

Amended Explanation Page

The Company is amending its December 31, 2022 financial statements based on subsequent events, as communicated with the Department.



ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

Oscar Garden State Insurance Corporation

NAIC Group Code	4818 <small>(Current Period)</small>	4818 <small>(Prior Period)</small>	NAIC Company Code	16231	Employer's ID Number	37-1867604
Organized under the Laws of	New Jersey		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] 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[]			
Incorporated/Organized	07/06/2017		Commenced Business	01/01/2018		
Statutory Home Office	820 Bear Tavern Road <small>(Street and Number)</small>		West Trenton, NJ, US 08628 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office			75 Varick Street, 5th Floor <small>(Street and Number)</small>		New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>	
Mail Address	75 Varick Street, 5th Floor <small>(Street and Number or P.O. Box)</small>		75 Varick Street, 5th Floor <small>(Street and Number)</small>		New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records			75 Varick Street, 5th Floor <small>(Street and Number)</small>		New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>	
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Elaine Yang <small>(Name)</small>		FinancialReporting@hioscar.com <small>(E-Mail Address)</small>		(646)403-3677 <small>(Area Code)(Telephone Number)(Extension)</small> 212)226-1283 <small>(Fax Number)</small>	

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Alessandra Quane Dennis Hillen # Steven Wolin #	Fausto Palazzetti Sean Martin MD #
---	---------------------------------------

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)
Alessandra Quane
(Printed Name)
1.
President

(Title)

(Signature)
Victoria Baltrus
(Printed Name)
2.
Treasurer

(Title)

(Signature)
Melissa Curtin
(Printed Name)
3.
Corporate Secretary

(Title)

Subscribed and sworn to before me this _____ day of _____, 2023

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

Yes[] No[X]
1

06/22/2023

88

(Notary Public Signature)

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	682,660	621,655	973,654			2,277,969
Group subscribers:						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	59,918	13,851	57,399			131,168
0299999 TOTAL Group	59,918	13,851	57,399			131,168
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) ..	742,578	635,506	1,031,053			2,409,137

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
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	459,762	421,143	235,963	1,194,605	1,194,605	1,116,868
0199999 Subtotal - Pharmaceutical Rebate Receivables	459,762	421,143	235,963	1,194,605	1,194,605	1,116,868
0299998 Claim Overpayment Receivables - Not Individually Listed				754,713	754,713	
0299999 Subtotal - Claim Overpayment Receivables				754,713	754,713	
0799999 Gross Health Care receivables	459,762	421,143	235,963	1,949,318	1,949,318	1,116,868

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 (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	722,801	2,796,154	1,055,758	1,255,715	1,778,559	1,536,013
2. Claim overpayment receivables			153,963	600,750	153,963	827,243
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	722,801	2,796,154	1,209,721	1,856,465	1,932,522	2,363,256

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,904,233	125	30,932		27,421	1,962,711
0499999 Subtotals	1,904,233	125	30,932		27,421	1,962,711
0599999 Unreported claims and other claim reserves						20,262,548
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						22,225,259
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

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
Individually listed receivables							
Oscar Health, Inc. (Tax Sharing Agreement)	7,770					7,770	
0199999 Individually listed receivables	7,770					7,770	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	7,770					7,770	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Oscar Management Corporation	Administrative Service Agreement	961,011	961,011	
0199999 Individually Listed Payables	X X X	961,011	961,011	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	961,011	961,011	

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	160,616	0.165	16,620	100.000		160,616
4. TOTAL Capitation Payments	160,616	0.165	16,620	100.000		160,616
Other Payments:						
5. Fee-for-service	97,297,238	99.835	X X X	X X X		97,297,238
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	97,297,238	99.835	X X X	X X X		97,297,238
13. TOTAL (Line 4 plus Line 12)	97,457,854	100.000	X X X	X X X		97,457,854

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
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	NONE					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 16231

