

Amended Explanation Page

The Company is amending its Schedule S Part 2 to update the reinsurer's name and information for the NJ reinsurance program.



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

Oscar Garden State Insurance Corporation

NAIC Group Code 4818 , 4818 NAIC Company Code 16231 Employer's ID Number 37-1867604
(Current Period) (Prior Period)

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] 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 07/06/2017 Commenced Business 01/01/2018

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 Aaron Crawford (646)403-3677
(Name) (Area Code)(Telephone Number)(Extension)
acrawford@hioscar.com (212)226-1283
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & Strategy Officer
Sid Sankaran	Chief Financial Officer #
Dennis Weaver	Chief Clinical Officer
Meghan Joyce	Chief Operating Officer #
Isaac Council	Chief Technology Officer #

OTHERS

Harold Greenberg, Secretary #

DIRECTORS OR TRUSTEES

Mario Schlosser Dennis Weaver Kareem Zaki Sid Sankaran #	Joel Klein Joel Cutler Jed Feldman #
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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 the 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) Joel Klein _____ (Printed Name) 1. Chief Policy & Strategy Officer _____ (Title)	_____ (Signature) Sid Sankaran _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) Mario Schlosser _____ (Printed Name) 3. Chief Executive Officer _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2020

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]
 2
 06/12/2020
 2

 (Notary Public Signature)

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						
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	17,940	20,494
20087	47-0355979	10/01/2019	NATIONAL IND CO	NE	2,992,248	643,588
00000	AA-9990027	01/01/2019	Statewide Ins Fund	NJ	6,574,526	384,700
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					9,584,714	1,048,782
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	9,845,591	4,588,828
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					9,845,591	4,588,828
2199999 Total - Accident and Health - Non-Affiliates					19,430,305	5,637,610
2299999 Total - Accident and Health					19,430,305	5,637,610
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					9,584,714	1,048,782
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					9,845,591	4,588,828
9999999 Total (Sum of 1199999 and 2299999)					19,430,305	5,637,610