

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	72,670	24,396	12,744			109,810
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	72,670	24,396	12,744			109,810

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Health.....	1,475,722	2,096,802	819,026	(2,497,269)		1,894,281
0199999 – Pharmaceutical Rebate Receivables.....	1,475,722	2,096,802	819,026	(2,497,269)		1,894,281
0299998 – Aggregate of Amounts Not Individually Listed.....	200,966			1,101,977	1,101,977	200,966
0299999 – Claim Overpayment Receivables.....	200,966			1,101,977	1,101,977	200,966
The Cleveland Clinic Foundation.....	282,496					282,496
0599999 – Risk Sharing Receivables.....	282,496					282,496
CVS Health.....	304,607					304,607
Department of Health & Human Services and U.S. Department of Treasury.....	4,560,514					4,560,514
0699999 – Other Health Care Receivables.....	4,865,121					4,865,121
0799999 – Gross Health Care Receivables.....	6,824,305	2,096,802	819,026	(1,395,292)	1,101,977	7,242,864

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	5,802,437	15,628,935	458,102	1,436,179	6,260,539	3,319,834
2. Claim overpayment receivables	1,658		181,812	1,121,131	183,470	1,204,791
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables				282,496		
6. Other health care receivables	9,404,025		4,560,514	304,607	13,964,539	8,981,271
7. Totals (Lines 1 through 6)	15,208,120	15,628,935	5,200,428	3,144,413	20,408,548	13,505,896

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 – Aggregate accounts not individually listed-covered	858,061	37,618	13,483	1,978	262,955	1,174,095
0499999 – Subtotals	858,061	37,618	13,483	1,978	262,955	1,174,095
0599999 – Unreported claims and other claim reserves						15,746,700
0799999 – Total claims unpaid						16,920,795
0899999 – Accrued medical incentive pool and bonus amounts						6,817,535

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 - Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Oscar Management Corporation.....	Administrative Service Agreement.....	2,033,099	2,033,099	
0199999 – Individually listed payable.....		2,033,099	2,033,099	
0399999 – Total gross payables.....		2,033,099	2,033,099	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non- Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....	31,672	0.027	8,974	100.000		31,672
4. Total capitation payments.....	31,672	0.027	8,974	100.000		31,672
Other Payments:						
5. Fee-for-service.....	115,338,244	99.973	XXX	XXX		115,338,244
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	115,338,244	99.973	XXX	XXX		115,338,244
13. Total (Line 4 plus Line 12).....	115,369,916	100.000 %	XXX	XXX		115,369,916

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Oscar Insurance Corporation of Ohio

2. New York, NY
(LOCATION)

NAIC Group Code: 4818

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 16202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	10,521	10,521												
2. First quarter.....	9,690	9,690												
3. Second quarter.....	9,233	9,233												
4. Third quarter.....	9,239	9,239												
5. Current year.....	8,974	8,974												
6. Current year member months.....	110,017	110,017												
Total Member Ambulatory Encounters for Year:														
7. Physician.....	11,689	11,689												
8. Non-physician.....	3,978	3,978												
9. Total.....	15,667	15,667												
10. Hospital patient days incurred.....	5,418	5,418												
11. Number of inpatient admissions.....	718	718												
12. Health premiums written (b).....	133,468,284	133,468,284												
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	132,830,140	132,830,140												
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	115,369,916	115,369,916												
18. Amount incurred for provision of health care services.....	111,341,748	111,341,748												

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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Oscar Insurance Corporation of Ohio

2. New York, NY
(LOCATION)

NAIC Group Code: 4818

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 16202

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	10,521	10,521												
2. First quarter.....	9,690	9,690												
3. Second quarter.....	9,233	9,233												
4. Third quarter.....	9,239	9,239												
5. Current year.....	8,974	8,974												
6. Current year member months.....	110,017	110,017												
Total Member Ambulatory Encounters for Year:														
7. Physician.....	11,689	11,689												
8. Non-physician.....	3,978	3,978												
9. Total.....	15,667	15,667												
10. Hospital patient days incurred.....	5,418	5,418												
11. Number of inpatient admissions.....	718	718												
12. Health premiums written (b).....	133,468,284	133,468,284												
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	132,830,140	132,830,140												
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	115,369,916	115,369,916												
18. Amount incurred for provision of health care services.....	111,341,748	111,341,748												

30.GT

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
23680	47-0698507	01/01/2025	ODYSSEY REINS CO	CT	299,397	4,055
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					299,397	4,055
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					299,397	4,055
2299999 - Total Accident and Health					299,397	4,055
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					299,397	4,055
9999999 - Total (Sum of 1199999 and 2299999)					299,397	4,055

