



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Oxford Health Plans (NJ), Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95506 Employer's ID Number 22-2745725
(Current) (Prior)

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: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/17/1985 Commenced Business 09/12/1985

Statutory Home Office 170 Wood Avenue, Floor 3, Iselin, NJ, US 08830
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4 Research Drive, 5th Floor
(Street and Number) Shelton, CT, US 06484, 203-447-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 4 Research Drive, 5th Floor, Shelton, CT, US 06484
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4 Research Drive, 5th Floor
(Street and Number) Shelton, CT, US 06484, 203-447-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.oxfordhealth.com

Statutory Statement Contact Joseph James Dewey, 203-447-4444
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OFFICERS

President Paul Owen Marden Chief Financial Officer Richard Michael Hersch #
Secretary John Joseph Matthews Treasurer Peter Marshall Gill

OTHER

Sanford Paul Cohen M.D., Chief Medical Officer Nyle Brent Cottingham, Vice President William John Golden, Chair
Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary

DIRECTORS OR TRUSTEES

Phillip Robert Franz William John Golden Paul Owen Marden
Sandra Denise Bruce Nichols M.D. Randall Harrison Weinstock

State of Minnesota SS:
County of Hennepin

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.

Paul Owen Marden
President

Heather Anastasia Lang
Assistant Secretary

Richard Michael Hersch
Chief Financial Officer

Subscribed and sworn to before me this
16 day of January 2020

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

Sandra Lee Morgan
Notary Public - Minnesota
January 31, 2024

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	111,281,330	0	111,281,330	153,421,280
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$529,784 , Schedule E - Part 1), cash equivalents (\$53,630,526 , Schedule E - Part 2) and short-term investments (\$1,686,683 , Schedule DA)	55,846,993	0	55,846,993	26,299,322
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	167,128,323	0	167,128,323	179,720,602
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	487,185	0	487,185	581,841
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	30,315	28,011	2,304	1,326,273
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$54,602) and contracts subject to redetermination (\$41,445,102)	41,499,704	0	41,499,704	51,594,555
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	4,178	0	4,178	199,972
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	9,447,198	20,486	9,426,712	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	2,077,785	0	2,077,785	3,403,974
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$35,189,748) and other amounts receivable	37,036,232	1,846,484	35,189,748	30,360,870
25. Aggregate write-ins for other than invested assets	3,327,427	3,327,427	0	2,293,602
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	261,038,347	5,222,408	255,815,939	269,481,689
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	261,038,347	5,222,408	255,815,939	269,481,689
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Program Receivable	3,327,409	3,327,409	0	0
2502. Miscellaneous Receivables	18	18	0	0
2503. State Taxes Receivable	0	0	0	2,293,602
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,327,427	3,327,427	0	2,293,602

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,932 reinsurance ceded)	58,019,814	0	58,019,814	66,583,726
2. Accrued medical incentive pool and bonus amounts	1,803,352	0	1,803,352	1,693,542
3. Unpaid claims adjustment expenses	788,780	0	788,780	641,798
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	618,245	0	618,245	23,182,451
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	100,675	0	100,675	1,274,925
8. Premiums received in advance	193,458	0	193,458	106,124
9. General expenses due or accrued	4,389,350	0	4,389,350	1,970,278
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	603,282	0	603,282	2,099,689
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	132,509
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	323,446	0	323,446	111,045
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	13,366,955	0	13,366,955	9,213,676
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	5,013,273
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	26,863	0	26,863	10,245,257
23. Aggregate write-ins for other liabilities (including \$ 33,201 current)	33,200	0	33,200	52,987
24. Total liabilities (Lines 1 to 23)	80,267,420	0	80,267,420	122,321,280
25. Aggregate write-ins for special surplus funds	XXX	XXX	15,370,755	0
26. Common capital stock	XXX	XXX	50	50
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	13,889,075	13,889,075
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	146,288,639	133,271,284
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	175,548,519	147,160,409
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	255,815,939	269,481,689
DETAILS OF WRITE-INS				
2301. Escheatments	33,200	0	33,200	52,987
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	33,200	0	33,200	52,987
2501. Section 9010 ACA Subsequent Fee Year Assessment	XXX	XXX	15,370,755	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	15,370,755	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	559,225	480,594
2. Net premium income (including \$0 non-health premium income).....	XXX	783,473,101	578,718,032
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	23,102,120	(2,376,120)
4. Fee-for-service (net of \$0 medical expenses).....	XXX	0	0
5. Risk revenue.....	XXX	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	806,575,221	576,341,912
Hospital and Medical:			
9. Hospital/medical benefits.....	0	600,669,551	425,077,555
10. Other professional services.....	0	1,831,891	4,345,982
11. Outside referrals.....	0	0	0
12. Emergency room and out-of-area.....	0	3,546,286	5,299,826
13. Prescription drugs.....	0	27,117,954	22,370,162
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	1,597,608	692,434
16. Subtotal (Lines 9 to 15).....	0	634,763,290	457,785,959
Less:			
17. Net reinsurance recoveries.....	0	589,791	4,028,601
18. Total hospital and medical (Lines 16 minus 17).....	0	634,173,499	453,757,358
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$26,850,801 cost containment expenses.....	0	36,646,230	21,349,582
21. General administrative expenses.....	0	58,630,623	55,099,754
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only).....	0	0	(2,547,000)
23. Total underwriting deductions (Lines 18 through 22).....	0	729,450,352	527,659,694
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	77,124,869	48,682,218
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	5,165,887	4,092,971
26. Net realized capital gains (losses) less capital gains tax of \$(62,270).....	0	(246,663)	4,063
27. Net investment gains (losses) (Lines 25 plus 26).....	0	4,919,224	4,097,034
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$61,027) (amount charged off \$82,727)].....	0	(21,700)	60,112
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	82,022,393	52,839,364
31. Federal and foreign income taxes incurred.....	XXX	16,873,551	11,922,792
32. Net income (loss) (Lines 30 minus 31).....	XXX	65,148,842	40,916,572
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	147,160,409	146,074,818
34. Net income or (loss) from Line 32.....	65,148,842	40,916,572
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0.....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(1,326,189)	(624,538)
39. Change in nonadmitted assets.....	4,565,457	(1,206,443)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	(40,000,000)	(38,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	28,388,110	1,085,591
49. Capital and surplus end of reporting period (Line 33 plus 48)	175,548,519	147,160,409
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	795,721,308	586,812,085
2. Net investment income	5,532,204	4,564,472
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	801,253,512	591,376,557
5. Benefit and loss related payments	646,374,730	445,735,274
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	110,089,120	89,220,783
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	18,307,688	11,529,098
10. Total (Lines 5 through 9)	774,771,538	546,485,155
11. Net cash from operations (Line 4 minus Line 10)	26,481,974	44,891,402
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	66,661,382	35,331,935
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	2,014,946
12.8 Total investment proceeds (Lines 12.1 to 12.7)	66,661,382	37,346,881
13. Cost of investments acquired (long-term only):		
13.1 Bonds	25,104,912	65,439,928
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	5,013,273	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	30,118,185	65,439,928
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	36,543,197	(28,093,047)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	40,000,000	38,000,000
16.6 Other cash provided (applied)	6,522,500	(7,679,587)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(33,477,500)	(45,679,587)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	29,547,671	(28,881,232)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	26,299,322	55,180,554
19.2 End of year (Line 18 plus Line 19.1)	55,846,993	26,299,322

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	783,473,101	3,565,791	0	0	0	0	779,907,310	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	23,102,120	0	0	0	0	0	23,102,120	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	806,575,221	3,565,791	0	0	0	0	803,009,430	0	0	0
8. Hospital/medical benefits	600,669,551	3,369,114	0	0	0	0	597,300,437	0	0	XXX
9. Other professional services	1,831,891	54,035	0	0	0	0	1,777,856	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	3,546,286	691,141	0	0	0	0	2,855,145	0	0	XXX
12. Prescription drugs	27,117,954	384,064	0	0	0	0	26,733,890	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,597,608	(40,521)	0	0	0	0	1,638,129	0	0	XXX
15. Subtotal (Lines 8 to 14)	634,763,290	4,457,833	0	0	0	0	630,305,457	0	0	XXX
16. Net reinsurance recoveries	589,791	592,149	0	0	0	0	(2,358)	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	634,173,499	3,865,684	0	0	0	0	630,307,815	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	26,850,801	36,646,230	138,626	0	0	0	36,507,604	0	0	0
20. General administrative expenses	58,630,623	269,039	0	0	0	0	58,361,584	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	729,450,352	4,273,349	0	0	0	0	725,177,003	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	77,124,869	(707,558)	0	0	0	0	77,832,427	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	3,607,612	0	41,821	3,565,791
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	779,907,310	0	0	779,907,310
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	783,514,922	0	41,821	783,473,101
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	783,514,922	0	41,821	783,473,101

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	646,437,776	6,558,246	.0	.0	.0	.0	639,879,530	.0	.0	.0
1.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded	1,550,846	1,553,215	.0	.0	.0	.0	(2,369)	.0	.0	.0
1.4 Net	644,886,930	5,005,031	.0	.0	.0	.0	639,881,899	.0	.0	.0
2. Paid medical incentive pools and bonuses	1,487,798	279,169	.0	.0	.0	.0	1,208,629	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	58,021,747	1,018,778	.0	.0	.0	.0	57,002,969	.0	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	1,932	1,932	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	58,019,815	1,016,846	.0	.0	.0	.0	57,002,969	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	100,674	20	.0	.0	.0	.0	100,654	.0	.0	.0
4.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	100,674	20	.0	.0	.0	.0	100,654	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	1,803,352	423,231	.0	.0	.0	.0	1,380,121	.0	.0	.0
6. Net healthcare receivables (a)	2,768,672	(662,971)	.0	.0	.0	.0	3,431,643	.0	.0	.0
7. Amounts recoverable from reinsurers December 31, current year	4,178	4,178	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	67,350,918	3,866,157	.0	.0	.0	.0	63,484,761	.0	.0	.0
8.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded	767,193	767,193	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net	66,583,725	3,098,964	.0	.0	.0	.0	63,484,761	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	1,274,925	137,493	.0	.0	.0	.0	1,137,432	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net	1,274,925	137,493	.0	.0	.0	.0	1,137,432	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	1,693,542	742,920	.0	.0	.0	.0	950,622	.0	.0	.0
11. Amounts recoverable from reinsurers December 31, prior year	199,972	199,983	.0	.0	.0	.0	(11)	.0	.0	.0
12. Incurred Benefits:										
12.1 Direct	633,165,682	4,236,365	.0	.0	.0	.0	628,929,317	.0	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	589,791	592,149	.0	.0	.0	.0	(2,358)	.0	.0	.0
12.4 Net	632,575,891	3,644,216	.0	.0	.0	.0	628,931,675	.0	.0	.0
13. Incurred medical incentive pools and bonuses	1,597,608	(40,520)	.0	.0	.0	.0	1,638,128	.0	.0	.0

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	17,861,399	294,368	.0	.0	.0	.0	17,567,031	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	17,861,399	294,368	.0	.0	.0	.0	17,567,031	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	37,293,807	724,410	.0	.0	.0	.0	36,569,397	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded	1,932	1,932	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	37,291,875	722,478	.0	.0	.0	.0	36,569,397	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	2,866,541	.0	.0	.0	.0	.0	2,866,541	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	2,866,541	.0	.0	.0	.0	.0	2,866,541	.0	.0	.0
4. TOTALS:										
4.1 Direct	58,021,747	1,018,778	.0	.0	.0	.0	57,002,969	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	1,932	1,932	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	58,019,815	1,016,846	0	0	0	0	57,002,969	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,725,107	2,475,730	296,884	719,982	3,021,991	3,236,458
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	26,902,034	612,979,855	2,276,822	54,826,800	29,178,856	64,622,193
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	29,627,141	615,455,585	2,573,706	55,546,782	32,200,847	67,858,651
10. Healthcare receivables (a)	1,155,885	32,245,242	0	3,635,105	1,155,885	34,267,560
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	934,291	553,507	149,087	1,654,265	1,083,378	1,693,543
13. Totals (Lines 9 - 10 + 11 + 12)	29,405,547	583,763,850	2,722,793	53,565,942	32,128,340	35,284,634

(a) Excludes \$0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	5,191	5,246	5,313	7,352	7,241
2.	2015	140,925	144,112	143,970	142,523	142,519
3.	2016	XXX	73,166	77,235	76,555	76,570
4.	2017	XXX	XXX	27,797	31,699	31,895
5.	2018	XXX	XXX	XXX	20,106	22,814
6.	2019	XXX	XXX	XXX	XXX	2,480

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	5,843	5,246	5,313	7,352	7,241
2.	2015	160,327	144,862	143,970	142,523	142,519
3.	2016	XXX	84,186	79,888	76,555	76,570
4.	2017	XXX	XXX	32,175	32,496	31,895
5.	2018	XXX	XXX	XXX	23,288	23,219
6.	2019	XXX	XXX	XXX	XXX	3,515

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	179,741	142,519	10,549	7.4	153,068	85.2	0	0	153,068	85.2
2. 2016	93,642	76,570	8,870	11.6	85,440	91.2	0	0	85,440	91.2
3. 2017	41,856	31,895	6,545	20.5	38,440	91.8	0	0	38,440	91.8
4. 2018	25,632	22,814	3,177	13.9	25,991	101.4	405	1	26,397	103.0
5. 2019	3,566	2,480	713	28.8	3,193	89.5	1,035	3	4,231	118.6

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	60,697	60,205	59,727	59,766	59,571
2.	2015	567,982	632,683	632,574	632,567	632,708
3.	2016	XXX	660,968	750,318	750,262	749,690
4.	2017	XXX	XXX	248,485	259,812	259,880
5.	2018	XXX	XXX	XXX	410,513	438,630
6.	2019	XXX	XXX	XXX	XXX	613,533

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	63,373	60,205	59,727	59,766	59,571
2.	2015	668,084	635,521	632,574	632,567	632,708
3.	2016	XXX	787,022	755,795	750,262	749,690
4.	2017	XXX	XXX	290,384	262,426	259,880
5.	2018	XXX	XXX	XXX	473,472	440,948
6.	2019	XXX	XXX	XXX	XXX	669,700

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	790,347	632,708	20,599	3.3	653,307	82.7	0	0	653,307	82.7
2. 2016	963,371	749,690	37,632	5.0	787,322	81.7	0	0	787,322	81.7
3. 2017	370,809	259,880	50,009	19.2	309,889	83.6	0	0	309,889	83.6
4. 2018	550,710	438,630	61,436	14.0	500,066	90.8	2,317	31	502,414	91.2
5. 2019	803,009	613,533	50,476	8.2	664,009	82.7	56,166	753	720,928	89.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	65,888	65,451	65,040	67,118	66,812
2.	2015	708,907	776,795	776,544	775,090	775,227
3.	2016	XXX	734,134	827,553	826,817	826,260
4.	2017	XXX	XXX	276,282	291,511	291,775
5.	2018	XXX	XXX	XXX	430,619	461,444
6.	2019	XXX	XXX	XXX	XXX	616,013

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	69,216	65,451	65,040	67,118	66,812
2.	2015	828,411	780,383	776,544	775,090	775,227
3.	2016	XXX	871,208	835,683	826,817	826,260
4.	2017	XXX	XXX	322,559	294,922	291,775
5.	2018	XXX	XXX	XXX	496,760	464,167
6.	2019	XXX	XXX	XXX	XXX	673,215

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	970,088	775,227	31,148	4.0	806,375	83.1	0	0	806,375	83.1
2. 2016	1,057,013	826,260	46,502	5.6	872,762	82.6	0	0	872,762	82.6
3. 2017	412,665	291,775	56,554	19.4	348,329	84.4	0	0	348,329	84.4
4. 2018	576,342	461,444	64,613	14.0	526,057	91.3	2,722	32	528,811	91.8
5. 2019	806,575	616,013	51,189	8.3	667,202	82.7	57,201	756	725,159	89.9

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	618,245	430,078	0	0	0	0	188,167	0	0
6. Totals (gross)	618,245	430,078	0	0	0	0	188,167	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	618,245	430,078	0	0	0	0	188,167	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	100,675	20	0	0	0	0	100,655	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	100,675	20	0	0	0	0	100,655	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	100,675	20	0	0	0	0	100,655	0	0
DETAILS OF WRITE-INS									
0501. Part D RAF Payable	188,167	0	0	0	0	0	188,167	0	0
0502. HCRP Contribution Payable	8,185	8,185	0	0	0	0	0	0	0
0503. RADV Payable	421,893	421,893	0	0	0	0	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	618,245	430,078	0	0	0	0	188,167	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	787,598	297,944	1,180,017	0	2,265,559
2. Salary, wages and other benefits	13,787,006	5,215,542	20,656,338	0	39,658,886
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	11,237,858	0	11,237,858
4. Legal fees and expenses	155,970	59,003	233,682	0	448,655
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	1,405,310	531,620	1,980,502	0	3,917,432
7. Traveling expenses	381,274	144,234	571,243	0	1,096,751
8. Marketing and advertising	783,242	296,296	1,173,490	0	2,253,028
9. Postage, express and telephone	731,768	276,823	1,096,368	0	2,104,959
10. Printing and office supplies	945,707	357,755	1,417,019	0	2,720,481
11. Occupancy, depreciation and amortization	362,509	137,135	543,127	0	1,042,771
12. Equipment	126,541	47,870	189,590	0	364,001
13. Cost or depreciation of EDP equipment and software	1,515,310	573,233	2,270,308	0	4,358,851
14. Outsourced services including EDP, claims, and other services	1,322,411	750,476	1,873,245	0	3,946,132
15. Boards, bureaus and association fees	19,282	7,294	28,890	0	55,466
16. Insurance, except on real estate	167,716	63,446	251,281	0	482,443
17. Collection and bank service charges	71,703	27,125	107,429	0	206,257
18. Group service and administration fees	393,816	148,978	1,162,365	0	1,705,159
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	26,047	14,292	56,662	0	97,001
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	8,782,967	0	8,782,967
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	258,467	0	258,467
23.4 Payroll taxes	516,593	283,465	1,123,805	0	1,923,863
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	85,916	85,916
25. Aggregate write-ins for expenses	3,350,998	562,898	2,435,969	0	6,349,865
26. Total expenses incurred (Lines 1 to 25)	26,850,801	9,795,429	58,630,622	85,916	(a) 95,362,768
27. Less expenses unpaid December 31, current year	577,941	210,839	4,389,350	0	5,178,130
28. Add expenses unpaid December 31, prior year	291,710	350,088	1,970,278	0	2,612,076
29. Amounts receivable relating to uninsured plans, prior year	0	0	12,484	0	12,484
30. Amounts receivable relating to uninsured plans, current year	0	0	9,447,198	0	9,447,198
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	26,564,570	9,934,678	65,646,264	85,916	102,231,428
DETAILS OF WRITE-INS					
2501. Information Technology	73,221	27,699	109,703	0	210,623
2502. Interest	14,631	5,535	(975)	0	19,191
2503. Managed Care & Network Access	872,538	4,129	16,353	0	893,020
2598. Summary of remaining write-ins for Line 25 from overflow page	2,390,608	525,535	2,310,888	0	5,227,031
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,350,998	562,898	2,435,969	0	6,349,865

(a) Includes management fees of \$53,837,917 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 505,378	438,158
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 2,488,747	2,420,375
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 2,393,269	2,393,269
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	5,387,395	5,251,803
11. Investment expenses		(g) 85,916
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		85,916
17. Net investment income (Line 10 minus Line 16)		5,165,887
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 15,147 accrual of discount less \$ 289,697 amortization of premium and less \$ 37,550 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 53,722 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 85,916 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(298,002)	0	(298,002)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	(10,931)	0	(10,931)	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(308,933)	0	(308,933)	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	28,011	364,659	336,648
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	20,486	12,484	(8,002)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	1,846,484	3,906,689	2,060,205
25. Aggregate write-ins for other than invested assets	3,327,427	5,504,033	2,176,606
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,222,408	9,787,865	4,565,457
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	5,222,408	9,787,865	4,565,457
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Program Receivable	3,327,409	5,492,329	2,164,920
2502. Miscellaneous Receivables	18	11,704	11,686
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,327,427	5,504,033	2,176,606

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	2,183	676	573	411	403	6,581
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	851	32	21	0	0	194
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	40,611	43,904	46,386	48,049	47,751	552,450
7. Total	43,645	44,612	46,980	48,460	48,154	559,225
DETAILS OF WRITE-INS						
0601. Medicare	40,611	43,904	46,386	48,049	47,751	552,450
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	40,611	43,904	46,386	48,049	47,751	552,450

OXFORD HEALTH PLANS (NJ), INC.

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

Oxford Health Plans (NJ), Inc. (the "Company"), licensed as a health maintenance organization ("HMO"), offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of Oxford Health Plans, LLC. ("Oxford"). Oxford is a wholly owned subsidiary of UnitedHealth Group Incorporated ("UnitedHealth Group"). UnitedHealth Group is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on April 17, 1985, as an HMO and operations commenced in September 1985. The Company is certified as an HMO by the State of New Jersey Department of Banking and Insurance (the "Department"), Oregon Insurance Division, Missouri Department of Insurance, Pennsylvania Insurance Department, Delaware Department of Insurance and Rhode Island Department of Business Regulation. The Company has entered into contracts with physicians, hospitals, and other health care provider organizations to deliver health care services for all enrollees.

The Company offers comprehensive commercial products to employer groups. Each contract outlines the coverage provided and renewal provisions.

The Company serves as a plan sponsor offering Medicare specialized programs including a Dual Special Needs Plan ("DSNP") and a Fully Integrated Dual Eligible Special Needs Plan ("FIDE-SNP"), and an Institutional Special Needs Plan ("ISNP") (collectively "Medicare Plans") under contracts with the Centers for Medicare and Medicaid Services ("CMS"). The Company receives seven different payment elements either during the year or at final settlement in the subsequent year: CMS premium, member premium, CMS low-income premium subsidy, CMS catastrophic reinsurance subsidy, CMS low-income member cost-sharing subsidy, CMS risk share, and the CMS coverage gap discount program ("CGDP"). The applicable payment elements are received either during the year or at settlement in the subsequent year. Each component of the Medicare program is further defined throughout Note 1.

A. Accounting Practices

The statutory basis financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Department.

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of New Jersey (the "State"), for determining and reporting the financial condition and results of operations of an HMO for determining its solvency under New Jersey Insurance Law. The State prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the statutory basis financial statements.

No significant differences exist between the practices prescribed or permitted by the State and the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

	SSAP #	F/S Page #	F/S Line #	2019	2018
Net Income					
(1) Company state basis	XXX	XXX	XXX	\$ 65,148,842	\$ 40,916,572
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 65,148,842</u>	<u>\$ 40,916,572</u>
Capital and Surplus					
(5) Company state basis	XXX	XXX	XXX	\$ 175,548,519	\$ 147,160,409
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$ 175,548,519</u>	<u>\$ 147,160,409</u>

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates, aggregate health claim reserves, and risk adjustment estimates). The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income in the period in which the estimate is adjusted.

C. Accounting Policy

Basis of Presentation — The Company prepares its statutory basis financial statements on the basis of accounting practices prescribed or permitted by the Department. These statutory practices differ from accounting principles generally accepted in the United States of America ("GAAP").

Accounting policy disclosures that are required by the NAIC Annual Statement instructions are as follows:

- (1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet NAIC designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet an NAIC designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the NAIC ("SVO") identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the SVO in accordance with the NAIC Valuation of Securities manual prepared by the SVO or an external pricing service;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;
- (6) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;

- (9) The Company holds no derivatives;
- (10) Premium deficiency reserves (“PDR”) (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses (“CAE”), direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, CAE, and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase or decrease in reserves for accident and health contracts in the statutory basis statements of operations in the period in which the change in estimate is identified. The Company anticipates investment income as a factor in the PDR calculation (see Note 30);
- (11) CAE are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (the “Agreement”) (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc. (“UHS”), in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and UHS is performed to determine the allocation between CAE and general administrative expenses (“GAE”) to be reported in the statutory basis statement of operations. It is the responsibility of UHS to pay CAE in the event the Company ceases operations. The Company has recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in unpaid CAE in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Management believes the amount of the liability for unpaid CAE as of December 31, 2019 is adequate to cover the Company’s cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid CAE are reflected in operating results in the period in which the change in estimate is identified;
- (12) The Company does not carry any fixed assets on the statutory basis financial statements;
- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company’s claims processing systems and from data provided by the Company’s affiliated pharmaceutical benefit manager, OptumRx, Inc. (“OptumRx”). Health care and other amounts receivable also include claim overpayments to providers, hospitals and other health care organizations. Health care and other amounts receivable are considered nonadmitted assets under the NAIC SAP if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 28).

The Company has also deemed the following to be significant accounting policies and/or differences between statutory practices and GAAP:

ASSETS

Cash and Invested Assets

- Bonds include U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities, with a maturity of greater than one year at the time of purchase;
- Certain debt investments categorized as available-for-sale or held-to-maturity under GAAP are presented at the lower of book/adjusted carrying value or fair value in accordance with the NAIC designations in the statutory basis financial statements, whereas under GAAP, these investments are shown at fair value or book/adjusted carrying value, respectively;
- Cash, cash overdrafts, cash equivalents, and short-term investments in the statutory basis financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date;
- Cash represents cash held by the Company in disbursement accounts. Claims and other payments are made from the disbursement accounts daily. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments;

- Outstanding checks are required to be netted against cash balances or presented as cash overdrafts if in excess of cash balances in the statutory basis statements of admitted assets, liabilities, and capital and surplus as opposed to being presented as other liabilities under GAAP;
- Cash equivalents include money-market funds. Cash equivalents have original maturity dates of three months or less from the date of acquisition. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value (“NAV”) as a practical expedient;
- Short-term investments include corporate debt securities. Short-term investments have a maturity of greater than three months but less than one year at the time of purchase. Short-term investments also consist of the Company’s share of an investment pool sponsored and administered by UHS. The investment pool consists principally of investments with original maturities of less than one year, with the average life of the individual investments being less than 60 days. The Company’s share of the pool represents an undivided ownership interest in the pool and is immediately convertible to cash at no cost or penalty. The participants within the pool have an individual fund number to track those investments owned by the Company. In addition, the Company is listed as a participant in the executed custodial agreement between UHS and the custodian whereby the Company’s share in the investment pool is segregated and separately maintained. The pool is primarily invested in government obligations, commercial paper, certificates of deposit, and short-term agency notes and is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital (losses) gains less capital gains (benefit) tax in the statutory basis statements of operations;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company’s investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital (losses) gains less capital gains (benefit) tax in the statutory basis statements of operations. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition. The Company has not recorded any other-than-temporary impairments (“OTTIs”) for the years ended December 31, 2019 and 2018;
- The NAIC SAP requires the following captions to be taken into consideration in the reconciliation of the statutory basis statements of cash flows: cash, including cash overdrafts, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under GAAP, pursuant to Accounting Standards Update 2016-18, *Statement of Cash Flows, Restricted Cash*, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of GAAP cash flows. In addition, there are classification differences within the presentation of the cash flow categories between GAAP and NAIC SAP. The statutory basis statements of cash flows are prepared in accordance with the NAIC Annual Statement Instructions.

