



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

(Current Period)

4818

(Prior Period)

NAIC Company Code

16231

Employer's ID Number

37-1867604

Organized under the Laws of

New Jersey

State of Domicile or Port of Entry

NJ

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[X]

Property/Casualty[ ]

Hospital, Medical & Dental Service or Indemnity[ ]

Dental Service Corporation[ ]

Vision Service Corporation[ ]

Health Maintenance Organization[ ]

Other[ ]

Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized

07/06/2017

Commenced Business

01/01/2018

Statutory Home Office

820 Bear Tavern Road

(Street and Number)

West Trenton, NJ, US 08628

(City or Town, State, Country and Zip Code)

Main Administrative Office

75 Varick Street, 5th Floor

(Street and Number)

New York, NY, US 10013

(City or Town, State, Country and Zip Code)

(646)403-3677

(Area Code) (Telephone Number)

Mail Address

75 Varick Street, 5th Floor

(Street and Number or P.O. Box)

New York, NY, US 10013

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

75 Varick Street, 5th Floor

(Street and Number)

New York, NY, US 10013

(City or Town, State, Country and Zip Code)

(646)403-3677

(Area Code) (Telephone Number)

Internet Website Address

www.hioscar.com

Statutory Statement Contact

Eric Suh

(Name)

(646)403-3677

(Area Code)(Telephone Number)(Extension)

FinancialReporting@hioscar.com

(E-Mail Address)

(212)226-1283

(Fax Number)

OFFICERS

Name	Title	#
Janet Liang	President	
Victoria Baltrus	Treasurer	
Melissa Curtin	Corporate Secretary	

OTHERS

DIRECTORS OR TRUSTEES

Janet Liang #

Sean Martin MD

Lori Nelson #

Fausto Palazzetti

Geoffrey Bartsh #

State of

Illinois

County of

Cook

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

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

Subscribed and sworn to before me this

day of

, 2025

a. Is this an original filing?

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	1,066,323	1,000,408	964,078	2,652,120		5,682,929
0299997 Group subscriber subtotal .....						
0299998 Premiums due and unpaid not individually listed .....	8,242					8,242
0299999 TOTAL Group .....	8,242					8,242
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,074,565	1,000,408	964,078	2,652,120		5,691,171

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Health .....	1,254,723	963,388	1,055,713	568,192	499,353	3,342,663
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,254,723	963,388	1,055,713	568,192	499,353	3,342,663
0299998 Claim Overpayment Receivables - Not Individually Listed .....	188,763			623,789	623,789	188,763
0299999 Subtotal - Claim Overpayment Receivables .....	188,763			623,789	623,789	188,763
Other Health Care Receivables						
CVS Health .....	338,219					338,219
0699998 Other Health Care Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Health Care Receivables .....	338,219					338,219
0799999 Gross Health Care Receivables .....	1,781,705	963,388	1,055,713	1,191,981	1,123,142	3,869,645

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	1,905,208	7,656,038	257,849	3,584,167	2,163,057	2,054,951
2. Claim overpayment receivables .....	35,920		556,086	256,466	592,006	1,437,887
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	141,345			338,219	141,345	141,345
7. TOTALS (Lines 1 through 6) .....	2,082,473	7,656,038	813,935	4,178,852	2,896,408	3,634,183

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	296,559	182	623	11,630	38,571	347,565
0499999 Subtotals .....	296,559	182	623	11,630	38,571	347,565
0599999 Unreported claims and other claim reserves .....						32,566,445
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						32,914,010
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Oscar Management Corporation .....	Administrative Service Agreement. ....	1,180,998	1,180,998	
0199999 Individually Listed Payables .....	X X X .....	1,180,998	1,180,998	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	1,180,998	1,180,998	

NONE			
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1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>					
9999999 TOTALS .....		.....	..... X X X .....	..... X X X .....	..... X X X .....

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



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
NAIC Group Code 4818 BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR NAIC Company Code 16231

30 New Jersey

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year .....	18,842	18,249	593											
2. First Quarter .....	21,297	20,795	502											
3. Second Quarter .....	21,979	21,504	475											
4. Third Quarter .....	22,802	22,371	431											
5. Current Year .....	23,416	23,108	308											
6. Current Year Member Months .....	261,942	256,543	5,399											
TOTAL Member Ambulatory Encounters for Year:														
7. Physician .....	26,871	26,189	682											
8. Non-Physician .....	3,090	3,029	61											
9. TOTAL .....	29,961	29,218	743											
10. Hospital Patient Days Incurred .....	5,479	5,396	83											
11. Number of Inpatient Admissions .....	918	907	11											
12. Health Premiums Written (b) .....	155,876,209	152,912,260	2,963,949											
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	155,877,621	152,913,672	2,963,949											
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	151,708,561	149,036,651	2,671,910											
18. Amount Incurred for Provision of Health Care Services .....	158,589,131	156,042,962	2,546,169											