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Certified, Non-Affiliates, U.S. Non-Affiliates													
23680	47-0698507	01/01/2025	ODYSSEY REINS CO	CT	SSL/I	CMM	64,373						
3099999 – General Account, Certified, Non-Affiliates, U.S. Non-Affiliates							64,373						
3299999 – General Account, Certified, Total Certified Non-Affiliates							64,373						
3399999 – Total General Account Certified							64,373						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							64,373						
9199999 – Total U.S.							64,373						
9999999 – Total (Sum of 4599999 and 9099999)							64,373						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

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

	1	2	3	4	5
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....	64	143	229	429	320
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	429	67	474	201	1,225
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	(4)	(32)	(22)	(132)	(26)
7. Claims payable.....	4	32		107	455
8. Reinsurance recoverable on paid losses.....	299				101
9. Experience rating refunds due or unpaid.....		10	23	118	
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	36,798,224		36,798,224
2. Accident and health premiums due and unpaid (Line 15)	47,259,908		47,259,908
3. Amounts recoverable from reinsurers (Line 16.1)	299,397	(299,397)	-
4. Net credit for ceded reinsurance	XXX	299,024	299,024
5. All other admitted assets (Balance)	8,389,984		8,389,984
6. Total assets (Line 28)	92,747,513	(373)	92,747,140
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,916,740	4,055	16,920,795
8. Accrued medical incentive pool and bonus payments (Line 2)	6,817,535		6,817,535
9. Premiums received in advance (Line 8)	4,663,382		4,663,382
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	6,983,664	(4,428)	6,979,236
15. Total liabilities (Line 24)	35,381,321	(373)	35,380,948
16. Total capital and surplus (Line 33)	57,366,192	XXX	57,366,192
17. Total liabilities, capital and surplus (Line 34)	92,747,513	(373)	92,747,140
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	4,055	XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	299,397	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	303,452	XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets	4,428	XXX	XXX
30. Total ceded reinsurance payables/offsets	4,428	XXX	XXX
31. Total net credit for ceded reinsurance	299,024	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

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

NONE

Annual Statement for the Year 2025 of the Oscar Insurance Corporation of Ohio

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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.		461315570		0001568651	New York Stock Exchange	Oscar Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	67.940	Joshua Kushner	NO	
4818	Oscar Health, Inc.		473979452			N/A	Oscar Management Corporation	DE	NIA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.		844784269			N/A	Mulberry Insurance Agency	DE	NIA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	17798	332199357			N/A	Oscar Health Maintenance Organization of Florida, Inc.	FL	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, Inc.	PA	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	RE	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16852	844470932			N/A	Oscar Health Plan of North Carolina, Inc.	NC	IA	Oscar Health Inc.	Ownership	100.000	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	100.000	Joshua Kushner, FCHN Holy Cross HoldCo, LLC	NO	
4818	Oscar Health, Inc.		873253539			N/A	Oscar South Florida HoldCo, LLC	DE	NIA	Oscar Health Inc.	Ownership	50.000	Joshua Kushner	NO	1
4818	Oscar Health, Inc.		873253539			N/A	Oscar South Florida HoldCo, LLC	DE	NIA	FCHN Holy Cross HoldCo, LLC	Ownership	50.000	FCHN Holy Cross HoldCo, LLC	NO	1
4818	Oscar Health, Inc.		822553610			N/A	Oscar Medical Group of California, P.C.	CA	NIA	Oscar Health Inc.	Other		Joshua Kushner	NO	2
4818	Oscar Health, Inc.		842761576			N/A	Oscar Medical Group, P.A.	FL	NIA	Oscar Health Inc.	Other		Joshua Kushner	NO	2
4818	Oscar Health, Inc.		872248477			N/A	Oscar Medical Group of New Jersey, P.C.	NJ	NIA	Oscar Health Inc.	Other		Joshua Kushner	NO	2
4818	Oscar Health, Inc.		814293897			N/A	Oscar Medical of New York, P.C.	NY	NIA	Oscar Health Inc.	Other		Joshua Kushner	NO	2
4818	Oscar Health, Inc.		334050157			N/A	Oscar Medical Group of Kansas, P.A.	KS	NIA	Oscar Health Inc.	Other		Joshua Kushner	NO	2

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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.		452721020			N/A	INSXCloud, Inc.	OH	NIA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.		454831831			N/A	IHC Specialty Benefits, Inc.	DE	NIA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	
4818	Oscar Health, Inc.		261314374			N/A	HealthInsurance.org, LLC	DE	NIA	Oscar Health Inc.	Ownership	100.000	Joshua Kushner	NO	

