

# ANNUAL STATEMENT For the Year Ended DECEMBER 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

**Oscar Garden State Insurance Corporation** 

NAIC Group Code	4818	, 4818	NAIC Company Code	16231	Employer's ID Number	37-1867604
	(Current Period)	(Prior Period)				
Organized under the Laws of		New Jersey	, State of Domi	cile or Port of Entry		NJ
Country of Domicile		United States of America				
Licensed as business type:	Life, Accident & Dental Service Other[ ]	Corporation[] V	roperty/Casualty[ ] ision Service Corporation[ ] : HMO Federally Qualified? Yes[ ] N	Health M	Medical & Dental Service or Indaintenance Organization[ ]	emnity[ ]
Incorporated/Organized		07/06/2017	Comme	enced Business	01/01/201	8
Statutory Home Office		820 Bear Tavern Ro	oad , ,		West Trenton, NJ, US 08628	3
Main Administrative Office		(Street and Number)		(0 reet, 5th Floor	City or Town, State, Country and Zip (	Code)
		ov. Varis NV 110 10012		nd Number)	(646)402 2677	
		ew York, NY, US 10013 n, State, Country and Zip Code)			(646)403-3677 (Area Code) (Telephone Num	her)
Mail Address	(0.1) 0	75 Varick Street, 5th I	Floor ,		New York, NY, US 10013	23.7
Primary Location of Books a	nd Docords	(Street and Number or P.C	•	)) rick Street, 5th Floor	City or Town, State, Country and Zip	Code)
Filliary Location of Books a	ilia Recolas			treet and Number)		
		York, NY, US 10013			(646)403-3677	
Internet Website Address	(City or Tow	n, State, Country and Zip Code) www.hioscar.c	nom		(Area Code) (Telephone Num	ber)
internet Website Address		www.nioscar.c	JOIII .			
Statutory Statement Contact	t	Eric Suh			(646)403-3677	
	Financia	(Name) IReporting@hioscar.com			(Area Code)(Telephone Number)(E (212)226-1283	extension)
		(E-Mail Address)			(Fax Number)	
County of C  The officers of this reporting entity the absolute property of the said reportained, annexed or referred to deductions therefrom for the perional differ; or, (2) that state rules of this atterview.	eporting entity, free and is a full and true state of ended, and have been regulations require estation by the descrit	Janet Liang # Sean Martin MD Lori Nelson #  ss  ch depose and say that they are to the depose and say that they are the they are	Liang President Treasurer Corporate Secretar  OTHERS  RECTORS OR TRUSTI  The described officers of said reporting entity person, except as herein stated, and that the sa and of the condition and affairs of the said the NAIC Annual Statement Instructions and to accounting practices and procedures, a ed corresponding electronic filing with the Nous regulators in lieu of or in addition to the	Fausto Palazze Geoffrey Bartsh  r, and that on the reporti is statement, together w id reporting entity as of the doccounting Practices according to the best of the lalic, when required, the	ing period stated above, all of the her with related exhibits, schedules and eventhe reporting period stated above, and and Procedures manual except to the their information, knowledge and belie	oplanations therein d of its income and e extent that: (1) state law ef, respectively.
	(Signature) lanet Liang trinted Name) 1. President (Title) In to before me this		(Signature) Victoria Baltrus (Printed Name) 2. Treasurer (Title)  Is this an original filing? If no: 1. State the amendment r 2. Date filed 3. Number of pages attace		(Signature) Melissa Curtin (Printed Name) 3. Corporate Secreta (Title)  Yes[X] No[]	ary

(Notary Public Signature)

# **ASSETS**

	ASS	<u> </u>			
			Current Year		Prior Year
		1	2 Nonadmitted	3 Net Admitted Assets	4 Net Admitted
		Assets	Assets	(Cols.1-2)	Assets
1.	Bonds (Schedule D)	1= 011 001		1=011001	7.000.0
2.	Stocks (Schedule D):	10,011,001			
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	l			
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$11,732,848, Schedule E-Part 1), cash equivalents				
	(\$1,949,245, Schedule E-Part 2) and short-term investments				
	(\$0, Schedule DA)	13.682.093		13.682.093	42.859.872
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)	l I			
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	29 326 787		29 326 787	42 859 872
13.	Title plants less \$0 charged off (for Title insurers only)	l I			
14.	Investment income due and accrued				
15.	Premiums and considerations:	122,143			
10.	15.1 Uncollected premiums and agents' balances in the course of				
	collection	5 601 171		5 601 171	2 2/0 771
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$0 earned but unbilled premiums)			3,031,171	2,240,771
	15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$1,948,990)			1 948 990	443
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	603,655		603,655	951,980
17.	Amounts receivable relating to uninsured plans				
18.1 18.2	Current federal and foreign income tax recoverable and interest thereon  Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	l I			
24.	Health care (\$3,869,645) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	69,100,910	1,210,206	67,890,704	63,164,394
27.	From Separate Accounts, Segregated Accounts and Protected Cell				, ,
00	Accounts		4.040.000	07.000.704	00 404 004
28.	TOTAL (Lines 26 and 27)	69,100,910		67,890,704	63,164,394
	ILS OF WRITE-INS		ı	Т	
1102.					
1103.	O	l I			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	TPA Deposit	·	· ·		
2502.					
2503.		l I			
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	87,064	87,064		

# LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1	2	3	4
	Oleine was id (less 0 4 000 000 misses and d)	Covered	Uncovered	Total	Total
1.		28,287,341			
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	457,245		457,245	346,551
4.	Aggregate health policy reserves, including the liability of \$114,621 for medical loss	4 444 704		4 444 704	E 004 C40
_	ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	6,057,982		6,057,982	4,265,026
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				0.047.555
	on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities	1			
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$0 authorized reinsurers,				
	\$0 unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates	1			
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$1,829,727 current)				
24.	TOTAL Liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock			· ·	
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds				
31.	Unassigned funds (surplus)	X X X	X X X	(29,826,955)	(29,289,676)
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$				
	32.20 shares preferred (value included in Line 27 \$				
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)				
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	67,890,704	63,164,394
2301.	LS OF WRITE-INS Advanced premium tax credit payable	1 705 0/15		1 705 0//5	1 573 580
2302.	Premium refunds payable				
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399. 2501.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)			1,829,727	
2502.		X X X	X X X		
2503.					
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
3001.	TOTALS (Lines 2501 through 2503 plus 2596) (Line 25 above)				
3002.		X X X	X X X		
3003.	Commence of commission with in fact in 20 from a conflavor				
3098. 3099.	Summary of remaining write-ins for Line 30 from overflow page TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				
JU33.	TO THEO LEHICO SOUT HITOUGH SOUS PIUS SOUSO) (EITIE SO ADOVE)	^ ^ ^	^ ^ ^		

# STATEMENT OF REVENUE AND EXPENSES

		Currer	nt Year	Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months			
2.	Net premium income (including \$0 non-health premium income)			
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ 0 medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues			
	Aggregate write-ins for other non-health revenues			
8.	TOTAL Revenues (Lines 2 to 7)			
-	Il and Medical:		154,451,565	122,000,900
9.	Hospital/medical benefits		141 467 202	00 717 010
9. 10.	Other professional services			
	·			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		158,589,131 	114,259,266
Less:				
17.	Net reinsurance recoveries			
	TOTAL Hospital and Medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$1,181,467 cost containment expenses			
21.	General administrative expenses		27,000,606	20,608,489
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in			
	reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)		' ' '	
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$0			
27.	Net investment gains (losses) (Lines 25 plus 26)		1,984,074	1,357,527
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)	X X X	(3,196,900)	10,067,014
31.	Federal and foreign income taxes incurred	X X X	(528,700)	2,197,573
32.	Net income (loss) (Lines 30 minus 31)	X X X	(2,668,200)	7,869,441
<b>DETAIL</b> 0601.	S OF WRITE-INS	XXX		
0602.				
0603.			l I	
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page			
0701.		X X X		
0702. 0703.			l I	
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page		l I	
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401. 1402.				
1402.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499. 2901.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2902.				
2903.	Summary of romaining write ine for Line 20 from quartley page			
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

# **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	23,510,324	14,007,241
34.	Net income or (loss) from Line 32	(2,668,200)	7,869,441
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	2,418,731	(1,556,789)
40.	Change in unauthorized and certified reinsurance	(287,810)	3,190,431
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
10.	45.1 Paid in		
	,		
40	·		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)		
49.	Capital and surplus end of reporting year (Line 33 plus 48)	22,973,045	23,510,324
4701.			
4702.			
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page		
4798.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation CASH FLOW

	CASH FLOW	1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	146,411,401	117,737,529
2.	Net investment income	1,700,867	1,357,527
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	148,112,268	119,095,056
5.	Benefit and loss related payments	132,999,127	76,614,868
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	25,634,991	24,396,501
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	3,172,297	(127,752)
10.	TOTAL (Lines 5 through 9)	161,806,415	100,883,617
11.	Net cash from operations (Line 4 minus Line 10)	(13,694,147)	18,211,439
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	4,663,320	
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	20 146 952	
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)		
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(15,403,032)	
16	Cash provided (applied):		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		11,000,000
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(29,177,779)	29,211,439
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	13,682,093	42,859,872

Note: Supplemental	Disclosures of C	ach Flow Informatio	on for Non Cach	Transactions:
Note, Supplemental	Disclusures of G	asii fiuw iiiiuiiiiaii	JII IUI NUII•Gasii	Hansachuns.