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
NAIC Group Code 4818 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 16231

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year .....	18,842	18,249	593											
2. First Quarter .....	21,297	20,795	502											
3. Second Quarter .....	21,979	21,504	475											
4. Third Quarter .....	22,802	22,371	431											
5. Current Year .....	23,416	23,108	308											
6. Current Year Member Months .....	261,942	256,543	5,399											
TOTAL Member Ambulatory Encounters for Year:														
7. Physician .....	26,871	26,189	682											
8. Non-Physician .....	3,090	3,029	61											
9. TOTAL .....	29,961	29,218	743											
10. Hospital Patient Days Incurred .....	5,479	5,396	83											
11. Number of Inpatient Admissions .....	918	907	11											
12. Health Premiums Written (b) .....	155,876,209	152,912,260	2,963,949											
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	155,877,621	152,913,672	2,963,949											
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17. Amount Paid for Provision of Health Care Services .....	151,708,561	149,036,651	2,671,910											
18. Amount Incurred for Provision of Health Care Services .....	158,589,131	156,042,962	2,546,169											

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

**SCHEDULE S - PART 1 - SECTION 2**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
22276 ....	63-0202590 ...	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO .....	NE .....	73,387 .....	143,842 .....
00000 ....	00-0000000 ...	01/01/2024	NEW JERSEY STATE BASED REINSURANCE PROGRAM .....	NJ .....	24,234,008 .....	3,576,876 .....
23680 ....	47-0698507 ...	01/01/2024	ODYSSEY REINS CO .....	CT .....	.....	158,648 .....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					24,307,395 .....	3,879,366 .....
<b>Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>						
00000 ....	AA-1320000 ...	01/01/2021	Axa France Vie .....	FRA .....	505,509 .....	747,303 .....
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates .....					505,509 .....	747,303 .....
2199999 Total - Accident and Health - Non-Affiliates .....					24,812,904 .....	4,626,669 .....
2299999 Total - Accident and Health .....					24,812,904 .....	4,626,669 .....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					24,307,395 .....	3,879,366 .....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					505,509 .....	747,303 .....
9999999 Total (Sum of 1199999 and 2299999) .....					24,812,904 .....	4,626,669 .....

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/G	CMM	(26,683)						
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	169,958						
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/G	CMM	12,846						
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	CMM	328,238						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							484,359						
1099999 Total - General Account - Authorized - Non-Affiliates							484,359						
1199999 Total - General Account - Authorized							484,359						
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	QA/G	CMM	41,594						
00000	AA-1320000	01/01/2021	Axa France Vie	FRA	QA/I	CMM	920,283						
2099999 Subtotal - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							961,877						
2199999 Total - General Account - Unauthorized - Non-Affiliates							961,877						
2299999 Total - General Account - Unauthorized							961,877						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							1,446,236						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							484,359						
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999 )							961,877						
9999999 Total (Sum of 4599999 and 9099999)							1,446,236						

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
<b>General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>														
00000 ....	AA-1320000 ....	01/01/2021	Axa France Vie .....		1,252,812	582,168	1,834,980			289,117			861,487	1,150,604
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604
2199999 Total - General Account - Accident and Health - Non-Affiliates .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604
2299999 Total - General Account - Accident and Health .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604
2399999 Total - General Account .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999) .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604
9999999 Total (Sum of 2399999 and 3499999) .....					1,252,812	582,168	1,834,980		X X X ...	289,117			861,487	1,150,604

(a)

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

SCHEDULE S - PART 5

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

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

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	<div>NONE</div> Issuing or Confirming Bank Name	Letters of Credit Amount



