

17 Exhibit 1 - Enrollment By Product Type NONE

18 Exhibit 2 - Accident and Health Premiums NONE

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
0299998 Claim Overpayment Receivables - Not Individually Listed 9	..... 9	.....
0299999 Subtotal - Claim Overpayment Receivables 9	..... 9	.....
0799999 Gross Health Care receivables 9	..... 9	.....

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables			9		9	
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)			9		9	

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
0499999 Subtotals
0599999 Unreported claims and other claim reserves						16,259
0699999 TOTAL Amounts Withheld
0799999 TOTAL Claims Unpaid						16,259
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	
	N O N E							
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
Individually Listed Payables				
Oscar Management Corporation	Administrative Service Agreement	2,039	2,039	
Oscar Health, Inc	Tax Sharing Agreement	309,218		309,218
0199999 Total - Individually Listed Payables	X X X	311,257	2,039	309,218
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	311,257	2,039	309,218

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	2,657	100.000	X X X	X X X	2,657	
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	2,657	100.000	X X X	X X X	2,657	
13. TOTAL (Line 4 plus Line 12)	2,657	100.000	X X X	X X X	2,657	

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
NONE					
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	N O N E					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 15585

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,657	2,657								
18. Amount Incurred for Provision of Health Care Services	(146,462)	(146,462)								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

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

NAIC Company Code 15585

	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							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,657	2,657								
18. Amount Incurred for Provision of Health Care Services	(146,462)	(146,462)								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums					(59)
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses				24	704
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	7,585,406		7,585,406
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)			
6. TOTAL Assets (Line 28)	7,585,406		7,585,406
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,259		16,259
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,504,533		2,504,533
15. TOTAL Liabilities (Line 24)	2,520,792		2,520,792
16. TOTAL Capital and Surplus (Line 33)	5,064,614	X X X	5,064,614
17. TOTAL Liabilities, Capital and Surplus (Line 34)	7,585,406		7,585,406
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC 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? (Yes/No)	*
4818	Oscar Health, Inc.	00000	461315570		0001568651	New York Stock Exchange	Oscar Health Inc. f.k.a Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	75.4	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	473979452			N/A	Oscar Management Corporation	DE	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
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	No	
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	No	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, INC.	PA	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
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	No	
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	No	
4818	Oscar Health, Inc.	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ	RE	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
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	No	
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	No	
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	No	
4818	Oscar Health, Inc.	16854	843281623			N/A	Oscar Managed Care of South Florida, Inc.	FL	IA	Oscar South Florida HoldCo. LLC	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	872647289			N/A	Oscar Health Maintenance Organization of Florida, Inc.	FL	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	873575735			N/A	Oscar Management Corporation of Florida	FL	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo. LLC	FL	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	No	
														No	
														No	
														No	
														No	

41

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/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH					363,638				363,638	
15281	46-2043136	OSCAR INS CORP					1,837,981				1,837,981	
00000	46-1315570	Oscar Health, Inc. f.k.a Mulberry Health, Inc.		(1,123,831,419)			(85,875,294)				(1,209,706,713)	
00000	47-3979452	OSCAR MANAGEMENT CORPORATION		470,846,419			42,563,509				513,409,928	
15829	47-3103726	OSCAR HLTH PLAN OF CA		105,000,000			850,406				105,850,406	
15777	47-3185443	OSCAR INS CO OF TX		161,000,000			6,764,430				167,764,430	
15585	47-1142944	OSCAR INS CORP OF NJ					311,257				311,257	
16231	37-1867604	OSCAR GARDEN STATE INS CORP		9,000,000			987,556				9,987,556	
16337	82-4782428	OSCAR HLTH PLAN INC		13,000,000			769,116				13,769,116	
16374	82-5440359	OSCAR INS CO OF FL		290,000,000			27,313,383				317,313,383	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP		5,000,000			600,940				5,600,940	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC		26,500,000			(64,507)				26,435,493	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC		3,500,000			440,025				3,940,025	
16634	83-3894406	OSCAR HLTH PLAN OF GA		26,000,000			2,967,251				28,967,251	
16854	84-3281623	OSCAR MANAGED CARE OF S FL INC		9,100,000			35,788				9,135,788	
16852	84-4470932	OSCAR HLTH PLAN OF NC INC		2,750,000			134,521				2,884,521	
00000	87-2647289	OSCAR HLTH MAINTENANCE ORGANIZATION OF FLORIDA INC		1,800,000							1,800,000	
00000	87-3575735	OSCAR MANAGEMENT CORP OF FL		335,000							335,000	
00000	87-3253539	OSCAR SOUTH FLORIDA HOLDCO LLC										
00000	84-4784269	MULBERRY INSURANCE AGENCY										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Oscar Health Inc.

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Buckeye State Insurance Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of New Jersey	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Managed Care of South Florida, Inc	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Georgia	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of New York, Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Pennsylvania, INC.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation of Ohio	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Garden State Insurance Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of Florida	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



15585202122600000 2021 Document Code: 226

LTC Supplemental Interrogatories



15585202130600000 2021 Document Code: 306

Health Life Supplement - April



15585202121100000 2021 Document Code: 211

LHA Guaranty Association Reconciliation



15585202129000000 2021 Document Code: 290

Management's Report of Internal Control over Financial Reporting



15585202122300000 2021 Document Code: 223

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

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