	1		4	5	6	7	8	9	10	11	12	13	14	
	Comprehensive (Hospital & Medical)													
	2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	13,728	12,414	1,314											
2. First Quarter	17,042	15,889	1,153											
3. Second Quarter	16,705	15,690	1,015											
4. Third Quarter	16,609	15,646	963											
5. Current Year	16,620	15,728	892											
6. Current Year Member Months	199,312	187,023	12,289											
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	16,865	15,712	1,153											
8. Non-Physician	14,535	13,547	988											
9. TOTAL	31,400	29,259	2,141											
10. Hospital Patient Days Incurred	4,362	4,151	211											
11. Number of Inpatient Admissions	802	750	52											
12. Health Premiums Written (b)	92,112,602	87,722,327	4,390,275											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	87,050,850	83,935,809	3,115,041											
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	97,457,854	92,385,838	5,072,016											
18. Amount Incurred for Provision of Health Care Services	102,110,365	97,257,265	4,853,100											

30 New Jersey

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16231

30 Grand Total

	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	13,728	12,414	1,314											
2. First Quarter	17,042	15,889	1,153											
3. Second Quarter	16,705	15,690	1,015											
4. Third Quarter	16,609	15,646	963											
5. Current Year	16,620	15,728	892											
6. Current Year Member Months	199,312	187,023	12,289											
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	16,865	15,712	1,153											
8. Non-Physician	14,535	13,547	988											
9. TOTAL	31,400	29,259	2,141											
10. Hospital Patient Days Incurred	4,362	4,151	211											
11. Number of Inpatient Admissions	802	750	52											
12. Health Premiums Written (b)	92,112,602	87,722,327	4,390,275											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	87,050,850	83,935,809	3,115,041											
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	97,457,854	92,385,838	5,072,016											
18. Amount Incurred for Provision of Health Care Services	102,110,365	97,257,265	4,853,100											

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

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
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
22276	63-0202590	01/01/2022	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	85,990	(170,736)
00000	00-0000000	01/01/2022	NEW JERSEY STATE BASED REINSURANCE PROGRAM	NJ	9,597,143	2,009,340
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT		204,837
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					9,683,133	2,043,441
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1320000	01/01/2022	Axa France Vie	FRA	11,925,730	8,874,792
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					11,925,730	8,874,792
2199999 Total - Accident and Health - Non-Affiliates					21,608,863	10,918,233
2299999 Total - Accident and Health					21,608,863	10,918,233
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					9,683,133	2,043,441
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					11,925,730	8,874,792
9999999 Total (Sum of 1199999 and 2299999)					21,608,863	10,918,233

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													
22276	63-0202590	01/01/2022	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/G	CMM	(36,224)						
22276	63-0202590	01/01/2022	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	(172,925)						
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	SSL/G	CMM	42,034						
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	SSL/I	CMM	631,613						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							464,498						
1099999 Total - General Account - Authorized - Non-Affiliates							464,498						
1199999 Total - General Account - Authorized							464,498						
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1320000	01/01/2022	Axa France Vie	FRA	QA/G	CMM	1,842,726						
00000	AA-1320000	01/01/2022	Axa France Vie	FRA	QA/I	CMM	35,352,056						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							37,194,782						
2199999 Total - General Account - Unauthorized - Non-Affiliates							37,194,782						
2299999 Total - General Account - Unauthorized							37,194,782						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							37,659,280						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							464,498						
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							37,194,782						
9999999 Total (Sum of 4599999 and 9099999)							37,659,280						

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	Totals (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														
00000	AA-1320000	01/01/2022	Axa France Vie		20,800,522	1,127,848	21,928,370			13,558,773			4,782,597	18,341,370
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370
2199999 Total - General Account - Accident and Health - Non-Affiliates					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370
2299999 Total - General Account - Accident and Health					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370
2399999 Total - General Account					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370
9999999 Total (Sum of 2399999 and 3499999)					20,800,522	1,127,848	21,928,370		X X X	13,558,773			4,782,597	18,341,370

(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 Domi- ciliary Juris- diction	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 (Cols. 14 - 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)	
9999999 Total (Sum of 2399999 and 3499999)															XXX						XXX	XXX				

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	<div style="border: 1px solid black; padding: 5px; font-size: 2em; font-weight: bold; display: inline-block;">N O N E</div> Issuing or Confirming Bank Name	Letters of Credit Amount

