Amended Explanation Page

The Company is amending certain schedules of its December 31, 2019 financial statments.



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Oscar Garden State Insurance Corporation

NAIC Group Code	4818 (Current Period)	'	B18 Period)	NAIC Company Code	16231	Employer's ID Number	37-1867604
Organized under the Laws	of	New Jersey	, !	, State of Domi	cile or Port of Entr	у	NJ
Country of Domicile		United States of A	merica				
Licensed as business type:		& Health[X] • Corporation[]	Vision Se	Casualty[] rvice Corporation[] rederally Qualified? Yes[] No	Health	al, Medical & Dental Service or I Maintenance Organization[]	ndemnity[]
Incorporated/Organized		07/06/20	017	Comme	enced Business	01/01/20	018
Statutory Home Office		820 Bear T	avern Road			West Trenton, NJ, US 086	628
Main Administrative Office		(Street an	nd Number)		reet, 5th Floor	(City or Town, State, Country and Z	
	ı	New York, NY, US 10	013	(Street ar	nd Number)	(646)403-3677	
Mail Address	(City or Tov	wn, State, Country and Zi				(Area Code) (Telephone N	
Mail Address			reet, 5th Floor nber or P.O. Box)	, , <u> </u>		New York, NY, US 1001 (City or Town, State, Country and Z	
Primary Location of Books	and Records				rick Street, 5th Flo	or	
	Nev	w York, NY, US 1001;	3	(5	treet and Number)	(646)403-3677	
Internet Mehoite Address	(City or Tov	wn, State, Country and Z				(Area Code) (Telephone N	umber)
Internet Website Address		www.	hioscar.com				
Statutory Statement Contact	ct	Aaro	on Crawford (Name)			(646)403-3677 (Area Code)(Telephone Number)(Extension)
	acr	rawford@hioscar.com	,			(212)226-1283)(Extension)
		(E-Mail Address)		OFFICERS		(Fax Number)	
		Jo Si De Me	Name ario Schlosser del Klein d Sankaran ennis Weaver eghan Joyce	Title Chief Executive Officer Chief Policy & Strategy Chief Financial Officer Chief Clinical Officer Chief Operating Officer	#		
		IS	aac Councill	Chief Technology Office OTHERS	er #		
		Harold Greent	perg, Secretary #				
			DIRECT	ORS OR TRUST	FFS		
		Mario Schloss Dennis Weave Kareem Zaki Sid Sankaran	er er	ONO ON TROOT	Joel Kleir Joel Cutle Jed Feldr	er	
State of Ne	w York						
County of Ne	w York	SS					
were the absolute property of the contained, annexed or referred to deductions therefrom for the peri may differ; or, (2) that state rules Furthermore, the scope of this at	e said reporting entity, b, is a full and true stated od ended, and have to or regulations require testation by the descr	free and clear from any stement of all the assets a been completed in accord e differences in reporting ribed officers also include	liens or claims there and liabilities and of dance with the NAIC not related to accou as the related corres	on, except as herein stated, and the condition and affairs of the sait Annual Statement Instructions an unting practices and procedures, a	hat this statement, too d reporting entity as o d Accounting Practice ccording to the best o IAIC, when required,	reporting period stated above, all of to gether with related exhibits, schedule of the reporting period stated above, es and Procedures manual except to of their information, knowledge and b that is an exact copy (except for form	es and explanations therein and of its income and the extent that: (1) state law elief, respectively.
	(Signature)			(Signature)		(Signature)	
	Joel Klein Printed Name)			Sid Sankaran (Printed Name)		Mario Schloss (Printed Name	
	1.			2.		3.	•
Chief Pol	icy & Strategy Offic (Title)	cer		Chief Financial Officer (Title)		Chief Executive (Title)	Omicer
Subscribed and swor		s , 2020	a. Is this a b. If no:	an original filing? 1. State the amendment r 2. Date filed 3. Number of pages attac		Yes[] No[X 1 04/17/2020 44	<u> </u>

(Notary Public Signature)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4818		BUSINESS	NAIC Company	Code 16231						
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	10,521	9,718	803							
2. First Quarter	14,308	13,068	1,240							
3. Second Quarter	15,433	13,870	1,563							
4. Third Quarter		13,439	1,565							
5. Current Year		12,832	1,675							
6. Current Year Member Months	181,516	164,074	17,442							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	14,422	12,947	1,475							
8. Non-Physician	4,690	4,201	489							
9. TOTAL		17,148	1,964							
10. Hospital Patient Days Incurred	3,237	2,966	271							
11. Number of Inpatient Admissions	556	508	48							
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	63,644,850	56,492,739	7,152,111							
16. Property/Casualty Premiums Earned										
Amount Paid for Provision of Health Care Services	58,492,146	51,632,955	6,859,191							

