



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
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) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 04/18/2018 Commenced Business 01/01/2019
Statutory Home Office 4400 Easton Commons Way, Suite 125 Columbus, OH, US 43219
Main Administrative Office 75 Varick Street, 5th Floor
New York, NY, US 10013 646-403-3677
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Mail Address 75 Varick Street, 5th Floor New York, NY, US 10013
Primary Location of Books and
Records 75 Varick Street, 5th floor
New York, NY, US 10013 646-403-3677
(Telephone)
Internet Website Address hioscar.com
Statutory Statement Contact Eric Suh 646-403-3677
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FinancialReporting@hioscar.com 212-226-1283
(E-Mail) (Fax)

OFFICERS

Janet Liang, President
Melissa Curtin, Corporate Secretary
Victoria Baltrus, Treasurer

DIRECTORS OR TRUSTEES

Janet Liang
Lori Nelson
Vacant #
Geoffrey Bartsh
Ryan Mazun#

State of Illinois
County of Cook SS

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

Signed by:
Janet Liang
Victoria Baltrus
Melissa Curtin
DocuSigned by:
DocuSigned by:
DocuSigned by:
A8F23CA335C34E9...
C0625E17EEEC403...

Subscribed and sworn to before me
23rd
this February day of
, 2026

DocuSigned by:
Angel Zurita
4796EA39C780408...

- a. Is this an original filing? Yes
b. If no:
1. State the amendment number:
2. Date filed:
3. Number of pages attached:



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.....	88,351	55,486	21,390			165,227
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).....	88,351	55,486	21,390			165,227

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.....	1,692,752	1,646,550	1,901,080	1,235,618	653,977	5,822,023
0199999 – Pharmaceutical Rebate Receivables.....	1,692,752	1,646,550	1,901,080	1,235,618	653,977	5,822,023
0299998 – Aggregate of Amounts Not Individually Listed.....	1,119,786			2,759,583	2,759,583	1,119,786
0299999 – Claim Overpayment Receivables.....	1,119,786			2,759,583	2,759,583	1,119,786
CVS Health.....	289,737					289,737
0699999 – Other Health Care Receivables.....	289,737					289,737
0799999 – Gross Health Care Receivables.....	3,102,275	1,646,550	1,901,080	3,995,201	3,413,560	7,231,546

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	4,060,470	13,442,046	378,150	6,097,850	4,438,620	5,800,433
2. Claim overpayment receivables	43,997		2,379,961	1,499,408	2,423,958	457,686
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	699,551			289,737	699,551	494,901
7. Totals (Lines 1 through 6)	4,804,018	13,442,046	2,758,111	7,886,995	7,562,129	6,753,020

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	2,621,622	323,052	196,851	288,273	205,529	3,635,327
0499999 – Subtotals	2,621,622	323,052	196,851	288,273	205,529	3,635,327
0599999 – Unreported claims and other claim reserves						60,606,057
0799999 – Total claims unpaid						64,241,384
0899999 – Accrued medical incentive pool and bonus amounts						2,492,637

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.....	4,740,840	4,740,840	
0199999 – Individually listed payable.....		4,740,840	4,740,840	
0399999 – Total gross payables.....		4,740,840	4,740,840	

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.....	47,400	0.018	54,819	100.000		47,400
4. Total capitation payments.....	47,400	0.018	54,819	100.000		47,400
Other Payments:						
5. Fee-for-service.....	259,445,614	99.982	XXX	XXX		259,445,614
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.....	259,445,614	99.982	XXX	XXX		259,445,614
13. Total (Line 4 plus Line 12).....	259,493,014	100.000 %	XXX	XXX		259,493,014

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 Buckeye State Insurance Corporation

2. New York, NY
(LOCATION)

NAIC Group Code: 4818

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 16416

	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.....	72,324	72,324												
2. First quarter.....	75,902	75,902												
3. Second quarter.....	63,894	63,894												
4. Third quarter.....	63,056	63,056												
5. Current year.....	54,819	54,819												
6. Current year member months.....	729,933	729,933												
Total Member Ambulatory Encounters for Year:														
7. Physician.....	59,050	59,050												
8. Non-physician.....	13,549	13,549												
9. Total.....	72,599	72,599												
10. Hospital patient days incurred.....	30,788	30,788												
11. Number of inpatient admissions.....	5,106	5,106												
12. Health premiums written (b).....	328,141,058	328,141,058												
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	328,141,058	328,141,058												
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	259,493,014	259,493,014												
18. Amount incurred for provision of health care services.....	255,589,741	255,589,741												

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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 Buckeye State Insurance Corporation

2. New York, NY
(LOCATION)

NAIC Group Code: 4818

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 16416

	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.....	72,324	72,324												
2. First quarter.....	75,902	75,902												
3. Second quarter.....	63,894	63,894												
4. Third quarter.....	63,056	63,056												
5. Current year.....	54,819	54,819												
6. Current year member months.....	729,933	729,933												
Total Member Ambulatory Encounters for Year:														
7. Physician.....	59,050	59,050												
8. Non-physician.....	13,549	13,549												
9. Total.....	72,599	72,599												
10. Hospital patient days incurred.....	30,788	30,788												
11. Number of inpatient admissions.....	5,106	5,106												
12. Health premiums written (b).....	328,141,058	328,141,058												
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	328,141,058	328,141,058												
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	259,493,014	259,493,014												
18. Amount incurred for provision of health care services.....	255,589,741	255,589,741												

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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 \$

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, Non-U.S. Non-Affiliates						
..... 00000	AA-1320000.....	01/01/2021.....	Axa France Vie.....	FRA.....	3.....	60.....
..... 00000	CR-3191255.....	01/01/2024.....	Hannover Life Reassur Co of Amer (Bermuda) Ltd.....	BMU.....	8,449,870.....
2099999 – Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates.....					8,449,873.....	60.....
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates.....					8,449,873.....	60.....
2299999 – Total Accident and Health.....					8,449,873.....	60.....
2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999).....					8,449,873.....	60.....
9999999 – Total (Sum of 1199999 and 2299999).....					8,449,873.....	60.....

