



# ANNUAL STATEMENT

## For the Year Ended DECEMBER 31, 2023

### OF THE CONDITION AND AFFAIRS OF THE

# Oscar Garden State Insurance Corporation

NAIC Group Code	4818 <small>(Current Period)</small>	4818 <small>(Prior Period)</small>	NAIC Company Code	16231	Employer's ID Number	37-1867604
Organized under the Laws of	New Jersey		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	07/06/2017		Commenced Business	01/01/2018		
Statutory Home Office	820 Bear Tavern Road <small>(Street and Number)</small>			West Trenton, NJ, US 08628 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>		75 Varick Street, 5th Floor <small>(Street and Number)</small>	(646)403-3677 <small>(Area Code) (Telephone Number)</small>		
Mail Address	75 Varick Street, 5th Floor <small>(Street and Number or P.O. Box)</small>			New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	New York, NY, US 10013 <small>(City or Town, State, Country and Zip Code)</small>		75 Varick Street, 5th Floor <small>(Street and Number)</small>	(646)403-3677 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.hioscar.com					
Statutory Statement Contact	Eric Suh <small>(Name)</small>		FinancialReporting@hioscar.com <small>(E-Mail Address)</small>		(646)403-3677 <small>(Area Code)(Telephone Number)(Extension)</small>	
					(212)226-1283 <small>(Fax Number)</small>	

### OFFICERS

Name	Title
Alessandra Quane	President
Victoria Baltrus	Treasurer
Melissa Curtin	Corporate Secretary

### OTHERS

### DIRECTORS OR TRUSTEES

Alessandra Quane	Fausto Palazzetti
Dennis Hillen	Sean Martin MD
Steven Wolin	

State of           New York            
 County of           New York                ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Alessandra Quane	(Signature) Victoria Baltrus	(Signature) Melissa Curtin
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Corporate Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024

- a. Is this an original filing?  
 b. If no: 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
 (Notary Public Signature)

## 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 .....	787,401	749,970	709,946			2,247,317
0299997 Group subscriber subtotal .....						
0299998 Premiums due and unpaid not individually listed .....	5		1,449			1,454
0299999 TOTAL Group .....	5		1,449			1,454
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) ..	787,406	749,970	711,395			2,248,771

### 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
<b>Pharmaceutical Rebate Receivables</b>						
CVS Health .....	533,679	506,517	440,970	573,785	573,785	1,481,166
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	533,679	506,517	440,970	573,785	573,785	1,481,166
0299998 Claim Overpayment Receivables - Not Individually Listed .....	35,920			1,401,967	1,401,967	35,920
0299999 Subtotal - Claim Overpayment Receivables .....	35,920			1,401,967	1,401,967	35,920
<b>Other Health Care Receivables</b>						
CVS Health .....	138,251					138,251
0699998 Other Health Care Receivables - Not Individually Listed .....	3,094					3,094
0699999 Subtotal - Other Health Care Receivables .....	141,345					141,345
0799999 Gross Health Care receivables .....	710,944	506,517	440,970	1,975,752	1,975,752	1,658,431

### 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 .....	1,173,968	3,346,271	18,960	2,035,991	1,192,928	2,311,473
2. Claim overpayment receivables .....			329,515	1,108,372	329,515	754,713
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....			3,094	138,251	3,094	
7. TOTALS (Lines 1 through 6) .....	1,173,968	3,346,271	351,569	3,282,614	1,525,537	3,066,186

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 .....	2,321,101	109,651	10,249	141,526	467,197	3,049,724
0499999 Subtotals .....	2,321,101	109,651	10,249	141,526	467,197	3,049,724
0599999 Unreported claims and other claim reserves .....						21,901,941
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						24,951,665
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>				
Oscar Management Corporation .....	Administrative Service Agreement .....	909,487	909,487	
0199999 Individually Listed Payables .....	X X X .....	909,487	909,487	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	909,487	909,487	

### 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 .....	56,650	0.051	18,842	100.000		56,650
4. TOTAL Capitation Payments .....	56,650	0.051	18,842	100.000		56,650
<b>Other Payments:</b>						
5. Fee-for-service .....	112,096,022	99.949	X X X	X X X		112,096,022
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 .....	112,096,022	99.949	X X X	X X X		112,096,022
13. TOTAL (Line 4 plus Line 12) .....	112,152,672	100.000	X X X	X X X		112,152,672