Other Assets

- **Investment Income Due and Accrued** — Investment income earned and due as of the reporting date, in addition to investment income earned but not paid or collected until subsequent periods, is reported as investment income due and accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company evaluates the collectability of the amounts due and accrued and amounts determined to be uncollectible are written off in the period in which the determination is made. In addition, the remaining balance is assessed for admissibility and any balance greater than 90 days past due is considered a nonadmitted asset.

- **Premiums and Considerations** — The Company reports uncollected premium balances from its insured members and CMS as premiums and considerations in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Uncollected premium balances that are over 90 days past due, with the exception of amounts due from government insured plans, are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential. Premiums and considerations also include the following (see Note 24):

a) CMS risk adjustment receivables. The risk adjustment model apportions premiums paid to all health plans according to the health severity and certain demographic factors of its enrollees. The CMS risk adjustment model pays more for members whose medical history indicates they have certain medical conditions. Under this risk adjustment methodology, CMS calculates the risk-adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, and physician treatment settings. The Company and health care providers collect, capture, and submit the necessary and available diagnosis data to CMS within prescribed deadlines. The Company estimates risk adjustment revenues based upon the diagnosis data submitted and expected to be submitted to CMS. The Company recognizes such changes when the amounts become determinable and supportable and collectability is reasonably assured;

b) risk adjustment receivables as defined in Section 1343 of the ACA. Premium adjustments are based upon the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Effective for 2018 benefit plan year, the risk adjustments and distributions are calculated using a high-cost risk pool which adds a reinsurance-like element to this program. A risk adjustment receivable is recorded when the Company estimates its average actuarial risk score for policies included in this program is greater than the average actuarial risk scores in that market and state risk pool; and

c) CMS risk corridor receivables for which adjustments are based on whether the ultimate per member per month (“PMPM”) benefit costs of any Medicare program plan varies more than 5% above the level estimated in the original bid submitted by the Company and approved by CMS;

Premium adjustments for the ACA Section 1343 risk adjustment and CMS risk adjustment programs are accounted for as premium adjustments subject to redetermination. Premium adjustments for the CMS risk corridor program is accounted for as premium adjustments subject to retrospectively rated features.

- **Amounts Receivable Relating to Uninsured Plans** —The Company reports amounts due to the Company from CMS for the administrative activities it performs for which it has no insurance risk as amounts receivable relating to uninsured plans (see Note 18). Amounts receivable relating to uninsured plans includes the following:

a) Costs incurred in excess of the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy and the low income member cost sharing subsidy for the individual members. The Company is fully reimbursed by CMS for costs incurred for these contract elements, and accordingly, there is no insurance risk to the Company. Subsidies for individual members are received monthly and are not reflected as net premium income, but rather are accounted for as deposits. If the Company incurs costs in excess of these subsidies, a corresponding receivable is recorded. Related cash flows are presented within operating expenses paid within net cash provided by operations in the statutory basis statements of cash flows. For employer group members, the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy is consistent with reimbursement for individuals. The low-income member cost-sharing subsidy for employer group members is only received at settlement which is in the subsequent year.

b) The Patient Protection and ACA mandates consumer discounts of 70% in 2019 and 50% in 2018 on brand name prescription drugs for Part D plan participants in the coverage gap. As part of the CGDP, the Company records a receivable from the pharmaceutical manufacturers for reimbursement of the discounts. There are no similar subsidies for employer group members. Related cash flows are presented within operating expenses paid within net cash provided by operations in the statutory basis statements of cash flows. The Company solely administers the application of these funds and has no insurance risk.

- **Net Deferred Tax Asset** — The NAIC SAP provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax bases of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets (see Note 9). In addition, under the NAIC SAP, the change in deferred tax assets is recorded directly to unassigned surplus in the statutory basis financial statements, whereas under GAAP, the change in deferred tax assets is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under the NAIC SAP, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the statutory basis financial statements, whereas under GAAP, such assets are included in the balance sheet.
- **State Income Tax Recoverable** — State income tax recoverable represents amounts that are expected to be recovered as a result of an overpayment of estimated tax carrybacks, or items for which the reporting entity has authority to recover under a state regulation or statute.

LIABILITIES

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2019 and 2018. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2019; however, actual payments may differ from those established estimates.

The reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under GAAP.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

- **Accrued Medical Incentive Pool and Bonus Amounts** —The Company has agreements with certain independent physicians and physician network organizations that provide for the establishment of a fund into which the Company places monthly premiums payable for members assigned to the physician. The Company manages the disbursement of funds from this account as well as reviews the utilization of nonprimary care medical services of members assigned to the physicians. Any surpluses in the fund are shared by the Company and the physician based upon predetermined risk-sharing percentage and the liability is included in accrued medical incentive pool and bonus amounts in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company has incentive and bonus arrangements with providers that are based on quality, utilization, and/or various health outcome measures. The estimated amount due to providers that meet the established metrics is included in accrued medical incentive pool and bonus amounts in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- **Aggregate Health Policy Reserves** —The Company establishes a liability for estimated accrued retrospective and redetermination premiums due from the Company based on the actuarial method and assumptions for each respective contract. Aggregate health policy reserves also includes:
 - a) risk adjustment payables as defined in Section 1343 of the ACA. Premium adjustments are based upon the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Effective for 2018 benefit plan year, the risk adjustments and distributions are calculated using a high-cost risk pool which adds a reinsurance-like element to this program. A risk adjustment payable is recorded when the Company estimates its average actuarial risk score for policies included in this program is less than the average actuarial risk scores in that market and state risk pool (see Note 24);
 - b) CMS risk corridor payables for which adjustments are based on whether the ultimate PMPM benefit costs of any Medicare program plan varies more than 5% below the level estimated in the original bid submitted by the Company and approved by CMS (see Note 24);
 - c) CMS risk adjustment payables. The risk adjustment model apportions premiums paid to all health plans according to the health severity and certain demographic factors of its enrollees. The CMS risk adjustment model pays more for members whose medical history indicates they have certain medical conditions. Under this risk adjustment methodology, CMS calculates the risk-adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, and physician treatment settings. The Company and health care providers collect, capture, and submit the necessary and available diagnosis data to CMS within prescribed deadlines. If diagnosis data submitted to CMS needs to be corrected or deleted, the revised diagnosis data can be re-submitted. The Company estimates reductions to risk adjustment revenues and corresponding change in CMS risk adjustment payables based upon the diagnosis data submitted and expected to be submitted to CMS. The Company recognizes such changes when the amounts become determinable and supportable (see Note 24); and
 - d) estimated rebates payable on the comprehensive commercial and Medicare products, if the medical loss ratios on these fully insured products, as calculated under the definitions of the ACA (see Note 14) and implementing regulations, fall below certain targets. The Company is required to rebate the ratable portions of the premiums annually (see Note 24);
- **Premiums Received in Advance** — Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums received in advance in the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. General expenses due or accrued also include the amounts for unpaid assessments, commissions payable, state income taxes and the unpaid portion of the contributions required under the ACA risk adjustment programs (see Note 24).
- **Current Federal Income Taxes Payable** — The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses, the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. A liability for federal income taxes payable is recognized when its allocated intercompany estimated payments are less than its actual calculated obligation based on the Company's stand-alone federal income tax return (see Note 9).
- **Remittances and Items Not Allocated** — Remittances and items not allocated generally represent monies received from policyholders for monthly premium billings or providers that have not been specifically identified or applied prior to year-end. The majority is from monies received in the lockbox account on the last day of the year.
- **Amounts Due to Parent, Subsidiaries, and Affiliates, Net** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts owed as amounts due to parent, subsidiaries, and affiliates, net, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- **Payable for Securities** — The Company reports payable for securities when investments are traded at the end of an accounting period for which the settlement does not occur until the following month in the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- **Liability for Amounts Held Under Uninsured Plans** — Liability for amounts held under uninsured plans represents amounts due from the Company to CMS for the administrative activities it performs for which it has no insurance risk (see Note 18). Liability for amounts held under uninsured plans includes the following:
 - a) Costs incurred that are less than the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy and the low-income member cost-sharing subsidy for the individual members. The Company is fully reimbursed by CMS for costs incurred for these contract elements, and accordingly, there is no insurance risk to the Company. Subsidies for individual members are received monthly and are not reflected as net premium income, but rather are accounted for as deposits. If the Company incurs costs less than these subsidies, a corresponding liability is recorded. Related cash flows are presented within operating expenses paid within net cash provided by operations in the statutory basis statements of cash flows. For employer group members, the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy is consistent with reimbursement for individuals. The low-income member cost-sharing subsidy for employer group members is only received at settlement which is in the subsequent year.
 - b) The ACA mandates consumer discounts of 70% in 2019 and 50% in 2018 on brand name prescription drugs for Part D plan participants in the coverage gap. These discounts are pre-funded for the individual members by CMS and a liability for the amount subject to recoupment is recorded. There are no similar subsidies for employer group members. Related cash flows are presented within operating expenses paid within net cash provided by operations in the statutory basis statements of cash flows. The Company solely administers the application of these funds and has no insurance risk.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Nonadmitted Assets** — Certain assets, including certain aged premium receivables, certain health care and other amounts receivable, certain deferred tax assets, prepaid expenses and amounts receivable relating to uninsured plans, are considered nonadmitted assets under the NAIC SAP and are excluded from the statutory basis statements of admitted assets, liabilities, and capital and surplus and charged directly to unassigned surplus. Under GAAP, such assets are included in the balance sheet.
- **Restricted Cash Reserves** — The Company held regulatory deposits in the amount of \$164,911,857 and \$170,014,061 as of December 31, 2019 and 2018, respectively, in compliance with the state requirements for qualification purposes as a domestic and foreign insurer. The Company was required to hold at a minimum \$48,206,772 and \$41,283,500 as of December 31, 2019 and 2018, respectively. These restricted cash reserves consist principally of government, agency, municipal, and corporate obligations and are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds and short-term investments in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Interest earned on these deposits accrues to the Company.

Included in the restricted cash reserves are deposits required by the New Jersey Administrative Code for administrative expenses. The minimum required deposits to be held with the State of New Jersey were \$2,204,077 and \$2,133,666 at December 31, 2019 and 2018, respectively. The Company was in compliance with the requirements as of December 31, 2019 and 2018, respectively. This reserve is included in bonds in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Interest earned on this deposit accrues to the Company.

- **Minimum Capital and Surplus** — Under the laws of the State of New Jersey, the Company's domiciliary state, the Department requires the Company to maintain a minimum capital and surplus equal to the greatest of:
 1. Approximately \$2,204,077;
 2. 2% of the first \$150,000,000 of annual premium revenue and 1% of annual premium revenue over \$150,000,000;
 3. An amount equal to the sum of three months of uncovered health care expenditures;

4. An amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis or those on a managed hospital plan basis), plus 4% of the annual hospital expenditures paid on a managed hospital payment basis.

The minimum capital and surplus requirement is \$52,936,743 and \$37,053,095 for December 31, 2019 and 2018, respectively, which was based on health care expenditures as that produced the highest minimum requirement. The Company is in compliance with the required amount.

Risk-based capital ("RBC") is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The Department requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the RBC formula, or the level needed to avoid action pursuant to the trend test in the RBC formula. The Company is in compliance with the required amount.

The Company is also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

The Company has \$175,548,519 and \$147,160,409 in total statutory basis capital and surplus as of December 31, 2019 and 2018, respectively, which is in compliance with the required amounts where it is licensed to do business.

- **Section 9010 ACA Subsequent Fee Year Assessment** — The Company is subject to the Section 9010 ACA subsequent fee year assessment. Under the NAIC SAP, an amount equal to the estimated subsequent year fee must be apportioned out of unassigned surplus and reported as Section 9010 ACA subsequent fee year assessment, in the statutory basis statements of admitted assets, liabilities, and capital and surplus, whereas under GAAP, no such special surplus designation is required. In accordance with the 2019 Health Insurer Fee ("HIF") moratorium, no HIF was payable in 2019, therefore no amounts were apportioned out of unassigned surplus in the 2018 statutory basis statements of admitted assets, liabilities, and capital and surplus.

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the statutory basis statements of operations. The corresponding change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations. Under GAAP, the change in unearned premium from year to year is reported through premium income.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the ACA (see Note 14) and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies its estimated rebates as change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

Pursuant to Section 1343 of the ACA, the Company records premium adjustments for changes to risk adjustment balances which are reflected in net premium income in the statutory basis statements of operations.

Net premium income includes premiums under the Medicare Plans which includes CMS premiums, including amounts pursuant to the CMS risk adjustment program, member premiums, and the CMS low-income premium subsidy for the Company's insurance risk coverage. Net premium income is recognized ratably over the period in which eligible individuals are entitled to receive health care services and prescription drug benefits.

The Company also records estimates related to the CMS risk corridor program. Changes to these estimates are reflected as change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

The Company's Medicare Plans are subject to medical loss ratio requirements under the ACA. Plans with medical loss ratios that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies its estimated rebates as change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the statutory basis statements of operations.

- **General Administrative Expenses** — Pursuant to the terms of the Agreement (see Note 10), the Company pays a management fee to UHS in exchange for administrative and management services. Costs for items not included within the scope of the Agreement are directly expensed as incurred. State income taxes are also a component of GAE. A detailed review of the administrative expenses of the Company and UHS is performed to determine the allocation between CAE and GAE to be reported in the statutory basis statements of operations.

The Company is subject to an annual fee under Section 9010 of the ACA. A health insurance entity's annual fee becomes payable once the entity provides health insurance for any U.S. health risk during the calendar year, which is nondeductible for tax purposes. Under the NAIC SAP, the entire amount of the estimated annual fee expense is recognized on January 1 of the fee year in GAE in the statutory basis statements of operations, whereas under GAAP, a deferred asset is created on January 1 of the fee year which is amortized to expense on a straight-line basis throughout the year.

- **Net Investment Income Earned** — Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).
- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income before federal income taxes and net realized capital (losses) gains less capital gains (benefit) tax subject to certain adjustments (see Note 9).
- **Comprehensive Income** — Comprehensive income and its components are not separately presented in the statutory basis financial statements, whereas under GAAP, it is a requirement to present comprehensive income and its components in the financial statements.

REINSURANCE

- **Reinsurance Ceded** — In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts or specific transfer of risk agreements. The Company remains primarily liable as the direct insurer on the risks reinsured. Reinsurance premiums paid and reinsurance premiums incurred but not paid are deducted from net premium income in the statutory basis statements of operations. Any amounts due to the Company pursuant to this agreement are recorded as amounts recoverable from reinsurers in the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 23).
- **Amounts Recoverable from Reinsurers** — The Company records amounts recoverable from reinsurers which represents amounts contractually due to the Company for claims paid under the various reinsurance agreements between the Company and other affiliated companies in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as net reinsurance recoveries in the statutory basis statements of operations.
- **Section 1341 ACA Transitional Reinsurance** — The Company has established receivables of \$0 and \$16,015 as of December 31, 2019 and 2018, respectively, pursuant to Section 1341 of the ACA which are included in amounts recoverable from reinsurers in the statutory basis statements of admitted assets, liabilities, and capital and surplus, for the transitional reinsurance program. This program was designed to protect issuers in the individual market from an expected increase in large claims due to the elimination of preexisting condition limitations (see Note 24).

OTHER

- **Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business.

The Company has no commercial customers that individually exceed 10% of total direct premiums written and premiums and considerations, including receivables for contracts subject to redetermination, for the years ended December 31, 2019 and 2018.

Direct premiums written and premiums and considerations, including receivables for contracts subject to redetermination, from members and CMS related to the Medicare Plans as a percentage of total direct premiums written and total premiums and considerations including receivables for contracts subject to redetermination, are 100% and 99% as of December 31, 2019 and 95% and 82% as of December 31, 2018, respectively.

Recently Issued Accounting Standards —The Company reviewed all recently issued guidance in 2019 and 2018 that has been adopted for 2019 or subsequent years' implementation and has determined that none of the items would have a significant impact to the statutory basis financial statements.

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No changes in accounting principles or correction of errors have been recorded during the year ended December 31, 2019 and 2018.

3. BUSINESS COMBINATIONS AND GOODWILL

A–D. The Company was not party to a business combination during the years ended December 31, 2019 and 2018, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2019 and 2018.

B. Change in Plan of Sale of Discontinued Operation — Not applicable.

C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal — Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal — Not applicable.

5. INVESTMENTS

For purposes of calculating gross realized gains and losses on sales of investments, the book/adjusted carrying value of each investment sold is used. The gross realized gains and losses on sales of long-term investments were \$0 and \$308,933, respectively, for 2019 and \$11,525 and \$0, respectively, for 2018. There were no gross realized gains and losses on sales of short-term investments in 2019 or 2018. The net realized gain is included in net realized capital (losses) gains less capital gains (benefit) tax in the statutory basis statements of operations. Total proceeds on the sale of long-term investments were \$30,747,809 and \$1,364,273 and for short-term investments were \$1,080,019,483 and \$745,081,854 in 2019 and 2018, respectively.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

As of December 31, 2019 and 2018, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company's investments, excluding cash overdrafts and cash equivalents of \$54,160,310 and \$16,541,535, respectively, are as follows:

	2019				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses		Fair Value
			< 1 Year	> 1 Year	
U.S. government and agency securities	\$ 35,783,660	\$ 183,474	\$ 4,128	\$ 31,584	\$ 35,931,422
State and agency municipal securities	4,636,447	223,931	-	-	4,860,378
City and county municipal securities	4,391,451	203,572	-	-	4,595,023
Corporate debt securities	68,156,455	197,775	4,388	4,278	68,345,564
Total bonds and short-term investments	\$ 112,968,013	\$ 808,752	\$ 8,516	\$ 35,862	\$ 113,732,387

	2019				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses		Fair Value
			< 1 Year	> 1 Year	
Less than one year	\$ 28,218,871	\$ 60,711	\$ 192	\$ 1,183	\$ 28,278,207
One to five years	69,807,786	256,061	8,324	27,253	70,028,270
Five to ten years	5,627,694	188,017	-	-	5,815,711
Over ten years	9,313,662	303,963	-	7,426	9,610,199
Total bonds and short-term investments	\$ 112,968,013	\$ 808,752	\$ 8,516	\$ 35,862	\$ 113,732,387

	2018				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses		Fair Value
			< 1 Year	> 1 Year	
U.S. government and agency securities	\$ 66,688,397	\$ 12,028	\$ 94,012	\$ 762,627	\$ 65,843,786
State and agency municipal securities	4,722,561	4,705	69,383	-	4,657,883
City and county municipal securities	5,475,890	-	44,659	-	5,431,231
Corporate debt securities	86,292,219	41,997	254,965	149,635	85,929,616
Total bonds and short-term investments	\$ 163,179,067	\$ 58,730	\$ 463,019	\$ 912,262	\$ 161,862,516

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-related loan-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$5,792,214 and fair value of \$5,846,880.

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2019 and 2018:

	2019					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 5,003,700	\$ 4,129	\$ 11,801,492	\$ 31,584	\$ 16,805,192	\$ 35,713
State and agency municipal securities	-	-	-	-	-	-
City and county municipal securities	-	-	-	-	-	-
Corporate debt securities	10,487,947	4,387	1,605,628	4,278	12,093,575	8,665
Total bonds and short-term investments	\$ 15,491,647	\$ 8,516	\$ 13,407,120	\$ 35,862	\$ 28,898,767	\$ 44,378

	2018					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 11,842,349	\$ 94,012	\$ 45,231,006	\$ 762,627	\$ 57,073,355	\$ 856,639
State and agency municipal securities	4,528,738	69,383	-	-	4,528,738	69,383
City and county municipal securities	5,431,230	44,659	-	-	5,431,230	44,659
Corporate debt securities	48,983,284	254,965	12,741,163	149,635	61,724,447	404,600
Total bonds and short-term investments	\$ 70,785,601	\$ 463,019	\$ 57,972,169	\$ 912,262	\$ 128,757,770	\$ 1,375,281

The unrecognized unrealized losses on investments in U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities at December 31, 2019 and 2018, were mainly caused by interest rate fluctuations and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of the U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company evaluated the credit ratings of the municipal, state and local agency and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an OTTI, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain loan-backed securities for a period of time sufficient to recover the amortized cost. As a result of these reviews, no OTTIs were recorded by the Company as of December 31, 2019 and 2018, respectively.

A–C. The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

D. Loan-Backed Securities

- (1) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any OTTIs on loan-backed securities as of December 31, 2019 and 2018.
- (3) The Company did not have any loan-backed securities with OTTIs to report by CUSIP as of December 31, 2019 or 2018.
- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the loan-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2019 and 2018:

	2019
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 3,665
2. 12 months or longer	7,662
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	6,863,711
2. 12 months or longer	2,437,180
	2018
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 57,448
2. 12 months or longer	99,968
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	18,149,427
2. 12 months or longer	6,670,672

- (5) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrecognized unrealized losses as of December 31, 2019 and 2018 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions — Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- J. Real Estate** — Not applicable.
- K. Low-Income Housing Tax Credits** — Not applicable.
- L. Restricted Assets** —

(1) Restricted assets, including pledged securities as of December 31, 2019 and 2018, are presented below:

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	164,911,857	170,014,061	(5,102,204)	-	164,911,857	63 %	64 %
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total restricted assets	<u>\$ 164,911,857</u>	<u>\$ 170,014,061</u>	<u>\$ (5,102,204)</u>	<u>\$ -</u>	<u>\$ 164,911,857</u>	<u>63 %</u>	<u>64 %</u>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2-4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2019 or 2018.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5GI Securities

The Company does not have any investments with an NAIC designation of 5GI as of December 31, 2019 and 2018.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees — The following table illustrates prepayment penalty and acceleration fees as of December 31, 2019:

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

	<u>General Account</u>	
1. Number of CUSIPs		1
2. Aggregate Amount of Investment Income	\$	129

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A–B. The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

A. The Company excludes all investment income due and accrued amounts that are over 90 days past due from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

B. There were no investment income amounts excluded from the statutory basis financial statements.

8. DERIVATIVE INSTRUMENTS

A–B. The Company has no derivative instruments.

9. INCOME TAXES

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2019 and 2018, are as follows:

	<u>2019</u>			<u>2018</u>			<u>Change</u>		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
(a) Gross deferred tax assets	\$ 2,163,499	\$ 14,976	\$ 2,178,475	\$ 3,506,819	\$ 12,370	\$ 3,519,189	\$ (1,343,320)	\$ 2,606	\$ (1,340,714)
(b) Statutory valuation allowance adjustments	-	14,976	14,976	-	12,370	12,370	-	2,606	2,606
(c) Adjusted gross deferred tax assets (1a - 1b)	2,163,499	-	2,163,499	3,506,819	-	3,506,819	(1,343,320)	-	(1,343,320)
(d) Deferred tax assets nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal net admitted deferred tax asset (1c - 1d)	2,163,499	-	2,163,499	3,506,819	-	3,506,819	(1,343,320)	-	(1,343,320)
(f) Deferred tax liabilities	85,714	-	85,714	102,845	-	102,845	(17,131)	-	(17,131)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 2,077,785</u>	<u>\$ -</u>	<u>\$ 2,077,785</u>	<u>\$ 3,403,974</u>	<u>\$ -</u>	<u>\$ 3,403,974</u>	<u>\$ (1,326,189)</u>	<u>\$ -</u>	<u>\$ (1,326,189)</u>

(2) The components of the adjusted gross deferred tax assets admissibility calculation under Statement of Statutory Accounting Principles ("SSAP") No. 101, *Income Taxes—A Replacement of SSAP No. 10R and SSAP No. 10*, are as follows:

Admission Calculation Components SSAP No. 101	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 2,007,071	\$ -	\$ 2,007,071	\$ 3,506,819	\$ -	\$ 3,506,819	\$ (1,499,748)	\$ -	\$ (1,499,748)
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	156,428	-	156,428	-	-	-	156,428	-	156,428
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	156,428	-	156,428	-	-	-	156,428	-	156,428
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	26,020,610	XXX	XXX	21,563,465	XXX	XXX	4,457,145
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	-	-	-	-	-	-
(d) Deferred tax assets admitted as the result of application of SSAP No. 101									
Total 2(a) + 2(b) + 2(c)	\$ 2,163,499	\$ -	\$ 2,163,499	\$ 3,506,819	\$ -	\$ 3,506,819	\$ (1,343,320)	\$ -	\$ (1,343,320)

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

	2019	2018
(a) Ratio percentage used to determine recovery period and threshold limitation amount	755 %	1,077 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 173,470,734	\$ 143,756,435

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2019 and 2018, is presented below:

Impact of Tax-Planning Strategies	2019		2018		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 - 3) Ordinary	6 (Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 2,163,499	\$ -	\$ 3,506,819	\$ -	\$ (1,343,320)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 2,163,499	\$ -	\$ 3,506,819	\$ -	\$ (1,343,320)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes	_____	No	X

B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2019 and 2018.

