|             | 5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)                                           | \$49,310       |
| 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 |     | Cumulative Balance from Prior Years (Col 1 - 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. Permanent ACA Risk Adjustment Program                                                       |                                                                                        |              |                                                                                                  |         |                                              |                                              |                        |                        | A   |                                                    |                                                    |
| 1.Premium - adjustments receivable (including high risk pool payments)                         | \$ —                                                                                   |              | \$ —                                                                                             |         | \$ —                                         |                                              | \$36,460               |                        |     | \$36,460                                           |                                                    |
| 2.Premium - adjustments (payable) (including high risk                                         |                                                                                        | \$21,177,793 |                                                                                                  | \$ —    |                                              | \$21,177,793                                 |                        | \$ 435,855             |     |                                                    | \$21,613,648                                       |
| 3.Subtotal ACA Permanent Risk Adjustment Program                                               | \$ —                                                                                   | \$21,177,793 | \$ —                                                                                             | \$ —    | \$ —                                         | \$21,177,793                                 | \$36,460               | \$435,855              |     | \$36,460                                           | \$21,613,648                                       |
| 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                                                        |                                                                                        |              |                                                                                                  |         |                                              |                                              |                        |                        | I   |                                                    |                                                    |
| 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                                 | \$36,460               | \$435,855              |     | \$36,460                                           | \$21,613,648                                       |

- 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<br>Program Year                                             | Accrued During the Prior<br>Year on Business Written<br>Before December 31 of<br>the Prior Year |         | Received or Paid as of the<br>Current Year on Business<br>Written Before December<br>31 of the Prior Year |         | Differences                                           |                                                        | Adjustments                  |                              | Ref | Unsettled Balances as of<br>the Reporting Date              |                                                             |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|--------------------------------------------------------|------------------------------|------------------------------|-----|-------------------------------------------------------------|-------------------------------------------------------------|
|                                                                            |                                                                                                 |         |                                                                                                           |         | Prior Year<br>Accrued<br>Less<br>Payments<br>(Col1-3) | Prior Year<br>Accrued<br>Less<br>Payments<br>(Col 2-4) | To Prior<br>Year<br>Balances | To Prior<br>Year<br>Balances |     | Cumulative<br>Balance<br>from Prior<br>Years<br>(Col1-3 +7) | Cumulative<br>Balance<br>from Prior<br>Years (Col<br>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<br>retrospective<br>premium                                      |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | A   |                                                             |                                                             |
| 2.Reserve for<br>rate credits or<br>policy<br>experience<br>rating refunds |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | B   |                                                             |                                                             |
| b.2015                                                                     |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              |     |                                                             |                                                             |
| 1.Accrued<br>retrospective<br>premium                                      |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | C   |                                                             |                                                             |
| 2.Reserve for<br>rate credits or<br>policy<br>experience<br>rating refunds |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | D   |                                                             |                                                             |
| c. 2016                                                                    |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              |     |                                                             |                                                             |
| 1.Accrued<br>retrospective<br>premium                                      |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | E   |                                                             |                                                             |
| 2.Reserve for<br>rate credits or<br>policy<br>experience<br>rating refunds |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              | F   |                                                             |                                                             |
| d.Total for risk<br>corridors                                              |                                                                                                 |         |                                                                                                           |         |                                                       |                                                        |                              |                              |     |                                                             |                                                             |