### 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 .....	<b>NONE</b>					
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			4	5	6	7	8	9	10	11	12	13	14
	Comprehensive (Hospital & Medical)													
	2	3					Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only								
<b>TOTAL Members at end of:</b>														
1. Prior Year .....	16,620	15,728	892											
2. First Quarter .....	17,935	17,168	767											
3. Second Quarter .....	17,561	16,849	712											
4. Third Quarter .....	17,876	17,263	613											
5. Current Year .....	18,842	18,249	593											
6. Current Year Member Months .....	214,142	205,902	8,240											
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	19,169	18,308	861											
8. Non-Physician .....	14,724	14,091	633											
9. TOTAL .....	33,893	32,399	1,494											
10. Hospital Patient Days Incurred .....	5,180	5,047	133											
11. Number of Inpatient Admissions .....	838	807	31											
12. Health Premiums Written (b) .....	121,580,592	117,792,227	3,788,365											
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	121,602,330	117,663,514	3,938,816											
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	112,152,672	108,590,567	3,562,105											
18. Amount Incurred for Provision of Health Care Services .....	114,259,266	110,743,711	3,515,555											

30 New Jersey

(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

30 Grand Total

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year .....	16,620	15,728	892											
2. First Quarter .....	17,935	17,168	767											
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17. Amount Paid for Provision of Health Care Services .....	112,152,672	108,590,567	3,562,105											
18. Amount Incurred for Provision of Health Care Services .....	114,259,266	110,743,711	3,515,555											

(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

## 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;"> <h1 style="margin: 0;">N O N E</h1> </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>						
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE		(22,057)
00000	00-0000000	01/01/2023	NEW JERSEY STATE BASED REINSURANCE PROGRAM	NJ	14,764,289	3,885,482
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					14,764,289	3,863,425
<b>Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>						
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	567,437	640,483
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					567,437	640,483
2199999 Total - Accident and Health - Non-Affiliates					15,331,726	4,503,908
2299999 Total - Accident and Health					15,331,726	4,503,908
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					14,764,289	3,863,425
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					567,437	640,483
9999999 Total (Sum of 1199999 and 2299999)					15,331,726	4,503,908

## 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>													
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/G	CMM	65,620						
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	67,882						
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/G	CMM	11,169						
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/I	CMM	270,244						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							414,915						
1099999 Total - General Account - Authorized - Non-Affiliates							414,915						
1199999 Total - General Account - Authorized							414,915						
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	01/01/2021	Axa France Vie	FRA	QA/G	CMM	6,255						
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	QA/I	CMM	(1,372,828)						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							(1,366,573)						
2199999 Total - General Account - Unauthorized - Non-Affiliates							(1,366,573)						
2299999 Total - General Account - Unauthorized							(1,366,573)						
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							(951,658)						
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													

## 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			
8499999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total														
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)							414,915							
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							(1,366,573)							
9999999 Total (Sum of 4599999 and 9099999)							(951,658)							

## 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	01/01/2021	Axa France Vie		1,207,920	756,617	1,964,537			1,567,971				1,567,971
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971
2199999 Total - General Account - Accident and Health - Non-Affiliates					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971
2299999 Total - General Account - Accident and Health					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971
2399999 Total - General Account					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971
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)					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971
9999999 Total (Sum of 2399999 and 3499999)					1,207,920	756,617	1,964,537		X X X	1,567,971				1,567,971

(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;">NONE</div> Issuing or Confirming Bank Name	Letters of Credit Amount

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	(952)	37,659	37,225	51,056	30,491
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....	(600)	3,930	3,760	5,645	
5. TOTAL Hospital and Medical Expenses .....	22,832	45,454	42,059	52,201	
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	(54)	(4,941)	(15,326)	(11,465)	
7. Claims payable .....	4,504	10,918	9,503	5,561	
8. Reinsurance recoverable on paid losses .....	15,332	21,609	17,869	18,214	19,430
9. Experience rating refunds due or unpaid .....	952	370	2,697	7,262	
10. Commissions and reinsurance expense allowances due .....		1,085	1,925	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) .....	1,568	13,559	6,188	4,681	
16. Other (O) .....			13,402	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) .....	42,859,872		42,859,872
2. Accident and health premiums due and unpaid (Line 15) .....	2,249,214		2,249,214
3. Amounts recoverable from reinsurers (Line 16.1) .....	15,331,726	(15,331,726)	
4. Net credit for ceded reinsurance .....	X X X	20,336,814	20,336,814
5. All other admitted assets (Balance) .....	2,723,582	(951,980)	1,771,602
6. TOTAL Assets (Line 28) .....	63,164,394	4,053,108	67,217,502
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	20,447,757	4,503,908	24,951,665
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	3,004,505		3,004,505
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) .....	396,566	(396,566)	
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) .....	15,805,242	(54,234)	15,751,008
15. TOTAL Liabilities (Line 24) .....	39,654,070	4,053,108	43,707,178
16. TOTAL Capital and Surplus (Line 33) .....	23,510,324	X X X	23,510,324
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	63,164,394	4,053,108	67,217,502
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	4,503,908		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	15,331,726		
22. Other ceded reinsurance recoverables .....	951,980		
23. TOTAL Ceded Reinsurance Recoverables .....	20,787,614		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....	396,566		
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	54,234		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	450,800		
31. TOTAL Net Credit for Ceded Reinsurance .....	20,336,814		