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

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	37,659	37,225	51,056	30,491	17,419
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance	3,930	3,760	5,645		
5. TOTAL Hospital and Medical Expenses	45,453,625	42,059	52,201		
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(4,941)	(15,326)	(11,465)		
7. Claims payable	10,918	9,503	5,561		
8. Reinsurance recoverable on paid losses	21,609	17,869	18,214	19,430	8,525
9. Experience rating refunds due or unpaid	370	2,697	7,262		
10. Commissions and reinsurance expense allowances due	1,085	1,925	207		
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)	13,559	6,188	4,681		2,199
16. Other (O)		13,402	4,653		
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,648,433		13,648,433
2. Accident and health premiums due and unpaid (Line 15)	2,409,137		2,409,137
3. Amounts recoverable from reinsurers (Line 16.1)	21,608,863	(21,608,863)	
4. Net credit for ceded reinsurance	X X X	25,446,880	25,446,880
5. All other admitted assets (Balance)	13,723,730	(1,526,429)	12,197,301
6. TOTAL Assets (Line 28)	51,390,163	2,311,588	53,701,751
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	11,307,026	10,918,233	22,225,259
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,752,592		2,752,592
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)	3,586,997	(3,586,997)	
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)	19,736,307	(5,019,648)	14,716,659
15. TOTAL Liabilities (Line 24)	37,382,922	2,311,588	39,694,510
16. TOTAL Capital and Surplus (Line 33)	14,007,241	X X X	14,007,241
17. TOTAL Liabilities, Capital and Surplus (Line 34)	51,390,163	2,311,588	53,701,751
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	10,918,233		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	21,608,863		
22. Other ceded reinsurance recoverables	1,526,429		
23. TOTAL Ceded Reinsurance Recoverables	34,053,525		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance	3,586,997		
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	5,019,648		
30. TOTAL Ceded Reinsurance Payables/Offsets	8,606,645		
31. TOTAL Net Credit for Ceded Reinsurance	25,446,880		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	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	6 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 - DETAIL 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 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	75.0	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	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	RE	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.	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ	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	0000001
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo. LLC	FL	NIA	Oscar Health, Inc.	Ownership	50.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo. LLC	FL	NIA	FCHN Holy Cross HoldCo, LLC	Ownership	50.0	Non-Affiliated	No	0000001

41

Asterisk	Explanation
0000001	Oscar South Florida Holdco, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross a non-affiliated entity

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/(Disburse- ments) 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	461315570	Oscar Health Inc. f.k.a Mulberry Health Inc.		(393,500,000)			(76,860)				(393,576,860)	
00000	473979452	Oscar Management Corporation					(339,070,062)				(339,070,062)	
00000	844784269	Mulberry Insurance Agency					76,783				76,783	
16416	825264817	Oscar Buckeye State Insurance Corporation					6,261,001				6,261,001	
16231	371867604	Oscar Garden State Insurance Corporation		6,500,000			7,071,444				13,571,444	
16337	824782428	Oscar Health Plan Inc.					8,213,741				8,213,741	
15829	473103726	Oscar Health Plan of California					22,441,326				22,441,326	
16634	833894406	Oscar Health Plan of Georgia		45,000,000			21,603,627				66,603,627	
16597	832766385	Oscar Health Plan of New York, Inc.					6,705,312				6,705,312	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.		1,000,000			3,263,876				4,263,876	
15777	473185443	Oscar Insurance Company		47,000,000			71,507,210				118,507,210	
16374	825440359	Oscar Insurance Company of Florida		290,000,000			172,571,868				462,571,868	
15585	471142944	Oscar Insurance Company of New Jersey					(199)				(199)	
15281	462043136	Oscar Insurance Corporation					7,580,169				7,580,169	
16202	364859637	Oscar Insurance Corporation of Ohio					5,386,708				5,386,708	
16852	844470932	Oscar Health Plan of North Carolina, Inc.		4,000,000			2,339,717				6,339,717	
16854	843281623	Oscar Managed Care of South Florida, Inc					4,124,339				4,124,339	
00000	873253539	Oscar South Florida HoldCo. LLC										
9999999	Control Totals								X X X			

Schedule Y Part 2 Explanation:

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	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of New Jersey	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Managed Care of South Florida, Inc	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Georgia	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of New York, Inc.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Pennsylvania, INC.	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation of Ohio	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Garden State Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of Florida	Oscar Health, Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

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.

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 it 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 |

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report 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 |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



16231202221100005

2022

Document Code: 211

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits 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	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>												
9999999 Total (Sum of 1199999 and 2299999)												

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits 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 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
NONE														
9999999 Total (Sum of 4599999 and 9099999)														