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

| Risk Corridors<br>Program Year |               | 1                                                                    | 2                                                            | 3                               | 4                                                          | 5                      | 6                            |
|--------------------------------|---------------|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|------------------------------------------------------------|------------------------|------------------------------|
|                                |               | Estimated Amount to<br>be Filed or Final<br>Amount Filed with<br>CMS | Non-Accrued<br>Amounts for<br>Impairment or Other<br>Reasons | Amounts<br>Received from<br>CMS | Asset Balance<br>(Gross of Non-<br>admissions) (1-2-<br>3) | Non-admitted<br>Amount | Net Admitted<br>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 June 30, 2024, \$5,714,854 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 \$3,078,985 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been \$(3,756,312) of unfavorable (favorable) prior-year development from December 31, 2023 to June 30, 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 |
|------------|----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 6/30/2024  | \$ 3,206,391                                                   | \$ 505,286                                        | \$ —                                              | \$ —                                                     | \$ —                                                     |
| 3/31/2024  | \$ 2,315,286                                                   | \$ 2,320,614                                      | \$ —                                              | \$ —                                                     | \$ —                                                     |
| 12/31/2023 | \$ 1,205,741                                                   | \$ 1,209,167                                      | \$ —                                              | \$ 894,202                                               | \$ —                                                     |
| 9/30/2023  | \$ 1,376,400                                                   | \$ 1,380,390                                      | \$ 856,155                                        | \$ —                                                     | \$ 453,830                                               |
| 6/30/2023  | \$ 1,101,797                                                   | \$ 1,104,926                                      | \$ 835,912                                        | \$ 139,803                                               | \$ 1,283                                                 |
| 3/31/2023  | \$ 948,843                                                     | \$ 951,505                                        | \$ 780,631                                        | \$ —                                                     | \$ 87,614                                                |
| 12/31/2022 | \$ 976,441                                                     | \$ 979,147                                        | \$ 787,365                                        | \$ 146,490                                               | \$ (841)                                                 |
| 9/30/2022  | \$ 926,123                                                     | \$ 927,858                                        | \$ 816,986                                        | \$ —                                                     | \$ 105,814                                               |
| 6/30/2022  | \$ 990,869                                                     | \$ 993,267                                        | \$ 817,326                                        | \$ —                                                     | \$ 166,595                                               |
| 3/31/2022  | \$ 830,090                                                     | \$ 832,404                                        | \$ 696,303                                        | \$ 93,153                                                | \$ 22,387                                                |
| 12/31/2021 | \$ 648,874                                                     | \$ 661,759                                        | \$ 416,766                                        | \$ 212,746                                               | \$ 19,357                                                |
| 9/30/2021  | \$ 613,711                                                     | \$ 615,959                                        | \$ —                                              | \$ 590,823                                               | \$ 22,888                                                |

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 liabilityJune 30, 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[X] No[ ]

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                       |
| U.S Bank NA .....    | 1 Federal Street Boston, MA 02110 ..... |

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[X] No[ ]

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

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

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   |
| JP Morgan Asset Management ..... | ..... U ..... |

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[X] No[ ]

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 |
| 107038 .....                           | JP Morgan Asset Management ..... | 549300W78QH4XMM6K69 ..        | SEC .....       | ..... NO .....                              |

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                                                                                                                                                        | 57.546%      |
| 1.2 A&H cost containment percent                                                                                                                                            | 2.078%       |
| 1.3 A&H expense percent excluding cost containment expenses                                                                                                                 | 20.230%      |
| 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<br>NAIC<br>Company<br>Code                | 2<br><br>ID<br>Number | 3<br><br>Effective<br>Date | 4<br><br>Name of Reinsurer                           | 5<br><br>Domiciliary<br>Jurisdiction | 6<br><br>Type of<br>Reinsurance<br>Ceded | 7<br><br>Type of<br>Business<br>Ceded | 8<br><br>Type of<br>Reinsurer | 9<br><br>Certified<br>Reinsurer Rating<br>(1 through 6) | 10<br><br>Effective Date<br>of Certified<br>Reinsurer Rating |
|---------------------------------------------|-----------------------|----------------------------|------------------------------------------------------|--------------------------------------|------------------------------------------|---------------------------------------|-------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
|                                             |                       |                            |                                                      |                                      |                                          |                                       |                               |                                                         |                                                              |
|                                             |                       |                            |                                                      |                                      |                                          |                                       |                               |                                                         |                                                              |
| <b>Accident and Health - Non-affiliates</b> |                       |                            |                                                      |                                      |                                          |                                       |                               |                                                         |                                                              |
| 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**