C. Significant Components of Income Taxes

- (1) The current federal income taxes incurred for the years ended December 31, 2019 and 2018 are as follows:

	1	2	3
	2019	2018	(Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 16,873,551	\$ 11,922,792	\$ 4,950,759
(b) Foreign	-	-	-
(c) Subtotal	16,873,551	11,922,792	4,950,759
(d) Federal income (benefit) tax on net capital (losses) gains	(62,270)	7,462	(69,732)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
(g) Total federal and foreign income taxes incurred	<u>\$ 16,811,281</u>	<u>\$ 11,930,254</u>	<u>\$ 4,881,027</u>

- (2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2019 and 2018, are as follows:

	1	2	3
	2019	2018	(Col 1 - 2) Change
2 Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 193,986	\$ 226,418	\$ (32,432)
(2) Unearned premium reserve	8,125	4,457	3,668
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables—nonadmitted	1,096,706	2,055,452	(958,746)
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	<u>864,682</u>	<u>1,220,492</u>	<u>(355,810)</u>
(99) Subtotal	2,163,499	3,506,819	(1,343,320)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>2,163,499</u>	<u>3,506,819</u>	<u>(1,343,320)</u>
(e) Capital:			
(1) Investments	14,976	12,370	2,606
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	14,976	12,370	2,606
(f) Statutory valuation allowance adjustment	14,976	12,370	2,606
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>-</u>	<u>-</u>	<u>-</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>2,163,499</u>	<u>3,506,819</u>	<u>(1,343,320)</u>
3 Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	23,933	20,307	3,626
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	<u>61,781</u>	<u>82,538</u>	<u>(20,757)</u>
(99) Subtotal	<u>85,714</u>	<u>102,845</u>	<u>(17,131)</u>
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>85,714</u>	<u>102,845</u>	<u>(17,131)</u>
4 Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 2,077,785</u>	<u>\$ 3,403,974</u>	<u>\$ (1,326,189)</u>

The other ordinary deferred tax asset of \$864,682 for 2019 consists of intangibles of \$864,586 and accrued expenses of \$96. The other ordinary deferred tax asset of \$1,220,492 for 2018 consists of intangibles of \$1,218,665, bad debt of \$1,303 and accrued expenses of \$524.

The other ordinary deferred tax liability of \$61,781 for 2019 consists of loss reserve discounting. The other ordinary deferred tax liability of \$82,538 for 2018 consists of loss reserve discounting of \$82,147 and premium acquisition expense of \$391.

The Company assessed the potential realization of the gross deferred tax asset and established a valuation allowance of \$14,976 and \$12,370 to reduce the gross deferred tax asset to \$2,163,499 and \$3,506,819 as of December 31, 2019 and 2018, respectively, which represents the amount of the asset estimated to be recoverable via carryback of losses and reduction of future taxes. The change in the valuation allowance is attributable to the change in timing of deductibility of expenses and/or expectations for future taxable income.

- D.** The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income before federal income taxes incurred, less capital gains tax benefit plus capital gains tax. A summarization of the significant items causing this difference as of December 31, 2019 and 2018 is as follows:

	2019		2018	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 17,211,626	21%	\$ 11,097,833	21%
Tax-exempt interest	(35,508)	-	(44,125)	-
Health insurer fee	-	-	1,748,359	3
Tax effect of nonadmitted assets	958,746	1	(253,353)	-
Change in statutory valuation allowance	2,606	-	5,042	-
Other	-	-	1,036	-
Total statutory income taxes	\$ 18,137,470	22%	\$ 12,554,792	24%
Federal income taxes incurred	\$ 16,873,551	21%	\$ 11,922,792	23%
Capital gains tax	(62,270)	-	7,462	-
Change in net deferred income tax	1,326,189	1	624,538	1
Total statutory income taxes	\$ 18,137,470	22%	\$ 12,554,792	24%

- E.** At December 31, 2019, the Company had no net operating loss carryforwards.

Current federal income taxes payable of \$603,282 and \$2,099,689 as of December 31, 2019 and 2018, respectively, are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Federal income taxes paid, net of refunds were \$18,307,688 and \$11,529,098 in 2019 and 2018, respectively.

Federal income taxes incurred of \$16,811,281 and \$11,929,217 for 2019 and 2018, respectively, are available for recoupment in the event of future net losses.

The Company has not admitted any aggregate amounts of deposits that are included within Section 6603 ("Deposits made to suspend running of interest on potential underpayments, etc.") of the Internal Revenue Service ("IRS") Code.

- F.** The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group. The entities included within the consolidated return are included in NAIC Statutory Statement Schedule Y—Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses, the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. UnitedHealth Group currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The IRS has completed exams on UnitedHealth Group's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group's 2017, 2018 and 2019 tax returns are under review by the IRS under its Compliance Assurance Program. With the exception of a few states, UnitedHealth Group is no longer subject to income tax examinations prior to the 2013 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2014 and forward. The Company does not believe any adjustments that may result from these examinations will be material to the Company.
- G. Tax Contingencies** — Not applicable.
- H. Repatriation Transition Tax** — Not applicable.
- I. Alternative Minimum Tax Credit** — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES**A–O. Material Related Party Transactions**

Management believes that the Company's transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.

In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the Department according to Management's understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreements (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) PMPM; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in GAE, CAE, and hospital and medical expenses in the statutory basis statements of operations. The following table identifies the amounts for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2019 and 2018, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliates and Other Related Parties*, regardless of the effective date of the contract:

	2019	2018
LifePrint Health, Inc.	\$ 206,890,787	\$ 4,532,018
UHS	70,815,512	50,413,710
OptumRx, Inc.	42,613,103	34,984,771
United Behavioral Health	2,482,592	6,797,956
Riverside Pediatric Group, P.C.	1,657,263	810,473
OptumInsight, Inc.	1,307,993	1,442,625

LifePrint Health, Inc. provides services that may include, but are not limited to, care management services to eligible members and/or arranging for the delivery of clinical services to the Company's enrollees.

UHS provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for UHS to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the Agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, provider networks, quality oversight and wellness management. The amount charged to the Company for the management and operational services provided by UHS are calculated pursuant to the Agreement.

OptumRx provides services that may include, but are not limited to, administrative services related to pharmacy management and pharmacy claims processing for enrollees, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products.

United Behavioral Health provides services related to mental health and substance abuse treatment.

Riverside Pediatric Group, P.C. provides medical assistance for children.

OptumInsight, Inc. provides services that may include, but are not limited to, claim analytics and recovery of medical expense overpayments, retroactive fraud, waste and abuse, subrogation and premium audit services. All recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis.

The Company has premium payments that are received and claim payments and direct expenses such as broker commissions, Department exam fees, ACA assessments and premium taxes that are processed and paid by an affiliated UnitedHealth Group entity. Premiums, claims, and direct expenses applicable to the Company are settled at regular intervals throughout the month via the intercompany settlement process and any amounts outstanding are reflected in amounts due to parent, subsidiaries, and affiliates, net in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Company holds a \$65,000,000 subordinated revolving credit agreement with UnitedHealth Group at an interest rate of London InterBank Offered Rate plus a margin of 0.50%. This credit agreement is subordinate to the extent it does not conflict with any credit facility held by either party. No amounts were outstanding under the line of credit as of December 31, 2019 and 2018.

In addition to the agreements above, UHS maintains a private short-term money market investment pool in which affiliated companies may participate (see Note 1). At December 31, 2019 and 2018, the Company's portion was \$1,686,863 and \$9,757,787 and is included in short-term investments as of December 31, 2019 and 2018, respectively, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Company has a Tax Sharing Agreement with UnitedHealth Group (see Note 9).

The Company paid dividends of \$40,000,000 and \$38,000,000 in 2019 and 2018, respectively, to its parent (see Note 13).

The Company has entered into reinsurance agreements with affiliated entities (see Note 23).

At December 31, 2019 and 2018, the Company reported \$13,366,955 and \$9,213,676, respectively, as amounts due to parent, subsidiaries, and affiliates, net which are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.

The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.

The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.

The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.

The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.

The Company does not have any investments in foreign insurance subsidiaries.

The Company does not hold any investments in a downstream noninsurance holding company.

The Company does not have any investments in non-insurance subsidiaries, controlled, or affiliated entities.

The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.

11. DEBT

A–B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2019 and 2018.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POSTRETIREMENT BENEFIT PLANS

A–I. The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of UHS, which provides services to the Company under the terms of the Agreement (see Note 10).

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

(1–2) The Company has 1,000 shares authorized and 500 shares issued and outstanding of \$0.10 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, Oxford.

(3) Payment of dividends may be restricted by New Jersey insurance regulations. The Insurance Commissioner may disapprove any dividend that, together with other dividends paid by the Company in the prior 12 months, exceeds the greater of the following:

- a. 10% of the statutory capital and surplus as of the preceding December 31, or
- b. The net income from operations for the calendar year preceding the date of the dividend or distribution.

(4) On October 30, 2019 the Company declared an ordinary cash dividend of \$20,000,000 to Oxford. The dividend was approved by the Department on December 26, 2019, was paid on December 27,

2019, and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

On April 30, 2019 the Company declared an ordinary cash dividend of \$20,000,000 to Oxford. The dividend was approved by the Department on June 11, 2019, was paid on June 12, 2019, and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus..

On August 20, 2018 the Company declared an ordinary cash dividend of \$17,500,000 to Oxford. The dividend was approved by the Department on October 24, 2018, was paid on October 29, 2018, and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

On February 27, 2018 the Company declared an ordinary cash dividend of \$20,500,000 to Oxford. The dividend was approved by the Department on March 28, 2018, was paid on March 29, 2018, and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- (5) The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.
- (6) There are no restrictions placed on the Company's unassigned surplus.
- (7) The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- (8) The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- (9) For the year ended December 31, 2019, the amount of the estimated Section 9010 ACA subsequent fee year assessment apportioned out of unassigned surplus was \$15,370,755. As discussed in Note 1, in 2018 no amount was required to be apportioned out of unassigned surplus (deficit) for the Section 9010 ACA subsequent fee year assessment.
- (10) The portion of unassigned surplus, excluding the apportionment of estimated Section 9010 ACA subsequent fee year assessment, correction of error, net income and dividends, represented (or reduced) by each item below is as follows:

	2019	2018	Change
Net deferred income taxes	\$ 2,077,785	\$ 3,403,974	\$ (1,326,189)
Nonadmitted assets	<u>(5,222,408)</u>	<u>(9,787,865)</u>	<u>4,565,457</u>
Total	<u>\$ (3,144,623)</u>	<u>\$ (6,383,891)</u>	<u>\$ 3,239,268</u>

- (11–13) The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

The Company is not aware of any guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity.

C. Gain Contingencies

The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits — Not applicable.

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

The Company's business is regulated at the federal, state, and local levels. The laws and rules governing the Company's business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The ACA and the related federal and state regulations will continue to impact how the Company does business and could restrict revenue and enrollment growth in certain products and market segments, restrict premium growth rates for certain products and market segments, increase the Company's medical and administrative costs, expose the Company to an increased risk of liability (including increasing the Company's liability in federal and state courts for coverage determinations and contract interpretation), or put the Company at risk for loss of business. In addition, the Company's statutory basis results of operations, financial condition, and cash flows could be materially adversely affected by such changes. The ACA may create new or expand existing opportunities for business growth, but due to its complexity, the long term impact of the ACA remains difficult to predict and is not yet fully known.

The Company has been, or is currently involved, in various governmental investigations, audits and reviews. These include routine, regular and special investigations, audits and reviews by CMS (including risk data validation audits, if applicable), state insurance and health and welfare departments and other governmental authorities. The Company cannot reasonably estimate the range of loss, if any, that may result from any material government investigations, audits and reviews in which it is currently involved given the inherent difficulty in predicting regulatory action, fines and penalties, if any, and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

On February 14, 2017, the Department of Justice ("DOJ") announced its decision to pursue certain claims within a lawsuit initially asserted against the Company and filed under seal by a whistleblower in 2011. The whistleblower's complaint, which was unsealed on February 15, 2017, alleges that the Company made improper risk adjustment submissions and violated the False Claims Act. On February 12, 2018, the court granted in part and denied in part the Company's motion to dismiss. In May 2018, the DOJ moved to dismiss the Company's counterclaims, which were filed in March 2018, and moved for partial summary judgment. In March 2019, the court denied the government's motion for partial summary judgment and dismissed the Company's counterclaims without prejudice. The Company cannot reasonably estimate the outcome that may result from this matter given its procedural status.

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers and regulators, relating to the Company's businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the statutory basis statements of admitted assets, liabilities, and capital and surplus or statutory basis statements of operations of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company's statutory basis financial condition.

There are no assets that the Company considers to be impaired at December 31, 2019 and 2018.

15. LEASES

A–B. According to the Agreement between the Company and UHS (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of UHS. Fees associated with the lease agreements are included as a component of the Company's management fee.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1–4) The Company does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A–C. The Company did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A–B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2019 and 2018.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program is a partially insured plan. The Company recorded a receivable in amounts receivable relating to uninsured plans and a payable in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus of \$9,426,712 and \$5,738,382 at December 31, 2019 and 2018, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies as described in Note 1, *Amounts Receivable Relating to Uninsured Plans* and *Liability for Amounts Held Under Uninsured Plans*. The Company also recorded a payable of \$26,863 and \$4,506,875 at December 31, 2019 and 2018, respectively, for the Medicare Part D CGDP as described in Note 1, *Amounts Receivable Relating to Uninsured Plans* and *Liability for Amounts Held Under Uninsured Plans*.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2019 and 2018.

20. FAIR VALUE MEASUREMENT

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical assets in active markets.

Level 2—Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3—Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, cash equivalents and short-term investments, are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services have not historically resulted in an adjustment in the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value**(1) Fair Value Measurements at Reporting Date**

The following table presents information about the Company's financial assets that are measured and reported at fair value at December 31, 2019 in the statutory basis statements of admitted assets, liabilities, and capital and surplus according to the valuation techniques the Company used to determine their fair values.

Description for Each Class of Asset or Liability	December 31, 2019				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stock	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	53,630,527	-	-	-	53,630,527
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	<u>\$ 53,630,527</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 53,630,527</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Additional write-ins	-	-	-	-	-
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2018					
Description for Each Class of Asset or Liability	December 31, 2018				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stock	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	16,592,781	-	-	-	16,592,781
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	<u>\$ 16,592,781</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,592,781</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Additional write-ins	-	-	-	-	-
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

There were no transfers between Levels 1 and 2 during the years ended December 31, 2019.

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2019 or 2018.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 and therefore has no valuation technique to disclose.
- (5) The Company has no derivative assets and liabilities to disclose.
- (1–5) The Company does not have any financial assets that are measured and reported at fair value in the statutory basis statements of admitted assets, liabilities, and capital and surplus at December 31, 2019 and 2018.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2019 and 2018 is presented in the table below:

Type of Financial Instrument	December 31, 2019						Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
U.S. government and agency securities	\$ 35,931,422	\$ 35,783,660	\$ 22,100,230	\$ 13,831,192	\$ -	\$ -	\$ -	
State and agency municipal securities	4,860,378	4,636,447	-	4,860,378	-	-	-	
City and county municipal securities	4,595,023	4,391,451	-	4,595,023	-	-	-	
Corporate debt securities	68,345,564	68,156,455	1,686,683	66,658,881	-	-	-	
Cash equivalents	53,630,526	53,630,526	53,630,526	-	-	-	-	
Total bonds, short-term investments and cash equivalents	<u>\$ 167,362,913</u>	<u>\$ 166,598,539</u>	<u>\$ 77,417,439</u>	<u>\$ 89,945,474</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	

Type of Financial Instrument	December 31, 2018						Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
U.S. government and agency securities	\$ 65,843,786	\$ 66,688,397	\$ 51,073,356	\$ 14,770,430	\$ -	\$ -	\$ -	
State and agency municipal securities	4,657,883	4,722,561	-	4,657,883	-	-	-	
City and county municipal securities	5,431,231	5,475,890	-	5,431,231	-	-	-	
Corporate debt securities	85,929,616	86,292,219	9,757,787	76,171,829	-	-	-	
Cash equivalents	16,592,781	16,592,781	16,592,781	-	-	-	-	
Total bonds, short-term investments and cash equivalents	<u>\$ 178,455,297</u>	<u>\$ 179,771,848</u>	<u>\$ 77,423,924</u>	<u>\$ 101,031,373</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	

D. Not Practicable to Estimate Fair Value — Not applicable.

E. Investments Measured Using the NAV Practical Expedient — Not applicable.

21. OTHER ITEMS

The Company is now including money-market funds in the 2019 Note 20A (1) Fair Value Measurements at Reporting Date table. The Company has elected to present similar activity in and include the 2018 Note 20A (1) Fair Value Measurements at Reporting Date table for comparability. Similarly, the Company is now including cash equivalents (which includes money-market funds) in the 2019 Note 20C Aggregate Fair Value Hierarchy table. The Company has elected to present similar activity in the 2018 Note 20C Aggregate Fair Value Hierarchy table for comparability.

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2019 and 2018.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2019 and 2018.

C. Other Disclosures

The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2019 and 2018.

E. State Transferable and Non-transferable Tax Credits

The Company has no transferable or non-transferable state tax credits.

F. Sub-Prime Mortgage-Related Risk Exposure

- (1) The investment policy for the Company limits investments in loan-backed securities, which includes sub-prime issuers. Further, the policy limits investments in private-issuer mortgage securities to 10% of the portfolio, which also includes sub-prime issuers. The exposure to unrealized losses on sub-prime issuers is due to changes in market prices. There are no realized losses due to not receiving anticipated cash flows. The investments covered have an NAIC designation of 1 or 2.
- (2) The Company has no direct exposure through investments in sub-prime mortgage loans.
- (3) The Company has no direct exposure through other investments.
- (4) The Company has no underwriting exposure to sub-prime mortgage risk through mortgage guaranty or financial guaranty insurance coverage.

G. Retained Assets

The Company does not have any retained asset accounts for beneficiaries.

H. Insurance-Linked Securities Contracts

As of December 31, 2019, the Company is not aware of any possible proceeds of insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy — Not applicable.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through February 27, 2020, which is the date these statutory basis financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2019, have been recognized in the statutory basis financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

The Company is subject to the annual fee under Section 9010 of the ACA. The fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of the health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, of the year the fee is due. The HIF was repealed by Congress, effective January 1, 2021.

As of December 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates its portion of the annual health insurance industry fee payable on September 30, 2020 to be \$15,370,755. This amount has been apportioned out of unassigned surplus and is reflected as Section 9010 ACA subsequent fee year assessment in the statutory basis financial statements. In accordance with the 2019 HIF moratorium, no amounts were required to be apportioned out of unassigned surplus in 2018 (see Note 1). The Company's Authorized Control Level RBC ("ACL RBC") ratio was 764% as of December 31, 2019. Reporting the ACA assessment as a liability as of December 31, 2019, would not have triggered an RBC action level.

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The table below presents information regarding the annual fee under Section 9010 of the ACA as of December 31, 2019 and 2018:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	<u>YES</u>	
B. ACA fee assessment payable for the upcoming year	\$ 15,370,755	\$ -
C. ACA fee assessment paid	-	8,325,518
D. Premium written subject to ACA 9010 assessment	805,788,845	-
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	175,548,519	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	160,177,764	
G. Authorized Control Level (Five-Year Historical Line 15)	22,971,364	
H. Would reporting the ACA assessment as of December 31, 2018, have triggered an RBC action level (YES/NO)?	<u>NO</u>	

There are no other material non-recognized Type II events that require disclosure.

23. REINSURANCE

Reinsurance Agreements — In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated and other nonaffiliated reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company has a reinsurance agreement with Oxford Health Insurance, Inc. (“OHI”), an affiliate, to provide out-of-network point of service coverage. Out-of-network point of service coverage premiums, which are calculated on a PMPM basis, of \$41,821 and \$2,412,571 in 2019 and 2018, respectively, are netted against net premium income in the statutory basis statement of operations. Reinsurance recoveries on paid claims of \$376,656 and \$3,670,837 in 2019 and 2018, respectively, are included in net reinsurance recoveries in the statutory basis statements of operations. There were \$4,178 and \$196,297 of amounts recoverable from reinsurers related to this agreement as of December 31, 2019 and 2018, respectively. As of December 31, 2019 and 2018, the Company recognized an estimate of amounts incurred but not yet paid from OHI of \$0 and \$471,163, respectively, which is reported as a reduction to claims unpaid, in the statutory basis statements of admitted assets, liabilities and capital and surplus. As of December 31, 2019, the Company did not have any out-of-network point of service members remaining on the license.

Pursuant to Section 1341 of the ACA, through 2017, the Company was subject to the reinsurance provisions for compliant individual policies (see Note 24).

The Company entered into a reinsurance agreement with an affiliated entity, Unimerica Insurance Company, Inc. to cede obligations relating to chiropractic and physical therapy coverage, transplant coverage, infertility treatment coverage, and mental health and substance use disorder coverage. This reinsurance agreement was terminated effective December 31, 2017.

The effect of both internal and external reinsurance agreements outlined above on net premium income and hospital and medical expenses is presented below:

	2019	2018
Premiums:		
Direct	\$ 783,514,922	\$ 581,126,819
Ceded:		
Affiliate	41,821	2,408,787
Nonaffiliate	<u>-</u>	<u>-</u>
Net premium income	<u>\$ 783,473,101</u>	<u>\$ 578,718,032</u>
Hospital and medical expenses:		
Direct	\$ 634,763,290	\$ 457,785,959
Ceded:		
Affiliate	577,155	4,028,601
Nonaffiliate	<u>12,636</u>	<u>-</u>
Net hospital and medical expenses	<u>\$ 634,173,499</u>	<u>\$ 453,757,358</u>

The Company recognized reinsurance recoveries related to internal and external reinsurance agreements of \$589,791 in 2019 and \$4,028,601 in 2018, respectively, which are recorded as net reinsurance recoveries in the statutory basis statements of operations. In addition, reinsurance recoverables related to internal and external reinsurance agreements of \$4,178 in 2019 and \$199,972 in 2018, respectively for paid losses are recorded as amounts recoverable from reinsurers and \$1,932 and \$767,192 for unpaid losses are recorded as a reduction to claims unpaid in 2019 and 2018, respectively, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor, or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 — Ceded Reinsurance Report — Part A

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 — Ceded Reinsurance Report — Part B

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2019.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance — During 2019 and 2018, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2019 or 2018.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation — Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.

- B.** Estimated accrued retrospective premiums due from the Company are recorded aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as an adjustment to change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.
- C.** Pursuant to the ACA, the Company's commercial business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the commercial lines of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for the commercial lines of business subject to the retrospectively rated features was \$3,607,612 and \$28,045,459, representing 0% and 5% of total direct premiums written as of December 31, 2019 and 2018, respectively.

Pursuant to the ACA, the Company's Medicare business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the Medicare line of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for the Medicare line of business subject to the retrospectively rated features was \$779,907,310 and \$553,081,360, representing 100% and 95% of total direct premiums written as of December 31, 2019 and 2018, respectively.

The Company has Medicare Part D risk-corridor amounts from CMS which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D direct premiums written subject to the retrospectively rated feature was \$40,856,763 and \$29,251,097 representing 5% of total direct premiums written for 2019 and 2018, respectively.

The Company has risk-adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health scores based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to the redetermination feature was \$779,907,310 and \$553,081,360, representing 100% and 95% of total direct premiums written for 2019 and 2018, respectively.

- D.** The Company is required to maintain specific minimum loss ratios on the comprehensive commercial and Medicare lines of business. The Company's actual loss ratio on the comprehensive commercial was in excess of the minimum requirements and as a result, no minimum medical loss ratio rebate liability was required to be established at December 31, 2019 and 2018. The following table discloses the minimum medical loss ratio rebate liability for the Medicare line of business which is included in aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus for the years ended December 31, 2019 and 2018:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	7,338,129	\$ 7,338,129
(2) Medical loss ratio rebates paid	-	-	-	2,955,412	2,955,412
(3) Medical loss rebates unpaid	-	-	-	18,804,853	18,804,853
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	18,804,853
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	-	-	-	-	-
(8) Medical loss ratio rebates paid	-	-	-	18,804,853	18,804,853
(9) Medical loss rebates unpaid	-	-	-	-	-
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-

In addition to the ACA minimum loss ratio requirements, all Corporations and HMOs shall submit to the State, reports showing loss ratios for the previous calendar year for small group and individual direct pay standardized business. For small group and individual direct pay contracts, a minimum loss ratio of 80% must be met. The Company exceeded the State loss ratio threshold related to the 2019 and 2018 loss ratio filings.

E. Risk-Sharing Provisions of the Affordable Care Act

- (1) The Company has accident and health insurance premiums in 2019 and 2018 subject to the risk-sharing provisions of the ACA.

The ACA imposed fees and premium stabilization provisions on health insurance issuers offering comprehensive commercial health insurance. The three premium stabilization programs are commonly referred to as the 3Rs — risk adjustment, reinsurance, and risk corridors.

Risk Adjustment — The permanent risk adjustment program, designed to mitigate the potential impact of adverse selection and provide stability for health insurance issuers, applies to all non-grandfathered plans not subject to transitional relief in the individual and small group markets both inside and outside of the insurance exchanges. Effective for 2018 benefit plan year, the risk adjustments and distributions are calculated using a high-cost risk pool which adds a reinsurance-like element to this program. The operation of the high-cost risk pools exclude a percentage of costs above a threshold level determined by federal regulations. The program operates two national high-cost risk pools, one for individuals and one for small groups. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

Reinsurance — The transitional reinsurance program was designed to protect issuers in the individual market from an expected increase in large claims due to the elimination of preexisting condition limitations. The transitional reinsurance program was effective from 2014 through 2016 and applied to all issuers of major medical commercial products and third-party administrators. Contributions attributable to enrollees in the ACA compliant individual plans, including program administrative costs, were accounted for as ceded premium and payments received were accounted for as ceded benefit recoveries. The portion of the individual contributions earmarked for the U.S. Treasury was accounted for as an assessment. Contributions made for enrollees in fully insured plans other than the ACA compliant individual plans, including program administrative costs and payments to the U.S. Treasury, were treated as assessments.