	20.0001		
- 1	20.0001	 	

# **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

		1	Comprel (Hospital &		4	5	6	7 Federal	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	154.429.973	151,493,781	2.936.192											
2.	Change in unearned premium reserves and reserve for rate credit	1,412	1,412												
3.	Fee-for-service (net of \$ medical expenses)														x x x
4.	Risk revenue														XXX
5.	Aggregate write-ins for other health care related revenues														x x x
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	XXX	X X X	xxx	X X X	X X X	XXX	x x x	XXX	x x x	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	154,431,385	151,495,193	2,936,192											
8.	Hospital/medical benefits	141,467,302	139,257,472	2,209,830											XXX
9.	Other professional services	2,384,635	2,359,424	25,211											XXX
10.	Outside referrals														XXX
11.	Emergency room and out-of-area	2,776,627	2,731,863	44,764											x x x
12.	Prescription drugs	11,960,567	11,694,203	266,364											XXX
13.	Aggregate write-ins for other hospital and medical														x x x
14.	Incentive pool, withhold adjustments and bonus amounts														x x x
15.	Subtotal (Lines 8 to 14)	158,589,131	156,042,962	2,546,169											XXX
16.	Net reinsurance recoveries	28,335,201	28,266,819	68,382											x x x
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	130,253,930	127,776,143	2,477,787											XXX
18.	Non-health claims (net)		X X X	X X X	x x x	X X X	xxx	XXX	xxx	xxx	xxx	x x x	xxx	X X X	
19.	Claims adjustment expenses including \$1,181,467 cost														
	containment expenses	2,357,823	2,354,778	3,045											
20.	General administrative expenses	27,000,606	26,722,914	277,692											
21.	Increase in reserves for accident and health contracts														x x x
22.	Increase in reserves for life contracts		X X X	X X X	XXX	X X X	xxx	XXX	xxx	xxx	xxx	x x x	xxx	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	159,612,359	156,853,835	2,758,524											T
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(5,180,974)	(5,358,642)	177,668											T
	AILS OF WRITE-INS	(-,, -,	(=,===,= ,	,											
0501													T		XXX
0502															XXX
0503															XXX
0598															X X X
	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601	, , , , ,		X X X	X X X	XXX	X X X	X X X	XXX	X X X	XXX	XXX	XXX	X X X	X X X	
0602			XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	Summary of remaining write-ins for Line 6 from overflow page		XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699			XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301	, ,, ,														XXX
1302															XXX
1303															XXX
	Summary of remaining write-ins for Line 13 from overflow page														XXX
	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

7

# PART 1 - PREMIUMS

		1	2	3	4
					Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical) Individual	152,912,260		1,418,479	151,493,781
2.	Comprehensive (hospital and medical) Group	2,963,949		27,757	2,936,192
3.	Medicare Supplement				
4.	Vision only				
5.	Dental only				
6.	Federal Employees Health Benefits Plan				
7.	Title XVIII - Medicare				
8.	Title XIX - Medicaid				
9.	Credit A&H				
10.	Disability Income				
11.	Long-Term Care				
12.	Other health				
13.	Health subtotal (Lines 1 through 12)	155,876,209		1,446,236	154,429,973
14.	Life				
15.	Property/casualty				
16.	TOTALS (Lines 13 to 15)			1,446,236	154,429,973

PART 2 - CLAIMS INCURRED DURING THE YEAR

	4 1						INE IEAR			10	144	40	40	44
	1	Comprel		4	5	6	_ / .	8	9	10	11	12	13	14
		(Hospital 8					Federal							
		2	3				Employees	Title	Title			Long-		
				Medicare	Vision	Dental	Health	XVIII	XIX	Credit	Disability	Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	A&H	Income	Care	Health	Non-Health
Payments during the year:														
1.1 Direct	151,708,561	. 149,036,651	2,671,910											
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	18,731,262													
	132,977,299	. 130,350,602	2,626,697											
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	32,914,010	32,399,954	514,056											
3.2 Reinsurance assumed														
3.3 Reinsurance ceded	4,626,669	4,538,461	88,208											
3.4 Net	28,287,341	27,861,493	425,848											
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	616,279	611,931	4,348											
4.2 Reinsurance assumed														
	616,279	611.931	4,348											
6. Net healthcare receivables (a)	1,358,604		(9.736)											
7. Amounts recoverable from reinsurers December 31, current year	24,812,904	24,819,068												
Claim liability December 31, prior year from Part 2A:	2 1,0 12,00 1	2 1,0 10,000	(0,101)											
	24,951,665	24,319,737	631.928											
8.2 Reinsurance assumed		21,010,707												
	4,503,908	4,485,801	18 107											
	20,447,757													
Claim reserve December 31, prior year from Part 2D:	20,777,737	13,000,000	010,021											
9.1 Direct	330.450	317 /07	21.053											
9.2 Reinsurance assumed		,	21,900											
9.3 Reinsurance ceded														
9.4 Net	330.450	217 407	24.052											
10. Accrued medical incentive pools and bonuses, prior year	339,430	317,497	21,953											
1	15,331,726	15 000 050	40.700											
11. Amounts recoverable from reinsurers December 31, prior year	15,331,726	15,290,958	40,768											
12. Incurred benefits:	450 500 404	450 040 000	0.540.400											
12.1 Direct	158,589,131		2,546,169											
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	28,335,201													
12.4 Net	130,253,930		<u> </u>											
13. Incurred medical incentive pools and bonuses														

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

### PART 2A - CLAIMS LIABILITY FND OF CURRENT YEAR

		FAI	11 ZA - CI	LAIIVIO LIA	DILITI LI	יט טר ט	UKKENI TI	LAN						
	1	Compret	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital &	& Medical)				Federal							
		2	3				Employees	Title	Title			Long-		
				Medicare	Vision	Dental	Health	XVIII	XIX	Credit	Disability	Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	A&H	Income	Care	Health	Non-Health
Reported in Process of Adjustment:	1000	marriada	Огоар	Саррістісті	O.i.iy	O.III	Bononto i iuni	Modicaro	Wodrodia	710.11	micomic	Garo	Hount	- Hom Hould
1.1 Direct	3/17 565	325,294	22,271											
1.0 Daineumana accument														
1.4 Net	347,505	325,294	22,271											
2. Incurred but Unreported:														
2.1 Direct	32,566,445	32,074,660	491,785											
2.2 Reinsurance assumed														
2.3 Reinsurance ceded	4,626,669	4,538,461	88,208											
2.4 Net	27,939,776	27,536,199	403,577											
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
	20.044.040	20 200 054	E44.0EC											
4.1 Direct			514,056											
4.2 Reinsurance assumed														
4.3 Reinsurance ceded		4,538,461	88,208											
4.4 Net	28,287,341	27,861,493	425,848											

				Claim Reser	ve and Claim	5	6
		Cla	ims	Liability De	cember 31		
		Paid Durin	g the Year	of Curre	ent Year		
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical) Individual						
2.	Comprehensive (hospital and medical) Group				218,321	1,372,095	635,773
3.	Medicare Supplement						
4.	Vision only						
5.	Dental only						l
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)						
14.	Healthcare receivables (a)	2,082,473	7,656,038	813,935	4,178,852	2,896,408	3,634,183
15.	Other non-health						
16.	Medical incentive pools and bonus amounts						
17.	TOTALS (Lines 13 - 14 + 15 + 16)	10,244,294	113,251,827	2,166,670	21,744,163	12,410,964	17,153,024

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

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

## **Grand Total**

## Section A - Paid Health Claims

Oction 71 and modelin Channel											
			Cun	nulative Net Amounts I	Paid						
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2020	2021	2022	2023	2024					
1.	Prior	2,702	2,471	2,453	2,637	2,530					
2.	2020	4,021	8,645	9,040	9,017	9,058					
3.	2021	x x x	35,396	42,612	43,676	43,957					
4.	2022	x x x	X X X	45,819	50,750	51,950					
5.	2023	x x x	X X X	X X X	76,181	85,010					
6.	2024	x x x	X X X	X X X	X X X	113,252					

## **Section B - Incurred Health Claims**

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool								
			and Bonu	ises Outstanding at Er	nd of Year					
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2020	2021	2022	2023	2024				
1.	Prior	3,211	2,819	2,498	2,752	2,530				
2.	2020	8,810	9,358	9,406	9,109	9,519				
3.	2021	X X X	42,790	44,570	44,052	44,172				
4.	2022	X X X	X X X	55,148	51,133	52,200				
5.	2023	X X X	X X X	X X X	96,002	87,065				
6.	2024	X X X	X X X	X X X	X X X	139,175				

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

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2020	15,142	9,058	1,615	17.831	10,673	70.487	461	14	11,148	73.624
2.	2021	53,933	43,957	10,991	25.004	54,948	101.882	215	5	55,168	102.290
3.	2022	54,453	51,950	54,378	104.674	106,328	195.266	250	6	106,584	195.736
4.	2023	122,554	85,010	1,830	2.153	86,840	70.859	2,055	29	88,924	72.559
5.	2024	154,431	113,252	1,949	1.721	115,201	74.597	25,923	403	141,527	91.644

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

## **Hospital and Medical**

## Section A - Paid Health Claims

		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2020	2021	2022	2023	2024				
1.	Prior	2,702	2,471	2,453	2,637	2,530				
2.	2020	4,021	8,645	9,040	9,017	9,058				
3.	2021	X X X	35,396	42,612	43,676	43,957				
4.	2022	X X X	X X X	45,819	50,750	51,950				
5.	2023	X X X	X X X	XXX	76,181	85,010				
6.	2024	X X X	X X X	X X X	x x x	113,252				

### Section B - Incurred Health Claims

	0000011	, illouilea lie	aitii Oiaiiiio			
		Sum of Cumulati	ive Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medic	al Incentive Pool
			and Bonu	ises Outstanding at Er	nd of Year	
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2020	2021	2022	2023	2024
1.	Prior	3,211	2,819	2,498	2,752	2,530
2.	2020	8,810	9,358	9,406	9,109	
3.	2021	X X X	42,790	44,570	44,052	44,172
4.	2022	X X X	X X X	55,148	51,133	52,200
5.	2023	X X X	X X X	X X X	96,002	87,065
6.	2024	X X X	X X X	X X X	X X X	139,175