|             |                                                                 | 1                 | Direct Business Only         |                      |                    |                |                                                    |                                                    |                             |                           |                         |
|-------------|-----------------------------------------------------------------|-------------------|------------------------------|----------------------|--------------------|----------------|----------------------------------------------------|----------------------------------------------------|-----------------------------|---------------------------|-------------------------|
|             |                                                                 |                   | 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 ..              | 103,680,979                  |                      |                    |                |                                                    |                                                    |                             | 103,680,979               |                         |
| 37.         | Oklahoma (OK) .....                                             | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 38.         | Oregon (OR) .....                                               | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 39.         | Pennsylvania (PA) .....                                         | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 40.         | Rhode Island (RI) .....                                         | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 41.         | South Carolina (SC) .....                                       | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 42.         | South Dakota (SD) .....                                         | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 43.         | Tennessee (TN) .....                                            | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 44.         | Texas (TX) .....                                                | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 45.         | Utah (UT) .....                                                 | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 46.         | Vermont (VT) .....                                              | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 47.         | Virginia (VA) .....                                             | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 48.         | Washington (WA) .....                                           | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 49.         | West Virginia (WV) .....                                        | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 50.         | Wisconsin (WI) .....                                            | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 51.         | Wyoming (WY) .....                                              | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 52.         | American Samoa (AS) .....                                       | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 53.         | Guam (GU) .....                                                 | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 54.         | Puerto Rico (PR) .....                                          | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 55.         | U.S. Virgin Islands (VI) .....                                  | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 56.         | Northern Mariana Islands (MP) .....                             | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 57.         | Canada (CAN) .....                                              | N ..              |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 58.         | Aggregate other alien (OT) .....                                | X X X             |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 59.         | Subtotal .....                                                  | X X X             | 103,680,979                  |                      |                    |                |                                                    |                                                    |                             | 103,680,979               |                         |
| 60.         | Reporting entity contributions for Employee Benefit Plans ..... | X X X             |                              |                      |                    |                |                                                    |                                                    |                             |                           |                         |
| 61.         | Total (Direct Business) .....                                   | X X X             | 103,680,979                  |                      |                    |                |                                                    |                                                    |                             | 103,680,979               |                         |