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818	GRAND TOTAL	DURING THE YE		NAIC Company Code 16231						
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefits	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year		9,718	803							
2. First Quarter		13,068	1,240							
3. Second Quarter			1,563							
4. Third Quarter		13,439	1,565							
5. Current Year		12,832	1,675							
6. Current Year Member Months	181,516	164,074	17,442							
TOTAL Member Ambulatory Encounters for Year:										
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10. Hospital Patient Days Incurred	3,237	2,966	271							
11. Number of Inpatient Admissions		508	48							
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services			6,859,191							
18. Amount Incurred for Provision of Health Care Services		51,603,586	6,855,795							

SCHEDULE S-PART 2

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

1	2	3	4	5	6	7
NAIC						
Company	ID	Effective		Domiciliary		
Code	Number	Date	Name of Company	Jurisdiction	Paid Losses	Unpaid Losses
Accident	and Health - No	n-Affiliates - l	J.S. Non-Affiliates			
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	17,940	20,494
20087	47-0355979	10/01/2019	NATIONAL IND CO	NE	2,992,248	643,588
00000	00-0000000	01/01/2019	NEW JERSEY STATE BASED REINSURANCE	NJ	6,574,526	384,700
1999999 9	Subtotal - Accider	nt and Health -	Non-Affiliates - U.S. Non-Affiliates		9,584,714	1,048,782
Accident	and Health - No	n-Affiliates - I	lon-U.S. Non-Affiliates			
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	9,845,591	4,588,828
2099999	Subtotal - Accider	nt and Health -	Non-Affiliates - Non-U.S. Non-Affiliates		9,845,591	4,588,828
21999997	Γotal - Accident a	nd Health - No	n-Affiliates		19,430,305	5,637,610
2299999 7	Γotal - Accident a	nd Health			19,430,305	5,637,610
2399999 7	Γotal U.S. (Sum c	of 0399999, 08	99999, 1499999 and 1999999)		9,584,714	1,048,782
2499999 7	Γotal Non-U.S. (S	um of 069999	9, 0999999, 1799999 and 2099999)		9,845,591	4,588,828
9999999	Total (Sum of 119	99999 and 229	9999)		19,430,305	5,637,610

SCHEDULE S - PART 3 - SECTION 2

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

1	Funds Withheld Under Coinsurance
NAIC Company ID Effective Date Name of Company Unisdiction Ceded Number Date Name of Company Unisdiction Ceded Number Date Name of Company Unisdiction Ceded Number Date Name of Company Division Ceded Number Name of Company Name of Coded Nam	Withheld Under
NAIC Company ID Effective Number Date Name of Company Unearmed Code Number Date Name of Company Durisdiction Ceded Ceded Premiums (Estimated) Premiums (Esti	Withheld Under
Company ID Effective Date Number Date Name of Company Jurisdiction Ceded Number Ceded Number Date Non-Affiliates - U.S. Non-Affiliates - U.S Total - Separate Accounts - Authorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total - Separate Accounts - Unauthorized - Affiliates - U.S Total	Under
Code Number Date Name of Company Jurisdiction Ceded Ceded Premiums (Estimated) Premiums Year Year Year Reserve Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates CT SSL/I CMM 490,190 490,190 ATIONAL IND CO NE QA/I CMM 3,983,601 AUTHORIZED - Non-Affiliates Authorized - Non-Affiliates - U.S. Non-Affiliates Authorized - Non-Affiliates Autho	
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates CT SSL/I CMM 490,190 23680 47-0698507 01/01/2019 DOYSSEY REINS CO CT SSL/I CMM 490,190 20087 47-0355979 01/01/2019 NATIONAL IND CO NE QA/I CMM 3,983,601 4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates 4,473,791 4499999 Total - Separate Accounts - Authorized - Non-Affiliates - U.S Total 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 4,473,791 4,473,791 5299999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates 4,473,791	Coinsurance
23680	
20087 47-0355979 01/01/2019 NATIONAL IND CO NE QA/I CMM 3,983,601 4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates 4,473,791 4499999 Total - Separate Accounts - Authorized - Non-Affiliates 4,473,791 4599999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
20087 47-0355979 01/01/2019 NATIONAL IND CO NE QA/I CMM 3,983,601 4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates 4,473,791 4599999 Total - Separate Accounts - Authorized - Authorized 4,473,791 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates 4,473,791 4499999 Total - Separate Accounts - Authorized - Non-Affiliates 4,473,791 4599999 Total - Separate Accounts - Authorized 4,473,791 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
4599999 Total - Separate Accounts - Authorized 4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
4599999 Total - Separate Accounts - Authorized 4,473,791 4,99999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S Total 5299999 Total - Separate Accounts - Unauthorized - Affiliates	
5299999 Total - Separate Accounts - Unauthorized - Affiliates	
Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates	
pehalate propulities - Allantifolized - Itoli-Alliliates - Itoli-Alliliates	
00000 AA-1320000 01/01/2018 Axa France Vie FRA QA/I CMM 26,017,411	
5499999 Subtotal - Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates	
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates	
5699999 Total - Separate Accounts - Unauthorized	
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S Total	
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S Total	
6399999 Total - Separate Accounts - Certified - Affiliates	
6799999 Total - Separate Accounts - Certified	
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified	
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999 and 6499999)	
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)	
9999999 Total (Sum of 3499999 and 6899999)	