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, Authorized, Non-Affiliates, U.S. Non-Affiliates													
23680	47-0698507	01/01/2025	ODYSSEY REINS CO	CT	SSL/I	CMM	344,306						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							344,306						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							344,306						
1199999 – Total General Account Authorized							344,306						
General Account, Certified, Non-Affiliates, Non-U.S. Non-Affiliates													
	CR-3191255	01/01/2024	Hannover Life Reassur Co of Amer (Bermuda) Ltd	BMU	QA/I	CMM	1,039,856						
3199999 – General Account, Certified, Non-Affiliates, Non-U.S. Non-Affiliates							1,039,856						
3299999 – General Account, Certified, Total Certified Non-Affiliates							1,039,856						
3399999 – Total General Account Certified							1,039,856						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							1,384,162						
9199999 – Total U.S.							344,306						
9299999 – Total Non-U.S.							1,039,856						
9999999 – Total (Sum of 4599999 and 9099999)							1,384,162						

SCHEDULE S – PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name Of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account, Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates														
	AA-1320000	01/01/2021	Axa France Vie	63			63			2,252			3	63
2099999 – General Account, Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates				63			63		XXX	2,252			3	63
2199999 – General Account, Accident and Health, Non-Affiliates, Total Non-Affiliates				63			63		XXX	2,252			3	63
2299999 – General Account, Total Accident and Health				63			63		XXX	2,252			3	63
2399999 – Total General Account				63			63		XXX	2,252			3	63
3699999 – Total Non-U.S.				63			63		XXX	2,252			3	63
9999999 – Total (Sum of 2399999 and 3499999)				63			63		XXX	2,252			3	63

NONE

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0%-100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)						
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
General Account, Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates																														
	CR-3191255	01/01/2024	Hannover Life Reassur Co of Amer (Bermuda) Ltd	BMU	2	07/01/2020	10.000		8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)													(41,597)			
2099999 – General Account, Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)									XXX	XXX			(41,597)			
2199999 – General Account, Accident and Health, Non-Affiliates, Total Non-Affiliates									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)														(41,597)		
2299999 – General Account, Total Accident and Health									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)															(41,597)	
2399999 – Total General Account									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)															(41,597)	
3699999 – Total Non-U.S.									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)															(41,597)	
9999999 – Total (Sum of 2399999 and 3499999)									8,449,870	2,921,731	11,371,601	11,413,198	(41,597)	(4,160)																(41,597)

NONE

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
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.....	1,384	52,551	393	20,885	13,725
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....	317	4,801	(15)	2,341	1,319
5. Total hospital and medical expenses.....	681	46,230	281	17,739	10,990
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	(11,756)	(20,099)	(45)	(5,439)	(3,908)
7. Claims payable.....		3,592	429	3,177	1,836
8. Reinsurance recoverable on paid losses.....	8,450	14,832	114	5,075	3,174
9. Experience rating refunds due or unpaid.....	2,960	211	201	2,378	222
10. Commissions and reinsurance expense allowances due.....	317	1,494		565	418
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).....	2	391	478	4,971	1,792
16. Other (O).....					3,799
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)	200,118,914		200,118,914
2. Accident and health premiums due and unpaid (Line 15)	165,227		165,227
3. Amounts recoverable from reinsurers (Line 16.1)	8,449,873	(8,449,873)	-
4. Net credit for ceded reinsurance	XXX	(29,051)	(29,051)
5. All other admitted assets (Balance)	14,238,173	(2,959,861)	11,278,312
6. Total assets (Line 28)	222,972,187	(11,438,785)	211,533,402
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	64,241,324	60	64,241,384
8. Accrued medical incentive pool and bonus payments (Line 2)	2,492,637		2,492,637
9. Premiums received in advance (Line 8)	8,892,309		8,892,309
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)	103,665,255	(11,438,845)	92,226,410
15. Total liabilities (Line 24)	179,291,525	(11,438,785)	167,852,740
16. Total capital and surplus (Line 33)	43,680,662	XXX	43,680,662
17. Total liabilities, capital and surplus (Line 34)	222,972,187	(11,438,785)	211,533,402
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	60	XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	8,449,873	XXX	XXX
22. Other ceded reinsurance recoverables	2,959,861	XXX	XXX
23. Total ceded reinsurance recoverables	11,409,794	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	11,438,845	XXX	XXX
30. Total ceded reinsurance payables/offsets	11,438,845	XXX	XXX
31. Total net credit for ceded reinsurance	(29,051)	XXX	XXX

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

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

NONE

SCHEDULE Y

PART 1A - 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	RE	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	IA	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

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Premium refunds payable.....	21,722		21,722	
2397. Summary of remaining write-ins for Line 23 from overflow page.....	21,722		21,722	
2597. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
3097. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		

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: 16416

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