**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

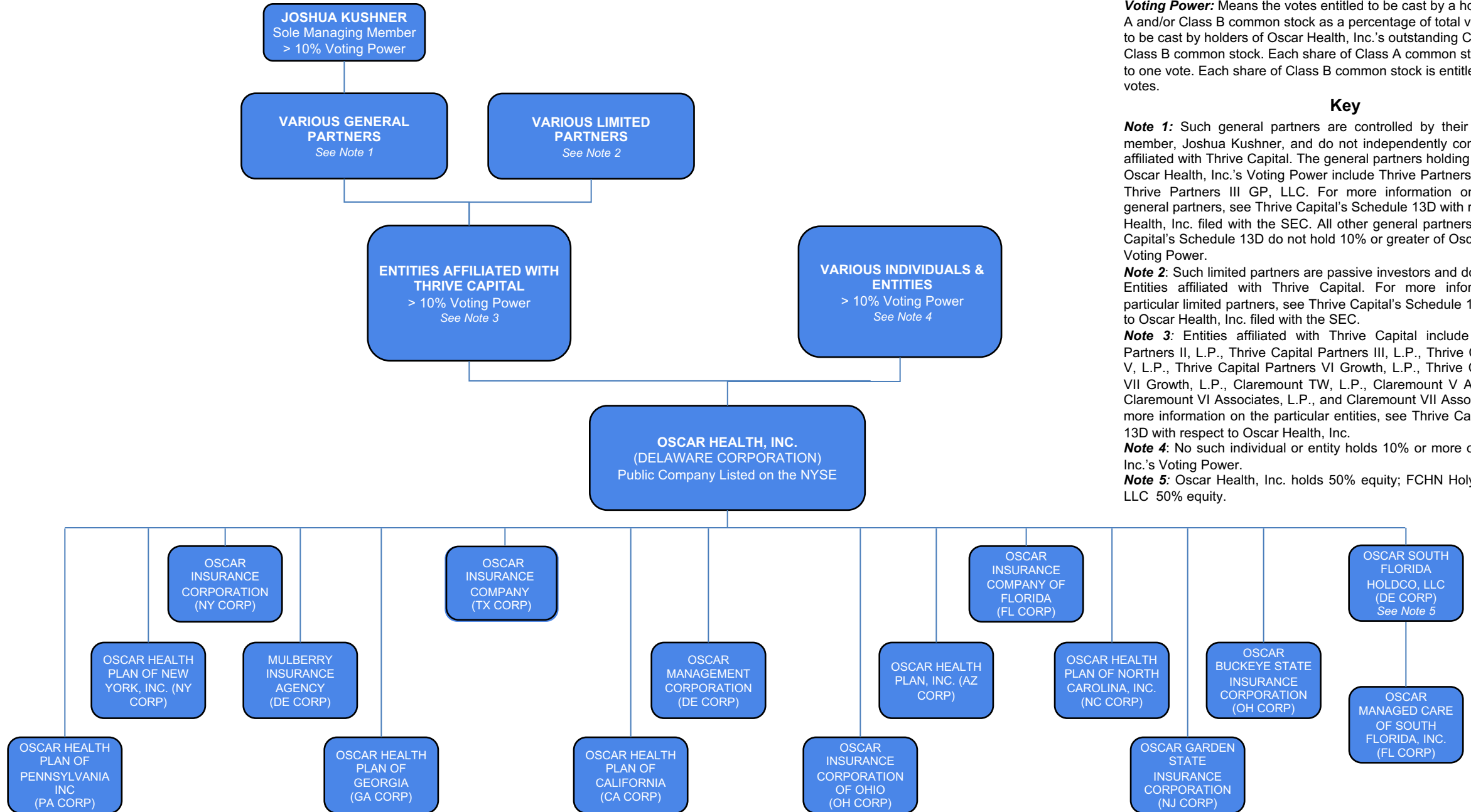
1

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

56

# Oscar Holding Company Organizational Chart

As of June 30, 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                                                                          | 72.4                                       | 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. | Yes      |

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16416202436500002

2024

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF **June 30, 2024** OF THE **Oscar Buckeye State Insurance Corporation**

**SCHEDULE A - VERIFICATION**

| Real Estate                                                                                         |              |                                 |
|-----------------------------------------------------------------------------------------------------|--------------|---------------------------------|
|                                                                                                     | 1            | 2                               |
|                                                                                                     | Year To Date | Prior Year Ended<br>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<br>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<br>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<br>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                                                                     | 45,942,080   |                                 |
| 3. Accrual of discount                                                                                   | 16,405       |                                 |
| 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                                                                        | 619          | (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) | 46,372,933   | 415,067                         |
| 12. Deduct total nonadmitted amounts                                                                     |              |                                 |
| 13. Statement value at end of current period (Line 11 minus Line 12)                                     | 46,372,933   | 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**

|                                         | 1                                                                  | 2                                         | 3                                         | 4                                                 | 5                                                          | 6                                                           | 7                                                          | 8                                                            |
|-----------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------|
| NAIC Designation                        | Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | Acquisitions<br>During Current<br>Quarter | Dispositions<br>During Current<br>Quarter | Non-Trading<br>Activity During<br>Current Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
| <b>BONDS</b>                            |                                                                    |                                           |                                           |                                                   |                                                            |                                                             |                                                            |                                                              |
| 1. NAIC 1 (a) .....                     | 415,058                                                            | 46,690,955                                |                                           | 16,791                                            | 415,058                                                    | 47,122,804                                                  |                                                            | 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 .....                    | 415,058                                                            | 46,690,955                                |                                           | 16,791                                            | 415,058                                                    | 47,122,804                                                  |                                                            | 415,067                                                      |
| <b>PREFERRED STOCK</b>                  |                                                                    |                                           |                                           |                                                   |                                                            |                                                             |                                                            |                                                              |
| 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 ..... | 415,058                                                            | 46,690,955                                |                                           | 16,791                                            | 415,058                                                    | 47,122,804                                                  |                                                            | 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 \$.....749,871; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

| Short - Term Investments |                                    |             |                |                                    |                                              |
|--------------------------|------------------------------------|-------------|----------------|------------------------------------|----------------------------------------------|
|                          | 1                                  | 2           | 3              | 4                                  | 5                                            |
|                          | Book/Adjusted<br>Carrying<br>Value | Par Value   | Actual<br>Cost | Interest Collected<br>Year To Date | Paid for Accrued<br>Interest<br>Year To Date |
| 7709999999. Totals ..... | 749,871                            | X X X ..... | 748,875        | .....                              | 1,855                                        |