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

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2020	15,142	9,058	1,615	17.831	10,673	70.487	461	14	11,148	73.624
2.	2021	53,933	43,957	10,991	25.004	54,948	101.882	215	5	55,168	102.290
3.	2022	54,453	51,950	54,378	104.674	106,328	195.266	250	6	106,584	195.736
4.	2023	122,554	85,010	1,830	2.153	86,840	70.859	2,055	29	88,924	72.559
5.	2024	154,431	113,252	1,949	1.721	115,201	74.597	25,923	403	141,527	91.644

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental OnlyNONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other
12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - OtherNONE

# UNDERWRITING AND INVESTMENT EXHIBIT PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Compre		4	5	6	7	8	9	10	11	12	13
	-	(Hospital 8	3				Federal Employees	Title	Title				
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
Unearned premium reserves							201101110111011			7.0			0 4.10.
Additional policy reserves (a)													
Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including													
\$0 for investment income)	114 621	114 621											
5. Aggregate write-ins for other policy reserves													
6. TOTALS (Gross)													
7. Reinsurance ceded		200,000											
8. TOTALS (Net) (Page 3, Line 4)		235 330											
Present value of amounts not yet due on claims	616 270	611 031	1,170,303										
10. Reserve for future contingent benefits													
Aggregate write-ins for other claim reserves													
12. TOTALS (Gross)													
13. Reinsurance ceded			4,340										
			4.040										
14. TOTALS (Net) (Page 3, Line 7)	616,279	611,931	4,348										
DETAILS OF WRITE-INS	4 007 000	100 710	4 470 005	I				Γ	T			1	1
0501. ACA Risk Adjustment Payable		-											
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)		120,718	1,176,365										
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page													
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)													

<sup>(</sup>a) Includes \$.....0 premium deficiency reserve.

# PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustm	ent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$0 for occupancy of own building)					
2.	Salaries, wages and other benefits	1,083,839	439,589	4,623,338		6,146,766
3.	Commissions (less \$48,345 ceded plus \$0					
	assumed)					
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses					
8.	Marketing and advertising					
9.	Postage, express and telephone		44,123	75,636		119,759
10.	Printing and office supplies			7,384		7,384
11.	Occupancy, depreciation and amortization			1,424,139		1,424,139
12.	Equipment			(7,174)		(7,174)
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services			27,810		27,810
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate			(7)		(7)
17.	Collection and bank service charges					
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses			3,767		3,767
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	TOTAL Expenses Incurred (Lines 1 to 25)					
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year					
29.	Amounts receivable relating to uninsured plans, prior year		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus					
	30)	1,201,189	1,045,940	25,207,650	4,847	27,459,626
DETA	ILS OF WRITE-INS	,		20,201,000		
	Interest Penalties			59,777		59,777
	Bad Debts			191,520		191,520
2503.	500 5000					
	Summary of remaining write-ins for Line 25 from overflow page					
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			251,297		251,297
				201,201		201,201

<sup>(</sup>a) Includes management fees of \$..................0 to affiliates and \$.................0 to non-affiliates.

# **EXHIBIT OF NET INVESTMENT INCOME**

	EXHIBIT OF NET INVESTMENT INCOM	1	1 ^
		1	2
ı		Collected	Earned
		During Year	
1.			330,709
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)		123,699
1.3	Bonds of affiliates	` '	
2.1	Preferred stocks (unaffiliated)	` '	
2.11	Preferred stocks of affiliates		
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate	` '	
5.			
6.	Cash, cash equivalents and short-term investments	(e) 1,506,939	1,508,757
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	TOTAL gross investment income	1,841,020	
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	TOTAL Deductions (Lines 11 through 15)		4,847
17.	Net Investment income (Line 10 minus Line 16)		1,958,318
DETAIL	LS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		
	des \$138,911 accrual of discount less \$3,605 amortization of premium and less \$156,851	paid for accrued into	erest on purchases.
(b) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	accrued dividends of	on purchases.
(c) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for des \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encum	accrued interest on	purcnases.
(e) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	accrued interest on	purchases.
(f) Inclu	des \$0 accrual of discount less \$0 amortization of premium.		
(g) Inclu	des \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding feder	ral income taxes, atti	ributable to
	egated and Separate Accounts. des \$0 interest on surplus notes and \$0 interest on capital notes.		
	des \$0 depreciation on real estate and \$0 depreciation on other invested assets.		

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

	EVUIDIT OF (	ALIIVE A	CAIINO (L	OOOLO		
		1	2	3	4	5
				Total Realized		Change in
		Realized Gain		Capital Gain		Unrealized Foreign
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)
1.	U.S. Government bonds	23,810		23,810		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	1,946		1,946		
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)	25,756		25,756		
DETA	AILS OF WRITE-INS					
0901						
0902						
0903						
0998	Summary of remaining write-ins for Line 9 from overflow page					
0999	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation EXHIBIT OF NONADMITTED ASSETS

			1	2	3
			Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.		(Schedule D)			
2.		s (Schedule D):			
	2.1	Preferred stocks			
	2.2	Common stocks			
3.		age loans on real estate (Schedule B):			
	3.1	First liens			
	3.2	Other than first liens			
4.		state (Schedule A):			
	4.1	Properties occupied by the company			
	4.2	Properties held for the production of income			
_	4.3	Properties held for sale			
5.		Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
		ments (Schedule DA)			
6.		ict loans			
7.		tives (Schedule DB)			
8.		invested assets (Schedule BA)			
9.		vables for securities			
10.		ties lending reinvested collateral assets (Schedule DL)			
11.		gate write-ins for invested assets			
12.		als, cash and invested assets (Lines 1 to 11)			
13.		ants (for Title insurers only)			
14.		ment income due and accrued			
15.		ums and considerations:			
	15.1	Uncollected premiums and agents' balances in the course of collection			
	15.2	Deferred premiums, agents' balances and installments booked but deferred and			
		not yet due			
4.0	15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsu				
	16.1	Amounts recoverable from reinsurers			
	16.2	Funds held by or deposited with reinsured companies			
	16.3	Other amounts receivable under reinsurance contracts			
17.		nts receivable relating to uninsured plans			
18.1		at federal and foreign income tax recoverable and interest thereon			
18.2		ferred tax asset			
19.		nty funds receivable or on deposit			
20.		onic data processing equipment and software			
21.		re and equipment, including health care delivery assets			
22.		justment in assets and liabilities due to foreign exchange rates			
23.		vables from parent, subsidiaries and affiliates			
24.		care and other amounts receivable			
25.		gate write-ins for other-than-invested assets	87,064	1,653,185	1,566,121
26.		Assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
		nts (Lines 12 to 25)			
27.	From S	Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.		_ (Lines 26 and 27)	1,210,206	3,628,937	2,418,731
	LS OF V	VRITE-INS	T		
1101.					
1102.					
1103.					
1198.		ary of remaining write-ins for Line 11 from overflow page			
1199.	TOTAL	_S (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	TPA D	eposits	87,064	87,064	
2502.		d Taxes			
2503.		d Invoices			
2598.	Summ	ary of remaining write-ins for Line 25 from overflow page	<u></u>		
	TOTAL	_S (Lines 2501 through 2503 plus 2598) (Line 25 above)	87 064	1 653 185	1 566 121

# **EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

			Tota	I Members at En	d of		6
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations						
2.	Provider Service Organizations						
3.	Preferred Provider Organizations	18,842	21,297	21,979	22,802	23,416	261,942
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL				22,802	23,416	261,942
DETAIL	LS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

### ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation

# **Notes to Financial Statements**

### 1. Summary of Significant Accounting Policies and Going Concern

### A. Accounting Policies

The financial statements of Oscar Garden State Insurance Corporation ("The Company") are presented on the basis of accounting practices prescribed or permitted by the New Jersey Department of Banking and Insurance ("NJ DOBI").

The NJ DOBI recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Jersey Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of New Jersey. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey is shown below:

		SSAP#	F/S Page	F/S Line #	Twelve Months Ended December 31, 2024	Twelve Months Ended December 31, 2023
NET	INCOME:					
(1)	Net Income (loss), NJ SAP state basis (Page 4, Line 32, Columns 2 & 3)				\$ (2,668,200)	\$ 7,869,441
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)				\$ (2,668,200)	\$ 7,869,441
SUF	RPLUS					
(5)	Statutory Surplus, NJ SAP state basis (Page 3, Line 33, Columns 3 & 4)				\$ 22,973,045	\$ 23,510,324
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)				\$ 22,973,045	\$ 23,510,324

### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### C. Accounting Policy

Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratably over the terms of the applicable reinsurance contracts. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing, are charged to operations as incurred.

In addition, the Company used the following accounting polices:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized costs using the effective interest method.
- (3-9) Not Applicable
- (10) The Company anticipates net investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- $(12)\ The\ Company\ has\ not\ modified\ its\ capitalization\ policy\ from\ prior\ period.$
- (13) The Company's Pharmacy Benefit Manager, CVS Health, has contractually guaranteed minimum pharmaceutical rebates. These amounts determine the Company's estimated receivable adjusted for payments received.

### D. Going Concern

As of March 1, 2025, the management team has evaluated the Company's operations and financial position. No uncertainties or doubt exist about the Company's ability to continue as a going concern.

- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

### 5. Investments

- A-K. Not Applicable
- L. Restricted Assets
  - (1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted ) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted ) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale- excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$ 109,276	\$ 106,092	\$ 3,184		\$ 109,276	0.158 %	0.161 %
k.	On deposit with other regulatory bodies							
1.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total Restricted Assets	\$ 109,276	\$ 106,092	\$ 3,184		\$ 109,276	0.158 %	0.161 %

<sup>(</sup>a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2)-(4) Not Applicable

M-S. Not Applicable

## **6. Joint Ventures, Partnerships and Limited Liability Companies** - Not Applicable

### 7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	ncome Due and Accrued Amount		
1. Gross	\$	122,145	
2. Nonadmitted	\$	_	
3. Admitted	\$	122,145	

D. The aggregate deferred interest.

	<u>Amount</u>
Aggregate Deferred Interest	\$ —

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

	<u>Amount</u>
Cumulative amounts of PIK interest included in the current principal balance	\$

## **8. Derivative Instruments** - Not Applicable

### 9. Income Taxes

A.