Risk Corridors — The temporary risk corridors program, designed to provide some aggregate protection against variability for issuers in the individual and small group markets during the period 2014 through 2016, applied to Qualified Health Plans in the individual and small group markets both inside and outside of the insurance exchanges. Premium adjustments pursuant to the risk corridors program were accounted for as premium adjustments for retrospectively rated contracts.

(2) The following table presents the current year impact of risk-sharing provisions of the ACA on assets, liabilities and operations:

a. Permanent ACA Risk Adjustment Program	December 31, 2019
<u>Assets</u>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 293,624
<u>Liabilities</u>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	781
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	430,078
<u>Operations (Revenue & Expense)</u>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	12,151
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	787
b. Transitional ACA Reinsurance Program	
<u>Assets</u>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
<u>Liabilities</u>	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-
5. Ceded reinsurance premiums payable due to ACA Reinsurance	-
6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance	-
<u>Operations (Revenue & Expense)</u>	
7. Ceded reinsurance premiums due to ACA Reinsurance	-
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments	12,636
9. ACA Reinsurance contributions - not reported as ceded premium	-
c. Temporary ACA Risk Corridors Program	
<u>Assets</u>	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ -
<u>Liabilities</u>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
<u>Operations (Revenue & Expense)</u>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

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(3) The following table is a rollforward of the prior year ACA risk-sharing provisions for asset and liability balances, along with reasons for adjustments to prior year balances:

	Accrued During the Prior Year on Business Written before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium Adjustment Receivable (including high risk pool payments)	\$ 728	\$ -	\$ 24,660	\$ -	\$ (23,932)	\$ -	\$ 23,932	\$ -	A	\$ -	\$ -
2. Premium Adjustment (Payable) (including high risk pool premium)	-	(134,934)	-	(10,260)	-	(124,674)	-	(297,220)	B	-	(421,894)
3. Subtotal ACA Permanent Risk Adjustment Program	728	(134,934)	24,660	(10,260)	(23,932)	(124,674)	23,932	(297,220)		-	(421,894)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	16,015	-	28,651	-	(12,636)	-	12,636	-	C	-	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	D	-	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance—not reported as ceded premium	-	-	-	-	-	-	-	-	F	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	G	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	16,015	-	28,651	-	(12,636)	-	12,636	-		-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	I	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-		-	-
d. Total for ACA Risk-Sharing Provisions	\$ 16,743	\$ (134,934)	\$ 53,311	\$ (10,260)	\$ (36,568)	\$ (124,674)	\$ 36,568	\$ (297,220)		\$ -	\$ (421,894)

Explanation of Adjustments

- A. The risk adjustment receivable as of December 31, 2019 was adjusted based on the final CMS Summary Report on Permanent Risk Adjustment Transfers for the 2018 Benefit Year. The risk adjustment receivable as of December 31, 2018 utilized paid claims through October 31, 2018. The adjustment to the December receivable balance reflects the true up to final results for the 2018 Benefit Year. The risk adjustment receivable was further adjusted based on the CMS Summary Report of 2017 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers.
- B. The risk adjustment payable as of December 31, 2019 was adjusted based on the final CMS Summary Report on Permanent Risk Adjustment Transfers for the 2018 Benefit Year. The risk adjustment payable as of December 31, 2018 utilized paid claims through October 31, 2018. The adjustment to the December payable balance reflects the true up to final results for the 2018 Benefit Year. The risk adjustment payable as of December 31, 2019 was further adjusted based on the CMS Summary Report of 2017 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers.
- C. Actual reinsurance receipts exceeded anticipated results due to a higher final coinsurance rate.
- D. N/A
- E. N/A
- F. N/A
- G. N/A
- H. N/A
- I. N/A
- J. N/A

(4) The Company does not have any risk corridor receivables or payables to present in the table below:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	B	-	-
b. 2015											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	C	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	D	-	-
c. 2016											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	E	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	F	-	-
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanation of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

(5) The following table discloses ACA risk corridor receivable balances by risk corridor program year:

	1	2	3	4	5	6
Risk Corridors Program Year:	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. 2015	1,357,527	1,357,527	-	-	-	-
c. 2016	4,561,443	4,561,443	-	-	-	-
d. Total (a+b+c)	\$ 5,918,970	\$ 5,918,970	\$ -	\$ -	\$ -	\$ -

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A.** Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care and other amounts receivable and reinsurance recoverables for the years ended December 31, 2019 and 2018:

	2019		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (69,552,193)	\$ (69,552,193)
Paid claims—net of health care receivables and reinsurance recoveries collected	616,013,270	30,361,460	646,374,730
End of year claim reserve	<u>57,201,047</u>	<u>2,722,794</u>	<u>59,923,841</u>
 Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	 673,214,317	 (36,467,939)	 636,746,378
 Beginning of year health care receivables and reinsurance recoverables	 -	 34,467,531	 34,467,531
End of year health care receivables and reinsurance recoverables	<u>(35,884,525)</u>	<u>(1,155,885)</u>	<u>(37,040,410)</u>
 Total incurred claims	 <u>\$ 637,329,792</u>	 <u>\$ (3,156,293)</u>	 <u>\$ 634,173,499</u>
	2018		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (54,408,353)	\$ (54,408,353)
Paid claims—net of health care receivables and reinsurance recoveries collected	430,619,085	15,116,189	445,735,274
End of year claim reserve	<u>66,140,830</u>	<u>3,411,363</u>	<u>69,552,193</u>
 Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	 496,759,915	 (35,880,801)	 460,879,114
 Beginning of year health care receivables and reinsurance recoverables	 -	 27,345,775	 27,345,775
End of year health care receivables and reinsurance recoverables	<u>(31,640,980)</u>	<u>(2,826,551)</u>	<u>(34,467,531)</u>
 Total incurred claims	 <u>\$ 465,118,935</u>	 <u>\$ (11,361,577)</u>	 <u>\$ 453,757,358</u>

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable and reinsurance recoverables as of December 31, 2018 was \$35,084,662. As of December 31, 2019, \$30,361,460 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable and reinsurance recoverables are now \$1,566,909, as a result of re-estimation of unpaid claims. Therefore, there has been \$3,156,293 favorable prior year development since December 31, 2018 to December 31, 2019. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of \$4,566,849, extended benefit expense of \$1,197,267 and Part D expense of \$1,019,968; partially offset by unfavorable development of \$3,439,645 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. At December 31, 2018, the Company recorded \$11,361,577 favorable development as a result of a change in the provision for adverse deviations in experience of \$3,239,620, lab capitation expense of \$5,823,218 and change in estimate relating to surcharges of \$2,183,716; partially offset by unfavorable development of \$690,869 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. Original estimates are increased or decreased, as additional information becomes known regarding individual claims, which could have an impact to the accruals for medical loss ratio rebates and retrospectively rated contracts. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

The Company incurred CAE of \$36,646,230 and \$21,349,582 in 2019 and 2018, respectively. These costs are included in the management service fees paid by the Company to UHS as a part of the Agreement (see Note 10). The following table discloses paid CAE, incurred CAE, and the balance in unpaid CAE reserve for 2019 and 2018:

	2019	2018
Total claims adjustment expenses	\$ 36,646,230	\$ 21,349,582
Less: current year unpaid claims adjustment expenses	(788,780)	(641,798)
Add: prior year unpaid claims adjustment expenses	<u>641,798</u>	<u>519,739</u>
Total claims adjustment expenses paid	<u>\$ 36,499,248</u>	<u>\$ 21,227,523</u>

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid CAE in 2019.

26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. The Company did not have any intercompany pooling arrangements in 2019 or 2018.

27. STRUCTURED SETTLEMENTS

A–B. The Company did not have structured settlements in 2019 or 2018.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, *Certain Health Care Receivables and Receivables under Government Insured Plans* (“SSAP No. 84”) from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of SSAP No. 84, the pharmacy rebate transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days after Billing
12/31/2019	\$ 25,225,762	\$ -	\$ -	\$ -	\$ -
9/30/2019	25,078,151	25,382,707	15,318,838	-	-
6/30/2019	24,497,826	24,704,881	18,413,034	5,650,953	-
3/31/2019	22,389,349	22,731,608	18,927,944	2,227,288	1,091,068
12/31/2018	21,375,446	21,545,164	18,414,876	2,768,647	246,138
9/30/2018	19,653,018	19,888,652	16,723,795	2,471,282	426,134
6/30/2018	17,986,601	18,178,943	15,679,156	1,895,878	475,238
3/31/2018	15,705,385	15,763,992	13,691,750	1,714,245	328,493
12/31/2017	13,137,155	13,213,729	11,086,436	1,901,684	349,391
9/30/2017	11,973,935	11,789,559	9,716,302	1,550,189	503,025
6/30/2017	10,814,431	10,944,389	8,430,926	2,117,495	390,620
3/31/2017	9,405,096	9,360,335	4,952,198	3,330,319	1,073,434

Of the amount reported as health care and other amounts receivable, \$35,101,854 and \$30,238,913 relates to pharmacy rebates receivable as of December 31, 2019 and 2018, respectively. This increase is primarily due to an increase in membership.

Additionally, the Company admitted \$87,894 and \$121,957 for claim overpayments as of December 31, 2019 and 2018, respectively.

B. The Company does not have any risk-sharing receivables.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2019 or 2018.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any PDR as of December 31, 2019 or 2018. The analysis of PDR was completed as of December 31, 2019 and 2018. The Company did consider anticipated investment income when calculating the PDR.

The following table summarizes the Company's PDR as of December 31, 2019 and 2018:

	2019
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	<u>12/31/2019</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	2018
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	<u>12/31/2018</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2019 and 2018, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

* * * * *

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? New Jersey
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000731766
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/14/2018
- 3.4 By what department or departments?
New Jersey Department of Banking and Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank, Inc.	Salt Lake City, UT	NO	NO	YES	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, Minneapolis MN
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Gary A. Iannone, Vice President of Actuarial Services of United HealthCare Services Inc., an affiliate of Oxford Health Plans (NJ), Inc., 185 Asylum Street, Hartford, CT 06103
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ 0
 - 20.12 To stockholders not officers.....\$ 0
 - 20.13 Trustees, supreme or grand (Fraternal Only).....\$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ 0
 - 20.22 To stockholders not officers.....\$ 0
 - 20.23 Trustees, supreme or grand (Fraternal Only).....\$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ 0
 - 21.22 Borrowed from others.....\$ 0
 - 21.23 Leased from others.....\$ 0
 - 21.24 Other.....\$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 9,853
 - 22.22 Amount paid as expenses.....\$ 787
 - 22.23 Other amounts paid.....\$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.103 Total payable for securities lending reported on the liability page	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$	0
25.22 Subject to reverse repurchase agreements	\$	0
25.23 Subject to dollar repurchase agreements	\$	0
25.24 Subject to reverse dollar repurchase agreements	\$	0
25.25 Placed under option agreements	\$	0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
25.27 FHLB Capital Stock	\$	0
25.28 On deposit with states	\$	164,911,857
25.29 On deposit with other regulatory bodies	\$	0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
25.32 Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?..... Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:..... Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?..... Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust	50 S. LaSalle, Chicago, IL 60675

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X]
 28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
JP Morgan Investment Management Inc.	U.....
Deutsche Investment Management Americas Inc.	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107038	JP Morgan Investment Management Inc.	549300W78QH4XMM6K69	SEC	NO.....
104518	Deutsche Investment Management Americas Inc.	CZ83K4EEE8QVCT3B128	SEC	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	112,968,013	113,732,388	764,375
30.2 Preferred stocks	0	0	0
30.3 Totals	112,968,013	113,732,388	764,375

30.4 Describe the sources or methods utilized in determining the fair values:

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
N/A

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

37.1 Amount of payments for legal expenses, if any?\$0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance \$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	783,473,101	578,718,032
2.2 Premium Denominator	783,473,101	578,718,032
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	60,542,086	92,734,644
2.5 Reserve Denominator	60,542,086	92,734,644
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

5.2 If no, explain:
Oxford Health Plans (NJ), Inc. has a reinsurance arrangement with Oxford Health Insurance, Inc., an affiliate of the Company.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreements.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 166,357

8.2 Number of providers at end of reporting year 138,682

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months. \$ 0

9.22 Business with rate guarantees over 36 months \$ 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses\$1,803,352
- 10.22 Amount actually paid for year bonuses.....\$1,487,798
- 10.23 Maximum amount payable withholds.....\$2,866,541
- 10.24 Amount actually paid for year withholds.....\$2,937,815
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey
- 11.4 If yes, show the amount required.\$52,936,743
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
 125% of the sum of \$36,469,740 (8% fee for service and hospital non contracted costs) and \$5,879,654
 (4% of contracted hospital costs).
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
New Castle, DE
New Jersey = All Counties
Lane County, OR
Alleghany, PA
Armstrong, PA
Beaver, PA
Bedford, PA
Berks, PA
Blair, PA
Bucks, PA
Butler, PA
Cambria, PA
Carbon, PA
Chester, PA
Clarion, PA
Crawford, PA
Dauphin, PA
Erie, PA
Fayette, PA
Greene, PA
Lackawanna, PA
Lancaster, PA
Lawrence, PA
Lebanon, PA
Lehigh, PA
Luzerne, PA
Mercer, PA
Northampton, PA
Philadelphia, PA
Somerset, PA
Warren, PA
Washington, PA
Westmoreland, PA
York, PA
Rhode Island = All Counties

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.\$0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date.\$0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written\$0
 15.2 Total Incurred Claims\$0
 15.3 Number of Covered Lives0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Oxford Health Plans (NJ), Inc.

FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	255,815,939	269,481,689	268,780,784	302,758,921	289,539,700
2. Total liabilities (Page 3, Line 24)	80,267,420	122,321,280	122,705,966	185,576,223	168,555,340
3. Statutory minimum capital and surplus requirement	52,936,743	37,053,095	23,710,625	64,589,748	60,460,817
4. Total capital and surplus (Page 3, Line 33)	175,548,519	147,160,409	146,074,818	117,182,698	120,984,360
Income Statement (Page 4)					
5. Total revenues (Line 8)	806,575,221	576,341,912	412,664,743	1,057,013,334	970,087,908
6. Total medical and hospital expenses (Line 18)	634,173,499	453,757,358	300,364,779	818,402,717	772,279,657
7. Claims adjustment expenses (Line 20)	36,646,230	21,349,582	20,492,091	67,003,706	55,320,407
8. Total administrative expenses (Line 21)	58,630,623	55,099,754	32,498,003	101,432,101	104,606,508
9. Net underwriting gain (loss) (Line 24)	77,124,869	48,682,218	56,762,870	76,958,810	31,097,336
10. Net investment gain (loss) (Line 27)	4,919,224	4,097,034	2,367,495	3,309,625	4,436,831
11. Total other income (Lines 28 plus 29)	(21,700)	60,112	(705,218)	(676,381)	(341,098)
12. Net income or (loss) (Line 32)	65,148,842	40,916,572	38,213,453	48,929,650	14,644,124
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	26,481,974	44,891,402	(22,049,843)	55,722,374	6,994,420
Risk-Based Capital Analysis					
14. Total adjusted capital	175,548,519	147,160,409	146,074,818	117,182,698	120,984,360
15. Authorized control level risk-based capital	22,971,364	13,352,977	12,890,651	33,503,175	32,172,771
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	48,154	43,645	33,266	107,485	109,163
17. Total members months (Column 6, Line 7)	559,225	480,594	353,068	1,277,979	1,341,946
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	78.6	78.7	72.8	77.4	79.6
20. Cost containment expenses	3.3	1.7	3.4	4.4	3.2
21. Other claims adjustment expenses	1.2	2.0	1.6	1.9	2.6
22. Total underwriting deductions (Line 23)	90.4	91.6	86.2	92.7	96.8
23. Total underwriting gain (loss) (Line 24)	9.6	8.4	13.8	7.3	3.2
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	32,128,340	16,318,616	99,016,590	75,764,156	70,735,174
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	35,284,634	27,680,193	101,497,727	88,528,929	86,397,267
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1 States, etc.	Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	L	0	37,740,731	0	0	0	0	37,740,731	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	L	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	L	3,607,612	420,635,630	0	0	0	0	424,243,242	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	L	0	6,578,053	0	0	0	0	6,578,053	0
39. Pennsylvania	PA	L	0	261,637,649	0	0	0	0	261,637,649	0
40. Rhode Island	RI	L	0	53,315,247	0	0	0	0	53,315,247	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	3,607,612	779,907,310	0	0	0	0	0	783,514,922	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Total (Direct Business)	XXX	3,607,612	779,907,310	0	0	0	0	0	783,514,922	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

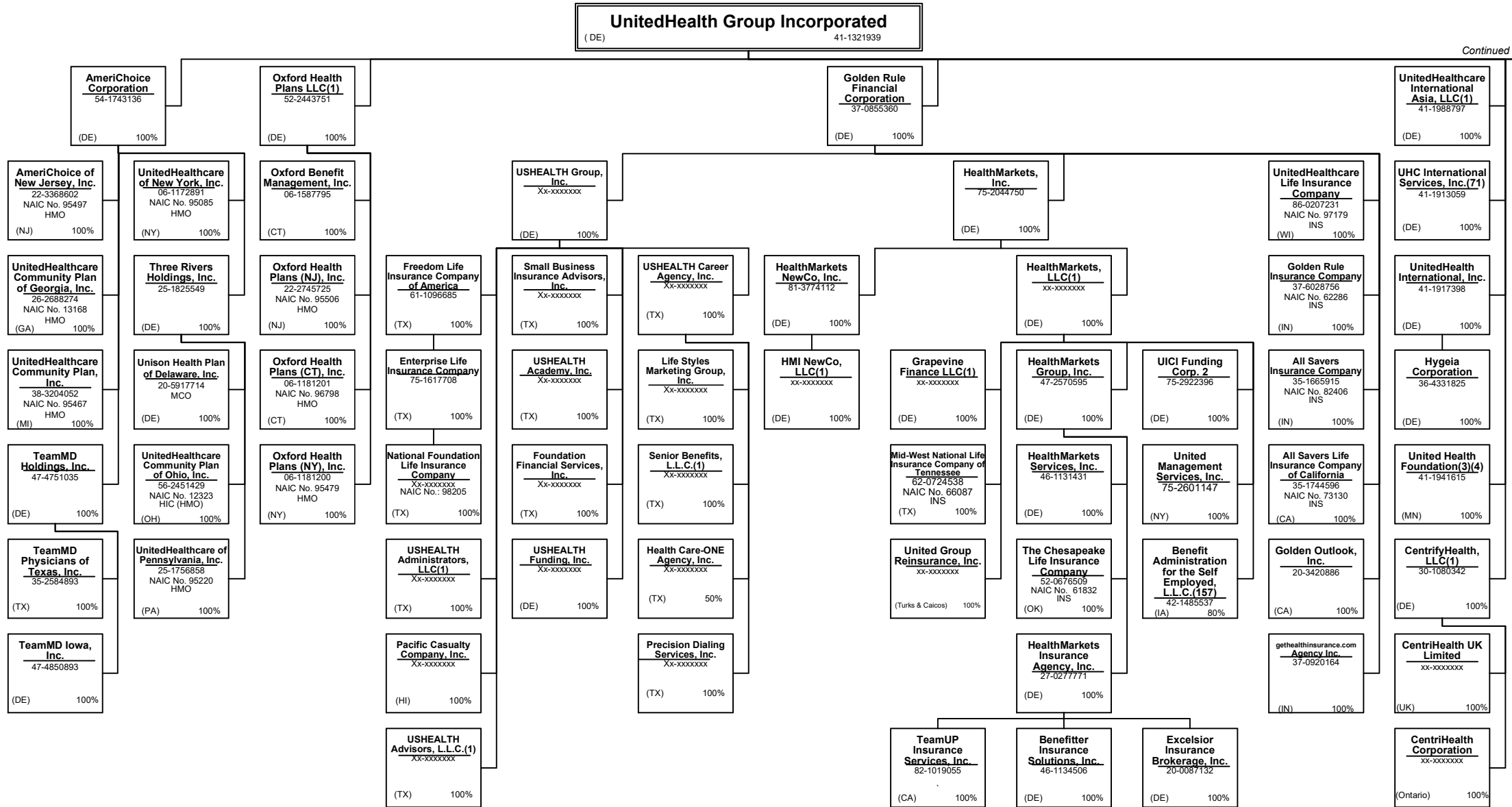
(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....6 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0
 N - None of the above - Not allowed to write business in the state.....51

(b) Explanation of basis of allocation by states, premiums by state, etc.

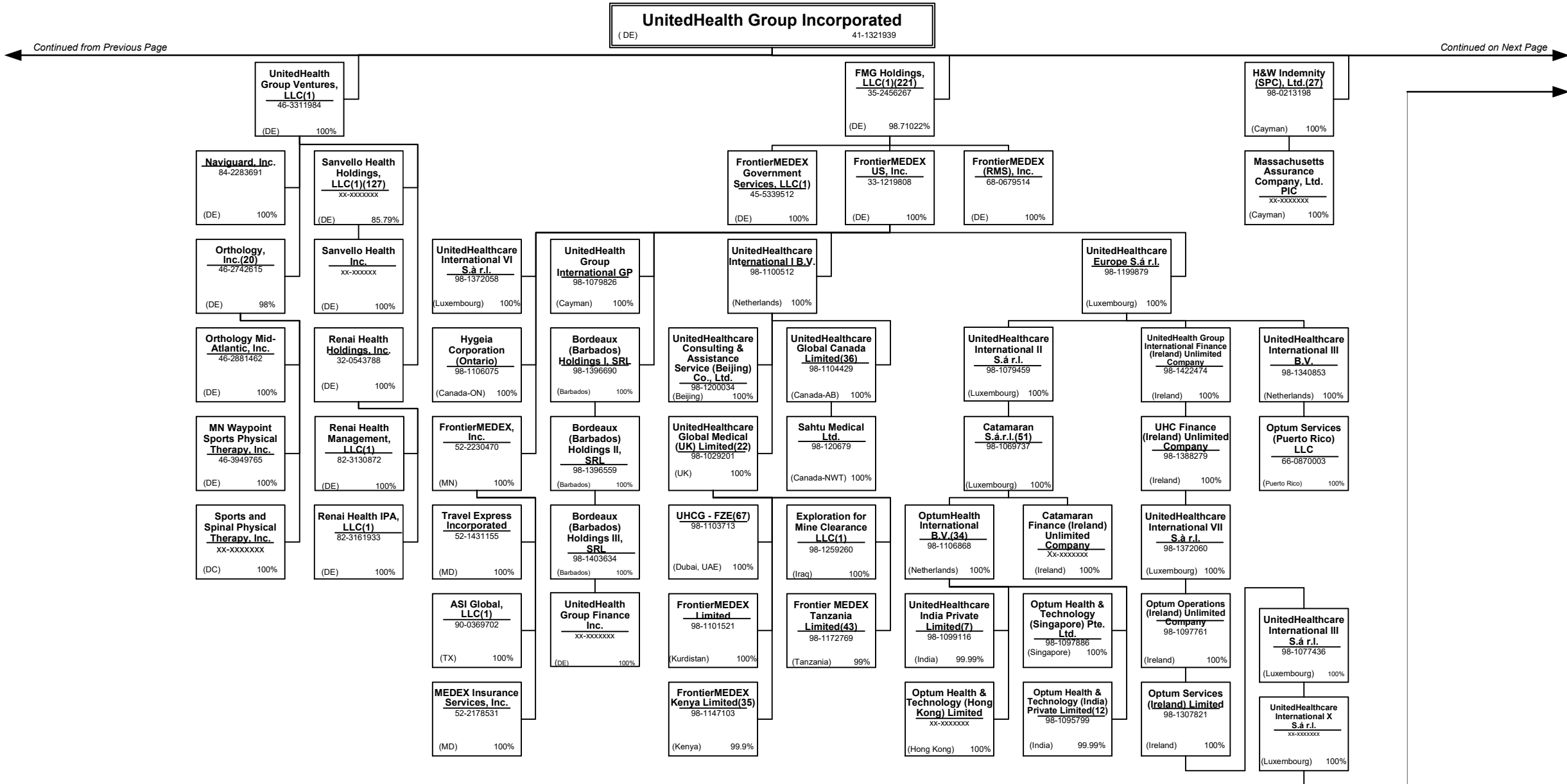
The premiums are allocated based on the sales location of the group or address of the individual and recorded in the financial system by state as the premiums are received.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