SCHEDULE DA - Verification

| Short-Term Investments |                                                                                                       |  | 1            | 2                               |
|------------------------|-------------------------------------------------------------------------------------------------------|--|--------------|---------------------------------|
|                        |                                                                                                       |  | Year To Date | Prior Year Ended<br>December 31 |
| 1.                     | Book/adjusted carrying value, December 31 of prior year .....                                         |  |              |                                 |
| 2.                     | Cost of short-term investments acquired .....                                                         |  | 748,875      |                                 |
| 3.                     | Accrual of discount .....                                                                             |  | 996          |                                 |
| 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) ..... |  | 749,871      |                                 |
| 11.                    | Deduct total nonadmitted amounts .....                                                                |  |              |                                 |
| 12.                    | Statement value at end of current period (Line 10 minus Line 11) .....                                |  | 749,871      |                                 |

**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<br>December 31 |
| 1.  | Book/adjusted carrying value, December 31 of prior year .....                                         | 8,877        |                                 |
| 2.  | Cost of cash equivalents acquired .....                                                               | 50,009,111   | 8,877                           |
| 3.  | Accrual of discount .....                                                                             |              |                                 |
| 4.  | Unrealized valuation increase/(decrease) .....                                                        |              |                                 |
| 5.  | Total gain (loss) on disposals .....                                                                  |              |                                 |
| 6.  | Deduct consideration received on disposals .....                                                      | 47,069,625   |                                 |
| 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) ..... | 2,948,363    | 8,877                           |
| 11. | Deduct total nonadmitted amounts .....                                                                |              |                                 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) .....                                | 2,948,363    | 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**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1                                                          | 2                                                                | 3       | 4             | 5                                      | 6                         | 7           | 8          | 9                                       | 10                                                                        |
|------------------------------------------------------------|------------------------------------------------------------------|---------|---------------|----------------------------------------|---------------------------|-------------|------------|-----------------------------------------|---------------------------------------------------------------------------|
| CUSIP Identification                                       | Description                                                      | Foreign | Date Acquired | Name of Vendor                         | Number of Shares of Stock | Actual Cost | Par Value  | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| <b>Bonds - U.S. Governments</b>                            |                                                                  |         |               |                                        |                           |             |            |                                         |                                                                           |
| 912828V98                                                  | UNITED STATES TREASURY                                           |         | 06/21/2024    | BMO CAPITAL MARKET CORP                | X X X                     | 1,981,465   | 2,100,000  | 16,875                                  | 1.A                                                                       |
| 91282CBT7                                                  | UNITED STATES TREASURY                                           |         | 06/24/2024    | SCOTIA CAPITAL (USA) INC.              | X X X                     | 2,517,539   | 2,700,000  | 4,758                                   | 1.A                                                                       |
| 91282CDK4                                                  | UNITED STATES TREASURY                                           |         | 06/18/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 2,126,422   | 2,300,000  | 1,571                                   | 1.A                                                                       |
| 91282CEE7                                                  | UNITED STATES TREASURY                                           |         | 06/25/2024    | BNP PARIBAS SECURITIES BOND            | X X X                     | 458,887     | 500,000    | 2,823                                   | 1.A                                                                       |
| 91282CEY3                                                  | UNITED STATES TREASURY                                           |         | 06/28/2024    | Various                                | X X X                     | 8,272,701   | 8,450,000  | 110,625                                 | 1.A                                                                       |
| 91282CGA3                                                  | UNITED STATES TREASURY                                           |         | 06/24/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 987,266     | 1,000,000  | 1,093                                   | 1.A                                                                       |
| 91282CGE5                                                  | UNITED STATES TREASURY                                           |         | 06/25/2024    | MORGAN STANLEY & CO. LLC               | X X X                     | 3,349,664   | 3,400,000  | 58,998                                  | 1.A                                                                       |
| 91282CHU8                                                  | UNITED STATES TREASURY                                           |         | 06/28/2024    | HSBC SECURITIES INC.                   | X X X                     | 2,483,594   | 2,500,000  | 40,264                                  | 1.A                                                                       |