 $(1)\ The\ components\ of\ the\ net\ deferred\ tax\ asset\ ("DTA")\ / liability\ ("DTL")\ at\ December\ 31,\ 2024\ are\ as\ follows:$ 

	Dec	ember 31	, 2024	Dece	ember 31,	2023		<b>Change</b>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7 + 8) Total	
(a) Gross DTAs	\$7,526,966	\$ 447	\$ 7,527,413	\$ 7,870,718	\$ 471	\$ 7,871,189	\$ (343,752)	\$ (24)	\$ (343,776	
(b) Statutory valuation allowance adjustments	\$7,503,961	\$ 447	\$ 7,504,408	\$ 7,870,718	\$ 471	\$ 7,871,189	\$ (366,757)	\$ (24)	\$ (366,781	
(c) Adjusted Gross DTAs (1a - 1b)	\$ 23,005	\$ —	\$ 23,005	\$ —	\$ —	\$ —	\$ 23,005	\$ —	\$ 23,005	
(d) DTAs Nonadmitted	\$	\$ —	\$	\$ —	\$ —	\$	\$	\$	\$ —	
(e) Subtotal Net Admitted DTAs (1c - 1d)	\$ 23,005	\$ —	\$ 23,005	\$ —	\$ —	\$	\$ 23,005	\$ —	\$ 23,005	
(f) DTLs	\$ 23,005	\$ —	\$ 23,005	\$	\$ —	\$	\$ 23,005	\$ —	\$ 23,005	
(g) Net Admitted DTAs (DTLs) (1e - 1f)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	

(2) Admission Calculation Components SSAP No. 101

Г	Ī			1					
		12/31/202	<u>4</u>	1	12/31/202	<u>3</u>		Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1-4) Ordinary	(Col 2- 5) Capital	(Col 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ -	- \$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above after application of the threshold limitation (The lesser of 2(b) 1 and 2(b) 2 below)	\$ -	- \$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	- \$ —	\$ —	\$	\$ —	\$ —	\$ —	\$ —	\$ —
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	xxx	\$3,445,957	xxx	xxx	\$3,526,549	xxx	xxx	\$ (80,592)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. (d) Deferred Tax Assets Admitted as	\$ 23,005	5 \$ —	\$ 23,005	\$ —	\$ —	\$ —	\$ 23,005	\$ —	\$ 23,005
the result of application of SSAP No. 101. Total $(2(a) + 2(b) + 2(c))$	\$ 23,005	\$ —	\$ 23,005	\$	\$ —	\$	\$ 23,005	\$ —	\$ 23,005

## (3) Threshold Limitation

	12/31/2024	12/31/2023
		(in whole dollars)
(a) RBC percentage used to determine recovery period and threshold limitation amount	365%	516%
(b) Amount of total adjusted capital used to determine recovery period and threshold limitation	\$ 22,973,045	\$ 23,510,324

## (4) Impact of tax-planning Strategies

		12/31/20	24		12/31/2	2023	Cha	inge
	О	(1) rdinary	(2) Capita	al	(3) Ordinary	(4) Capital	(5) (Col 1–3) Ordinary	(6) (Col 2–4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.								
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$	23,005	\$ —		\$ —	\$ —	\$ 23,005	\$ —
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		— %		%	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$	23,005	\$ —		\$ —	\$ —	\$ 23,005	\$ —
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		— %	_	%	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _		No X					

- B. Regarding deferred tax liabilities that are not recognized: Not Applicable
- $\ensuremath{\text{C}}.$  Current income taxes incurred consist of the following major components:

	12/31/2024	1	2/31/2023	Change
1. Current Income Tax				-
(a) Federal	\$ (528,700)	\$	2,197,573	\$ (2,726,273)
(b) Foreign	\$ _	\$	_	\$ _
(c) Subtotal	\$ (528,700)	\$	2,197,573	\$ (2,726,273)
(d) Federal income tax on net capital gains	\$ _	\$	_	\$ _
(e) Utilization of capital loss carry-forwards	\$ _	\$	_	\$ _
(f) Other	\$	\$	_	\$ _
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ (528,700)	\$	2,197,573	\$ (2,726,273)
2. Deferred Tax Assets:				
(a) Ordinary				
(1) Discounting of unpaid losses	\$ 88,487	\$	57,886	\$ 30,601
(2) Unearned premium reserve	\$ 140,046	\$	126,189	\$ 13,857
(3) Policyholder reserves	\$ 511,996	\$	388,137	\$ 123,859
(4) Investments	\$ _	\$	_	\$ _
(5) Deferred acquisition costs	\$ _	\$	_	\$ _
(6) Policyholder dividends accrual	\$ _	\$	_	\$ _
(7) Fixed assets	\$	\$	_	\$ _
(8) Compensation and benefits accrual	\$ _	\$	_	\$ _
(9) Pension accrual	\$ _	\$	_	\$ 
(10) Receivables – nonadmitted	\$ 254,143	\$	762,077	\$ (507,934)
(11) Net operating loss carry-forward	\$ 6,501,080	\$	6,500,982	\$ 98

		• • • • • • • • • • • • • • • • • • • •				
(12) Tax credit carry-forward	\$	_	\$	_	\$	
(13) Other	\$	31,214	\$	35,447	\$	(4,233)
(99) Subtotal (sum of 2a1 through 2a13)	\$	7,526,966	\$	7,870,718	\$	(343,752)
(b) Statutory valuation allowance adjustment	\$	7,503,961	\$	7,870,718	\$	(366,757)
(c) Nonadmitted	\$		\$		\$	_
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$	23,005	\$	_	\$	23,005
(e) Capital DTA:						
(1) Investments	\$	_	\$	_	\$	_
(2) Net capital loss carry-forward	\$	447	\$	471	\$	(24)
(3) Real estate	\$	_	\$	_	\$	_
(4) Other	\$	_	\$	_	\$	_
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	447	\$	471	\$	(24)
					\$	_
(f) Statutory valuation allowance adjustment	\$	447	\$	471	\$	(24)
(g) Nonadmitted	\$	_	\$	_	\$	_
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$	_	\$	_	\$	_
(i) Admitted deferred tax assets (2d + 2h)	\$	23,005	\$	_	\$	23,005
3. Deferred Tax Liabilities:						
(a) Ordinary						
(1) Investments	\$	23,005	\$		\$	23,005
(2) Fixed assets	\$	_	\$	_	\$	_
(3) Deferred and uncollected premium	\$	_	\$	_	\$	_
(4) Policyholder reserves	\$		\$	_	\$	_
(5) Other	\$		\$	_	\$	_
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	23,005	\$		\$	23,005
(b) Capital						
(1) Investments	\$		\$		\$	
(2) Real estate	\$		\$	_	\$	
(3) Other (99) Subtotal (3b1+3b2+3b3)	\$ \$		\$		\$ \$	
(c) Deferred tax liabilities (3a99 + 3b99)	\$	23,005	\$		\$	23,005
4. Net DTAs/DTLs (2i - 3c)	\$	_	\$	_	\$	
THE STAND IN (MI CO)	I .		<u> </u>		<u> </u>	

The change in net deferred income taxes is comprised of the following:

	12/31/2024	12/31/2023	Change
Total deferred tax assets	\$ 23,005	\$ —	\$ 23,005
Total deferred tax liabilities	\$ 23,005	\$ —	\$ 23,005
Net deferred tax assets/liabilities	\$	\$ —	\$
Tax effect of unrealized gains/losses			\$ _
Change in net deferred income taxes			\$ _

The Company evaluates the need for a valuation allowance against its deferred tax assets considering all available positive and negative evidence. Based on its analysis, the Company concluded that it is more likely than not that all or some portion of the deferred tax asset will not be realized. The Company has a valuation allowance against its deferred tax assets of \$7,504,408 and \$7,871,189 at December 31, 2024 and December 31, 2023, respectively, as the Company does not have a history of 3-year cumulative positive earnings. Valuation allowance will be provided until it becomes more likely than not that the benefit of the deferred tax assets will be realized.

### D. Effective Tax Rate Reconciliation

12/	31/2024		12	/31/2023
	Effective Tax Rate			Effective Tax Rate
\$(3,196,900)	\$ —	\$	10,067,014	\$ —
\$ (671,349)	21.00 %	\$	2,114,073	21.00 %
\$ 507,934	(15.89)%	\$	(334,437)	(3.32)%
\$ (366,782)	11.47 %	\$	417,938	4.15 %
\$ 1,497	(0.05)%	\$	(1)	— %
\$ (528,700)	16.54 %	\$	2,197,573	21.83 %
\$ (528,700)	16.54 %		2,197,573	21.83 %
\$ _	— %	\$	_	— %
\$ (528,700)	16.54 %	\$	2,197,573	21.83 %
\$ \$ \$ \$ \$	\$(3,196,900) \$ (671,349) \$ 507,934 \$ (366,782) \$ 1,497 \$ (528,700) \$ (528,700)	\$(3,196,900) \$ —  \$ (671,349) 21.00 % \$ 507,934 (15.89)% \$ (366,782) 11.47 % \$ 1,497 (0.05)% \$ (528,700) 16.54 % \$ (528,700) 16.54 %	Effective Tax Rate  \$(3,196,900) \$ — \$  \$ (671,349) 21.00 % \$  \$ 507,934 (15.89)% \$  \$ (366,782) 11.47 % \$  \$ 1,497 (0.05)% \$  \$ (528,700) 16.54 % \$  \$ (528,700) 16.54 %  \$ — — % \$	Effective Tax Rate  \$(3,196,900) \$ — \$ 10,067,014  \$ (671,349) 21.00 % \$ 2,114,073  \$ 507,934 (15.89)% \$ (334,437)  \$ (366,782) 11.47 % \$ 417,938  \$ 1,497 (0.05)% \$ (1)  \$ (528,700) 16.54 % \$ 2,197,573  \$ — — % \$ —

E. At December 31, 2024 the Company had net operating loss carryforwards available to offset against future taxable income of \$30,957,527, which expires as follows:

<u>Amount</u>	Origination Date	Expiration Date
\$ 2,158,996	2017	2037
\$ 6,953,377	2018	2038
\$ 2,871,925	2019	2039
\$ _	2020	2040
\$ 2,815,116	2021	2041
\$ 16,158,113	2022	2042
\$ _	2023	2043
\$ 	2024	2044
\$ 30,957,527		

The Company had no deposits at December 31, 2024 under Section 6603 of the Code.