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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	1,446	(952)	37,659	37,225	51,056
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance	48	(600)	3,930	3,760	5,645
5. TOTAL Hospital and Medical Expenses	28,335	22,832	45,454	42,059	52,201
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(1,058)	(54)	(4,941)	(15,326)	(11,465)
7. Claims payable	4,627	4,504	10,918	9,503	5,561
8. Reinsurance recoverable on paid losses	24,813	15,332	21,609	17,869	18,214
9. Experience rating refunds due or unpaid	604	952	370	2,697	7,262
10. Commissions and reinsurance expense allowances due			1,085	1,925	207
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)	289	1,568	13,559	6,188	4,681
16. Other (O)				13,402	4,653
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	29,326,787		29,326,787
2. Accident and health premiums due and unpaid (Line 15) .....	7,640,161		7,640,161
3. Amounts recoverable from reinsurers (Line 16.1) .....	24,812,904	(24,812,904)	
4. Net credit for ceded reinsurance .....	X X X	28,301,283	28,301,283
5. All other admitted assets (Balance) .....	6,110,852	(603,655)	5,507,197
6. TOTAL Assets (Line 28) .....	67,890,704	2,884,724	70,775,428
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	28,287,341	4,626,669	32,914,010
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	3,334,438		3,334,438
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	684,376	(684,376)	
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	12,611,504	(1,057,569)	11,553,935
15. TOTAL Liabilities (Line 24) .....	44,917,659	2,884,724	47,802,383
16. TOTAL Capital and Surplus (Line 33) .....	22,973,045	X X X	22,973,045
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	67,890,704	2,884,724	70,775,428
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	4,626,669		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	24,812,904		
22. Other ceded reinsurance recoverables .....	603,655		
23. TOTAL Ceded Reinsurance Recoverables .....	30,043,228		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....	684,376		
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	1,057,569		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	1,741,945		
31. TOTAL Net Credit for Ceded Reinsurance .....	28,301,283		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4818	Oscar Health, Inc. ....	00000	461315570	.....	0001568651	New York Stock Exchange .....	Oscar Health Inc. ....	DE	UDP	Thrive Capital Partners III, LP .....	Ownership .....	71.8	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	00000	473979452	.....		N/A .....	Oscar Management Corporation .....	DE	NIA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	00000	844784269	.....		N/A .....	Mulberry Insurance Agnecy .....	DE	NIA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	00000	332199357	.....		N/A .....	Oscar Health Maintenance Organization of Florida, Inc. ....	FL	NIA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16416	825264817	.....		N/A .....	Oscar Buckeye State Insurance Corporation .....	OH	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16231	371867604	.....		N/A .....	Oscar Garden State Insurance Corporation .....	NJ	RE	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16337	824782428	.....		N/A .....	Oscar Health Plan Inc. ....	AZ	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	15829	473103726	.....		N/A .....	Oscar Health Plan of California .....	CA	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16634	833894406	.....		N/A .....	Oscar Health Plan of Georgia .....	GA	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16597	832766385	.....		N/A .....	Oscar Health Plan of New York, Inc. ....	NY	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16590	833324290	.....		N/A .....	Oscar Health Plan of Pennsylvania, Inc. ....	PA	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	15777	473185443	.....		N/A .....	Oscar Insurance Company .....	TX	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16374	825440359	.....		N/A .....	Oscar Insurance Company of Florida .....	FL	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	15281	462043136	.....		N/A .....	Oscar Insurance Corporation .....	NY	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16202	364859637	.....		N/A .....	Oscar Insurance Corporation of Ohio .....	OH	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16852	844470932	.....		N/A .....	Oscar Health Plan of North Carolina, Inc. ....	NC	IA	Oscar Health Inc. ....	Ownership .....	100.0	Joshua Kushner .....	No	.....
4818	Oscar Health, Inc. ....	16854	843281623	.....		N/A .....	Oscar Managed Care of South Florida, Inc .....	FL	IA	Oscar South Florida HoldCo. LLC .....	Ownership .....	100.0	Joshua Kushner, FCHN Holy Cross HoldCo, LLC .....	No	.....
4818	Oscar Health, Inc. ....	00000	873253539	.....		N/A .....	Oscar South Florida HoldCo, LLC .....	DE	NIA	Oscar Health Inc. ....	Ownership .....	50.0	Joshua Kushner .....	No	0000001
.....	.....	00000	873253539	.....		N/A .....	Oscar South Florida HoldCo, LLC .....	DE	NIA	FCHN Holy Cross HoldCo, LLC .....	Ownership .....	50.0	FCHN Holy Cross HoldCo, LLC .....	No	0000001
4818	Oscar Health, Inc. ....	00000	822553610	.....		N/A .....	Oscar Medical Group of California, P.C. ....	CA	NIA	Oscar Health Inc. ....	Other .....	.....	Joshua Kushner .....	No	0000002
4818	Oscar Health, Inc. ....	00000	842761576	.....		N/A .....	Oscar Medical Group, P.A. ....	FL	NIA	Oscar Health Inc. ....	Other .....	.....	Joshua Kushner .....	No	0000002
4818	Oscar Health, Inc. ....	00000	872248477	.....		N/A .....	Oscar Medical Group of New Jersey, P.C. ....	NJ	NIA	Oscar Health Inc. ....	Other .....	.....	Joshua Kushner .....	No	0000002
4818	Oscar Health, Inc. ....	00000	814293897	.....		N/A .....	Oscar Medical of New York, P.C. ....	NY	NIA	Oscar Health Inc. ....	Other .....	.....	Joshua Kushner .....	No	0000002

Asterisk	Explanation
0000001	Oscar South Florida Holdco, LLC is 50% owned by Joshua Kushner and 50% by FCHN Holy Cross HoldCo, LLC, a non-affiliated entity .....
0000002	Oscar Health, Inc. has determined that it has a controlling financial interest in the medical professional corporations with which it has a business arrangement because, as part of its arrangement, it has guaranteed their debt, and the equity at risk is insufficient to finance their activities without additional subordinated financial support from Oscar Health, Inc. ....