| 91282CKG5                                                  | UNITED STATES TREASURY                                           |         | 06/18/2024    | RBC CAPITAL MARKETS, LLC               | X X X                     | 820,327     | 825,000    | 7,532                                   | 1.A                                                                       |
| 91282CKJ9                                                  | UNITED STATES TREASURY                                           |         | 06/17/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 3,451,578   | 3,450,000  | 26,840                                  | 1.A                                                                       |
| 91282CKK6                                                  | UNITED STATES TREASURY                                           |         | 06/17/2024    | Various                                | X X X                     | 3,908,773   | 3,900,000  | 24,984                                  | 1.A                                                                       |
| 91282CKP5                                                  | UNITED STATES TREASURY                                           |         | 06/17/2024    | Various                                | X X X                     | 3,123,419   | 3,075,000  | 18,623                                  | 1.A                                                                       |
| 91282CKT7                                                  | UNITED STATES TREASURY                                           |         | 06/21/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 1,161,230   | 1,150,000  | 3,393                                   | 1.A                                                                       |
| 0109999999                                                 | Subtotal - Bonds - U.S. Governments                              |         |               |                                        | X X X                     | 34,642,865  | 35,350,000 | 318,379                                 | X X X                                                                     |
| <b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b> |                                                                  |         |               |                                        |                           |             |            |                                         |                                                                           |
| 00138CAY4                                                  | COREBRIDGE GLOBAL FUNDING                                        |         | 06/18/2024    | BOFA SECURITIES, INC                   | X X X                     | 426,778     | 427,000    |                                         | 1.F FE                                                                    |
| 06428CAC8                                                  | BANK OF AMERICA NA                                               |         | 06/21/2024    | BARCLAYS CAPITAL INC.                  | X X X                     | 612,233     | 610,000    | 12,063                                  | 1.E FE                                                                    |
| 141781CA0                                                  | CARGILL INC                                                      |         | 06/26/2024    | JP MORGAN CHASE CAM                    | X X X                     | 260,668     | 264,000    | 99                                      | 1.F FE                                                                    |
| 14913UAA8                                                  | CATERPILLAR FINANCIAL SERVICES CORP                              |         | 06/21/2024    | MORGAN STANLEY & CO. LLC               | X X X                     | 621,465     | 629,000    | 2,964                                   | 1.F FE                                                                    |
| 166764BL3                                                  | CHEVRON CORP                                                     |         | 06/17/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 816,306     | 850,000    | 2,232                                   | 1.D FE                                                                    |
| 24422ETH2                                                  | JOHN DEERE CAPITAL CORP                                          |         | 06/17/2024    | BOFA SECURITIES, INC                   | X X X                     | 623,223     | 653,000    | 385                                     | 1.F FE                                                                    |
| 29364DAU4                                                  | ENTERGY ARKANSAS LLC                                             |         | 06/17/2024    | BARCLAYS CAPITAL INC.                  | X X X                     | 248,138     | 255,000    | 1,909                                   | 1.F FE                                                                    |
| 29449WAA5                                                  | EQUITABLE FINANCIAL LIFE GLOBAL FUNDING                          |         | 06/26/2024    | CREDIT AGRICOLE SECURITIES (USA), INC. | X X X                     | 134,975     | 141,000    | 932                                     | 1.E FE                                                                    |
| 341081GR2                                                  | FLORIDA POWER & LIGHT CO                                         |         | 06/21/2024    | GOLDMAN SACHS & CO.                    | X X X                     | 149,344     | 151,000    | 728                                     | 1.F FE                                                                    |
| 437076CZ3                                                  | HOME DEPOT INC                                                   |         | 06/26/2024    | BOFA SECURITIES, INC                   | X X X                     | 364,127     | 364,000    | 104                                     | 1.F FE                                                                    |
| 49177JAD4                                                  | KENVUE INC                                                       |         | 06/17/2024    | GOLDMAN SACHS & CO.                    | X X X                     | 616,919     | 615,000    | 7,860                                   | 1.F FE                                                                    |
| 59217GEJ4                                                  | METROPOLITAN LIFE GLOBAL FUNDING I                               |         | 06/17/2024    | MORGAN STANLEY & CO. LLC               | X X X                     | 496,959     | 520,000    | 2,278                                   | 1.D FE                                                                    |
| 61690U7U8                                                  | MORGAN STANLEY BANK NA                                           |         | 06/21/2024    | MORGAN STANLEY & CO. LLC               | X X X                     | 488,551     | 488,000    | 11,735                                  | 1.E FE                                                                    |