F. The Company's federal income tax return is consolidated with the following entities: Oscar Health, Inc., Oscar Management Corporation, Mulberry Insurance Agency Inc., Oscar Insurance Corporation of New Jersey, Oscar Health Maintenance Org of Florida, Inc., Oscar Medical Group California, P.C., Oscar Medical of New York, P.C., Oscar Medical Group, P.A., Oscar Insurance Corporation, Oscar Health Plan of California, Oscar Insurance Company, Oscar Garden State Insurance Corporation, Oscar Health Plan, Inc., Oscar Insurance Company of Florida, Oscar Buckeye State Insurance Corporation, Oscar Health Plan of New York, Inc., Oscar Health Plan of Pennsylvania, Inc., Oscar Health Plan of Georgia, Oscar Health Plan of North Carolina, Inc., Oscar Golden State Managed Care.

The Company participates in an Income Tax Allocation Agreement with its parent, Oscar Health Inc., and each of the affiliates included in the consolidated tax return. Federal income tax liability is allocated in the manner provided by Treasury Regulation Section 1.1502-33(d)(3) ("Percentage Method"). The Percentage Method under this paragraph (d)(3) allocates tax liability based on the absorption of tax attributes, without taking into account the ability of any member to subsequently absorb its own tax attributes. The allocation under this method is in addition to the allocation under section 1552.

- G. The Company complies with the NAIC's statutory accounting and reporting guidelines regarding tax loss contingencies under SSAP No. 5R, Liabilities, Loss Contingencies and Impairments of Assets. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date. The Company began operations during 2017 and is open to federal tax examination for the tax years 2021 through 2023.
- H. Repatriation Tax: Not Applicable
- I. Alternative Minimum Tax Credit
  - i. On August 16, 2022, the Inflation Reduction Act of 2022 ("Act") was signed into law. The Act includes a new Federal alternative minimum tax ("AMT"), effective January 1, 2023, that is based on the adjusted financial statement income ("AFSI") set forth on the applicable financial statement ("AFS") of an applicable corporation. A corporation is an applicable corporation if its rolling average pre-tax AFSI over three prior years (starting with 2021-2023) is greater than \$1 billion. For a group of related entities, the \$1 billion threshold is determined on a group basis, and the group's AFS is generally treated as the AFS for all separate

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation

# **Notes to Financial Statements**

taxpayers in the group. An applicable corporation is not automatically subject to an AMT liability. The corporation's tentative AMT liability is equal to 15% of its adjusted AFSI, and AMT is payable to the extent the tentative AMT liability exceeds regular corporate income tax. However, any AMT paid would be indefinitely available as a credit carryover that could reduce future regular tax in excess of AMT.

- ii. The Company, and the controlled group of corporations of which the reporting entity is a member, has determined that they do not expect to be liable for AMT for the 2024 tax year.
- iii. Based upon information available as of December 31, 2024, the controlled group of corporations of which the Company is a member, does not expect to qualify as an applicable corporation.

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.-D. Oscar Health Inc. ("OHI" or the "Parent") funds the Company, if necessary, in order to support ongoing operations and meet the reserve requirements established by the NJ DOBI. The Company received no capital contributions during 2024 and 2023.

The Company was due to pay \$1,180,998 to its affiliate Oscar Management Corporation ("OMC") as of December 31, 2024, for operating expenses paid on the Company's behalf. For amounts owed to OMC, the Company is billed 30 days following the close of the month and will then reimburse these amounts 15 days after receipt of invoice. The Company participates in an Income Tax Allocation Agreement with its parent, OHI, and each of the affiliates included in the consolidated federal tax return. The Company was due to receive \$1,383,442 from OHI as of December 31, 2024. The Company's tax sharing amount of \$2,317,555 payable to OHI at December 31, 2023 has been fully settled as of December 31, 2024.

- E. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by OMC and subsequently reimbursed by affiliated companies.
- F. None
- G. All outstanding shares of the Company are owned by the parent company, OHI an insurance holding company domiciled in the State of Delaware.
- H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.
- I-O. None
- 11. Debt Not Applicable

# 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A-D. Not Applicable
- E. Defined Contribution Plans
  - OHI sponsors certain 401(k) Plans for its employees which are funded by voluntary contributions with an employer match. OMC charges the subsidiaries with its share of the employer match. The Company incurred approximately \$62,749 and \$56,632 for the twelve months ended December 31, 2024 and 2023, respectively, in 401(k) matching contribution expense.
- F-I. Not Applicable

## ${\bf 13.\ Capital\ and\ Surplus, Shareholders'\ Dividend\ Restrictions\ and\ Quasi-Reorganizations}$

- A. The Company has 140,000 shares, with a par value of \$5, that are authorized, issued and outstanding as of December 31, 2024. All shares are Class A shares.
- B. No preferred stock has been authorized.
- C. Under New Jersey law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company's statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjusted net investment income for such period) as to the amount of dividends it may declare or pay in any twelve month period without the prior approval of the NJ DOBI.
- D-M. Not Applicable
- 14. Liabilities, Contingencies and Assessments Not Applicable
- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators Not Applicable

### ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation

## Notes to Financial Statements

### 20. Fair Value Measurements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. Fair value represents the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants. The Company's financial assets and liabilities measured at fair value on a recurring basis are categorized into a three-level fair value hierarchy based on the priority of the inputs used in the fair value valuation technique.

The levels of the fair value hierarchy are as follows:

- Level 1 Inputs utilize quoted (unadjusted) prices in active markets for identical assets or liabilities.
- Level 2 Inputs utilize quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; or model-derived valuations in which all significant inputs are observable in active markets.
- Level 3 Inputs utilized are unobservable but significant to the fair value measurement for the asset or liability. The unobservable inputs are used to measure fair value to the extent relevant observable inputs are not available. The unobservable inputs typically reflect management's own estimates about the assumptions a market participant would use in pricing the asset or liability.

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

### A. Fair Value

(1) Fair Value Measurements at Reporting Date:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Perpetual Preferred Stocks</b>					
Bonds					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Common Stocks					
Derivative assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
<b>Total Derivatives</b>					
Separate account assets					
Total assets at fair value/NAV					
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value as of December 31, 2024 and December 31, 2023.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the periods ended December 31, 2024 and December 31, 2023.
- (4) Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.
- (5) The Company does not have any derivative assets and liabilities.
- B. Fair Value Combination Not Applicable

C. Fair Value Hierarchy at December 31, 2024

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	]	Not Practicable (Carrying Value)
Bonds	\$ 15,720,330	\$ 15,644,694	\$ _	\$ 15,720,330	\$ _	\$ _	\$	_
Cash Equivalents	\$ 1,949,245	\$ 1,949,245	\$ 1,949,245	\$ _	\$ _	\$ _	\$	_

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Investments Measured Using the NAV Practical Expedient Not Applicable
- 21. Other Items Not Applicable

### 22. Events Subsequent

Type I – Recognized Subsequent Events:

There have been no Type I events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

### 23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes() No (X)

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

Yes() No (X)

Section 2 - Ceded Reinsurance Report - Part A

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

Yes() No (X)

- a. Not Applicable
- b. The total amount of reinsurance credits taken as an asset or reduction of a liability is \$30,043,228.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies?

Yes() No (X)

Section 3 - Ceded Reinsurance Report - Part B

- (1) The estimated change in surplus for elimination of all reinsurance amounts would be \$(28,301,283).
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes( ) No (X)

- B.Uncollectable Reinsurance Not Applicable
- C. Commutation of Reinsurance Not Applicable
- D. Certified Reinsurer Downgraded or Status Subject to Revocation Not Applicable
- E. Reinsurance Credit
  - (1) Not Applicable
  - (2) Not Applicable

- (3) Not Applicable
- (4) Has the Company reflected reinsurance accounting credit for any contracts that are not subject to Appendix A-791 and not yearly renewable term reinsurance, which meet the risk transfer requirements of SSAP No. 61R?

Type of contract:	Response:	Identify reinsurance contract(s):	Has the insured event(s) triggering contract coverage been recognized?
Assumption reinsurance – new for the reporting period[1]	Yes ( ) No (X)		N/A
Non-proportional reinsurance, which does not result in significant surplus relief	Yes (X ) No ( )	ODYSSEY REINS CO.	Yes ( X ) No ( ) N/A ( )

<sup>[1]</sup> This disclosure relates to ceding companies with assumption reinsurance agreements (paragraph 60 of SSAP 61R) entered into during the current year for which indemnity reinsurance is being applied for policyholders who have not yet agreed to the transfer to the new insurer or for which the regulator has not yet approved the novation to the new insurer.