Continued on Next Page

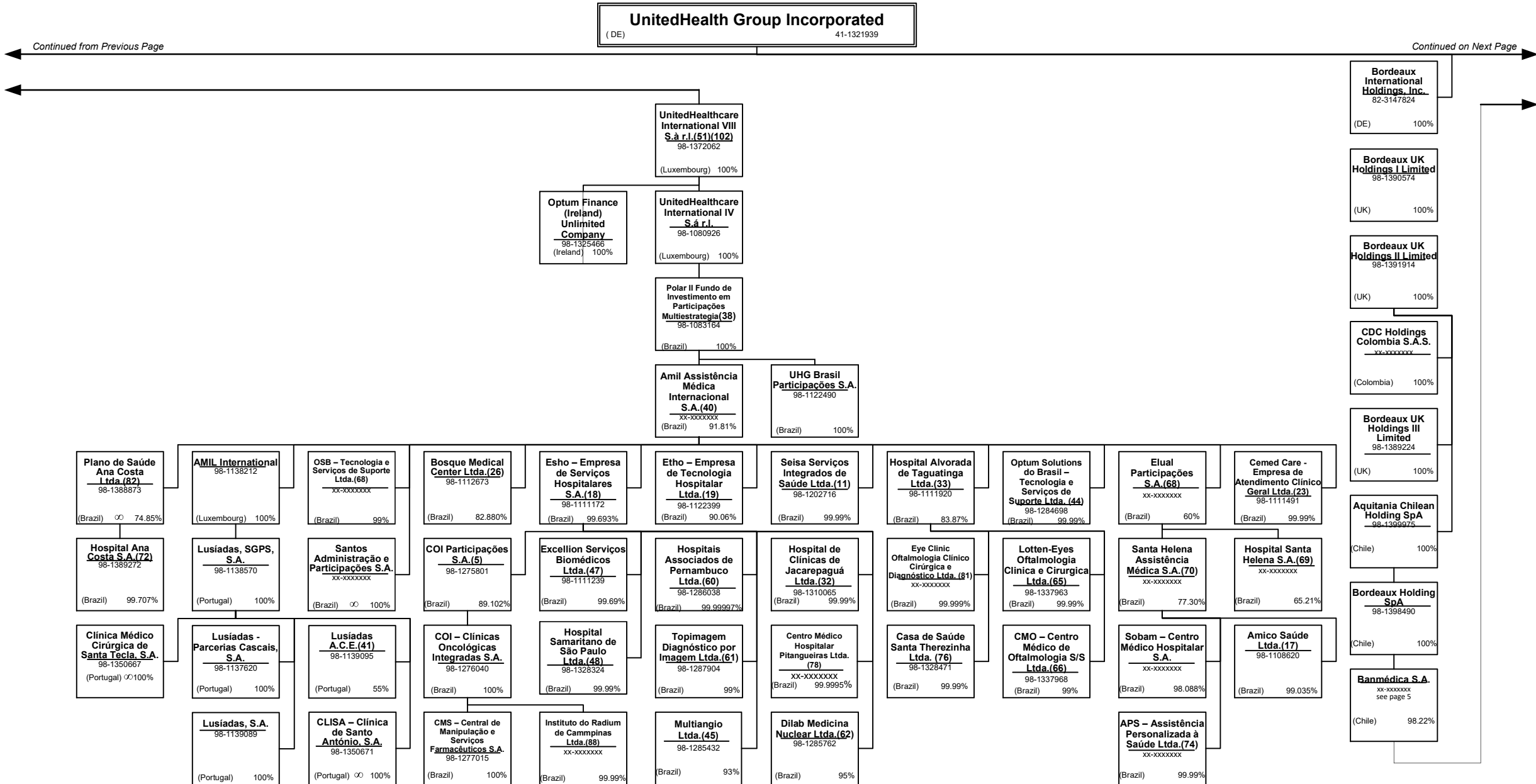
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



40.2

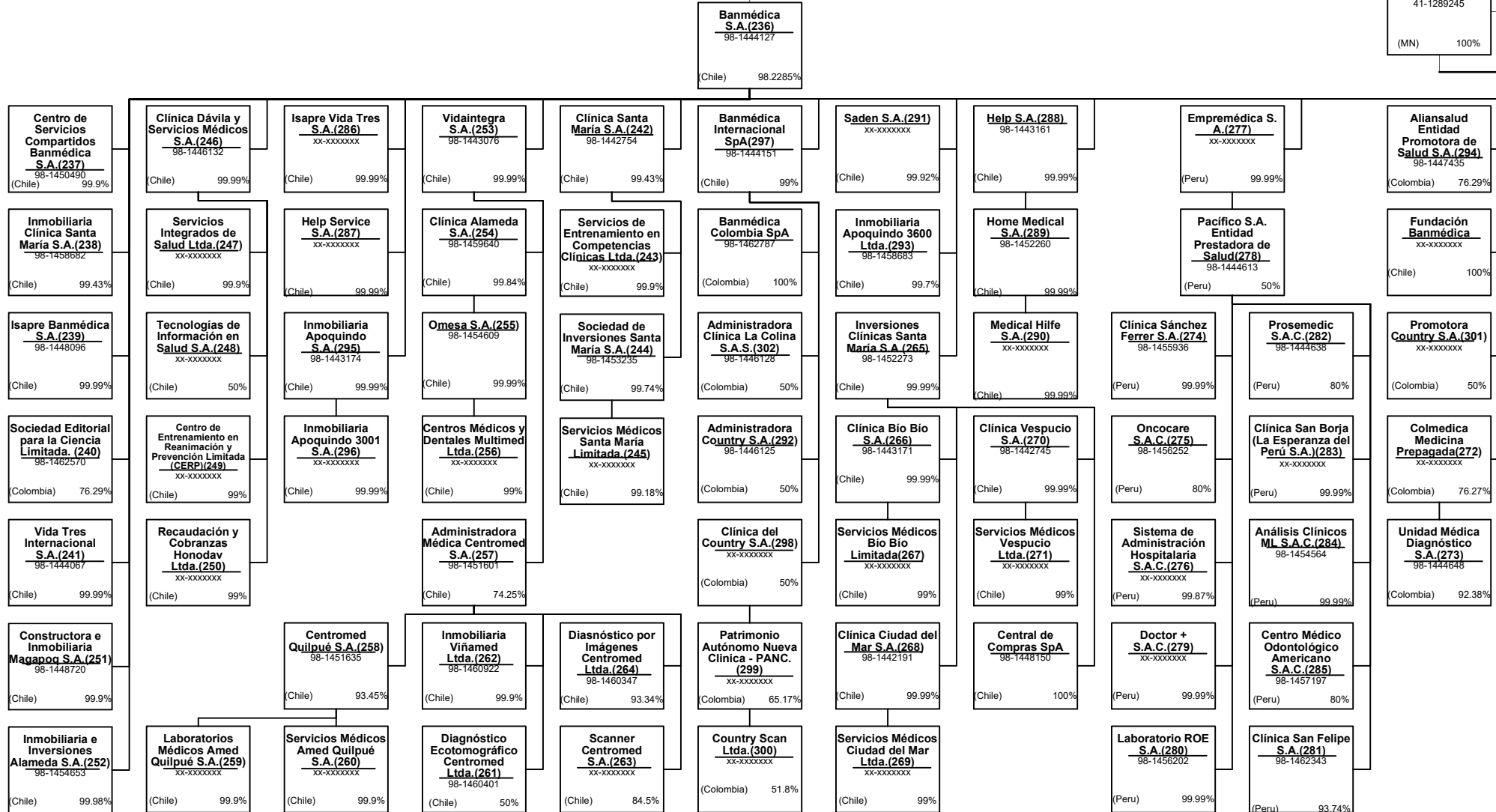
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

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United HealthCare Services, Inc.
 41-1289245
 (MN) 100%

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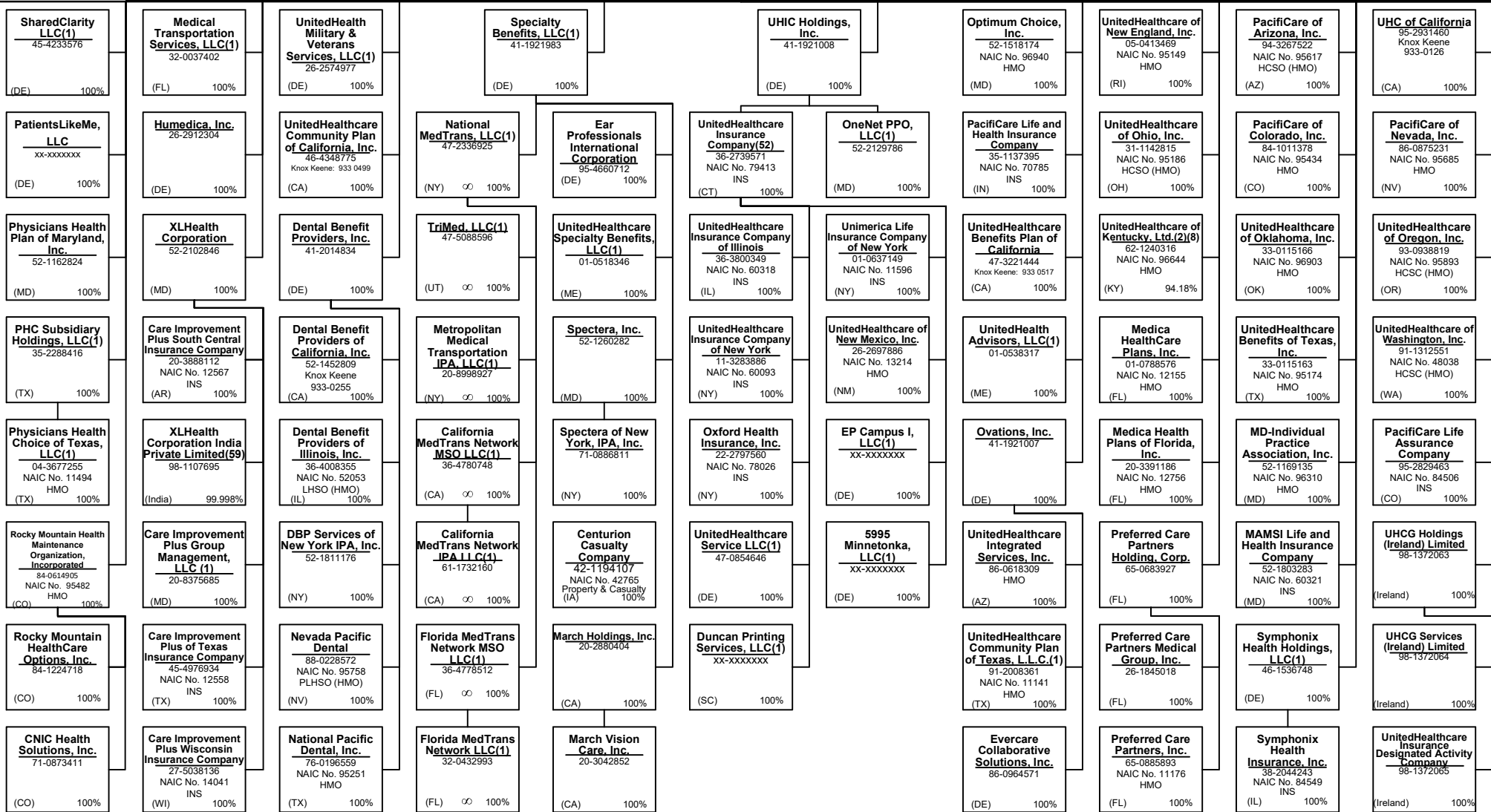
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

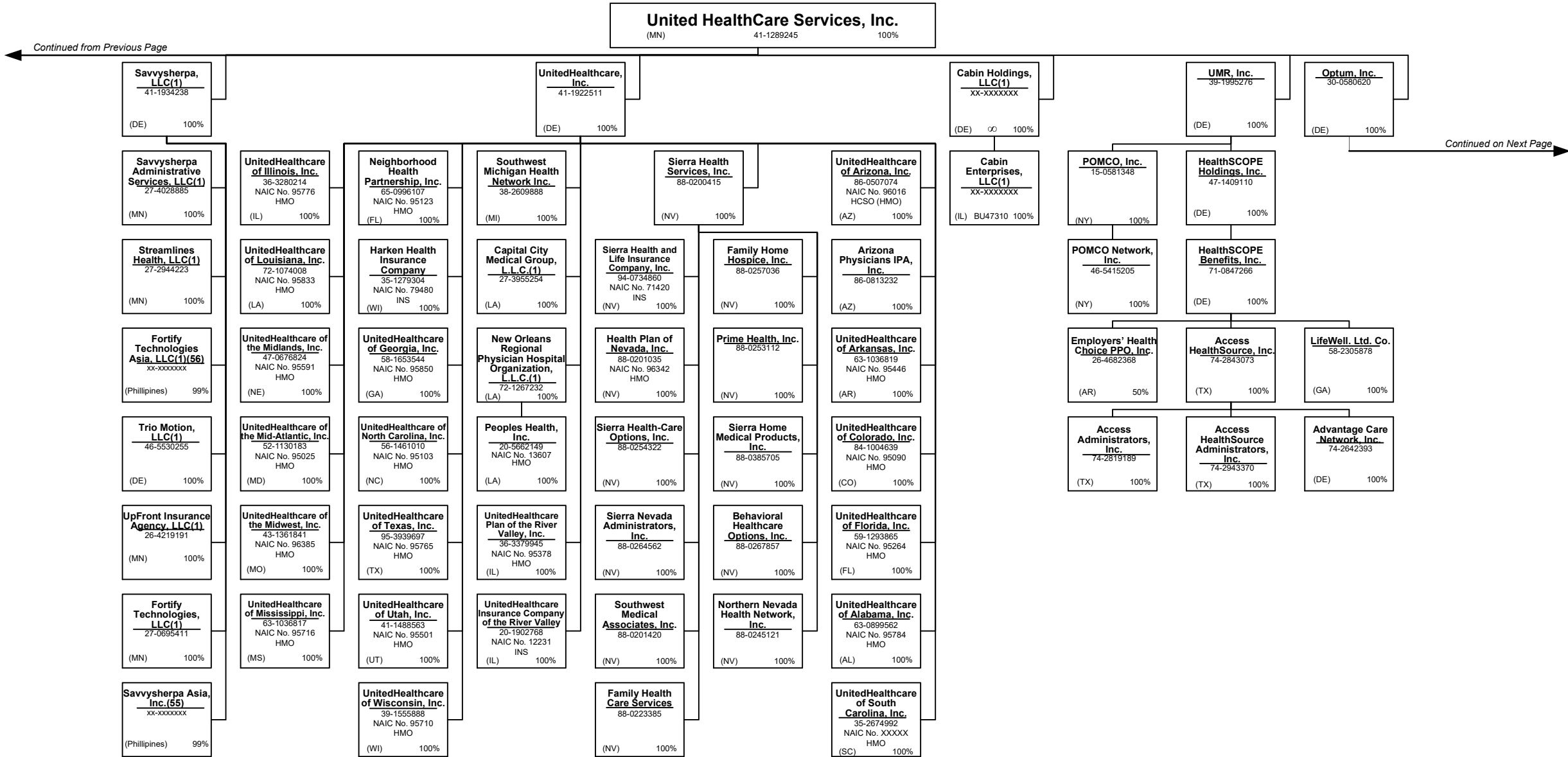
United HealthCare Services, Inc.
 (MN) 41-1289245 100%

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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

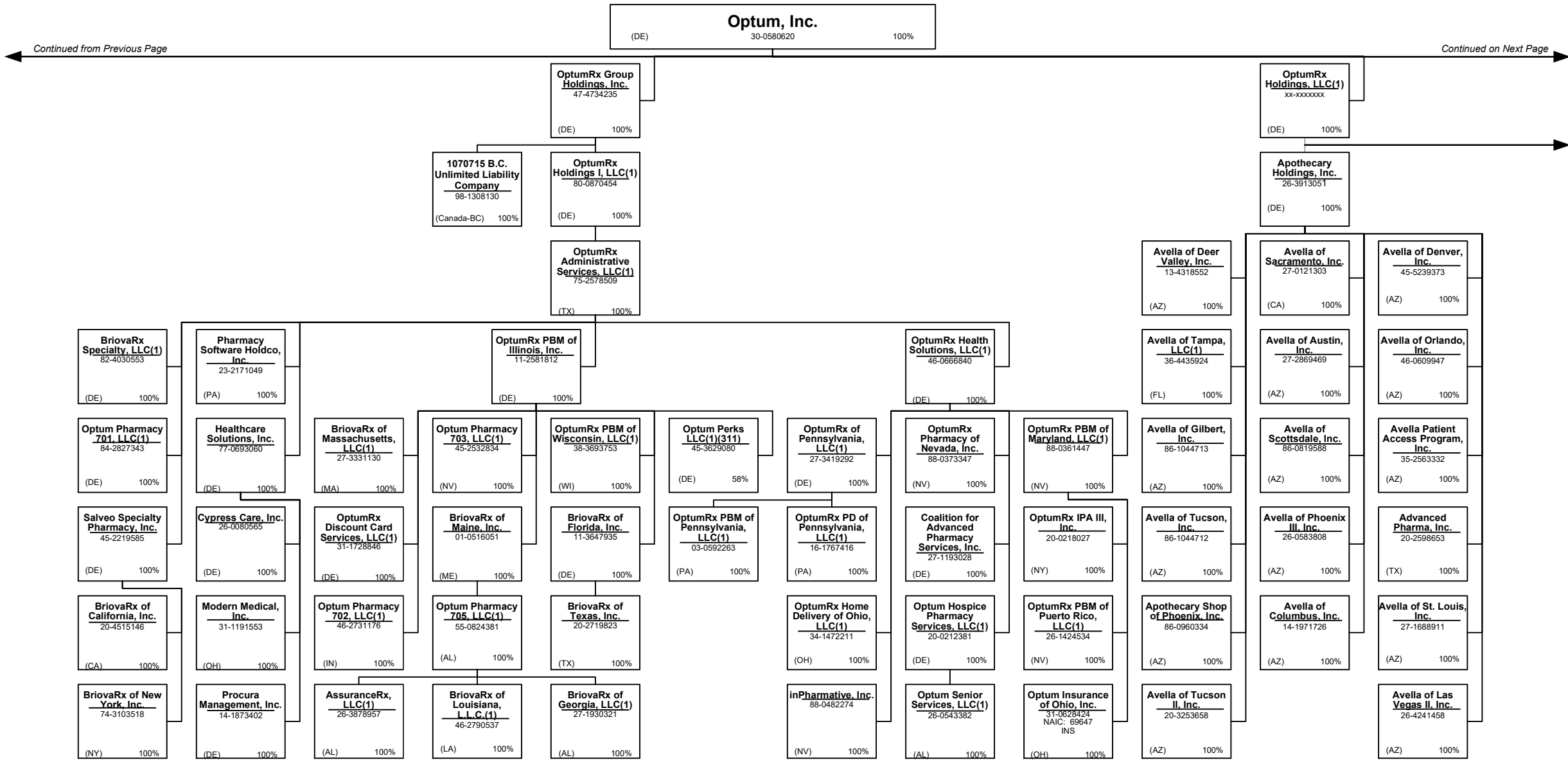


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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

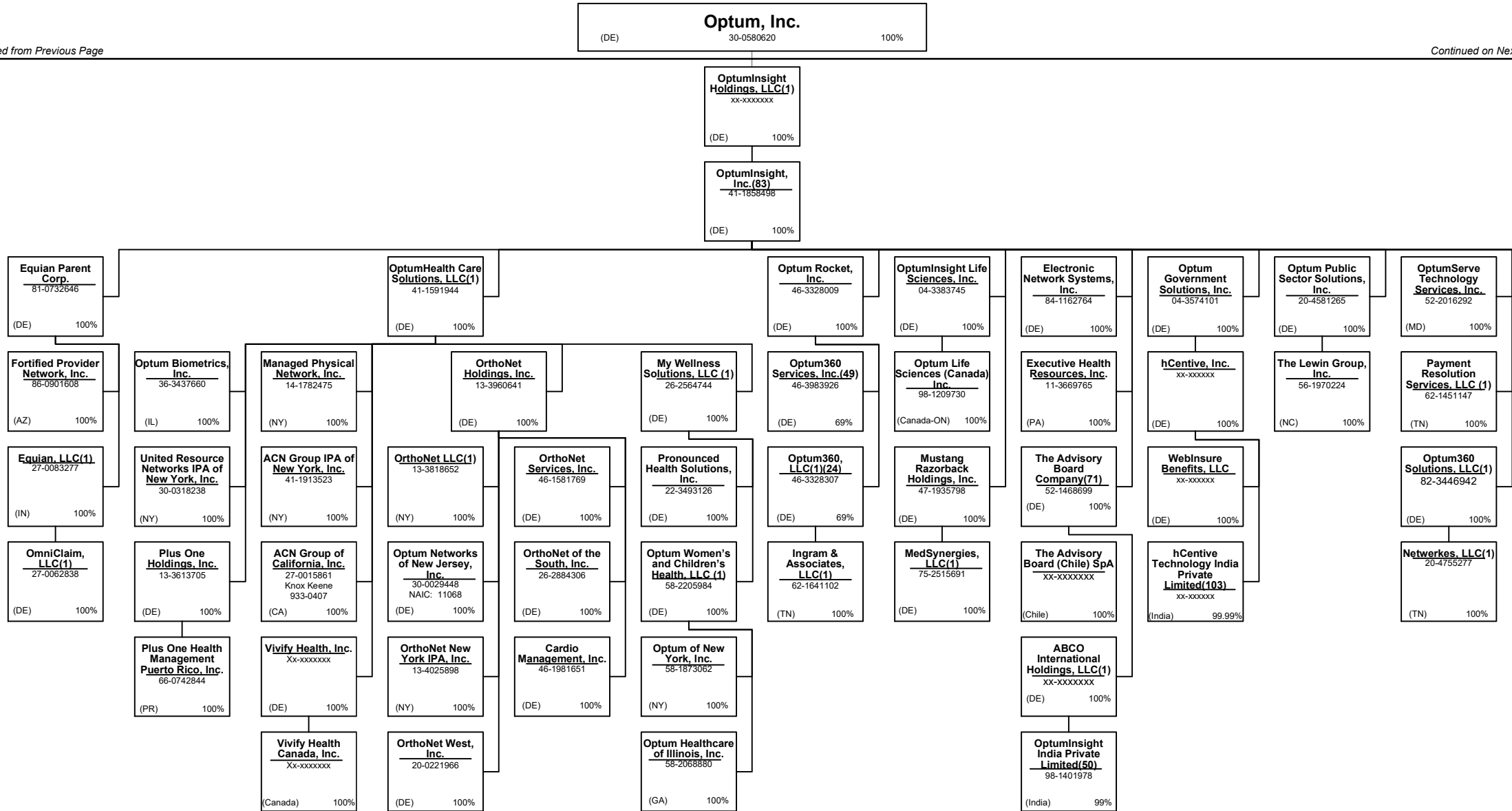


40.6

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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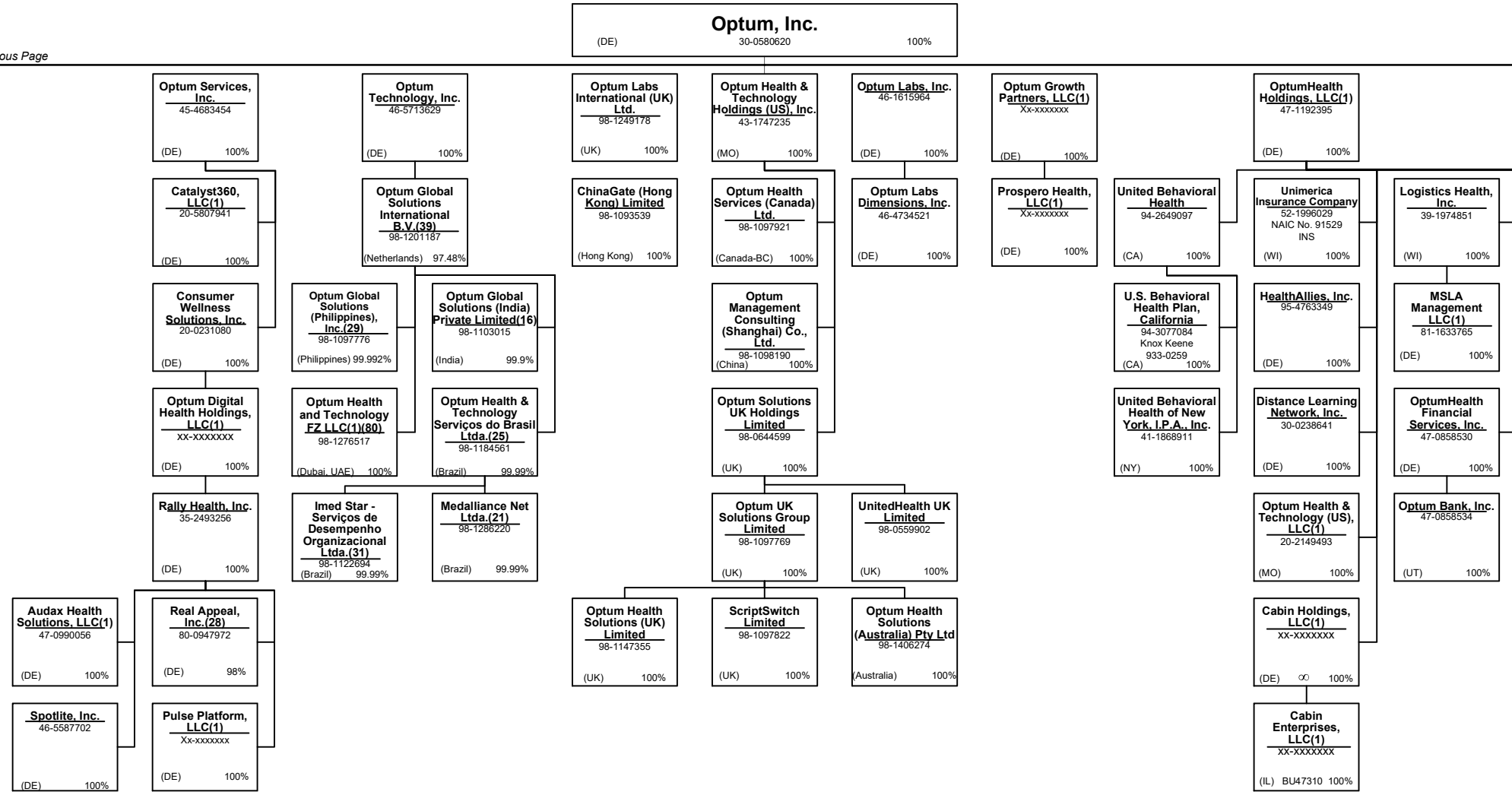