| 637639AE5                                                  | NATIONAL SECURITIES CLEARING CORP                                |         | 06/21/2024    | BOFA SECURITIES, INC                   | X X X                     | 665,017     | 708,000    | 251                                     | 1.B FE                                                                    |
| 637639AL9                                                  | NATIONAL SECURITIES CLEARING CORP                                |         | 06/17/2024    | WELLS FARGO SECURITIES, LLC            | X X X                     | 294,982     | 295,000    |                                         | 1.B FE                                                                    |
| 66815L2A6                                                  | NORTHWESTERN MUTUAL GLOBAL FUNDING                               |         | 06/21/2024    | BBVA SECURITIES INC                    | X X X                     | 838,423     | 896,000    | 3,186                                   | 1.B FE                                                                    |
| 68233JBZ6                                                  | ONCOR ELECTRIC DELIVERY COMPANY LLC                              |         | 06/21/2024    | MARKETAXESS CORPORATION                | X X X                     | 248,920     | 264,000    | 335                                     | 1.F FE                                                                    |
| 69371RR32                                                  | PACCAR FINANCIAL CORP                                            |         | 06/17/2024    | KEYBANC CAPITAL MARKETS INC            | X X X                     | 354,033     | 381,000    | 431                                     | 1.E FE                                                                    |
| 6944PL2E8                                                  | PACIFIC LIFE GLOBAL FUNDING II                                   |         | 06/17/2024    | MIZUHO SECURITIES USA INC.             | X X X                     | 847,148     | 907,000    | 2,217                                   | 1.D FE                                                                    |
| 771196BK7                                                  | ROCHE HOLDINGS INC                                               |         | 06/21/2024    | CITIGROUP GLOBAL MARKETS INC.          | X X X                     | 822,570     | 859,000    | 2,443                                   | 1.C FE                                                                    |
| 857477BE2                                                  | STATE STREET CORP                                                |         | 06/17/2024    | MORGAN STANLEY & CO. LLC               | X X X                     | 747,371     | 757,000    | 2,327                                   | 1.E FE                                                                    |
| 91324PCV2                                                  | UNITEDHEALTH GROUP INC                                           |         | 06/17/2024    | GOLDMAN SACHS & CO.                    | X X X                     | 450,804     | 466,000    | 3,732                                   | 1.F FE                                                                    |
| 91324PEC2                                                  | UNITEDHEALTH GROUP INC                                           |         | 06/21/2024    | BARCLAYS CAPITAL INC.                  | X X X                     | 170,261     | 183,000    | 228                                     | 1.F FE                                                                    |
| 1109999999                                                 | Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)   |         |               |                                        | X X X                     | 11,299,215  | 11,683,000 | 58,437                                  | X X X                                                                     |
| 2509999997                                                 | Subtotal - Bonds - Part 3                                        |         |               |                                        | X X X                     | 45,942,080  | 47,033,000 | 376,816                                 | X X X                                                                     |
| 2509999998                                                 | Summary Item from Part 5 for Bonds (N/A to Quarterly)            |         |               |                                        | X X X                     | X X X       | X X X      | X X X                                   | X X X                                                                     |
| 2509999999                                                 | Subtotal - Bonds                                                 |         |               |                                        | X X X                     | 45,942,080  | 47,033,000 | 376,816                                 | X X X                                                                     |
| 4509999998                                                 | Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) |         |               |                                        | X X X                     | X X X       | X X X      | X X X                                   | X X X                                                                     |
| 4509999999                                                 | Subtotal - Preferred Stocks                                      |         |               |                                        | X X X                     |             | X X X      |                                         | X X X                                                                     |
| 5989999998                                                 | Summary Item from Part 5 for Common Stocks (N/A to Quarterly)    |         |               |                                        | X X X                     | X X X       | X X X      | X X X                                   | X X X                                                                     |
| 5989999999                                                 | Subtotal - Common Stocks                                         |         |               |                                        | X X X                     |             | X X X      |                                         | X X X                                                                     |
| 5999999999                                                 | Subtotal - Preferred and Common Stocks                           |         |               |                                        | X X X                     |             | X X X      |                                         | X X X                                                                     |
| 6009999999                                                 | Totals - Bonds, Preferred and Common Stocks                      |         |               |                                        | X X X                     | 45,942,080  | X X X      | 376,816                                 | X X X                                                                     |

