



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

NAIC Group Code	4818	4818	NAIC Company Code	16416	Employer's ID Number	82-5264817
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio	State of Domicile or Port of Entry	OH			
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	04/18/2018	Commenced Business	01/01/2019			
Statutory Home Office	4400 Easton Commons Way, Suite 125	Columbus, OH, US 43219				
	(Street and Number)	(City or Town, State, Country and Zip Code)				
Main Administrative Office	75 Varick Street, 5th Floor					
	(Street and Number)					
	New York, NY, US 10013	(646)403-3677				
	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)				
Mail Address	75 Varick Street, 5th Floor	New York, NY, US 10013				
	(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	75 Varick Street, 5th floor					
	(Street and Number)					
	New York, NY, US 10013	(646)403-3677				
	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)				
Internet Web Site Address	hioscar.com					
Statutory Statement Contact	Eric Suh	(646)403-3677				
	(Name)	(Area Code)(Telephone Number)(Extension)				
	FinancialReporting@hioscar.com	(212)226-1283				
	(E-Mail Address)	(Fax Number)				

OFFICERS

Name	Title
Alessandrea Quane	President
Victoria Baltrus	Treasurer
Melissa Curtin	Corporate Secretary

OTHERS

DIRECTORS OR TRUSTEES

Alessandrea Quane	Fausto Palazzetti
Dennis Hillen	Sean Martin MD
Steven Wolin	

State of New York
County of New York ss

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

DocuSigned by: <i>Alessandrea Quane</i> 514E3581272147B (Signature) Alessandrea Quane (Printed Name) 1. President (Title)	DocuSigned by: <i>Victoria Baltrus</i> A8F23CA335C34E9 (Signature) Victoria Baltrus (Printed Name) 2. Treasurer (Title)	DocuSigned by: <i>Melissa Curtin</i> C9625F17EEEC403 (Signature) Melissa Curtin (Printed Name) 3. Corporate Secretary (Title)
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Subscribed and sworn to before me this 01 day of August, 2024 <i>[Signature]</i> (Notary Public Signature)	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
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