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

	Remodration deduct to distantion and desired													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Funds			Sum of Cols.
									Issuing or		Deposited			9+11+12
					Paid and				Confirming		by and			+13+14
NAIC				Reserve	Unpaid Losses		Totals		Bank		Withheld		Miscellaneous	But Not in
Company	ID	Effective		Credit	Recoverable	Other	(Cols. 5	Letters of	Reference	Trust	from		Balances	Excess
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	+ 6 + 7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Aff			ր - Non-Affiliates - Non-U.S. Non-Affil	ļiates										
00000	AA-1320000	. 01/01/2018	Axa France Vie		14,434,419	177,570	14,611,989							
2099999 S	ubtotal - General A	ccount - Accide	nt and Health - Non-Affiliates - Non-U.S.											
Non-Affiliat	es				14,434,419	177,570	14,611,989		X X X					
2199999 T	otal - General Acco	unt - Accident a	nd Health - Non-Affiliates		14,434,419	177,570	14,611,989		X X X					
2299999 T	otal - General Acco	unt - Accident a	ind Health		14,434,419	177,570	14,611,989		X X X					
2399999 T	otal - General Acco	ount			14,434,419	177,570	14,611,989		X X X					
2999999 S	ubtotal - Separate	Accounts - Affilia	ates - Non-U.S Total						X X X					
			S						X X X					
									X X X					
			999999, 1799999, 2099999, 2999999 and											
3299999)					14,434,419	177,570	14,611,989		x x x					
9999999 T	otal (Sum of 23999	99 and 349999	9)		14,434,419	177,570	14,611,989		X X X					

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

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		1	2	3	4	5
		2019	2018	2017	2016	2015
A. OF	PERATIONS ITEMS					
1.	Premiums	30,491	17,419			
2.	Title XVIII-Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	TOTAL Hospital and Medical Expenses					
B. BA	ALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses		8,525			
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
C. UN	IAUTHORIZED REINSURANCE					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)		2,199			
16.	Other (O)					
D. RE	INSURANCE WITH CERTIFIED REINSURERS					
(DEP	OSITS 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	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSE	TS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			16,811,172
2.	Accident and health premiums due and unpaid (Line 15)	199,985		199,985
3.	Amounts recoverable from reinsurers (Line 16.1)	19,430,305	(19,430,305)	
4.	Net credit for ceded reinsurance	X X X	(29,035,602)	(29,035,602)
5.	All other admitted assets (Balance)			
6.	TOTAL Assets (Line 28)	41,244,883	(48,465,907)	(7,221,024)
LIABI	LITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	5,273,002	5,637,610	10,910,612
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	1,542,180		1,542,180
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
11.	(Line 19, first inset amount plus second inset amount)			
12.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
13.	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)	27,431,698		
15.	TOTAL Liabilities (Line 24)	34,246,880	(9,605,297)	24,641,583
16.	TOTAL Capital and Surplus (Line 33)	6,998,003	X X X	6,998,003
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	41,244,883	(9,605,297)	31,639,586
NET (CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	5,637,610		
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables	(19,430,305)		
23.	TOTAL Ceded Reinsurance Recoverables	(13,792,695)		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets	15,242,907		
31.	TOTAL Net Credit for Ceded Reinsurance	. (29,035,602)		