(5-6) - Not Applicable

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not Applicable
- B. Not Applicable
- C. Not Applicable
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	all Group nployer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1)Medical loss ratio rebates incurred	\$ 150,165	\$ (150,451)			\$ (286)
(2)Medical loss ratio rebates paid	\$ 21,452	\$ _			\$ 21,452
(3)Medical loss ratio rebates unpaid	\$ 116,033	\$ _			\$ 116,033
(4)Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5)Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6)Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 116,033
Current Reporting Year-to-Date					
(7)Medical loss ratio rebates incurred	\$ _	\$ _			\$ _
(8)Medical loss ratio rebates paid	\$ 1,412	\$ _			\$ 1,412
(9)Medical loss ratio rebates unpaid	\$ 114,621	\$ _			\$ 114,621
(10)Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11)Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12)Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 114,621

### E. Risk Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? YES

The Company had zero balances for the risk corridors and reinsurance programs due to the termination of this portion of the programs.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

		Description	Amount
a.	Permanent A	ACA Risk Adjustment Program	
	Assets		
	1. Premiur	n adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 1,948,990
	Liabilities		
	2. Risk adj	ustment user fees payable for ACA Risk Adjustment	\$ 55,008
	3. Premiur	n adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 1,297,083
	Operation	s (Revenue & Expense)	
	4. Reporte	d as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (3,106,425)
	5. Reported	d in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 61,882

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

					Differ	rences	Adjus	tments		Unsettled Ba the Report	
	Accrued D Prior Year o Written December Prior	n Business Before 31 of the	the Curre Business W December 3	or Paid as of nt Year on ritten Before 1 of the Prior ear	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	R e f	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulativ e Balance from Prior Years (Col 2 - 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1.Premium - adjustments receivable (including high risk pool payments)	\$ 443		\$ —		\$ 443		\$ (443)		A	s —	
2.Premium - adjustments (payable) (including high risk	\$ —	\$ 5,875,585	\$ —	\$ 9,633,473	\$ —	\$(3,757,888)		\$ 3,809,977	В	\$ —	\$ 52,089
3.Subtotal ACA Permanent Risk Adjustment Program	\$ 443	\$ 5,875,585	\$ —	\$ 9,633,473	\$ 443	\$(3,757,888)	\$ (443)	\$ 3,809,977		s —	\$ 52,089

- A. Adjustments recorded to prior years balance estimates for new market data received in 2024.
- B. Adjustments recorded to prior years balance estimates for new market data received in 2024.

### 25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2023 were \$20,787,207. As of December 31, 2024, \$12,326,767 has been paid for insured claims and claim adjustment expenses attributable to insured events of the prior years. Reserves remaining for prior years are now \$2,980,605 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been \$(5,479,835) of unfavorable (favorable) prior-year development from December 31, 2023 to December 31, 2024. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses, including reasons for the change and the effects on the financial statements, for the most recent reporting period presented.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables
  - A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 3,273,824	\$ 755,749	\$	\$ —	\$
9/30/2024	\$ 2,965,670	\$ 2,903,624	\$	\$ 2,834,785	\$
6/30/2024	\$ 2,672,429	\$ 2,672,421	\$ —	\$ 2,579,331	\$ 13,750
3/31/2024	\$ 2,328,282	\$ 2,328,288	\$ —	\$ 2,214,754	\$ 13,419
12/31/2023	\$ 1,590,690	\$ 1,589,264	\$	\$ 1,258,218	\$ 273,107
9/30/2023	\$ 1,463,182	\$ 1,463,188	\$ 1,160,725	\$ 56,727	\$ 207,025
6/30/2023	\$ 1,192,894	\$ 1,192,900	\$ 1,108,465	\$ (31,766)	\$ 43,629
3/31/2023	\$ 1,188,503	\$ 1,188,509	\$ 1,087,012	\$ 10,311	\$ 40,492
12/31/2022	\$ 1,118,268	\$ 1,118,282	\$ 1,058,365	\$ 46,979	\$ (12,172)
9/30/2022	\$ 954,673	\$ 954,201	\$ 1,009,300	\$ —	\$ (56,290)
6/30/2022	\$ 994,065	\$ 990,336	\$ 1,017,814	\$ 25,045	\$ (48,461)
3/31/2022	\$ 813,926	\$ 809,520	\$ 706,036	\$ 71,500	\$ 26,267

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies- Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation Notes to Financial Statements

### **30. Premium Deficiency Reserves**

(1) Liability carried for premium deficiency reserves \$0

(2) Date of the most recent evaluation of this liability 12/31/2024

(3) Was anticipated investment income utilized in this calculation?

 $\textbf{31. Anticipated Salvage and Subrogation} \textbf{-} \ \text{Not Applicable}$ 

# GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES **GENERAL**

1.1	an insurer?	ng entity a member of an Insurar plete Schedule Y, Parts 1, 1A, 2	ice Holding Company System con	nsisting of two or m	ore affiliated perso	ons, one or more of w	hich is	Yes[X] No[]				
	If yes, did the regulatory of substantially Company Sy	e reporting entity register and file ficial of the state of domicile of th similar to the standards adopted stem Regulatory Act and model substantially similar to those rec	with its domiciliary State Insurance principal insurer in the Holding (by the National Association of Insegulations pertaining thereto, or iquired by such Act and regulations	Company System, surance Commissions the reporting enti-	a registration state oners (NAIC) in its	ement providing disclosment Model Insurance Ho	osure Iding	Yes[X] No[] N/A[] New Jersey				
1.4	Is the reporti	ng entity publicly traded or a mer	nber of a publicly traded group? (Central Index Key) code issued b	by the SEC for the	entity/group.			Yes[X] No[ ] 0001568651				
	Has any cha reporting ent If yes, date o	ity?	of this statement in the charter, by	-laws, articles of in	corporation, or de	ed of settlement of the	Э	Yes[] No[X]				
			nination of the reporting entity was camination report became available			the reporting entity	Γhie	12/31/2020				
	date should I State as of w the reporting	be the date of the examined bala what date the latest financial exan	nce sheet and not the date the replication report became available to completion date of the examination.	port was completed to other states or the	d or released. The public from either	er the state of domicil	e or	12/31/2020 09/20/2022				
	date). 3.4 By what department or departments? Participating States: AZ, FL, GA, NC, NJ, NY, OH, PA, TX											
	3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  3.6 Have all of the recommendations within the latest financial examination report been complied with?											
4.1	combination	thereof under common control (o	did any agent, broker, sales repre- ther than salaried employees of the major line of business measured	he reporting entity)	receive credit or o	e organization or any commissions for or co	ntrol a					
		new business?	major line or business measured	on direct premiums	5) 01.			Yes[ ] No[X] Yes[ ] No[X]				
4.2	During the per receive credit premiums) or	t or commissions for or control a	did any sales/service organization substantial part (more than 20 pe	owned in whole or rcent of any major	r in part by the rep line of business m	orting entity or an affi neasured on direct	liate,					
	4.21 sales of 4.22 renewal	new business?						Yes[ ] No[X] Yes[ ] No[X]				
5.1	Has the repo	rting entity been a party to a mer ete and file the merger history da	ger or consolidation during the pe	eriod covered by thi	s statement?			Yes[] No[X]				
5.2	If yes, provid	e the name of the entity, NAIC or ist as a result of the merger or co	ompany code, and state of domicil	le (use two letter st	tate abbreviation)	for any entity that has	i .					
			4		2							
		Na	1 ame of Entity		pany Code	3 State of Domi	cile					
	revoked by a	rting entity had any Certificates on ny governmental entity during the Ill information:	of Authority, licenses or registration e reporting period?	ns (including corpo	orate registration, i	f applicable) suspend	ed or	Yes[] No[X]				
	Does any for If yes,	eign (non-United States) person	or entity directly or indirectly contr	rol 10% or more of	the reporting entit	y?		Yes[] No[X]				
	7.21 State th 7.22 State th	e percentage of foreign control e nationality(s) of the foreign per r-in-fact and identify the type of e	son(s) or entity(s); or if the entity intity(s) (e.g., individual, corporation	s a mutual or recip on, government, ma	rocal, the national anager or attorney	ity of its manager or -in-fact).		0.000%				
			1		2							
			Nationality		Type of	Entity						
8.2	If response	any a subsidiary of a depository i to 8.1 is yes, please identify the r any affiliated with one or more ba	nstitution holding company (DIHC name of the DIHC.	r) or a DIHC itself, r	regulated by the F	ederal Reserve Board	1?	Yes[ ] No[X] Yes[ ] No[X]				
8.4	If response to	o 8.3 is ves, please provide the n	ames and locations (city and state federal Reserve Board (FRB), the e Securities Exchange Commission	e of the main office Office of the Compon (SEC)] and iden	e) of any affiliates in ptroller of the Curritify the affiliate's p	regulated by a federal ency (OCC), the Fed rimary federal regulat	eral or.					
		1	2	3	4	5	6					
		Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC					
	Federal Res	erve System or a subsidiary of the	holding company with significant in the depository institution holding contact a company or subsidiary of a cort	ompany?	•			Yes[ ] No[X] Yes[ ] No[X] N/A[ ]				
9.	What is the r	name and address of the indepen	dent certified public accountant or rce Square - Suite 1800,2001 Mar	r accounting firm re rket Street. Philade	etained to conduct	the annual audit?						
10.	1 Has the ins	urer been granted any exemption	ns to the prohibited non-audit serv	ices provided by th	e certified indepe	ndent public accounts	ant state					
10.2	law or regul 2 If the respo	ation? nse to 10.1 is ves. provide inform	e Annual Financial Reporting Mod lation related to this exemption:	• ,	,	·	olale	Yes[] No[X]				
10.3	3 Has the ins allowed for	urer been granted any exemptior in Section 18A of the Model Req	is related to the other requirement ulation, or substantially similar sta	ts of the Annual Fir te law or regulation	nancial Reporting n?	Model Regulation as		Yes[] No[X]				
10.	5 Has the rep	nse to 10.3 is yes, provide inform orting entity established an Audit nse to 10.5 is no or n/a, please e	Committee in compliance with th	e domiciliary state	insurance laws?			Yes[X] No[ ] N/A[ ]				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Oscar Garden State Insurance Corporation