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	46-1315570	Oscar Health Inc.	10,000,000	(170,775,000)			(2,841,989)				(163,616,989)	
00000	47-3979452	Oscar Management Corporation					(556,333,075)				(556,333,075)	
00000	84-4784269	Mulberry Insurance Agency					49,286				49,286	
17798	33-2199357	Oscar Health Maintenance Organization of Florida, Inc.		775,000			601,000				1,376,000	
16416	82-5264817	Oscar Buckeye State Insurance Corporation	(5,000,000)				30,190,549				25,190,549	
16231	37-1867604	Oscar Garden State Insurance Corporation		10,000,000			7,914,721				17,914,721	
16337	82-4782428	Oscar Health Plan Inc.		75,000,000			8,966,797				83,966,797	
15829	47-3103726	Oscar Health Plan of California					(647,859)				(647,859)	
16634	83-3894406	Oscar Health Plan of Georgia		75,000,000			39,246,337				114,246,337	
16597	83-2766385	Oscar Health Plan of New York, Inc.					(1,707)				(1,707)	
16590	83-3324290	Oscar Health Plan of Pennsylvania, INC.					3,963,324				3,963,324	
15777	47-3185443	Oscar Insurance Company					125,861,706				125,861,706	
16374	82-5440359	Oscar Insurance Company of Florida					311,250,336				311,250,336	
15281	46-2043136	Oscar Insurance Corporation					12,540,036				12,540,036	
16202	36-4859637	Oscar Insurance Corporation of Ohio	(5,000,000)				9,081,290				4,081,290	
16852	84-4470932	Oscar Health Plan of North Carolina, Inc.		10,000,000			9,201,117				19,201,117	
16854	84-3281623	Oscar Managed Care of South Florida, Inc.										
00000	87-3253539	Oscar South Florida HoldCo. LLC										
00000	82-2553610	Oscar Medical Group of California, P.C.					(38,720)				(38,720)	
00000	84-2761576	Oscar Medical Group, P.A.					1,193,811				1,193,811	
00000	87-2248477	Oscar Medical Group of New Jersey, P.C.										
00000	81-4293897	Oscar Medical of New York, P.C.					(32,709)				(32,709)	
00000	33-4050157	Oscar Medical Group of Kansas, P.A.										
00000	45-2721020	INSXCloud, Inc.					(78,311)				(78,311)	
00000	45-4831831	IHC Specialty Benefits, Inc.					(113,790)				(113,790)	
00000	26-1314374	HealthInsurance.org, LLC					27,850				27,850	
9999999	-	Control Totals	-	-	-	-	-	-	XXX	-	-	-

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan, Inc.	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Health Plan of North Carolina, Inc.	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Health Plan of Georgia	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Health Plan of New York, Inc.	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Health Plan of Pennsylvania, Inc.	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Insurance Corporation of Ohio	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Garden State Insurance Corporation	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Insurance Corporation	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Insurance Company	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Insurance Company of Florida	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Health Maintenance Organization of Florida, Inc.	Oscar Health, Inc.	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC	100.000 %	NO	Joshua Kushner	Oscar Health, Inc.	67.940 %	NO
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC	100.000 %	NO	FCHN Holy Cross HoldCo, LLC	Oscar South Florida HoldCo, LLC	50.000 %	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

	Responses
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES.....
2. Will an Actuarial Opinion be filed by March 1?.....	YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES.....
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?.....	YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES.....
June Filing	
8. Will an Audited Financial Report be filed by June 1?.....	YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES.....

SUPPLEMENTAL FILINGS

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

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No.....
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES.....
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	YES.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES.....
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation

Barcode

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OVERFLOW PAGE FOR WRITE-INS



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
 (To Be Filed By March 1)
 FOR THE STATE OF Ohio

NAIC Group Code: 4818

NAIC Company Code: 16202

MCAS Lines of Business		1 MCAS Reportable Premium / Considerations (YES/NO)
1.	Disability income.....	NO
2.	Health.....	YES
3.	Homeowners.....	NO
4.	Individual annuity.....	NO
5.	Individual life.....	NO
6.	Lender-placed home and auto.....	NO
7.	Long-term care.....	NO
8.	Other health.....	NO
9.	Private flood.....	NO
10.	Private passenger auto.....	NO
11.	Short-term limited duration health plans.....	NO
12.	Travel.....	NO
13.	Pet insurance plans.....	NO