## SCHEDULE T - PART 2

### INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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.	DE	UDP	Thrive Capital Partners III, LP	Ownership	73.3	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	473979452			N/A	Oscar Management Corporation	DE	NIA	Oscar Health, Inc.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	844784269			N/A	Mulberry Insurance Agency	DE	NIA	Oscar 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.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	RE	Oscar 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.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Oscar 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.	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.	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.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Oscar 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.	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Oscar 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.	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.	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, FCHN Holy Cross HoldCo, LLC	No	0000000
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo, LLC	DE	NIA	Oscar Health, Inc.	Ownership	50.0	Joshua Kushner	No	0000001
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo, LLC	DE	NIA	FCHN Holy Cross HoldCo, LLC	Ownership	50.0	FCHN Holy Cross HoldCo, LLC	No	0000001

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Asterisk	Explanation
0000001	Oscar South Florida Holdco, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross HoldCo, LLC, a non-affiliated entity

## 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)
00000	461315570	Oscar Health Inc.	4,146,433	4,353,567			(7,351,070)				1,148,930	
00000	473979452	Oscar Management Corporation					(360,364,627)				(360,364,627)	
00000	844784269	Mulberry Insurance Agency					83,883				83,883	
16416	825264817	Oscar Buckeye State Insurance Corporation					6,345,198				6,345,198	
16231	371867604	Oscar Garden State Insurance Corporation					10,530,287				10,530,287	
16337	824782428	Oscar Health Plan Inc.					9,786,599				9,786,599	
15829	473103726	Oscar Health Plan of California					13,553,426				13,553,426	
16634	833894406	Oscar Health Plan of Georgia		5,000,000			24,347,541				29,347,541	
16597	832766385	Oscar Health Plan of New York, Inc.					(327,385)				(327,385)	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.		1,500,000			3,214,517				4,714,517	
15777	473185443	Oscar Insurance Company					89,120,196				89,120,196	
16374	825440359	Oscar Insurance Company of Florida					193,650,362				193,650,362	
15585	471142944	Oscar Insurance Company of New Jersey		(5,000,000)			15,219				(4,984,781)	
15281	462043136	Oscar Insurance Corporation					5,071,387				5,071,387	
16202	364859637	Oscar Insurance Corporation of Ohio	(4,146,433)	(5,853,567)			5,684,069				(4,315,931)	
16852	844470932	Oscar Health Plan of North Carolina, Inc.					2,567,838				2,567,838	
16854	843281623	Oscar Managed Care of South Florida, Inc		3,988,778			4,072,560				8,061,338	
00000	873253539	Oscar South Florida HoldCo. LLC		(3,988,778)							(3,988,778)	
9999999	Control Totals								XXX			

Schedule Y Part 2 Explanation:

## 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. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Buckeye State Insurance Corporation	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Health Plan of Georgia	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Health Plan of New York, Inc.	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Health Plan of Pennsylvania, Inc.	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Insurance Corporation of Ohio	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Garden State Insurance Corporation	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Insurance Corporation	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Insurance Company	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Insurance Company of Florida	Oscar Health, Inc. ....	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc. ....	73.3%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC	100.0%	No	FCHN Holy Cross HoldCo, LLC	Oscar South Florida HoldCo, LLC	50.0%	Yes

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**RESPONSES**

**REQUIRED FILINGS**

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 |

**SUPPLEMENTAL FILINGS**

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**

- |  |     |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No  |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No  |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No  |
| 13. 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  |
| 14. 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  |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 16. 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  |
| 17. 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  |
| 18. 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  |
| 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?  | Yes |

**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 and 2) be filed with the state of domicile and the NAIC by April 1?                                       | Yes |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | Yes |

**AUGUST FILING**

- |  |    |
|--|----|
| 24. 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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories





# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



16231202321100000

2023

Document Code: 211

Management's Report of Internal Control over Financial Reporting



16231202322300000

2023

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. Cash Infusion Received with SSAP 72 Approval .....	.....	.....	.....	11,000,000
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	.....	11,000,000



**Market Conduct Annual Statement (MCAS) Premium Exhibit For Year**

For the Year Ended DECEMBER 31, 2023

(To Be Filed by March 1)

For the State of New Jersey

NAIC Group Code 4818

NAIC Company Code 16231

MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability Income .....	NO .....
2. Health .....	YES .....
3. Homeowners .....	NO .....
4. Individual Annuity .....	NO .....
5. Individual Life .....	NO .....
6. Lender-Placed Home and Auto .....	NO .....
7. Long-Term Care .....	NO .....
8. Other Health .....	NO .....
9. Private Flood .....	NO .....
10. Private Passenger Auto .....	NO .....
11. Short-Term Limited Duration Health Plans .....	NO .....
12. Travel .....	NO .....