40.8

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

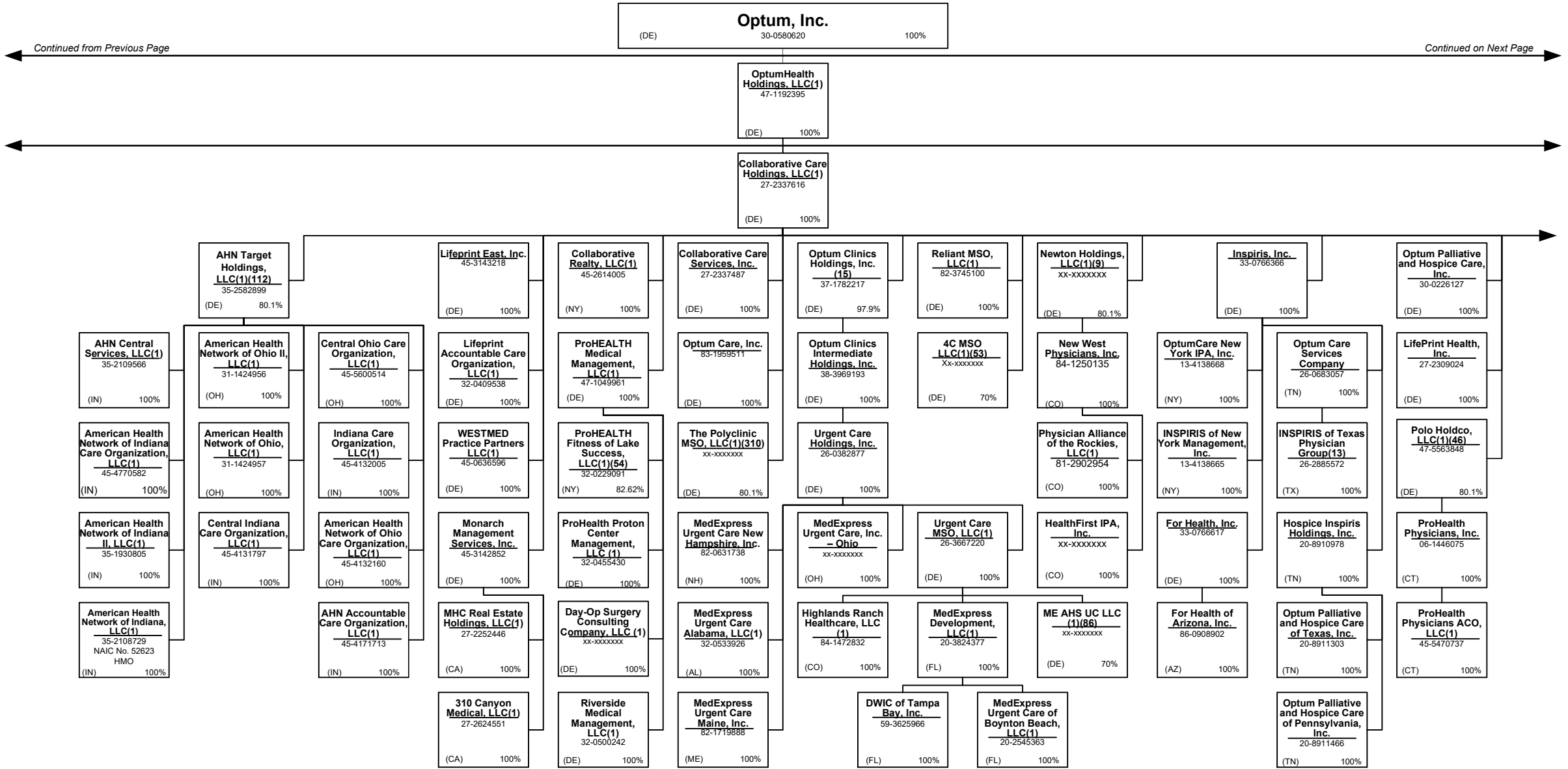
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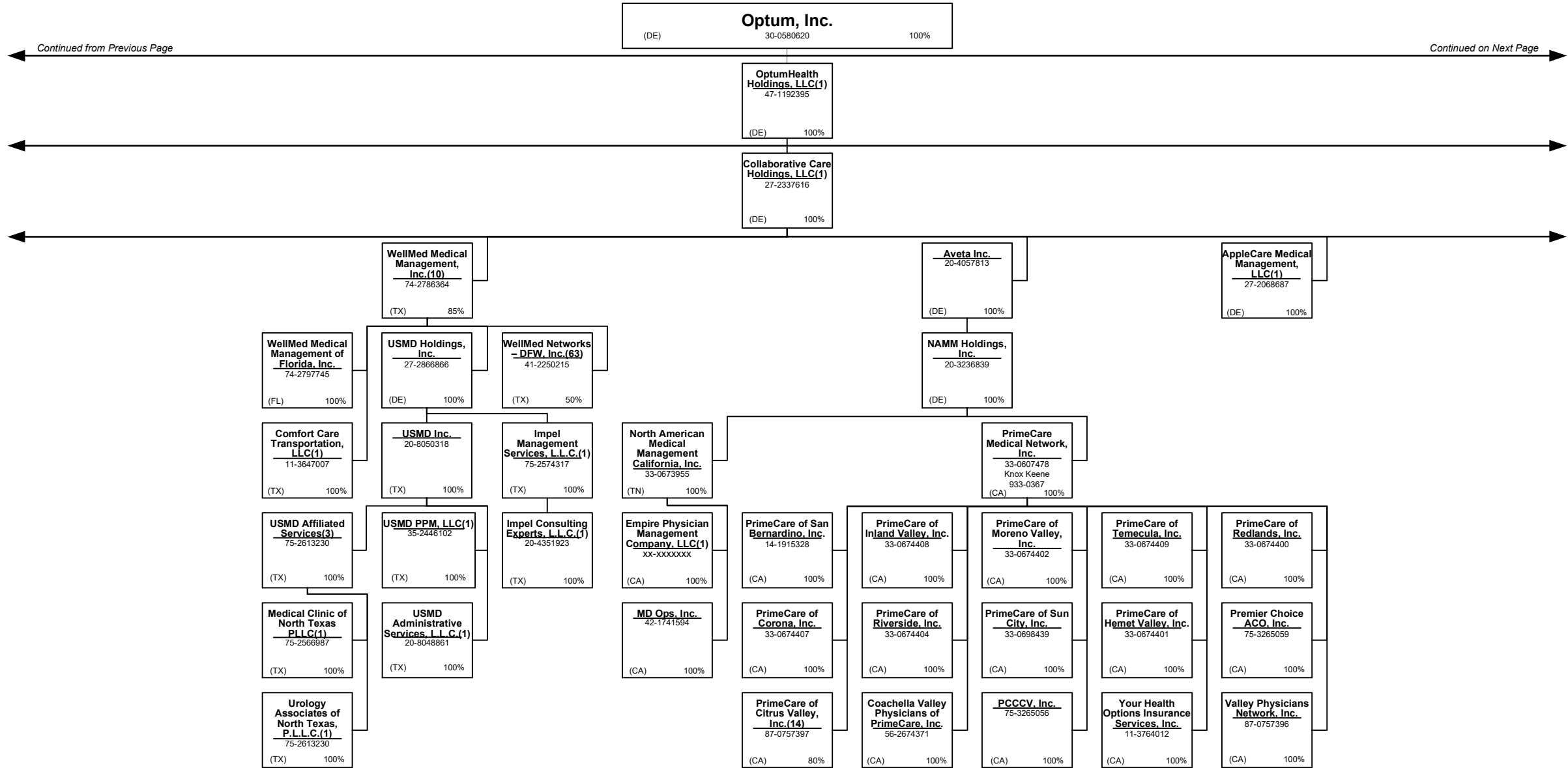


40.9

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

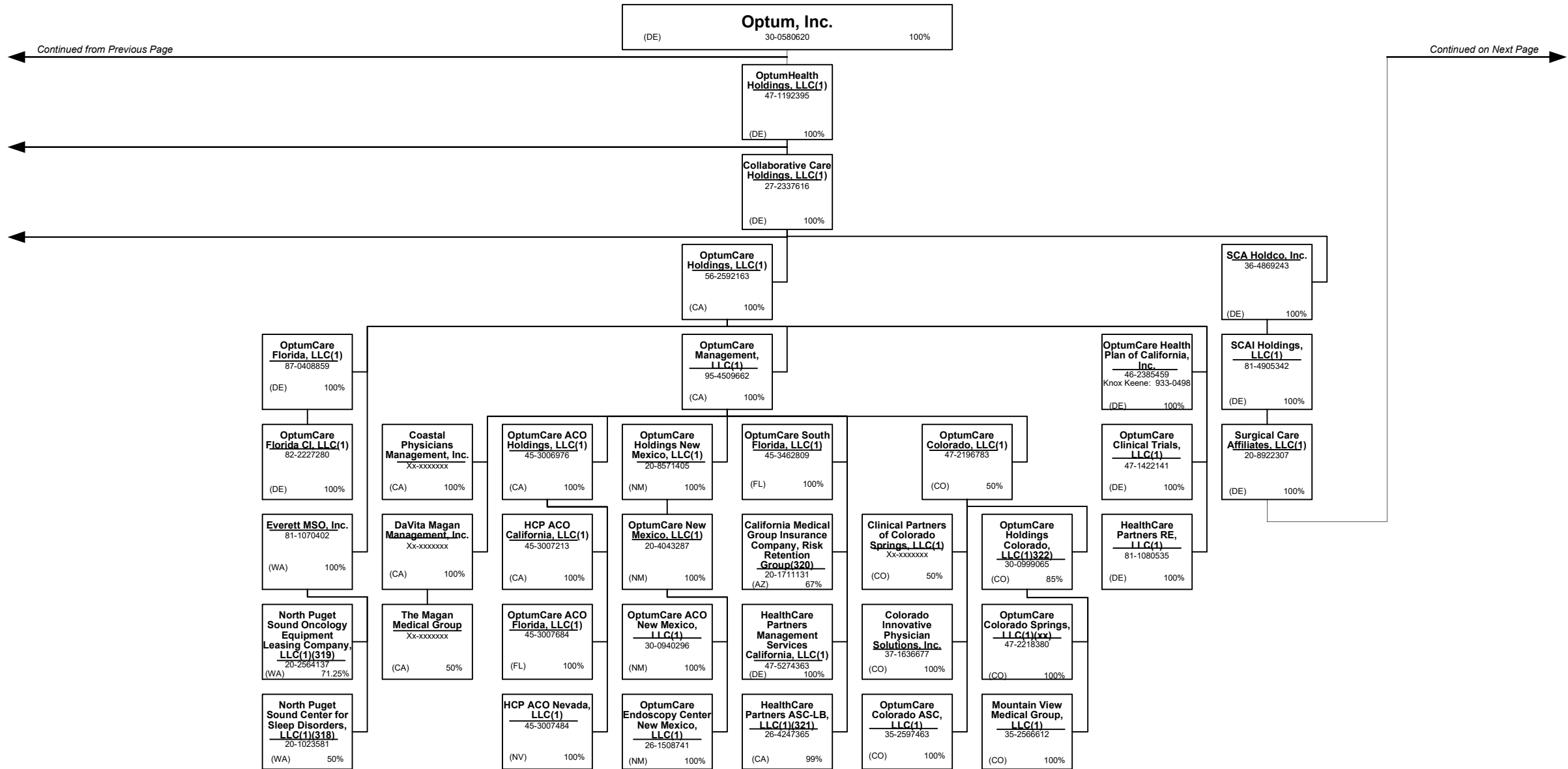


40.11

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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

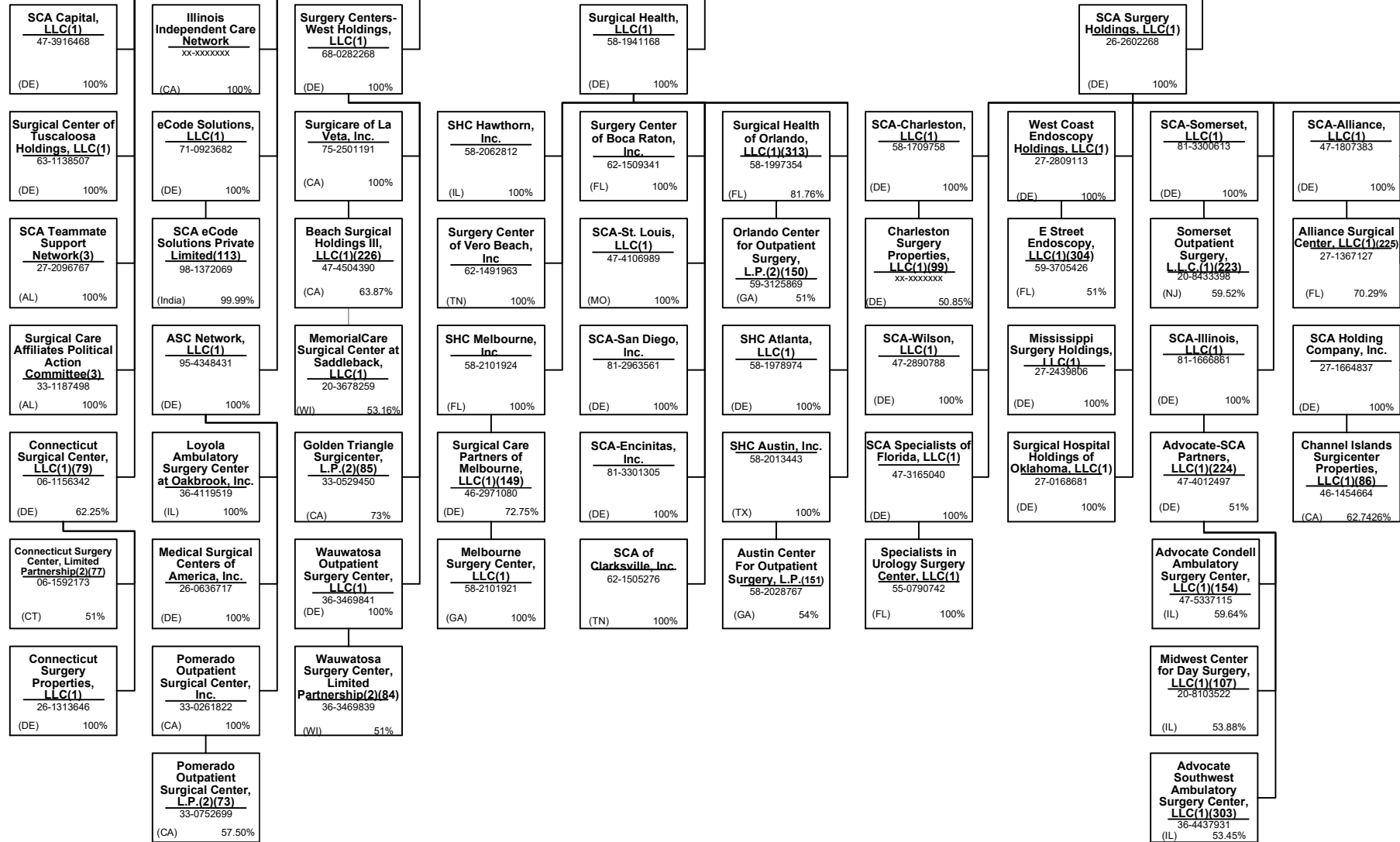


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (1)
 (DE) 20-8922307 100%

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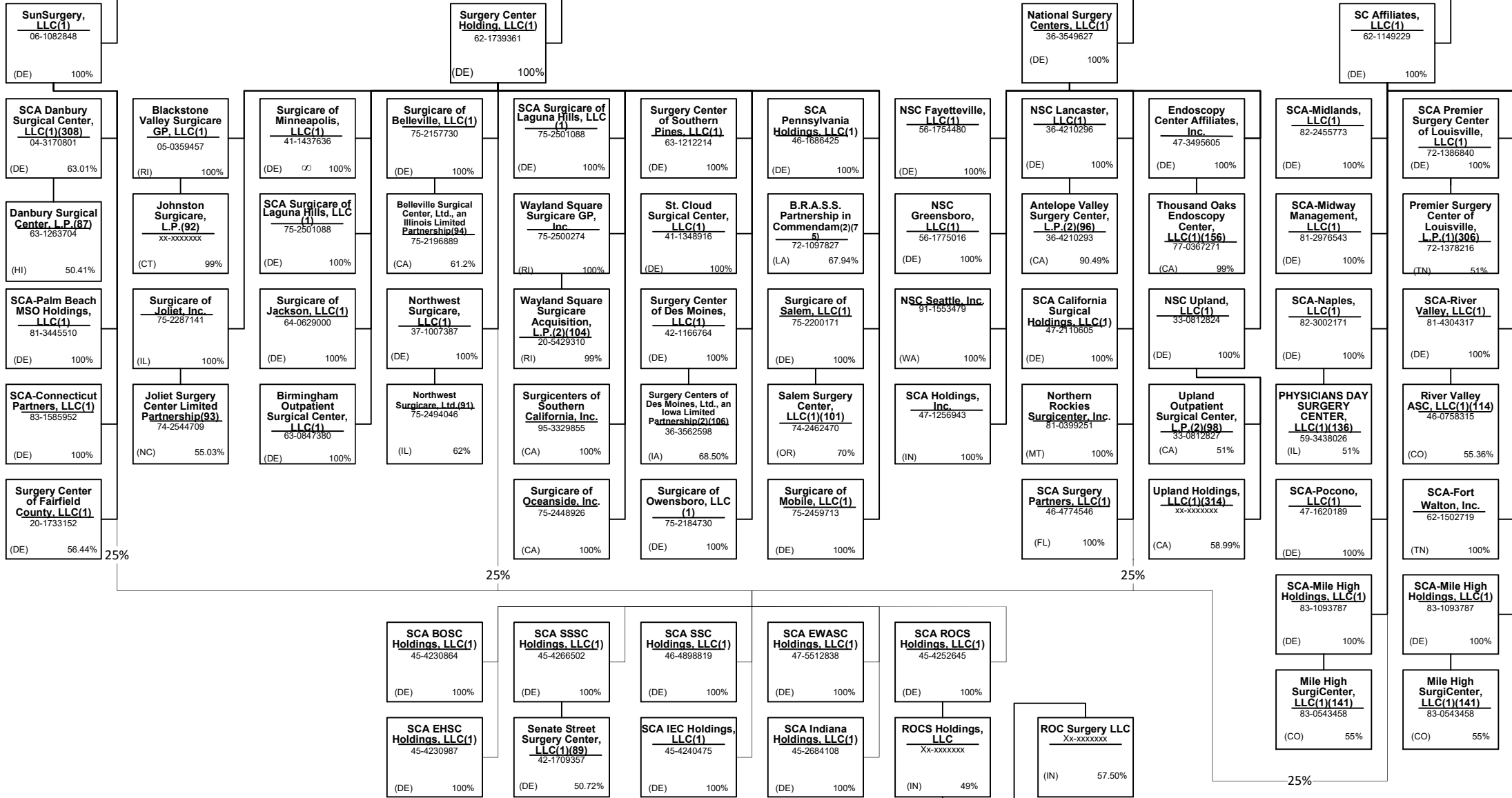


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (1)
 (DE) 20-8922307 100%

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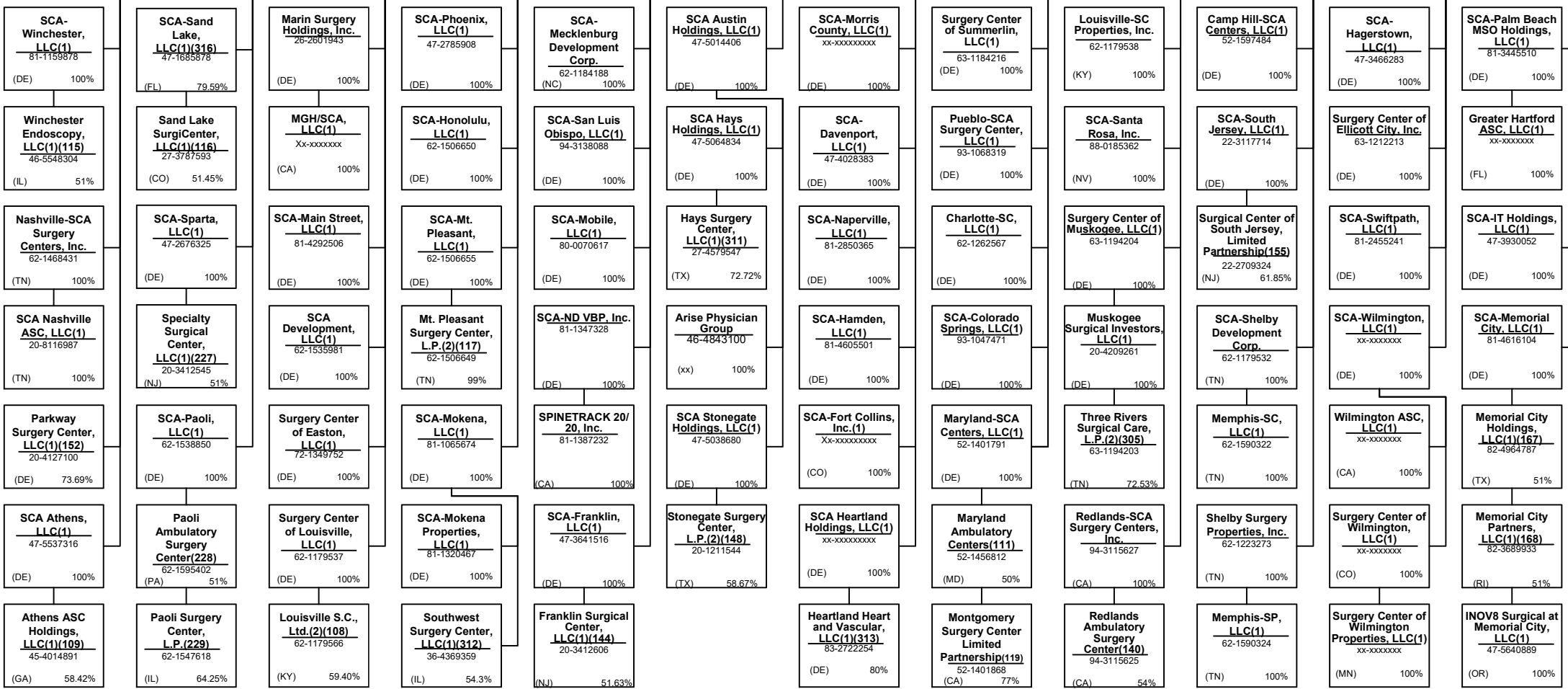
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (1)
 (DE) 20-8922307 100%

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SC Affiliates, LLC(1)
 62-1149229
 (DE) 100%



40.15

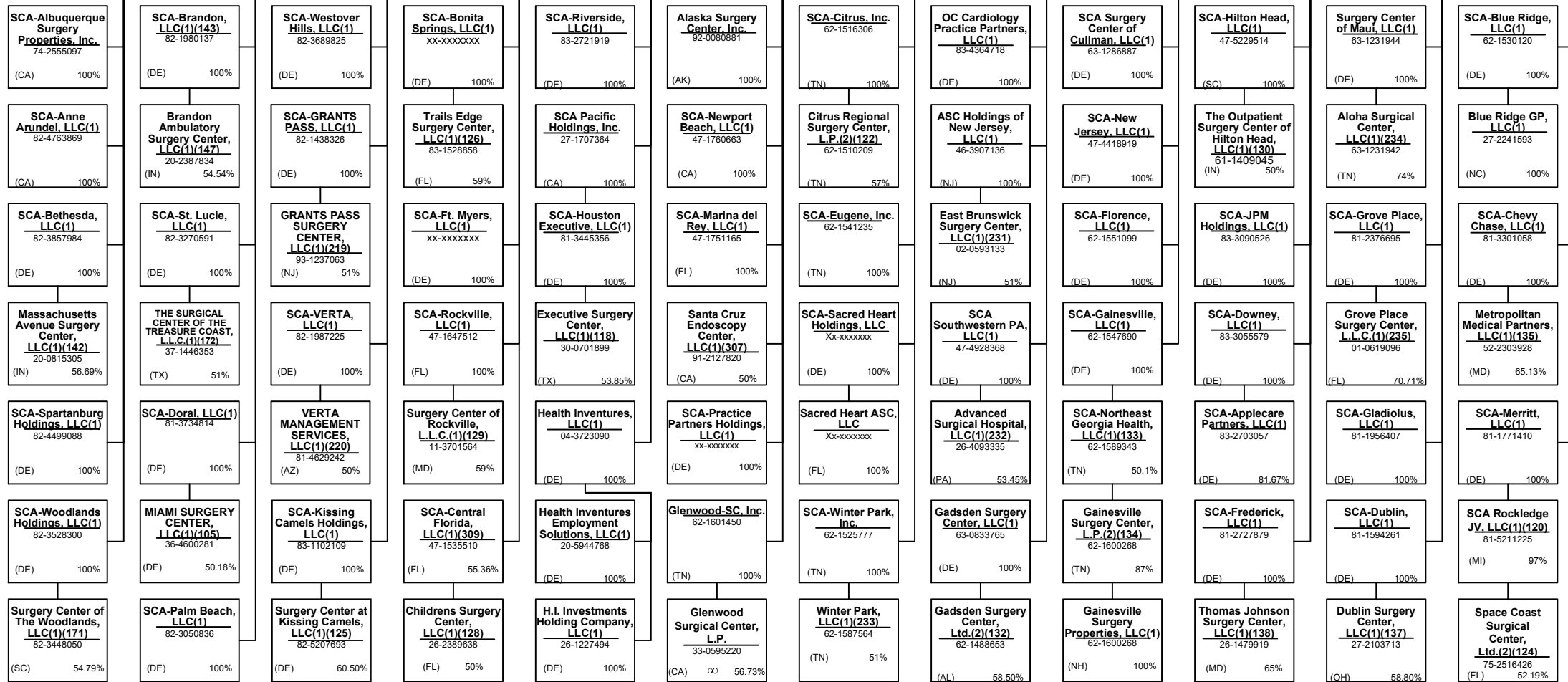
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (1)
 (DE) 20-8922307 100%

