



## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	147,294	72,976	33,875			254,145
<b>Group Subscribers:</b>						
Small Group .....	21,456	2,804	764			25,024
0299997 Subtotal - Group Subscribers: .....	21,456	2,804	764			25,024
0299998 Premiums due and unpaid not individually listed .....						
0299999 TOTAL Group .....	21,456	2,804	764			25,024
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	168,750	75,780	34,639			279,169

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	283,090	188,971	177,507	1,481,783	1,481,783	649,568
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	283,090	188,971	177,507	1,481,783	1,481,783	649,568
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....	4,023					4,023
0699999 Subtotal - Other Receivables .....	4,023					4,023
0799999 Gross health care receivables .....	287,113	188,971	177,507	1,481,783	1,481,783	653,591

### EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	1,457,808	1,019,530	334,470	1,796,881	1,792,278	1,562,117
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	5,626			4,023	5,626	5,626
7. TOTALS (Lines 1 through 6) .....	1,463,434	1,019,530	334,470	1,800,904	1,797,904	1,567,743

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,280,129	2,912	1,824	164	545	1,285,574
0499999 Subtotals .....	1,280,129	2,912	1,824	164	545	1,285,574
0599999 Unreported claims and other claim reserves .....						9,119,460
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						10,405,034
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

### EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted		
						7 Current	8 Non-Current	
	<b>N O N E</b>							
0399999 TOTAL Gross Amounts Receivable .....								

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Mulberry Management Corporation .....	Adminstrive Service Agreement .....	846,089	846,089	
0199999 Total - Individually Listed Payables .....	X X X .....	846,089	846,089	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	846,089	846,089	

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

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....	437,052	0.740	12,936	100.000		437,052
4. TOTAL Capitation Payments .....	437,052	0.740	12,936	100.000		437,052
<b>Other Payments:</b>						
5. Fee-for-service .....	58,596,226	99.260	X X X	X X X		58,596,226
6. Contractual fee payments .....			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	58,596,226	99.260	X X X	X X X		58,596,226
13. TOTAL (Line 4 plus Line 12) .....	59,033,278	100.000	X X X	X X X		59,033,278

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

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999	TOTALS		X X X	X X X	X X X



## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	.....	.....	.....	.....	.....	.....



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 16231

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	14,507	12,832	1,675							
2. First Quarter .....	13,463	11,771	1,692							
3. Second Quarter .....	13,558	11,731	1,827							
4. Third Quarter .....	13,268	11,463	1,805							
5. Current Year .....	12,936	11,037	1,899							
6. Current Year Member Months .....	160,499	138,881	21,618							
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	13,347	11,637	1,710							
8. Non-Physician .....	6,616	5,524	1,092							
9. TOTAL .....	19,963	17,161	2,802							
10. Hospital Patient Days Incurred .....	3,375	3,048	327							
11. Number of Inpatient Admissions .....	604	530	74							
12. Health Premiums Written (b) .....	66,197,605	58,321,138	7,876,467							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	66,197,605	58,321,138	7,876,467							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	59,033,278	51,285,745	7,747,533							
18. Amount Incurred for Provision of Health Care Services .....	58,527,699	50,230,308	8,297,391							

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4818

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

NAIC Company Code 16231

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	14,507	12,832	1,675							
2. First Quarter .....	13,463	11,771	1,692							
3. Second Quarter .....	13,558	11,731	1,827							
4. Third Quarter .....	13,268	11,463	1,805							
5. Current Year .....	12,936	11,037	1,899							
6. Current Year Member Months .....	160,499	138,881	21,618							
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	13,347	11,637	1,710							
8. Non-Physician .....	6,616	5,524	1,092							
9. TOTAL .....	19,963	17,161	2,802							
10. Hospital Patient Days Incurred .....	3,375	3,048	327							
11. Number of Inpatient Admissions .....	604	530	74							
12. Health Premiums Written (b) .....	66,197,605	58,321,138	7,876,467							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	66,197,605	58,321,138	7,876,467							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	59,033,278	51,285,745	7,747,533							
18. Amount Incurred for Provision of Health Care Services .....	58,527,699	50,230,308	8,297,391							

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

30 Grand Total

## SCHEDULE S - PART 1 - SECTION 2

### Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>												
9999999 Total (Sum of 0799999 and 1099999) .....												

## SCHEDULE S - PART 2

### Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	349,998	717,642
22276	63-0202590	10/01/2019	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	6,232,209	98,590
00000	AA-9990027	01/01/2020	Statewide Ins Fund	NJ	7,433,919	1,109,490
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					14,016,126	1,925,722
<b>Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>						
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	4,197,793	3,635,333
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					4,197,793	3,635,333
2199999 Total - Accident and Health - Non-Affiliates					18,213,919	5,561,055
2299999 Total - Accident and Health					18,213,919	5,561,055
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					14,016,126	1,925,722
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					4,197,793	3,635,333
9999999 Total (Sum of 1199999 and 2299999)					18,213,919	5,561,055

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/I	CMM	955,697						
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/G	CMM	142,426						
22276	63-0202590	10/01/2019	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	25,134,503						
22276	63-0202590	10/01/2019	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/G	CMM	3,779,318						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							30,011,944						
1099999 Total - General Account - Authorized - Non-Affiliates							30,011,944						
1199999 Total - General Account - Authorized							30,011,944						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
<b>General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates</b>													
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	QA/I	CMM	21,043,741						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							21,043,741						
2199999 Total - General Account - Unauthorized - Non-Affiliates							21,043,741						
2299999 Total - General Account - Unauthorized							21,043,741						
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
3999999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							51,055,685						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7399999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8499999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates .....													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction .....													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified .....													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) .....							30,011,944						
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) .....							21,043,741						
9999999 Total (Sum of 4599999 and 9099999) .....							51,055,685						

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
<b>General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>														
00000	AA-1320000	01/01/2018	Axa France Vie		7,833,126	4,075,454	11,908,580			4,680,606		4,653,436	747,910	10,081,952
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952
2199999 Total - General Account - Accident and Health - Non-Affiliates					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952
2299999 Total - General Account - Accident and Health					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952
2399999 Total - General Account					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952
9999999 Total (Sum of 2399999 and 3499999)					7,833,126	4,075,454	11,908,580		X X X	4,680,606		4,653,436	747,910	10,081,952

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....