**GENERAL INTERROGATORIES (Continued)** 

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William Ober (Chief Actuary) 75 Varick St. 5th Floor, New York, NY 10013 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.11 Name of real estate holding company Yes[] No[X] 12.12 Number of parcels involved 12.13 Total book/adjusted carrying value 12.2 If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[] a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations; d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code. 14.11 If the response to 14.1 is no, please explain: 14.2 Has the code of ethics for senior managers been amended?14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes[] No[X] 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes[] No[X] Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming Yes[] No[X] bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. American Bankers Association (ABA) Routing Issuing or Confirming Circumstances That Can Number Bank Name Trigger the Letter of Credit **BOARD OF DIRECTORS** 16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee Yes[X] No[] Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees 17. Yes[X] No[1 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such Yes[X] No[] **FINANCIAL** 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Yes[] No[X] Accounting Principles)? 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal only) 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Totalean average as good (Festival Land) 0 20.23 Trustees, supreme or grand (Fraternal only) 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Legand from others Yes[] No[X] 0 21.23 Leased from others 0 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? 22.2 If answer is yes: Yes[X] No[] 22.21 Amount paid as losses or risk adjustment 22.22 Amount paid as expenses 9,633,473 22.23 Other amounts paid 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X] 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Yes[] No[X]

1	2
	Is the Third-Party Agent
Name of Third-Party	a Related Party (Yes/No)

	INVESTMENT	
<ul> <li>25.01 Were all the stocks, bonds and other securities owned December 31 of the actual possession of the reporting entity on said date? (other than septimental securities)</li> <li>25.02 If no, give full and complete information, relating thereto</li> <li>25.03 For securities lending programs, provide a description of the program in whether collateral is carried on or off-balance sheet. (an alternative is to</li> </ul>	current year, over which the reporting entity has exclusive control, in ecurities lending programs addressed in 25.03)	Yes[X] No[ ]
25.04 For the reporting entity's securities lending program, report amount of compiled Instructions.  25.05 For the reporting entity's securities lending program, report amount of compiled Program (domestic securities).  25.06 Does your securities lending program require 102% (domestic securities) the contract?	ollateral for conforming programs as outlined in the Risk-Based ollateral for other programs.	\$( \$(
<ul> <li>25.07 Does the reporting entity non-admit when the collateral received from th</li> <li>25.08 Does the reporting entity or the reporting entity's securities lending ager securities lending?</li> <li>25.09 For the reporting entity's securities lending program, state the amount o</li> </ul>	nt utilize the Master Securities Lending Agreement (MSLA) to conduct f the following as of December 31 of the current year:	Yes[] No[] N/A[X] Yes[] No[] N/A[X] Yes[] No[] N/A[X]
25.091 Total fair value of reinvested collateral assets reported on Sched 25.092 Total book/adjusted carrying value of reinvested collateral asset 25.093 Total payable for securities lending reported on the liability page	s reported on Schedule DL, Parts 1 and 2.	\$ \$ \$
<ul> <li>26.1 Were any of the stocks, bonds or other assets of the reporting entity own control of the reporting entity or has the reporting entity sold or transferre force? (Exclude securities subject to Interrogatory 21.1 and 25.03).</li> <li>26.2 If yes, state the amount thereof at December 31 of the current year:</li> <li>26.21 Subject to repurchase agreements</li> </ul>	ed at December 31 of the current year not exclusively under the d any assets subject to a put option contract that is currently in	Yes[X] No[ ]
<ul> <li>26.22 Subject to reverse repurchase agreements</li> <li>26.23 Subject to dollar repurchase agreements</li> <li>26.24 Subject to reverse dollar repurchase agreements</li> <li>26.25 Placed under option agreements</li> <li>26.26 Letter stock or securities restricted as to sale - excluding FHLB C</li> </ul>	apital Stock	S S S S S S S S S S S S S S S S S S S
<ul> <li>26.27 FHLB Capital Stock</li> <li>26.28 On deposit with states</li> <li>26.29 On deposit with other regulatory bodies</li> <li>26.30 Pledged as collateral - excluding collateral pledged to an FHLB</li> <li>26.31 Pledged as collateral to FHLB - including assets backing funding</li> </ul>	agreements	\$ 109,270 \$ 5
26.32 Other 26.3 For category (26.26) provide the following:		Φ
1 Nature of Restriction	2 Description	3 Amount
27.1 Does the reporting entity have any hedging transactions reported on Sch 27.2 If yes, has a comprehensive description of the hedging program been may lift no, attach a description with this statement.	ade available to the domiciliary state?	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES OI 27.3 Does the reporting entity utilize derivatives to hedge variable annuity gua 27.4 If the response to 27.3 is yes, does the reporting entity utilize: 27.41 Special Accounting Provision of SSAP No. 108 27.42 Permitted Accounting Practice		Yes[] No[] Yes[] No[] Yes[] No[]
<ul> <li>27.43 Other Accounting Guidance</li> <li>27.5 By responding yes to 27.41 regarding utilizing the special accounting pro         <ul> <li>The reporting entity has obtained explicit approval from the domiciliary</li> <li>Hedging strategy subject to the special accounting provisions is consis</li> <li>Actuarial certification has been obtained which indicates that the hedging reserves and provides the impact of the hedging strategy within the Ac</li> <li>Financial Officer Certification has been obtained which indicates that the Strategy within VM-21 and that the Clearly Defined Hedging Strategy is day-to-day risk mitigation efforts</li> </ul> </li> </ul>	state. tent with the requirements of VM-21. ng strategy is incorporated within the establishment of VM-21 tuarial Guideline Conditional Tail Expectation Amount. ne hedging strategy meets the definition of a Clearly Defined Hedging	Yes[ ] No[ ] Yes[ ] No[ ]
<ul><li>28.1 Were any preferred stocks or bonds owned as of December 31 of the cui issuer, convertible into equity?</li><li>28.2 If yes, state the amount thereof at December 31 of the current year.</li></ul>	rrent year mandatorily convertible into equity, or, at the option of the	Yes[ ] No[X]

28.2	issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year.					Yes[] No[X] \$0
20	Evoluding items in Schedula E - Part 3 - Special Denosits real estate mortage	age loans and in	veetments held nhy	cically in the ren	orting entity's	

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting er offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian's Address
U.S. Bank NA	1 Federal Street Boston, MA 02110

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? 29.04 If yes, give full and complete information relating thereto:

Yes[X] No[]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
N/A	U.S Bank NA	. 05/15/2024 .	New Investment Account

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

1	2
Name of Firm or Individual	Affiliation
JP Morgan Asset Management	U

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e.

designated with a "U") manage more than 10% of the reporting entity's invested assets?

Ossalia assets under management aggregate to more than 50% of the reporting entity's invested assets?

For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the 29.0598

29.06 information for the table below. Yes[X] No[] Yes[X] No[]

2 3 4 5 Central Investment Legal Registration Entity Management Depository Identifier Agreement Registered Number Name of Firm or Individual (LEI) With (IMA) Filed 107038 549300W78QHV4XMM6K69 SEC JP Morgan Asset Mangement . NO

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
30.2999 Total		

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

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

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

		1	2	3
				Excess of
				Statement over
				Fair Value (-),
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
31.1	Bonds	15,644,694	15,720,330	75,636
31.2	Preferred stocks			
31.3	Totals	15,644,694	15,720,330	75,636

31.4 Describe the sources or methods utilized in determining the fair values:
Fair value is determined in line with SSAP 100R. Level 1 is based on the quoted market price in active markets for the exact assets. Level 2 is based on the quoted market price in active markets for similar assets. Level 3 involves alternative valuation methods.

Yes[X] No[]

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[X] No[] N/A[]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Yes[X] No[]

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

33.2 If no, list exceptions:

- 34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

- 35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
  - The security was either:

    - issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities"). The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the

  - The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
  - Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes[] No[X]

- 36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
  - The shares were purchased prior to January 1, 2019.
  - b.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
    The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. C.
  - d
  - The fund only or predominantly holds bonds in its portfolio.
    The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC e. CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

- 37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

  - If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for C. which documentation is available for regulator review.

    Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in
  - 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[] No[] N/A[X] Yes[] No[X]

38.1 Does the reporting entity directly hold cryptocurrencies? 38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes[] No[X]

39.22 Immediately converted to U.S. dollars
39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
	Immediately Converted to USD,	Accepted for Payment
Name of Cryptocurrency	Directly Held, or Both	of Premiums

## OTHER

40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?
 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

\$.....0

1	2
Name	Amount Paid

41.1 Amount of payments for legal expenses, if any?

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

1	2
Name	Amount Paid

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

\$.												C	)	