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Continued on Next Page

SC Affiliates, LLC(1)
 62-1149229
 (DE) 100%



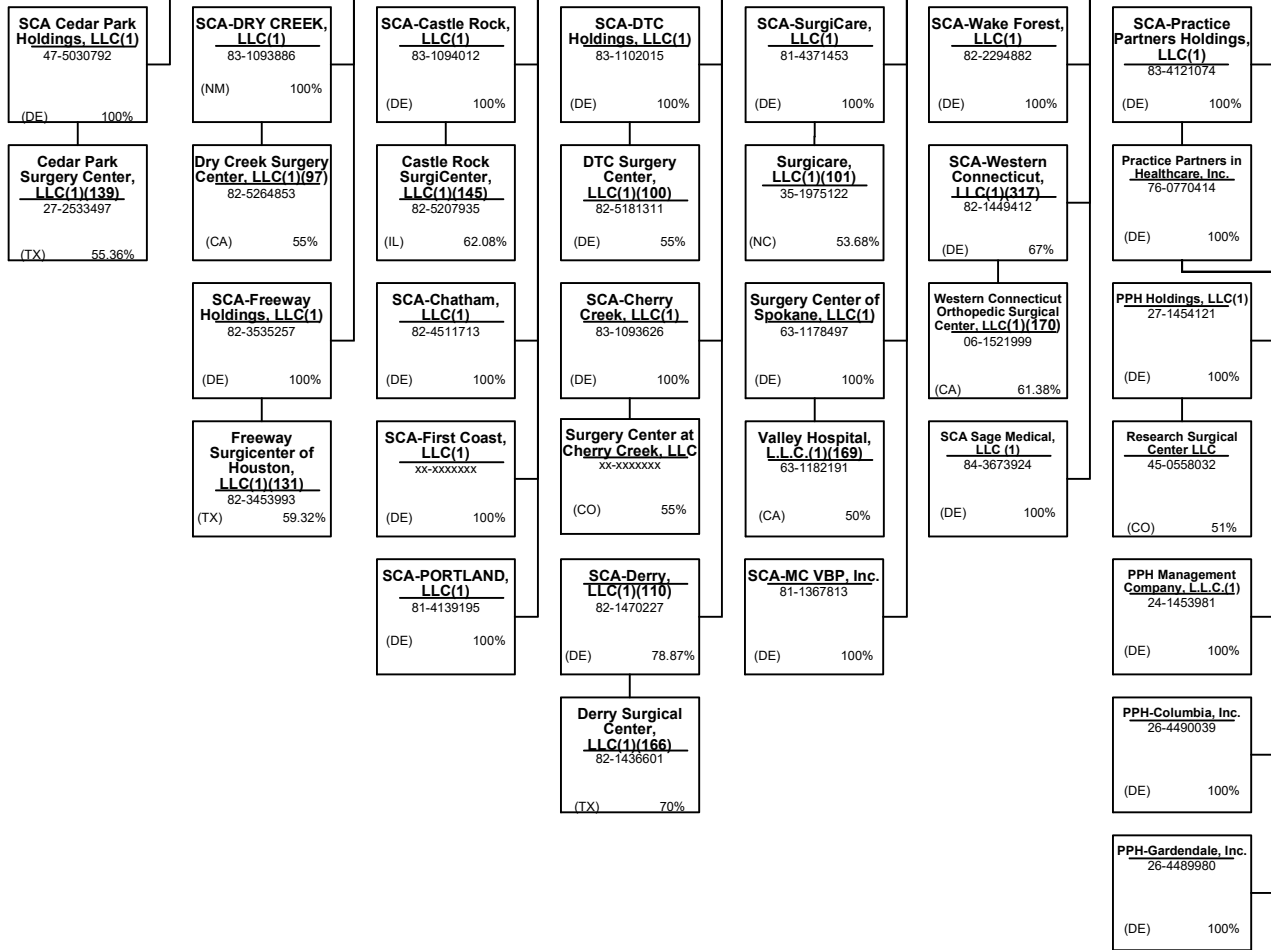
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (1)
 (DE) 20-8922307 100%

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Continued on Next Page

SC Affiliates, LLC(1)
 62-1149229
 (DE) 100%



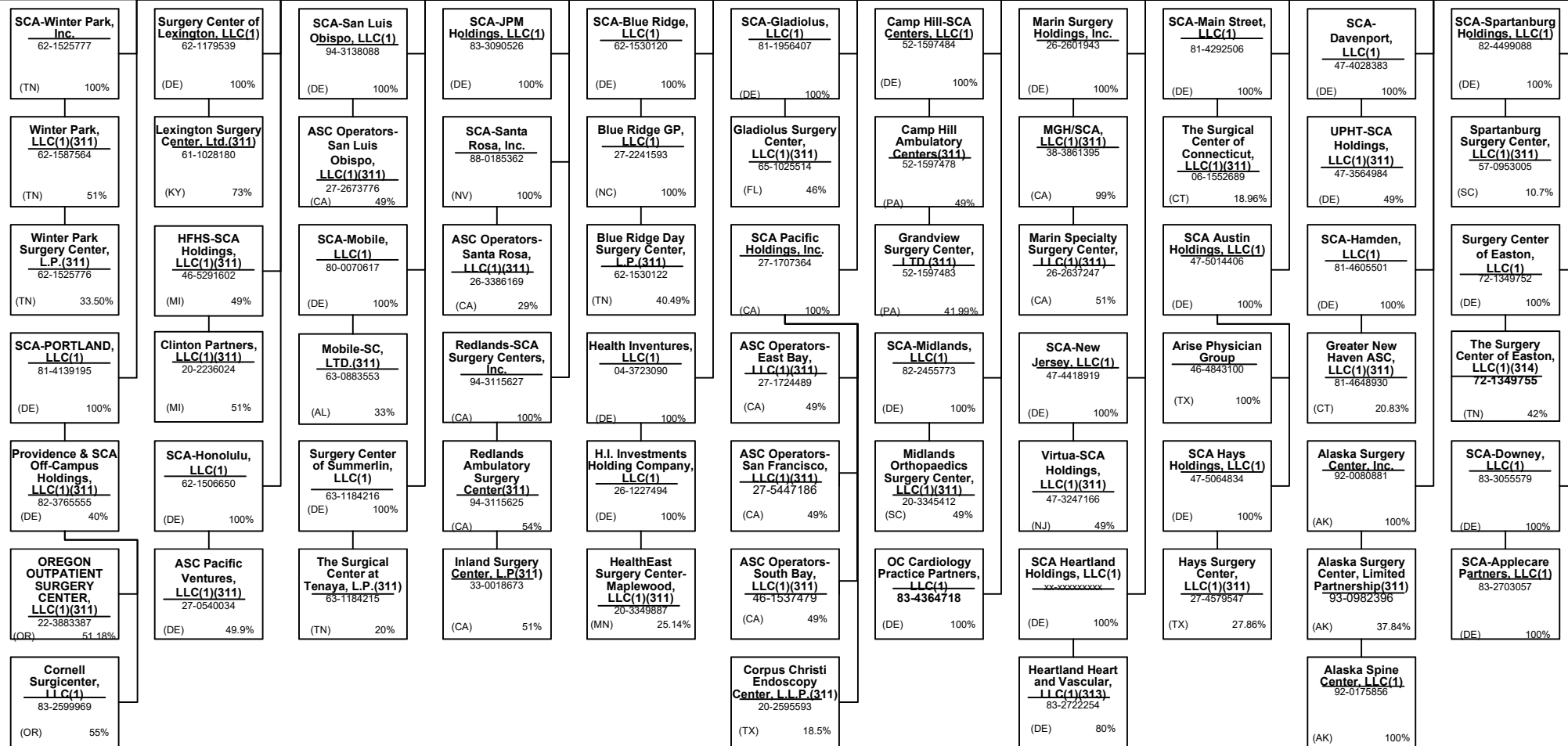
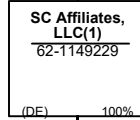
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

NOTE: All Companies below are minority owned entities of Surgical Care Affiliates, LLC.



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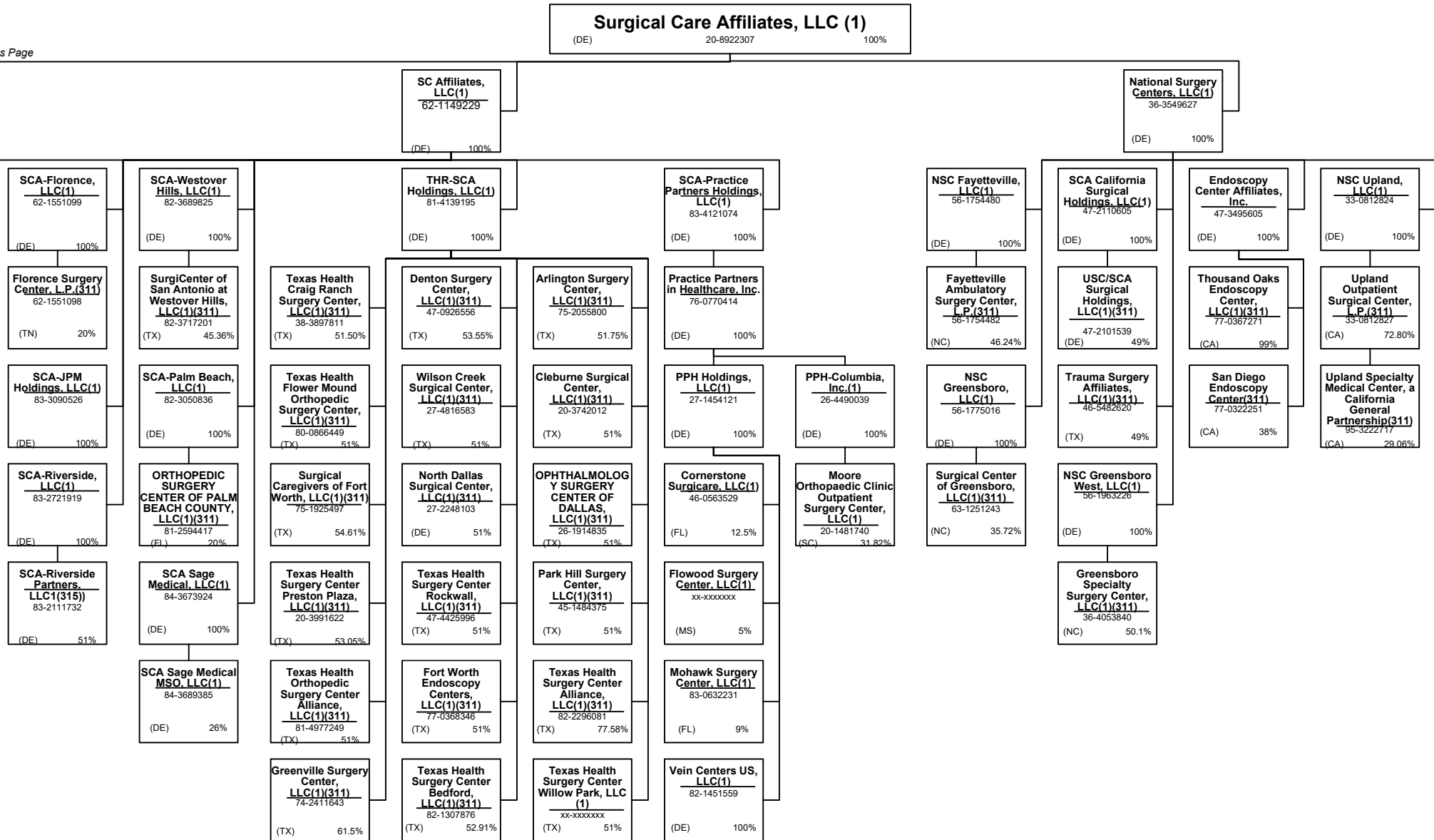
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

NOTE: All Companies below are minority owned entities of Surgical Care Affiliates, LLC.



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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Physician Owned Entities

Entity Name	Domiciliary Location	ID Number	Entity Name	Domiciliary Location	ID Number	Entity Name	Domiciliary Location	ID Number
4C MHT, LLC	AZ	--	Hospitaist Medicine Physicians of Cortland County, PLLC	NY	--	INSPIRIS of Minnesota Medical Services, P.C.	MI	27-390401
A.G. Dkengil, Inc.	NJ	22-349300	Hospitaist Medicine Physicians of Cuyahoga County Ltd.	OH	--	INSPIRIS of New York Medical Services, P.C.	NY	13-4168739
A.T. LLC	AZ	--	Hospitaist Medicine Physicians of Davidson County, PLLC	NC	--	INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670
Allan J. Ebbin, MD, P.C.	NV	86-0499345	Hospitaist Medicine Physicians of Delaware, P.A.	DE	--	INSPIRIS of Tennessee Medical Services, P.C.	TN	27-5248736
AppleCare Hospitalists Medical Group, Inc.	CA	11-1890491	Hospitaist Medicine Physicians of Durham County, PLLC	NC	--	Integrated Physician Technology LLC	CA	--
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	Hospitaist Medicine Physicians of Forsyth County, PLLC	NC	--	March Vision Care Group, Incorporated	CA	95-4874334
AppleCare Medical Group, Inc.	CA	33-0998174	Hospitaist Medicine Physicians of Fredericksburg LLC	VA	--	Marvin McBride Medical Services, P.C.	MD	27-2800856
ARTA Health Network, P.C.	CA	46-1772418	Hospitaist Medicine Physicians of Front Royal, LLC	VA	--	MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
ARTA Western California, Inc.	CA	33-0658915	Hospitaist Medicine Physicians of Harnett County, P.LLC	NC	--	Ma-Ri Fort Worth GP, L.L.C.	TX	35-2262695
Aspectus, Inc.	MA	04-3403101	Hospitaist Medicine Physicians of Imperial County, Inc.	CA	--	ME Urgent Care Nebraska, Inc.	NE	81-0906574
Bessler, MD, PLLC	NV	--	Hospitaist Medicine Physicians of Indiana, LLC	IN	--	MedExpress Employed Services, Inc.	DE	81-1265129
Better Health Value Network, LLC	WA	47-4349079	Hospitaist Medicine Physicians of Iowa, PLC	IA	--	MedExpress Primary Care Arizona, P.C.	AZ	81-4560969
California Spring Holdings, PC	CA	81-0881243	Hospitaist Medicine Physicians of Kanawha County, PLLC	WV	--	MedExpress Primary Care Arkansas, P.A.	AR	Applied for
Car, PLLC	TN	--	Hospitaist Medicine Physicians of Kentucky, PLLC	KY	--	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Centers for Family Medicine, GP	CA	33-0483510	Hospitaist Medicine Physicians of Los Angeles County, Inc.	CA	--	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Cogen: Healthcare of Pennsylvania, Inc.	PA	--	Hospitaist Medicine Physicians of Louisiana, LLC	LA	--	MedExpress Primary Care Massachusetts, P.C.	MA	82-1066099
Cogen: Healthcare of Texas, P.A.	TX	--	Hospitaist Medicine Physicians of Marathon County, Ltd.	WI	--	MedExpress Primary Care Minnesota P.C.	MI	81-4366738
Critical Care Physicians of Illinois, LLC.	IL	--	Hospitaist Medicine Physicians of Michigan, PLLC	MI	--	MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265
Dallas Inpatient Specialist, PLLC	TX	--	Hospitaist Medicine Physicians of Mississippi, LLC	MS	--	MedExpress Primary Care South Carolina, P.C.	SC	83-0764858
David Morn, MD, P.C.	NY	81-501448	Hospitaist Medicine Physicians of Monterey County, Inc.	CA	--	MedExpress Primary Care Texas, P.A.	TX	84-2580750
David R. Ferrell, M.D., P.C.	NV	45-2380322	Hospitaist Medicine Physicians of Multiple Practice Sites, LLC	DE	--	MedExpress Primary Care Virginia, P.C.	VA	82-3395792
Day-OP Center Of Long Island Inc.	NY	11-2811353	Hospitaist Medicine Physicians of New York, PLLC	NY	--	MedExpress Primary Care West Virginia, Inc.	WV	82-4401181
Empire Physicians* Medical Group, Inc.	CA	33-0181426	Hospitaist Medicine Physicians of Ohio County, PLLC	WV	--	MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448
Everett Physicians, Inc. P.S.	WA	81-1625636	Hospitaist Medicine Physicians of Rapides Parish, L.L.C.	LA	--	MedExpress Urgent Care - New Jersey, P.C.	NJ	45-5388778
First Hill Surgery Center, LLC	WA	47-2866485	Hospitaist Medicine Physicians of Richland County, Ltd.	OH	--	MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623
Fountain Hills Family Practice, P.C.	AZ	--	Hospitaist Medicine Physicians of Samaritan, PLLC	NY	--	MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280
Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725	Hospitaist Medicine Physicians of San Bernardino County, Inc.	CA	--	MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120
HealthCare Partners Affiliates Medical Group	CA	95-4526112	Hospitaist Medicine Physicians of San Luis Obispo County, Inc.	CA	--	MedExpress Urgent Care California, P.C.	CA	82-0930112
HealthCare Partners ASC-HB, LLC	CA	26-4247365	Hospitaist Medicine Physicians of Summit County, Ltd.	OH	--	MedExpress Urgent Care Connecticut, P.C.	CT	81-1956822
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Hospitaist Medicine Physicians of Sylvania Ltd.	OH	--	MedExpress Urgent Care Idaho, P.C.	ID	82-1135336
HealthCare Partners Medical Group (Coats), Ltd.	NV	88-0213519	Hospitaist Medicine Physicians of Texas, PLLC	TX	--	MedExpress Urgent Care Illinois, P.C.	IL	47-4308614
HealthCare Partners Medical Group, P.C.	CA	95-4340584	Hospitaist Medicine Physicians of Washington County, LLC	PA	--	MedExpress Urgent Care Iowa, P.C.	IA	81-5383472
Homecare Dimensions of Florida, Inc.	TX	--	Hospitaist Medicine Physicians of West Virginia, PLLC	WV	--	MedExpress Urgent Care Kansas, P.A.	KS	47-1919293
Homecare Dimensions, Inc.	TX	--	Hospitaist Medicine Physicians of Wisconsin Rapids Ltd.	WI	--	MedExpress Urgent Care Minnesota P.C.	MI	81-1125356
Hospitalist Medicine Physicians of Wood County, PLLC	WV	--	Hospitaist Medicine Physicians of Wisconsin, Ltd.	WI	--	MedExpress Urgent Care Missouri P.C.	MO	47-3132625
Hospitalist Medicine of North Carolina, PLLC	NC	--	IN Style OPTICAL, LLC	MA	27-3296953	MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747
Hospitalist Medicine Physician of Broome County, PLLC	NY	--	Independent Physician Management LLC	CA	--	MedExpress Urgent Care Oregon, P.C.	OR	82-1919436
Hospitalist Medicine Physicians of Albany County, PLLC	NY	--	Inland Faculty Medical Group, Inc.	CA	33-0618077	MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765
Hospitalist Medicine Physicians of Ashland County, Ltd.	OH	--	Inpatient Services PC	CO	--	MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706
Hospitalist Medicine Physicians of Buncombe County, PLLC	NC	--	Inspiris Medical Services of New Jersey, P.C.	NJ	45-2593134	MedExpress Urgent Care Texas, P.A.	TX	47-5147411
Hospitalist Medicine Physicians of Calhoun County, PLLC	MI	--	INSPIRIS of Alabama Medical Services, P.C.	AL	27-2295035	MedExpress Urgent Care Washington, P.C.	WA	82-2443118
Hospitalist Medicine Physicians of California, Inc.	CA	--	Inspiris of Arizona Medical Services, P.C.	AZ	26-2895318	MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678
Hospitalist Medicine Physicians of Charleston, PLLC	WV	--	INSPIRIS of Florida Medical Services, P.A.	FL	450820510	MedExpress Urgent Care, no. - West Virginia	WV	26-4546430
Hospitalist Medicine Physicians of Connecticut, LLC	CT	--	INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	MedExpress Urgent Care, P.C. - Georgia	GA	47-1804667

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Physician Owned Entities

Entity Name	Domiciliary Location	ID Number	Entity Name	Domiciliary Location	ID Number	Entity Name	Domiciliary Location	ID Number
MedExpress Urgent Care, F.C. - Indiana	IN	90-0929572	ProHEALTH Accountable Care Medical Group, PLLC	NY	45-4469117	Sound Physicians of Wyoming, LLC	WY	--
MedExpress Urgent Care, F.C. - Maryland	MD	45-3461131	ProHEALTH Ambulatory Surgery Center, Inc.	NY	11-3447394	South Sound Inpatient Physicians, PLLC	MA	--
MedExpress Urgent Care, F.C. - Massachusetts	MA	47-1857938	ProHEALTH Care Associates of New Jersey LLP	NJ	47-5658253	Surgicare of La Veta, Ltd.	CA	75-2507129
MedExpress Urgent Care, F.C. - Michigan	MI	46-4793937	ProHEALTH Medical NY, P.C.	NY	--	Talbert Medical Group, P.C.	CA	93-1172065
MedExpress Urgent Care, F.C. - Oklahoma	OK	47-1824385	ProHealth Physicians, P.C.	CT	06-469068	TeamMD Physicians, P.C.	IA	30-0445773
MedExpress Urgent Care, F.C. - Pennsylvania	PA	26-3750502	ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	The Everett Clinic, PLLC	VA	91-0214500
MedExpress Urgent Care, F.C. - Tennessee	TN	45-4973138	ProHEALTH Urgent Care Medicine, PLLC	NY	46-883579	The Polyclinic, PLLC	VA	91-0363073
MedExpress Urgent Care, F.C. - Virginia	VA	45-3123110	Prospero Health Partners, P.C.	MN	84-3234753	Urgent Care New York, P.C.	NY	82-2400620
MedExpress Urgent Care, F.S.C. - Kentucky	KY	83-1565124	Prospero Medical Services New Jersey, P.C.	NJ	84-3844362	Urology Specialists Pediatric Division, (McBeath), PLLC	NV	--
MedExpress, Inc. - Delaware	DE	45-5436856	Redlands Family Practice Medical Group, Inc.	CA	56-2627067	USMD Cancer Treatment Centers GP, LLC.	TX	80-0845498
Memorial Healthcare IPA, GP	CA	95-4698463	Reliant Medical The Endoscopy Center, LLC	MA	--	USMD Cancer Treatment Centers, LLC.	TX	26-2245431
Metro I Stone Management, Ltd.	TX	59-3392113	Riptide Merger Sub, PC	CA	--	USMD Diagnostic Services, LLC	TX	27-2803133
MH Holdings One, a Medical Corporation	CA	27-4607374	Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097	USMD of Arlington GP, LLC.	TX	73-1662757
MH Merger Sub, a Medical Corporation	CA	27-4607208	Riverside Imaging Center, Inc.	NJ	--	Vein Ablation Specialists and Consultants LLC	AZ	--
MH Physician Three Holdco, a Medical Corporation	CA	27-4691544	Riverside Pediatric Group, P.C.	NJ	22-3821559	Vanders Merger Sub, A Medical Corporation	CA	--
MHCH, Inc.	CA	80-0507474	Robert A. Besser, MD, PLLC	NV	--	Waypoint Minnesota PC	MN	46-2854394
MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691538	Robert B. McBeath, M.D. II, P.C.	NV	86-0857176	Waypoint Minnesota Sports PC	MN	46-3949765
Mobile Medical Services, P.C.	NY	30-0445773	Robert B. McBeath, M.D. III, P.C.	NV	46-2662506	WellMed DFw Medicare ACO, LLC	TX	84-2204650
Mobile-SC, LTD.	AL	63-0893553	Robert B. McBeath, M.D., Professional Corporation	NV	88-0310956	WellMed Florida Medicare ACO, LLC	TX	84-2233329
Monarch Health Plan, Inc.	CA	22-3995634	Robert J. Fauer, MD, P.C.	AZ	--	WellMed Greater Texas Medicare ACO, LLC	TX	34-2178104
Monarch HealthCare, A Medical Group, nc.	CA	33-0587660	Saddleback Outpatient Surgery Center, LLD	CA	75-2507128	WellMed Medical Group, P.A.	TX	74-2574229
Monarch Hospice, LLC	CA	30-0636451	San Bernardino Medical Group, Inc.	CA	--	WellMed Network of Florida, Inc.	TX	35-2314192
Mosaic Management Services, Inc.	CA	20-5892451	Sanvello Behavioral Health Services of Texas, P.A.	TX	84-3152209	WellMed Networks - DFw, Inc.	TX	41-2250215
NAMM Medical Group Holdings, Inc.	CA	56-2627070	Sanvello Behavioral Health Services, P.A.	DE	84-754732	WellMed Networks, Inc.	TX	74-2889447
NAMMMGH, Inc.	CA	61-1627269	Sound Inpatient Physicians - Michigan, PLLC	MI	--	WellMed of Las Cruces, Inc.	TX	32-0183013
Niagara Hospitalist, P.C.	NY	--	Sound Inpatient Physicians Medical Group, Inc.	CA	--	WellMed Tampa/Orlando Medicare ACO, LLC	TX	84-2193803
Nifty After Fifty/Monarch, LLC	CA	26-2995765	Sound Inpatient Physicians of Ohio, LLC	OH	--	WellMed Texas Medicare ACO, LLC	TX	84-2219963
Northridge Medical Group, Inc.	CA	95-4748023	Sound Physicians Emergency Medicine of Kentucky, PLLC	KY	--	Ves: Valley Internal Medicine Associates, LLC.	AZ	--
Northwest Medical Group Alliance, LLC	WA	91-1659944	Sound Physicians Emergency Medicine of Michigan, PLLC	MI	--	Ves: Valley Urgent Care, LLC	AZ	--
NPA IPA Washington, PLLC	WA	61-1855159	Sound Physicians Emergency Medicine of South Carolina, LLC	SC	--	VND Medical, PLLC	TX	45-2158334
Optum Clinic, P.A.	TX	75-2778455	Sound Physicians Emergency Medicine of Texas, PLLC	TX	--	XLHome Michigan, P.C.	MI	46-3537245
Optum Medical Services of California, P.C.	CA	30-0826311	Sound Physicians Emergency Medicine of West Virginia, PLLC	WV	--	XLHome Northeast, P.C.	NJ	45-5530241
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Sound Physicians Intensivists of Washington, PLLC	VA	--	XLHome Oklahoma, Inc.	OK	46-2931689
Optum Medical Services, P.C.	NC	45-3866363	Sound Physicians of Idaho, PLLC	ID	--	XLHome, P.C.	MD	27-3549397
Perham Physical Therapy, LTC	MN	20-5608377	Sound Physicians of Illinois, LLC	IL	--			
Physician Associates of the Greater San Gabriel Valley	CA	--	Sound Physicians of Indiana, LLC	IN	--			
Physician Partners Medical Group, Inc.	CA	30-0516435	Sound Physicians of Iowa, PLLC	IA	--			
Physicians Care Network, LLC.	WA	--	Sound Physicians of Kankakee, Illinois, LLC	IL	--			
Polyclinic Holdings, P.C.	WA	83-3042027	Sound Physicians of Massachusetts, Inc.	MA	--			
Polyclinic Management Services Company, LLC	WA	--	Sound Physicians of Nebraska, LLC	NE	--			
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Sound Physicians of New Jersey, LLC	NJ	--			
Prime Community Care, Inc.	CA	30-0516440	Sound Physicians of New York, PLLC	NY	--			
PrimeCare Medical Group of Chino Valley, Inc.	CA	33-0645768	Sound Physicians of North Carolina, PLLC	NC	--			
Professional Coverage Services, PLLC	TN	--	Sound Physicians of South Carolina, LLC	SC	--			

