

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	157,595	9,378	33,013			199,986
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
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) ..	157,595	9,378	33,013			199,986

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
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	312,345	138,692	214,053	863,909	863,909	665,090
0199999 Subtotal - Pharmaceutical Rebate Receivables	312,345	138,692	214,053	863,909	863,909	665,090
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	5,626					5,626
0699999 Subtotal - Other Receivables	5,626					5,626
0799999 Gross health care receivables	317,971	138,692	214,053	863,909	863,909	670,716

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

Type of Health Care Receivable	Health Care Receivables Collected 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 in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	656,277	1,033,348	(33,118)	1,562,117	623,159	727,355
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	4,381			5,626	4,381	4,381
7. TOTALS (Lines 1 through 6)	660,658	1,033,348	(33,118)	1,567,743	627,540	731,736

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,254,322	67,699	831	3,377		1,326,229
0499999 Subtotals	1,254,322	67,699	831	3,377		1,326,229
0599999 Unreported claims and other claim reserves						9,584,383
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						10,910,612
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Oscar Insurance Corporation	2,538					2,538	
Oscar Insurance Corporation of New Jersey	90,335					90,335	
Mulberry Management Corporation	3,431,964					3,431,964	
Oscar Insurance Company	25,000					25,000	
Mulberry Health Inc	300,000					300,000	
0199999 Total - Individually listed receivables	3,849,837					3,849,837	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	3,849,837					3,849,837	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Mulberry Management Corporation .....	.....	1,744,747	1,744,747	.....
Oscar Insurance Company .....	.....	25,000	25,000	.....
0199999 Total - Individually Listed Payables	X X X	1,769,747	1,769,747	.....
0299999 Payables not Individually Listed	X X X	.....	.....	.....
0399999 TOTAL Gross Payables	X X X	1,769,747	1,769,747	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	758,036	1.298	14,507	100.000		758,036
4. TOTAL Capitation Payments	758,036	1.298	14,507	100.000		758,036
Other Payments:						
5. Fee-for-service	57,634,584	98.702	X X X	X X X		57,634,584
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	57,634,584	98.702	X X X	X X X		57,634,584
13. TOTAL (Line 4 plus Line 12)	58,392,620	100.000	X X X	X X X		58,392,620

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 16231

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	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	15,004	13,439	1,565							
5. Current Year	14,507	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	19,112	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)	63,644,850	56,492,739	7,152,111							
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										
17. Amount Paid for Provision of Health Care Services	58,392,620	51,533,429	6,859,191							
18. Amount Incurred for Provision of Health Care Services	58,359,856	51,504,060	6,855,796							

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4818

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

NAIC Company Code 16231

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	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	15,004	13,439	1,565							
5. Current Year	14,507	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	19,112	17,148	1,964							
10. Hospital Patient Days Incurred	3,237	2,966	271							
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12. Health Premiums Written (b)	63,644,850	56,492,739	7,152,111							
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										
17. Amount Paid for Provision of Health Care Services	58,392,620	51,533,429	6,859,191							
18. Amount Incurred for Provision of Health Care Services	58,359,856	51,504,060	6,855,796							

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

30 Grand Total

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
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
Accident and Health - Non-Affiliates - U.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	3,412,493	643,588
00000	00-0000000	01/01/2019	NEW JERSEY STATE BASED REINSURANCE	NJ	6,574,526	384,700
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					10,004,959	1,048,782
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	13,325,204	4,588,828
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					13,325,204	4,588,828
2199999 Total - Accident and Health - Non-Affiliates					23,330,163	5,637,610
2299999 Total - Accident and Health					23,330,163	5,637,610
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					10,004,959	1,048,782
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					13,325,204	4,588,828
9999999 Total (Sum of 1199999 and 2299999)					23,330,163	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	SSL/I	CMM	490,190						
20087	47-0355979	01/01/2019	NATIONAL IND CO	NE	QA/I	CMM	4,427,692						
4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates							4,917,882						
4499999 Total - Separate Accounts - Authorized - Non-Affiliates							4,917,882						
4599999 Total - Separate Accounts - Authorized							4,917,882						
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	QA/I	CMM	29,497,024						
5499999 Subtotal - Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							29,497,024						
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates							29,497,024						
5699999 Total - Separate Accounts - Unauthorized							29,497,024						
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							34,414,906						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							4,917,882						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							29,497,024						
9999999 Total (Sum of 3499999 and 6899999)							34,414,906						

