

Amended Explanation Page

The Company is amending its Exhibit 7 Part 1 to reconcile with The Company's Risk Based Capital filing.



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 <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	New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>		75 Varick Street, 5th Floor <small>(Street and Number)</small>		(646)403-3677 <small>(Area Code) (Telephone Number)</small>	
Mail Address	75 Varick Street, 5th Floor <small>(Street and Number or P.O. Box)</small>		New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>		75 Varick Street, 5th Floor <small>(Street and Number)</small>		(646)403-3677 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Aaron Crawford <small>(Name)</small>		(646)403-3677 <small>(Area Code)(Telephone Number)(Extension)</small>			
	acrawford@hioscar.com <small>(E-Mail Address)</small>		(212)226-1283 <small>(Fax Number)</small>			

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	Joel Klein
Dennis Weaver	Joel Cutler
Kareem Zaki	Jed Feldman #
Sid Sankaran #	

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.

_____ <small>(Signature)</small> Joel Klein _____ <small>(Printed Name)</small> 1. Chief Policy & Strategy Officer _____ <small>(Title)</small>	_____ <small>(Signature)</small> Sid Sankaran _____ <small>(Printed Name)</small> 2. Chief Financial Officer _____ <small>(Title)</small>	_____ <small>(Signature)</small> Mario Schlosser _____ <small>(Printed Name)</small> 3. Chief Executive Officer _____ <small>(Title)</small>
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Subscribed and sworn to before me this _____ day of _____, 2020

- a. Is this an original filing? Yes[] No[X]
 b. If no: 1. State the amendment number 3
 2. Date filed 08/31/2020
 3. Number of pages attached 2

(Notary Public Signature)

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
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	857,562	1.466	14,507	100.000		857,562
4. TOTAL Capitation Payments	857,562	1.466	14,507	100.000		857,562
Other Payments:						
5. Fee-for-service	57,634,584	98.534	X X X	X X X		57,634,584
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	57,634,584	98.534	X X X	X X X		57,634,584
13. TOTAL (Line 4 plus Line 12)	58,492,146	100.000	X X X	X X X		58,492,146

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
9999999	TOTALS		X X X	X X X	X X X