



**ANNUAL STATEMENT**  
**For the Year Ended DECEMBER 31, 2022**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Oscar Insurance Corporation of New Jersey**

NAIC Group Code 4818 , 4818 NAIC Company Code 15585 Employer's ID Number 47-1142944  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry NJ

Country of Domicile United States

Licensed as business type: Life, Accident & Health[X] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 07/18/2014 Commenced Business 01/01/2015

Statutory Home Office 820 Bear Tavern Road , West Trenton, NJ, US 08628  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 75 Varick Street, 5th Floor  
(Street and Number)

New York, NY, US 10013 (646)403-3677  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 75 Varick Street, 5th Floor , New York, NY, US 10013  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 75 Varick Street, 5th Floor  
(Street and Number)

New York, NY, US 10013 (646)403-3677  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.hioscar.com

Statutory Statement Contact Elaine Yang (646)403-3677  
(Name) (Area Code)(Telephone Number)(Extension)

FinancialReporting@hioscar.com (212)226-1283  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
Alessandra Quane	President
Victoria Baltrus	Treasurer

**OTHERS**

Melissa Curtin, Corporate Secretary

**DIRECTORS OR TRUSTEES**

Alessandra Quane	Fausto Palazzetti
Jesse Horowitz	Louis DeStefano
Dennis Hillen #	Sean Martin MD #
Steven Wolin #	

State of New York  
 County of New York ss

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

\_\_\_\_\_  
 (Signature)  
 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[X] No[ ]

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

17 Exhibit 1 - Enrollment By Product Type ..... NONE

18 Exhibit 2 - Accident and Health Premiums ..... NONE

19 Exhibit 3 - Health Care Receivables ..... NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued ..... NONE

21 Exhibit 4 - Claims Unpaid ..... NONE

## 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
<b>Individually listed receivables</b>							
Oscar Health Inc. (Tax Sharing Agreement) .....	199					199	
0199999 Individually listed receivables .....	199					199	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	199					199	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Oscar Management Corporation .....	Administrative Service Agreement .....	8	8	
0199999 Individually Listed Payables .....	X X X .....	8	8	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	8	8	

### EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	154	100.000	X X X	X X X		154
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 .....	154	100.000	X X X	X X X		154
13. TOTAL (Line 4 plus Line 12) .....	154	100.000	X X X	X X X		154

### EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<b>NONE</b>					
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 .....	<b>N O N E</b>					
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 15585

	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											
<b>TOTAL Members at end of:</b>														
1. Prior Year .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....														
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. TOTAL .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,269,779	1,269,779												
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	154	154												
18. Amount Incurred for Provision of Health Care Services .....	(16,105)	(16,105)												

30 New Jersey

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (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 15585

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											
<b>TOTAL Members at end of:</b>														
1. Prior Year .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....														
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. TOTAL .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,269,779	1,269,779												
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	154	154												
18. Amount Incurred for Provision of Health Care Services .....	(16,105)	(16,105)												

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



31 Schedule S - Part 1 - Section 2 ..... NONE

32 Schedule S - Part 2 ..... NONE

33 Schedule S - Part 3 - Section 2 ..... NONE

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

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

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					24
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	6,049,949		6,049,949
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	199		199
6. TOTAL Assets (Line 28) .....	6,050,148		6,050,148
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....			
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
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) .....	923,558		923,558
15. TOTAL Liabilities (Line 24) .....	923,558		923,558
16. TOTAL Capital and Surplus (Line 33) .....	5,126,590	X X X	5,126,590
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	6,050,148		6,050,148
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

**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	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	16337	824782428	.....		N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	15829	473103726	.....		N/A	Oscar Health Plan of California	CA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	16634	833894406	.....		N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	16597	832766385	.....		N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	16590	833324290	.....		N/A	Oscar Health Plan of Pennsylvania, INC.	PA	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	15777	473185443	.....		N/A	Oscar Insurance Company	TX	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	16374	825440359	.....		N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc. ....	15585	471142944	.....		N/A	Oscar Insurance Company of New Jersey	NJ	RE	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

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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: Oscar Health Inc.

## 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?   | Waived |
| 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?  | Waived |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Waived |

**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:

Statement of Actuarial Opinion / Certification



Audited Financial Report



Accountants Letter of Qualifications



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





## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

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



15585202222500000

2022

Document Code: 225

Approval for Relief related to Require. for Audit Committees



15585202222600000

2022

Document Code: 226

LTC Supplemental Interrogatories



15585202230600000

2022

Document Code: 306

Health Life Supplement - April



15585202221100000

2022

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. ....					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....					