QE04

**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<br>During Current Quarter |                 |                | 9     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|-------|---------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-----------------|----------------|-------|
|                                                                                                                                                              |                    |  |       |                     | Amount<br>of Interest<br>Received<br>During<br>Current<br>Quarter | Amount of<br>Interest<br>Accrued<br>at Current<br>Statement<br>Date | 6                                                           | 7               | 8              |       |
| Depository                                                                                                                                                   |                    |  | Code  | Rate of<br>Interest |                                                                   |                                                                     | First<br>Month                                              | Second<br>Month | Third<br>Month | *     |
| <b>Open Depositories</b>                                                                                                                                     |                    |  |       |                     |                                                                   |                                                                     |                                                             |                 |                |       |
| Bank of America .....                                                                                                                                        | New York, NY ..... |  |       | 5.540               | 1,451,810                                                         |                                                                     | 113,272,612                                                 | 130,479,655     | 96,979,638     | X X X |
| 0199998 Deposits in .....0 depositories that do not exceed the<br>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 ..            | 1,451,810                                                         |                                                                     | 113,272,612                                                 | 130,479,655     | 96,979,638     | X X X |
| 0299998 Deposits in .....0 depositories that do not exceed the<br>allowable limit in any one depository (see Instructions) - Suspended<br>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 ..            | 1,451,810                                                         |                                                                     | 113,272,612                                                 | 130,479,655     | 96,979,638     | 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 ..            | 1,451,810                                                         |                                                                     | 113,272,612                                                 | 130,479,655     | 96,979,638     | 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<br>Acquired | Rate of<br>Interest | Maturity<br>Date | Book/Adjusted<br>Carrying Value | Amount of<br>Interest<br>Due & Accrued | Amount Received<br>During Year |
| <b>All Other Money Market Mutual Funds</b> |                                                      |          |                  |                     |                  |                                 |                                        |                                |
| . 4812C0670 .                              | JPMORGAN:US GVT MM CAP .....                         |          | 06/12/2024 ..... | 5.200 .....         | X X X .....      | 2,930,374 .....                 | 72,268 .....                           |                                |
| . 4812C0670 .                              | JPMORGAN:US GVT MM CAP .....                         | SD ..... | 06/12/2024 ..... | 5.200 .....         | X X X .....      | 17,989 .....                    |                                        | 293                            |
| 8309999999                                 | Subtotal - All Other Money Market Mutual Funds ..... |          |                  |                     |                  | 2,948,363 .....                 | 72,268 .....                           | 293                            |
| 8609999999                                 | Total Cash Equivalents .....                         |          |                  |                     |                  | 2,948,363 .....                 | 72,268 .....                           | 293                            |