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
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-1320000	01/01/2018	Axa France Vie		17,914,032	177,570	18,091,602							
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					17,914,032	177,570	18,091,602		X X X					
2199999 Total - General Account - Accident and Health - Non-Affiliates					17,914,032	177,570	18,091,602		X X X					
2299999 Total - General Account - Accident and Health					17,914,032	177,570	18,091,602		X X X					
2399999 Total - General Account					17,914,032	177,570	18,091,602		X X X					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					17,914,032	177,570	18,091,602		X X X					
9999999 Total (Sum of 2399999 and 3499999)					17,914,032	177,570	18,091,602		X X X					

(a)

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

SCHEDULE S - PART 5

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

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

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	34,415	17,419			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	23,330	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. 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)		2,199			
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	16,669,371		16,669,371
2. Accident and health premiums due and unpaid (Line 15)	199,985		199,985
3. Amounts recoverable from reinsurers (Line 16.1)	23,330,163		23,330,163
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	5,349,989		5,349,989
6. TOTAL Assets (Line 28)	45,549,508		45,549,508
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	5,273,002		5,273,002
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	1,400,378		1,400,378
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)	823,377		823,377
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)	31,232,031		31,232,031
15. TOTAL Liabilities (Line 24)	38,728,788		38,728,788
16. TOTAL Capital and Surplus (Line 33)	6,820,720	X X X	6,820,720
17. TOTAL Liabilities, Capital and Surplus (Line 34)	45,549,508		45,549,508
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4818	Mulberry Health	15585	471142944				Oscar Insurance Corporation of New Jersey	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15281	462043136				Oscar Insurance Corporation	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15777	473185443				Oscar Insurance Company	TX	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15829	473103726				Oscar Health Plan of California	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	473979452				Mulberry Management Corporation	DE	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	461315570				Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	43.5	Joshua Kushner	N	
4818	Mulberry Health	16202	364859637				Oscar Insurance Corporation of Ohio	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16231	371867604				Oscar Garden State Insurance Corporation	NJ	RE	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16337	824782428				Oscar Health Plan Inc	AZ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16347	825440359				Oscar Insurance Company of Florida	FL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16416	825264817				Oscar Buckeye State Insurance Corporation	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16597	832766385				Oscar Health Plan of New York, Inc.	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16590	833324290				Oscar Health Plan of Pennsylvania, Inc.	PA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16634	833894406				Oscar Health Plan of Georgia	GA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	301007548				Mulberry Ohio Management Corporation	OH	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	000000000				Oscar Golden State Managed Care	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	833549419				Oscar Insurance Company of Illinois	IL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	

41

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16202	36-4859637	OSCAR INS CORP OF OH					6,469,189				6,469,189	
15281	46-2043136	OSCAR INS CORP					6,341,975				6,341,975	
00000	46-1315570	Mulberry Health Inc					(58,250,968)				(58,250,968)	
00000	47-3979452	Mulberry Management Corporation					41,194,167				41,194,167	
15829	47-3103726	OSCAR HLTH PLAN OF CA					(2,619,926)				(2,619,926)	
15777	47-3185443	OSCAR INS CO OF TX					890,784				890,784	
15585	47-1142944	OSCAR INS CORP OF NJ					(88,253)				(88,253)	
16231	37-1867604	OSCAR GARDEN STATE INS CORP					2,080,090				2,080,090	
16337	82-4782428	OSCAR HLTH PLAN INC					(293,596)				(293,596)	
16374	82-5440359	OSCAR INS CO OF FL					3,758,008				3,758,008	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP					98,426				98,426	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC					(33,062)				(33,062)	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC					407,167				407,167	
16634	83-3894406	OSCAR HLTH PLAN OF GA					45,999				45,999	
00000	30-1007548	Mulberry Ohio Management Corporation										
00000	00-0000000	OSCAR GOLDEN STATE MANAGED CARE										
00000	83-3549419	OSCAR INSURANCE COMPANY OF ILLINOIS										
00000	00-0000000	MULBERRY INSURANCE AGENCY, INC										
00000	00-0000000	OSCAR MANAGED CARE OF SOUTH FLORIDA, INC										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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 |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. 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 |
| 15. 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 |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. 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 |
| 18. 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 |
| 19. 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 |

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, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | No |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16231201922600000 2019 Document Code: 226

LTC Supplemental Interrogatories



16231201930600000 2019 Document Code: 306

Health Life Supplement - April



16231201921100000 2019 Document Code: 211

Supplemental Health Care Exhibit



16231201921600000 2019 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



16231201921700000 2019 Document Code: 217

LHA Guaranty Association Reconciliation



16231201929000000 2019 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16231201930000000 2019 Document Code: 300

Management's Report of Internal Control over Financial Reporting



16231201922300000 2019 Document Code: 223

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