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	461315570	Oscar Health Inc.	115,000,000	(146,600,000)			(35,902,344)				(67,502,344)	
00000	473979452	Oscar Management Corporation					(512,677,487)				(512,677,487)	
00000	844784269	Mulberry Insurance Agnecy					26,134				26,134	
00000	332199357	Oscar Health Maintenance Organization of Florida,		1,800,000							1,800,000	
16416	825264817	Oscar Buckeye State Insurance Corporation					26,647,944				26,647,944	
16231	371867604	Oscar Garden State Insurance Corporation					10,612,497				10,612,497	
16337	824782428	Oscar Health Plan Inc.					9,121,462				9,121,462	
15829	473103726	Oscar Health Plan of California					2,235,897				2,235,897	
16634	833894406	Oscar Health Plan of Georgia		143,000,000			48,237,866				191,237,866	
16597	832766385	Oscar Health Plan of New York, Inc.					499,210				499,210	
16590	833324290	Oscar Health Plan of Pennsylvania, INC.					2,607,573				2,607,573	
15777	473185443	Oscar Insurance Company					119,438,291				119,438,291	
16374	825440359	Oscar Insurance Company of Florida	(115,000,000)				318,864,342				203,864,342	
15281	462043136	Oscar Insurance Corporation					(1,795,629)				(1,795,629)	
16202	364859637	Oscar Insurance Corporation of Ohio					7,589,634				7,589,634	
16852	844470932	Oscar Health Plan of North Carolina, Inc.		1,800,000			4,650,577				6,450,577	
16854	843281623	Oscar Managed Care of South Florida, Inc										
00000	873253539	Oscar South Florida HoldCo. LLC										
00000	822553610	Oscar Medical Group of California, P.C.					(248,319)				(248,319)	
00000	842761576	Oscar Medical Group, P.A.					367,083				367,083	
00000	872248477	Oscar Medical Group of New Jersey, P.C.										
00000	814293897	Oscar Medical of New York, P.C.					(274,731)				(274,731)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Oscar Health, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Oscar Health Plan, Inc. ....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Buckeye State Insurance Corporation .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Health Plan of North Carolina, Inc. ...	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Health Plan of Georgia .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Health Plan of New York, Inc. ....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Health Plan of Pennsylvania, Inc. ....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Insurance Corporation of Ohio .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Garden State Insurance Corporation	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Insurance Corporation .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Insurance Company .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Insurance Company of Florida .....	Oscar Health, Inc. ....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC .....	100.0%	No .....	Joshua Kushner .....	Oscar Health, Inc. ....	71.8%	No .....
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo, LLC .....	100.0%	No .....	FCHN Holy Cross HoldCo, LLC .....	Oscar South Florida HoldCo, LLC .....	50.0%	Yes .....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes

SUPPLEMENTAL FILINGS

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

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?

Yes

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

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

Yes

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees

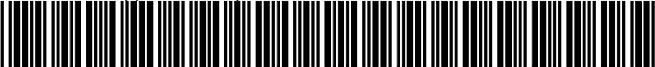


LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Health Life Supplement - April



16231202421100000

2024

Document Code: 211



**OVERFLOW PAGE FOR WRITE-INS**



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

For the Year Ended DECEMBER 31, 2024  
(To Be Filed by March 1)  
For the State of New Jersey

NAIC Group Code 4818		NAIC Company Code 16231	
MCAS Line of Business		MCAS Reportable Premium / Considerations (YES/NO)	
1.	Disability Income .....	NO	.....
2.	Health .....	YES	.....
3.	Homeowners .....	NO	.....
4.	Individual Annuity .....	NO	.....
5.	Individual Life .....	NO	.....
6.	Lender-Placed Home and Auto .....	NO	.....
7.	Long-Term Care .....	NO	.....
8.	Other Health .....	NO	.....
9.	Private Flood .....	NO	.....
10.	Private Passenger Auto .....	NO	.....
11.	Short-Term Limited Duration Health Plans .....	NO	.....
12.	Travel .....	NO	.....