	_
Name	Amount Paid

# PART 2 - HEALTH INTERROGATORIES

			y have any direct Medicare Supplement Insurance in force? earned on U.S. business only:		¢	Yes[] No[X]
1.3	What portion of	f Item (1.:	2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$	0
1.4	1.31 Reason for Indicate amount	nt of earn	ed premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. aims on all Medicare Supplement insurance.		\$	0
1.5 1.6	Individual polici	ies - Mos	t current three years:		\$	0
	1.61 TOTAL P				\$ \$	0 0
	1.63 Number of	of covered	d lives		• • • • • • • • • • • • • • • • • • • •	
	1.64 TOTAL P	remium e				0
	1.65 TOTAL In 1.66 Number of	of covered	d lives		\$	0 0
1.7	Group policies	- Most cu	urrent three years: earned			<u>0</u>
	1.72 TOTAL In	curred cl	laims		\$	
	1.73 Number of All years prior to	o most ci	urrent three years:			٠٥
	1.74 TOTAL P 1.75 TOTAL In				\$ \$	0 0
	1.76 Number o	of covered	d lives			0
2.	Health Test					
						•
				1 Current Year	2	
		2.1	Premium Numerator	154,431,385	Prior Year 122,553,988	
		2.2	Premium Denominator	154,431,385	122,553,988	
		2.3	Premium Ratio (2.1 / 2.2)			
		2.4	Reserve Numerator Reserve Denominator			
		2.6	Reserve Ratio (2.4 / 2.5)		, ,	
2.4					•	
	the earnings of	the repo	received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed rting entity permits?	a wiii be returned when	, as and if	Yes[] No[X]
3.2	If yes, give part	iculars:				
4.1	Have copies of the appropriate		ements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers	and dependents been	filed with	Yes[X] No[]
4.2			rnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offer	ed?	Ye	es[] No[] N/A[X]
		ting entity	y have stop-loss reinsurance?			Yes[X] No[]
5.2 5.3	If no, explain: Maximum retair	ned risk (	see instructions):			
0.0	5.31 Comprehe	ensive M	edical			1,200,000
	5.32 Medical C 5.33 Medicare	Supplen	nent		\$	0
	5.34 Dental & \ 5.35 Other Lim		efit Plan			0 0
	5.36 Other				\$	0
6.	Describe arrang	gement v	which the reporting entity may have to protect subscribers and their dependents against the risk of insol	vency including hold ha	armless	
	We believe that	at our sui	vivileges with other carriers, agreements with providers to continue rendering services, and any other a rplus together with our claims reserve provision, allowance for unpaid claims adjustment expenses, the	federal government's	stop loss insurance pro	gram and excess
	of loss reinsur	ance agr	eement with a private carrier will meet the financial obligations to our subscribers and their dependents	•		
	Does the report If no, give detail		y set up its claim liability for provider services on a service date basis?			Yes[X] No[]
ŏ.	8.1 Number of	provider	ormation regarding participating providers: s at start of reporting year			50,239
	8.2 Number of	provider	s at end of reporting year			58,161
9.1	Does the report If yes, direct pre	ting entity	y have business subject to premium rate guarantees?			Yes[] No[X]
	9.21 Business	with rate	guarantees between 15-36 months			0
			guarantees over 36 months			0
	1 Does the repo 2 If yes:	orting enti	ity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?			Yes[] No[X]
	10.21 Maximu		nt payable bonuses		<b>\$</b>	0
	10.23 Maximu	ım amou	paid for year bonuses nt payable withholds		\$	0
		•	paid for year withholds		\$	0
11.	1 Is the reporting 11.12 A Medic	g entity o	organized as: u/Staff Model			Yes[] No[X]
	11.13 An Indiv	∕idual Pra	actice Association (IPA), or,			Yes[ ] No[X]
11.2	2 Is the reporting	a entity s	combination of above)? subject to Statutory Minimum Capital and Surplus Requirements?			Yes[ ] No[X] Yes[X] No[ ]
11.3	3 If yes, show the New Jersey	ne name	of the state requiring such minimum capital and surplus.			
11.4	4 If ves show th	ne amour	nt required. I as part of a contingency reserve in stockholder's equity?		\$	18,867,576
11.6	6 If the amount i	is calcula	ated, show the calculation.			Yes[] No[X]
			Company's RBC filing.			
12.	List service are	eas in wh	ich the reporting entity is licensed to operate:			
			1 Name of Service Area			
			Bergen County			
			Essex County			
			Hudson County Hunterdon County			
			Mercer County			
			Middlesex County			
			Morris County Ocean County			
			Passaic County			

1
Name of Service Area
Somerset County
Sussex County
Union County
Warren County

- 13.1 Do you act as a custodian for health savings accounts?
  13.2 If yes, please provide the amount of custodial funds held as of the reporting date:
  13.3 Do you act as an administrator for health savings accounts?
  13.4 If yes, please provide the balance of the funds administered as of the reporting date:
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?14.2 If the answer to 14.1 is yes, please provide the following:

Yes[] No[X]	^
\$Yes[] No[X]	0
\$	0

Yes[] No[] N/A[X]

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

- Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
  15.1 Direct Premium Written
  15.2 Total incurred claims

  - 15.3 Number of covered lives

\$.												0
\$												0
												Λ

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X] Yes[] No[X]

# **FIVE-YEAR HISTORICAL DATA**

	1	2	3	4	5
	2024	2023	2022	2021	2020
BALANCE SHEET (Pages 2 and 3)					
TOTAL Admitted Assets (Page 2, Line 28)	67,890,704	63,164,394	51,390,163	51,958,826	39,745,359
2. TOTAL Liabilities (Page 3, Line 24)	44,917,659	39,654,070	37,382,922	35,206,759	29,669,756
3. Statutory minimum capital and surplus requirement	18,867,576	13,660,335	10,476,336	8,118,552	2,800,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	22,973,045	23,510,324	14,007,241	16,752,067	10,075,603
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	154,431,385	122,553,988	54,453,322	53,932,928	15,141,920
6. TOTAL Medical and Hospital Expenses (Line 18)	130,253,930	91,427,346	56,656,740	42,945,512	6,326,756
7. Claims adjustment expenses (Line 20)	2,357,823	1,808,666	1,616,553	1,399,982	1,662,939
8. TOTAL Administrative Expenses (Line 21)	27,000,606	20,608,489	12,549,389	13,074,363	6,076,220
9. Net underwriting gain (loss) (Line 24)	(5,180,974)	8,709,487	(16,369,360)	(3,486,929)	1,263,627
10. Net investment gain (loss) (Line 27)	1,984,074	1,357,527	128,215	(511)	216,699
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(2,668,200)	7,869,441	(16,233,375)	(3,476,695)	1,480,326
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(13,694,147)	18,211,439	(10,025,001)	(4,935,906)	(7,229,140)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	22,973,045	23,510,324	14,007,241	16,752,067	10,075,603
15. Authorized control level risk-based capital	6,289,192	4,553,445	3,492,112	2,706,184	568,148
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	23,416	18,842	16,620	13,728	12,936
17. TOTAL Members Months (Column 6, Line 7)	261,942	214,142	199,312	158,912	160,499
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line					
19)	84.3	74.6	104.0	79.6	41.8
20. Cost containment expenses	0.8	1.1	2.9	0.5	6.8
21. Other claims adjustment expenses	0.8	0.4	0.1	2.1	4.2
22. TOTAL Underwriting Deductions (Line 23)					
23. TOTAL Underwriting Gain (Loss) (Line 24)	(3.4)	7.1	(30.1)	(6.5)	8.3
UNPAID CLAIMS ANALYSIS				, ,	
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	12,410,964	4,057,108	7,599,819	3,363,317	2,791,523
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	17,153,024	8,632,105	6,091,646	3,166,238	4,165,710
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA					
Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					
55 5 IT LE INTOCKTION IN LATOR MODICAGO IN LINES 20 (0 01 above					1

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

If no, please explain:

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

# **ALLOCATED BY STATES AND TERRITORIES**

		1		OUAILD			Direct Business On				
			2	3	4	5	6	7	8	9	10
							Federal	Life & Annuity			
		Active	Accident				Employees	Premiums &	Property/	Total	Deposit -
	01.1 51	Status	& Health	Medicare	Medicaid	CHIP	Health Benefits	Other	Casualty	Columns	Туре
1	State, Etc. Alabama (AL)	(a)	Premiums	Title XVIII	Title XIX	Title XXI	Plan Premiums	Considerations	Premiums	2 Through 8	Contracts
1. 2.	Alaska (AK)	1									
3.	Arizona (AZ)										
4.	Arkansas (AR)										
5.	California (CA)	1									
6.	Colorado (CO)	1									
7.	Connecticut (CT)										
8.	Delaware (DE)										
9.	District of Columbia (DC)										
10.	Florida (FL)										
11.	Georgia (GA)	N .									
12.	Hawaii (HI)	l N .									
13.	Idaho (ID)										
14.	Illinois (IL)										
15.	Indiana (IN)										
16.	lowa (IA)	N .									
17.	Kansas (KS)										
18.	Kentucky (KY)										
19.	Louisiana (LA)										
20.	Maine (ME)	N .									
21.	Maryland (MD)	1									
22.	Massachusetts (MA)	N .									
23.	Michigan (MI)	N .									
24.	Minnesota (MN)	N .									
25.	Mississippi (MS)	N .									
26.	Missouri (MO)										
27.	Montana (MT)	N .									
28.	Nebraska (NE)	N .									
29.	Nevada (NV)										
30.	New Hampshire (NH)	N .									
31.	New Jersey (NJ)	L	1							. 155,876,209	
32.	New Mexico (NM)	N .									
33.	New York (NY)										
34.	North Carolina (NC)										
35.	North Dakota (ND)										
1	Ohio (OH)	1	1								
37.	Oklahoma (OK)	1									
38.	Oregon (OR)	1									
39.	Pennsylvania (PA)	1									
40.	Rhode Island (RI)										
41.	South Carolina (SC)	N .									
42.	South Dakota (SD)										
43.	Tennessee (TN)										
44.	Texas (TX)	1									
45.	Utah (UT)										
	Vermont (VT)										
47. 48.	Virginia (VA) Washington (WA)	1									
49.	West Virginia (WV)										
1	Wisconsin (WI)										
51.	Wyoming (WY)										
52.	American Samoa (AS)	1									
53.	Guam (GU)	1									
54.	Puerto Rico (PR)	1									
55.	U.S. Virgin Islands (VI)	1									
56.	Northern Mariana Islands (MP)	N .									
57.	Canada (CAN)										
58.	Aggregate other alien (OT)	1									
59.	Subtotal	XXX	. 155,876,209							. 155,876,209	
60.	Reporting entity contributions										
	for Employee Benefit Plans	XXX									
	TOTAL (Direct Business)	XXX	. 155,876,209							. 155,876,209	
	AILS OF WRITE-INS										
		XXX									
58002		XXX									
58003	Summary of remaining	XXX									
00330	write-ins for Line 58 from										
	overflow page	XXX						<u></u>		<u> </u>	
58999	TOTALS (Lines 58001										
	through 58003 plus 58998)	VVV									
	(Line 58 above)	XXX						l · · · · · · · · · · · · · · · · · · ·			<u> </u>

Q - Qualified - Qualified or accredited reinsurer
 N - None of the above - Not allowed to write business in the state

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 R - Registered - Non-domiciled RRGs

<sup>3.</sup> E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

<sup>(</sup>b) Explanation of basis of allocation by states, premiums by state, etc.: All premiums written within the state of New Jersey.