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**PART 1 – ORGANIZATIONAL CHART****Notes**

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
(2) Entity is a Partnership
(3) Entity is a Non-Profit Corporation
(4) Control of the Foundation is based on sole membership, not the ownership of voting securities
(5) COI Participações S.A. is 89.10289% owned by Esho – Empresa de Serviços Hospitalares S.A. and 10.8971% owned by COIPAR Participações S.A.
(6) TBD
(7) UnitedHealthcare India Private Limited is 99.999335% owned by OptumHealthInternational B.V. and 0.000665% owned by UnitedHealth International, Inc. OptumHealth International BV holds 100% of the issued preference shares.
(8) General partnership interests are held by UnitedHealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
(9) Newton Holdings, LLC, is 80.1% owned by Collaborative Care Holdings, LLC and the remaining 19.9% is owned by outside shareholders.
(10) WellMed Medical Management, Inc. is 85% owned by Collaborative Care Holdings, LLC and 15% owned by WMG Healthcare Partners, L.P.
(11) Seisa Serviços Integrados de Saúde Ltda is 99.99% owned by Amil Assistência Médica Internacional S.A. and 0.00001% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
(12) Optum Health & Technology (India) Private Limited is 99.9995% owned by OptumHealth International B.V. and 0.0005 % owned by United Behavioral Health.
(13) INSPIRIS of Texas Physician Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
(14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
(15) Optum Clinics Holdings, Inc. is 97.9% owned by Collaborative Care Holdings, LLC and 2.1% is owned by external shareholders.
(16) Optum Global Solutions (India) Private Limited is 99.999466 % owned by Optum Global Solutions International BV and 0.000534% UnitedHealth International, Inc. as nominee of Optum Global Solutions International BV per India requirement to have two shareholders.
(17) Amico Saúde Ltda. is 98.927933% owned by Santa Helena Assistência Médica S.A. and 1.072067% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
(18) Esho – Empresa de Serviços Hospitalares S.A. is 99.667% owned by Amil Assistência Médica Internacional S.A. and the remaining 0.31798923769% is owned by external shareholders and 0.01462081847% is owned by Treasury Shares.
(19) Etho – Empresa de Tecnologia Hospitalar Ltda. 82.642% owned by Amil Assistência Médica Internacional S.A. and 17.358% owned by an external shareholder.
(20) Orthology, Inc. is 98% owned by UnitedHealth Group Ventures, LLC and 2% owned by external shareholders.
(21) Medalliance Net Ltda. is owned 99.999985% by Optum Health & Technology Serviços do Brasil Ltda. and 0.000015% by UHG Brasil Participações S.A.
(22) Branch offices in Iraq and Uganda.
(23) Cemed Care Empresa de Atendimento Clínico Geral Ltda. Is 99.9999996% owned by Amil Assistência Médica Internacional S.A. and 0.000004% owned by Esho – Empresa de Serviços Hospitalares S.A.
(24) Optum 360, LLC is 69% owned by Optum Rocket, Inc; the remaining 31% is owned by external holders.
(25) Optum Health & Technology Serviços do Brasil Ltda. is 99.998364% owned by Optum Global Solutions International B.V. and the remaining 0.001636% is owned by OptumInsight, Inc.
(26) Bosque Medical Center Ltda. is 82.64% owned by Amil Assistência Médica Internacional S.A. and 17.3521% owned by Esho – Empresa de Serviços Hospitalares S.A.
(27) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
(28) Real Appeal, Inc. is 98% owned by Rally Health, and the remaining 2% is owned by external shareholders.
(29) Optum Global Solutions (Philippines), Inc. is 99.992% owned by Optum Global Solutions International B.V., and the remaining 0.008% is held by individual shareholders who are directors of the company.
(30) Amil Clinical Research Participações Ltda. is 99.95% owned by Esho – Empresa de Serviços Hospitalares S.A. and 0.05% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
(31) Imed Star Serviços de Desempenho Organizacional Ltda. is 99.99998% owned by Optum Health & Technology Serviços do Brasil Ltda and 0.00002% owned by UHG Brasil Participações S.A.
(32) Hospital de Clínicas de Jacarepaguá Ltda. is 99.999999% owned by Esho – Empresa de Serviços Hospitalares S.A. and 0.000001% is owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
(33) Hospital Alvorada Taguatinga Ltda. is 83.87% owned by Amil Assistência Médica Internacional S.A. 8.62433% by Bosque Medical Center Ltda., and 7.49% is owned by Hospital Samaritano de São Paulo Ltda.
(34) Registered as foreign shareholder in Brazil.
(35) FrontierMEDEX Kenya Limited is 99.9% owned by UnitedHealthcare Global Medical (UK) Limited and 0.1% owned by UnitedHealthcare International I B.V.
(36) UnitedHealthcare Global Canada Limited is registered in Nova Scotia and Newfoundland & Labrador.
(37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (29.39634%), and UnitedHealth Group Incorporated (70.60366%).
(38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
(39) Optum Global Solutions International B.V. is 97.48% owned by Optum Technology, Inc. and 2.52% is owned by OptumHealth International B.V.
(40) Amil Assistência Médica Internacional S.A. is 91.81% owned by Polar II Fundo de Investimento em Participações and the remaining 8.19% is owned by the former controlling shareholders of Amil Assistência Médica Internacional S.A.
(41) Lusíadas A.C.E. is 55% owned by Lusíadas, SGPS, S.A., 10% owned by Lusíadas – Parcerias Cascais, S.A., 20% owned by Lusíadas, S.A., 5% owned by Clínica Médico Cirúrgica de Santa Tecla, S.A. and 10% owned by CLISA – Clínica de Santo António, S.A.
(42) TBD
(43) Frontier Medex Tanzania Limited is 99% owned by UnitedHealthcare Global Medical (UK) Limited. The remaining 1% is owned by a former officer of Frontier MEDEX Limited and is being transferred to UnitedHealthcare International I BV.
(44) Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda., is 99.9999% owned by Amil Assistência Médica Internacional S.A. and the remaining 0.0001% (1 quota) is owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
(45) Multiangio Ltda. is 93% owned by Esho – Empresa de Serviços Hospitalares S.A. and the remaining 7% is owned by external shareholders.
(46) Polo Holdco, LLC is 80.1% owned by Collaborative Care Holdings, LLC and the remaining 19.9% being owned by an outside third party.
(47) Excellion Serviços Biomédicos Ltda is 99.999997% owned by Esho – Empresa de Serviços Hospitalares S.A. and 0.000003% is owned by Cemed Care - Empresa de Atendimento Clínico Geral Ltda.
(48) Hospital Samaritano de São Paulo Ltda. is 99.9999998% owned by Esho – Empresa de Serviços Hospitalares S.A. and the remaining 0.0000002% is owned by Hospital Alvorada Taguatinga Ltda.
(49) Optum360 Services, Inc. is 69% owned by Optum Rocket, Inc. and the remaining 31% is owned by external investors.
(50) OptumInsight India Private Limited is 99% owned by ABCO International Holdings, LLC and 1% owned by The Advisory Board Company.
(51) Branch office located in the United States.
(52) UnitedHealthcare Insurance Company has a representative office in Beijing, China.
(53) 4C MSO LLC, is 70% owned by Collaborative Care Holdings, LLC and 30% is owned by 5C Holdings LLC.
(54) ProHEALTH Fitness of Lake Success, LLC is 82.62% owned by ProHEALTH Medical Management, LLC and 17.38% by an external shareholder.
(55) Savvysherpa Asia, Inc. is 99% owned by Savvysherpa, LLC and the remaining 1% is owned by a number of individual shareholders.
(56) Fortify Technologies Asia, LLC is 99% owned by Savvysherpa, LLC and the remaining 1% is owned by a number of individual shareholders.
(57) Virtual Therapeutics Corporation is 67% owned by Savvysherpa, LLC and the remaining 33.4% is owned by an outside third party.
(58) BriovaRx Infusion Services 301, LP is 99.95% owned by AxelaCare Holdings, Inc. with the remaining 0.05% interest as a limited partner being held by BriovaRx Infusion Services 305, LLC.
(59) XLHealth Corporation holds 99.998%, UnitedHealth International, Inc. holds .002%.
(60) Hospitais Associados de Pernambuco Ltda. is 99.99992% owned by Esho – Empresa de Serviços Hospitalares S.A. and the remaining 0.00008% is owned by Hospital Alvorada Taguatinga Ltda
(61) Topimagem Diagnóstico por Imagem Ltda. is 99% owned by Esho – Empresa de Serviços Hospitalares S.A., and the remaining 1% interest is owned by external shareholders.
(62) Dilab – Medicina Nuclear Ltda is 95% owned by Esho – Empresa de Serviços Hospitalares S.A. and the remaining 5% is owned by external shareholders.
(63) WellMed Networks – DFW, Inc. is 50% owned by WellMed Networks, Inc. and 50% owned by USMD Inc. WellMed Medical Management, Inc. controls 100% of WellMed Networks - DFW.
(64) Clínica Oftalmológica Danilo de Castro Sociedade Simples is 99.66% owned by Hospital Alvorada de Taguatinga Ltda. and the remaining 0.333333% is owned by Lotten-Eyes Oftalmologia Clínica e Cirúrgica Ltda.
(65) Lotten-Eyes Oftalmologia Clínica e Cirúrgica Ltda. is 99.99% owned by Hospital Alvorada de Taguatinga Ltda. and the remaining 0.000012% is owned by Esho – Empresa de Serviços Hospitalares S.A.
(66) CMO – Centro Médico de Oftalmologia S/S Ltda. is 99% owned by Hospital Alvorada de Taguatinga Ltda. and the remaining 1% is owned by Lotten-Eyes Oftalmologia Clínica e Cirúrgica Ltda.
(67) UHCG-FZE is registered in the Dubai Silicon Oasis free zone.
(68) Elual Participações S.A. is 60% owned by Amil Assistência Médica Internacional S.A. and 40% by Esho – Empresa de Serviços Hospitalares S.A.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**PART 1 – ORGANIZATIONAL CHART****Notes**

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (69) Hospital Santa Helena S.A. is 65.21% owned by Elual Participações S.A. and 33.60% owned by Esho – Empresa de Serviços Hospitalares S.A. and 1.19% is owned by external shareholder
- (70) Santa Helena Assistência Médica S.A. is 77.30% owned by Elual Participações S.A. and The remaining 22.29222% is owned by Amil Assistência Médica Internacional S.A. and 0.40649% is owned by external shareholder.
- (71) Registered branches in Australia and the UK.
- (72) Hospital Ana Costa S.A. is 99.52% owned by Plano de Saúde Ana Costa Ltda., 0.375900% is owned by Hospital Alvorada de Taguatinga Ltda. and 0.104634107% is owned by external shareholders.
- (73) The remaining 42.50% is owned by multiple sources.
- (74) The remaining 0.0001% is owned by Amil Assistência Médica Internacional S.A.
- (75) The remaining 32.06% is owned by multiple sources.
- (76) Hospital Alvorada de Taguatinga Ltda. decreased its ownership in Casa de Saúde Santa Therezinha S.A. from 100% to 99.99%. The remaining 0.000001% is owned by Esho – Empresa de Serviços Hospitalares S.A.
- (77) The remaining 49% is owned by multiple sources.
- (78) The remaining 0.0005% is owned by Hospital Alvorada Taguatinga Ltda.
- (79) The remaining 37.75% is owned by multiple sources.
- (80) Registered in the Dubai Healthcare City free zone.
- (81) Hospital Alvorada Taguatinga Ltda. owns 99.99944% of Eye Clinic Oftalmologia Clínico Cirúrgica e Diagnóstico Ltda. and the remaining 0.00056% is owned by Lotten-Eyes Oftalmologia Clínica e Cirúrgica Ltda.
- (82) Plano de Saúde Ana Costa Ltda. is 74.85961% owned by Amil Assistência Médica Internacional S.A. and the remaining 25.14039% is owned by Santos Administração Participações S.A.
- (83) OptumInsight, Inc. is registered as foreign shareholders in Brazil.
- (84) The remaining 49% is owned by multiple sources.
- (85) The remaining 27% is owned by multiple sources.
- (86) The remaining 37.26% is owned by multiple sources.
- (87) The remaining 49.59% is owned by multiple sources.
- (88) COI Clínicas Oncológicas Integradas S.A. owns 99.999997% of Instituto do Radium de Campinas Ltda. And the remaining 0.000003% is owned by Esho – Empresa de Serviços Hospitalares S.A.
- (89) The remaining 49.28% is owned by multiple sources..
- (90) The remaining 23.55% is owned by multiple sources.
- (91) The remaining 38% is owned by multiple sources.
- (92) The remaining 1% is owned by multiple sources.
- (93) The remaining 44.97% is owned by multiple sources.
- (94) The remaining 38.80% is owned by multiple sources.
- (95) TBD
- (96) The remaining 9.51% is owned by multiple sources.
- (97) The remaining 45% is owned by multiple sources.
- (98) The remaining 49% is owned by multiple sources.
- (99) The remaining 49.15% is owned by multiple sources.
- (100) The remaining 45% is owned by multiple sources.
- (101) The remaining 30% is owned by multiple sources.
- (102) UnitedHealthcare International X S.á.r.l. holds 100% of the common shares, 403,948,524 common shares. UnitedHealthcare International III S.á.r.l. holds 100% of the preferred shares, 513,899,520 preferred shares.
- (103) The remaining 0.01% is held by UnitedHealth International, Inc.
- (104) The remaining 1% is owned by multiple sources.
- (105) The remaining 49.82% is owned by multiple sources.
- (106) The remaining 32.05% is owned by multiple sources.
- (107) The remaining 46.12% is owned by multiple sources.
- (108) The remaining 40.60% is owned by multiple sources.
- (109) The remaining 41.58% is owned by multiple sources.
- (110) The remaining 21.13% is owned by multiple sources.
- (111) The remaining 50% is owned by multiple sources.
- (112) The remaining 19.9% is owned by Nineteen.Nine Holdings, LLC.
- (113) The remaining 0.01% is owned by an individual shareholder.
- (114) The remaining 44.64% is owned by multiple sources.
- (115) The remaining 49% is owned by multiple sources.
- (116) The remaining 48.55% is owned by multiple sources.
- (117) The remaining 1% is owned by multiple sources.
- (118) The remaining 46.15% is owned by multiple sources.
- (119) The remaining 23% is owned by multiple sources.
- (120) The remaining 3% is owned by multiple sources.
- (121) TBD
- (122) The remaining 43% is owned by multiple sources.
- (123) TBD
- (124) The remaining 47.81% is owned by multiple sources.
- (125) The remaining 39.5% is owned by multiple sources.
- (126) The remaining 41% is owned by multiple sources.
- (127) The co-founders of Pacifica Labs, Inc. own the remaining 14.21%.
- (128) The remaining 50% is owned by multiple sources.
- (129) The remaining 41% is owned by multiple sources.
- (130) The remaining 50% is owned by multiple sources.
- (131) The remaining 40.68% is owned by multiple sources.
- (132) The remaining 51.50% is owned by multiple sources.
- (133) The remaining 49.9% is owned by multiple sources.
- (134) The remaining 13% is owned by multiple sources.
- (135) The remaining 34.87% is owned by multiple sources.
- (136) The remaining 46.48% is owned by multiple sources.
- (137) The remaining 41.20% is owned by multiple sources.
- (138) The remaining 35% is owned by multiple sources.
- (139) The remaining 48.06% is owned by multiple sources.
- (140) The remaining 46% is owned by multiple sources.
- (141) The remaining 45% is owned by multiple sources.
- (142) The remaining 43.31% is owned by multiple sources.
- (143) The remaining 49.02% is owned by multiple sources.
- (144) The remaining 47.36% is owned by multiple sources.
- (145) The remaining 37.92% is owned by multiple sources.
- (146) The remaining 27.47% is owned by multiple sources.
- (147) The remaining 45.46% is owned by multiple sources.
- (148) The remaining 41.33% is owned by multiple sources.
- (149) The remaining 27.25% is owned by multiple sources.
- (150) The remaining 49% is owned by multiple sources.
- (151) The remaining 45% is owned by multiple sources.
- (152) The remaining 26.31% is owned by multiple sources.
- (153) The remaining 26.96% is owned by multiple sources.
- (154) The remaining 40.35% is owned by multiple sources
- (155) The remaining 38.14% is owned by multiple sources.
- (156) The remaining 1% is owned by another source.
- (157) The remaining 20% is owned by an individual manager of the entity.
- (158-165) TBD
- (166) The remaining 30% is owned by multiple sources.
- (167) The remaining 49% is owned by multiple sources.
- (168) The remaining 49% is owned by multiple sources.
- (169) The remaining 50% is owned by multiple sources.
- (170) The remaining 38.62% is owned by multiple sources.
- (171) The remaining 45.21% is owned by multiple sources.
- (172) The remaining 49% is owned by multiple sources.
- (173-218) TBD
- (219) The remaining 49% is owned by multiple sources.
- (220) The remaining 50% is owned by multiple sources.
- (221) Hygeia Corporation, a Delaware corporation, acquired a 1.28978% ownership interest in FMG Holdings LLC, a Delaware limited liability company.
- (223) The remaining 40.48% is owned by multiple sources.
- (224) The remaining 49% is owned by multiple sources.
- (225) The remaining 48.7% is owned by multiple sources.
- (226) The remaining 36.13% is owned by multiple sources.
- (227) The remaining 49% is owned by multiple sources.
- (228) The remaining 49% is owned by multiple sources.
- (229) The remaining 35.75% is owned by multiple sources.
- (230) The remaining 74% is owned by multiple sources.
- (231) The remaining 49% is owned by multiple sources.
- (232) The remaining 46.55 is owned by multiple sources.
- (233) The remaining 49% is owned by multiple sources.
- (234) The remaining 26% is owned by multiple sources.
- (235) The remaining 29.29% is owned by multiple sources
- (236) The remaining 1.77% is owned by external shareholders.
- (237) The remaining 0.1% is owned by Inversiones Clínicas Santa María S.A.
- (238) Minority ownership is held by third party shareholders. Corporate name is Inmobiliaria Santa María S.A.
- (239) The remaining 0.0001% is owned by Clínica Dávila y Servicios Médicos S.A.
- (240) Constructora Inmobiliaria Megapoq S.A owns 1 share.
- (241) The remaining 0.0001% is owned by Saden S.A.
- (242) Minority ownership is held by several third party shareholders.
- (243) In accordance to a capital increase executed on 2018, Clínica Santa María S.A. owns 99.9% of the shares. Minority ownership is held by Sociedad de Inversiones Santa María S.A.
- (244) The remaining 0.2569% is owned by Clínica Dávila y Servicios Médicos S.A.
- (245) The remaining 0.8238% is owned by Clínica Santa María S.A.
- (246) The remaining 0.009% is owned by Clínica Santa María S.A.
- (247) The remaining 0.10% is owned by Clínica Santa María S.A.
- (248) The remaining 50% is owned by Clínica Santa María S.A.
- (249) The remaining 1% is owned by Servicios Integrados de Salud Ltda.
- (250) The remaining 1% is owned by Servicios Integrados de Salud Ltda.
- (251) The remaining 0.1% is owned by Inmobiliaria Apoquindo 3600 Ltda.
- (252) The remaining 0.02% is owned by Saden S.A.
- (253) The remaining 0.0001% is owned by Saden S.A.
- (254) The remaining 0.159% is owned by Saden S.A.
- (255) The remaining 0.01% is owned by Saden S.A.
- (256) The remaining 0.01% is owned by Clínica Dávila y Servicios Médicos S.A.
- (257) The remaining 25.75% is owned by several third party shareholders.
- (258) The remaining 6.55% is owned by third party shareholders.
- (259) The remaining 0.1% is owned by Servicios Amed Quilpué S.A.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (260) The remaining 0.1% is owned by Laboratorios Médicos Amed Quilpué S.A.
- (261) The remaining 50% is owned by Gorki Osorio Vargas (25%) and Danilo Valderrama Torrealba (25%).
- (262) The remaining 0.1% is owned by Simón Sacks Link.
- (263) The remaining 15.5% is owned by third party shareholders.
- (264) The remaining 6,66% is owned by Centromed Quilpué S.A.
- (265) The remaining 0.000065% is owned by Clínica Dávila y Servicios Médicos S.A.
- (266) The remaining 0.0001% is owned by Banmédica S.A.
- (267) The remaining 1% is owned by Saden S.A.
- (268) The remaining 0.0001% is owned by Banmédica S.A.
- (269) The remaining 1% is owned by Saden S.A.
- (270) The remaining 0.0001% is owned by Banmédica S.A.
- (271) The remaining 1% is owned by Saden S.A.
- (272) Inmobiliaria Megapoq S.A owns 1 share (0.0000%)
- (273) The remaining 7.62% is owned by Banmédica Colombia S.A. (7.619%), Juan Guillermo Ruiz (0.000142%) and Servicios Legales Corporativos Ltda. (0.000142%).
- (274) No information of the minority shareholder(s) has been provided.
- (275) No information of the minority shareholder(s) has been provided.
- (276) No information of the minority shareholder(s) has been provided.
- (277) No information of the minority shareholder(s) has been provided.
- (278) The other shareholder, with the other 50% is El Pacífico-Peruano Suiza Compañía de Seguros y Reaseguros S.A., part of the Credicorp Group
- (279) No information of the minority shareholder(s) has been provided.
- (280) No information of the minority shareholder(s) has been provided.
- (281) No information of the minority shareholder(s) has been provided.
- (282) No information of the minority shareholder(s) has been provided.
- (283) No information of the minority shareholder(s) has been provided.
- (284) No information of the minority shareholder(s) has been provided.
- (285) No information of the minority shareholder(s) has been provided.
- (286) The remaining 0.0001% is owned by Clínica Dávila y Servicios Médicos S.A.
- (287) The remaining 0.00004% is owned by Saden S.A.
- (288) The remaining 0.00004% is owned by Saden S.A.
- (289) The remaining 0.0017% is owned by Saden S.A.
- (290) The remaining 0.0001% is owned by Saden S.A.
- (291) The remaining 0.08% is owned by Clínica Dávila y Servicios Médicos S.A.
- (292) The remaining 50% is owned by CDC Holdings Colombia S.A.S.
- (293) No information of the other shareholder(s) has been provided.
- (294) The remaining 0.3% is owned by Inmobiliaria Apoquindo 3001 S.A.

- (294) Inmobiliaria Megapoq S.A owns 1 share (0,0000%)
- (295) The remaining 0.0001% is owned by Saden S.A.
- (296) The remaining 0.0008% is owned by Vida Tres Internacional S.A.
- (297) The remaining 0.01% is owned by Saden S.A.
- (298) The remaining 50% is owned by CDC Holdings Colombia S.A.S.
- (299) No information of the other shareholder(s) has been provided
- (300) No information of the other shareholder(s) has been provided
- (301) Banmédica S.A. owns 9.67% and Promotora del Country S.A. (Colombia) owns 0.23%. This Patrimony has two business units (Conuntry and Hill).
- (302) The remaining 50% is owned by CDC Holdings Colombia S.A.S.
- (303) The remaining 46.55% is owned by multiple sources.
- (304) The remaining 49% is owned by multiple sources
- (305) The remaining 27.47% is owned by multiple sources
- (306) The remaining 49% is owned by multiple sources
- (307) The remaining 50% is owned by multiple sources.
- (308) The remaining 36.99% is owned by multiple sources.
- (309) The remaining 44.64% is owned by multiple sources.
- (310) The remaining 19.9% is owned by an external third party.
- (311) The remaining 42% is owned by OptumRx Health Solutions, LLC.
- (312) The remaining 45.7% is owned by multiple sources.
- (313) The remaining 18.24 is owned by multiple sources.
- (314) The remaining 41.01 is owned by multiple sources.
- (315) This entity has numerous direct and indirect subsidiaries domiciled in several different states. Certain of these entities were divested and certain others had (or have planned) name changes, internal reorganizations and/or changes in legal entity formation. Given the complicated and developing nature of this situation, additional details will be forthcoming.
- (316) The remaining 20.41% is owned by multiple sources.
- (317) The remaining 33% is owned by multiple sources.
- (318) The remaining 50% is owned by an outside third party.
- (319) The remaining 28.75% is owned by an outside third party.
- (320) The remaining 33% is owned by an outside third party.
- (321) The remaining 1% is owned by an outside third party.
- (322) The remaining 15% is owned by an outside third party.
- (323) UnitedHealth Group International Holdings I Inc. has the following ownership: UHG – 70.60366 ordinary shares AND 100 shares of Series A Preferred Stock; FMG Holdings, LLC – 29.39634 ordinary shares

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Miscellaneous Losses	2,295	868	(48,473)	0	(45,310)
2505. Professional Fees/Consulting	361,508	136,756	541,628	0	1,039,892
2506. Sundry General Expenses	2,026,805	387,911	1,817,733	0	4,232,449
2597. Summary of remaining write-ins for Line 25 from overflow page	2,390,608	525,535	2,310,888	0	5,227,031

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ANNUAL STATEMENT BLANK

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