## SCHEDULE S - PART 5

### Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- ciliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	
9999999 Total (Sum of 2399999 and 3499999)															XXX						XXX	XXX				

(a)

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

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

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	51,056	30,491	17,419		
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....	5,645				
5. TOTAL Hospital and Medical Expenses .....	52,201				
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	(11,465)				
7. Claims payable .....	5,561				
8. Reinsurance recoverable on paid losses .....	18,214	19,430	8,525		
9. Experience rating refunds due or unpaid .....	7,262				
10. Commissions and reinsurance expense allowances due .....	207				
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....	4,681		2,199		
16. Other (O) .....	4,653				
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	13,123,663		13,123,663
2. Accident and health premiums due and unpaid (Line 15) .....	279,169		279,169
3. Amounts recoverable from reinsurers (Line 16.1) .....	18,213,919	(18,213,919)	
4. Net credit for ceded reinsurance .....	X X X	17,952,463	17,952,463
5. All other admitted assets (Balance) .....	8,128,608	(7,468,620)	659,988
6. TOTAL Assets (Line 28) .....	39,745,359	(7,730,076)	32,015,283
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	4,843,979	5,561,055	10,405,034
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	2,701,088		2,701,088
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	1,826,628	(1,826,628)	
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	20,298,061	(11,464,503)	8,833,558
15. TOTAL Liabilities (Line 24) .....	29,669,756	(7,730,076)	21,939,680
16. TOTAL Capital and Surplus (Line 33) .....	10,075,603	X X X	10,075,603
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	39,745,359	(7,730,076)	32,015,283
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	5,561,055		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	18,213,919		
22. Other ceded reinsurance recoverables .....	7,468,620		
23. TOTAL Ceded Reinsurance Recoverables .....	31,243,594		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....	1,826,628		
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	11,464,503		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	13,291,131		
31. TOTAL Net Credit for Ceded Reinsurance .....	17,952,463		

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

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

**NONE**

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4818	Oscar Health, Inc.	00000	461315570			N/A	Oscar Health, Inc. f.k.a Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	41.5	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	473979452			N/A	Mulberry Management Corporation	DE	NIA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	301007548			N/A	Mulberry Ohio Management Corporation	OH	NIA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000	844784269			N/A	Mulberry Insurance Agency	DE	NIA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	RE	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, INC.	PA	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16852	844470932			N/A	Oscar Health Plan of North Carolina, Inc.	NC	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	16854	843281623			N/A	Oscar Managed Care of South Florida, Inc	FL	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Oscar Health, Inc.	00000				N/A	Oscar Golden State Managed Care (HMO)	CA	IA	Oscar Health, Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	

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Asterisk	Explanation
0000001	

## SCHEDULE Y

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH					719,708				719,708	
15281	46-2043136	OSCAR INS CORP		36,800,000			2,361,121				39,161,121	
00000	46-1315570	Oscar Health Inc. f.k.a. Mulberry Health Inc.		(476,579,560)			(127,155,019)				(603,734,579)	
00000	47-3979452	Mulberry Management Corporation		110,423,209			75,695,896				186,119,105	
15829	47-3103726	OSCAR HLTH PLAN OF CA		79,300,000			9,829,976				89,129,976	
15777	47-3185443	OSCAR INS CO OF TX		84,058,723			7,795,123				91,853,846	
15585	47-1142944	OSCAR INS CORP OF NJ					342,478				342,478	
16231	37-1867604	OSCAR GARDEN STATE INS CORP		3,500,000			846,089				4,346,089	
16337	82-4782428	OSCAR HLTH PLAN INC		5,000,000			1,386,433				6,386,433	
16374	82-5440359	OSCAR INS CO OF FL		131,628,628			24,219,611				155,848,239	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP					438,912				438,912	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC		15,000,000			906,985				15,906,985	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC		3,000,000			278,207				3,278,207	
16634	83-3894406	OSCAR HLTH PLAN OF GA		500,000			35,626				535,626	
16854	84-3281623	OSCAR MANAGED CARE OF S FL INC		4,060,000			2,176,335				6,236,335	
16852	84-4470932	OSCAR HLTH PLAN OF NC INC		3,309,000			122,519				3,431,519	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**Response**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |   |     |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | Yes |
| 2. Will an actuarial opinion be filed by March 1?   | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

**APRIL FILING**

- |  |     |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

**JUNE FILING**

- |  |     |
|--|-----|
| 8. Will an audited financial report be filed by June 1?  | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

**AUGUST FILING**

- |   |     |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |    |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No |

**APRIL FILING**

- |   |     |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?   | No  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | No  |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?   | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?  | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | No  |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No  |

**AUGUST FILING**

- |  |    |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16231202022600000

2020

Document Code: 226

LTC Supplemental Interrogatories



16231202030600000

2020

Document Code: 306

Health Life Supplement - April



16231202021100000

2020

Document Code: 211

LHA Guaranty Association Reconciliation



16231202029000000

2020

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16231202030000000

2020

Document Code: 300

Management's Report of Internal Control over Financial Reporting



16231202022300000

2020

Document Code: 223



