



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2019**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Oscar Insurance Corporation of New Jersey**

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	15585	Employer's ID Number	47-1142944
Organized under the Laws of	New Jersey		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	07/18/2014		Commenced Business	01/01/2015		
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	New York, NY, US 10012 (City or Town, State, Country and Zip Code)		295 Lafayette Street (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)	
Mail Address	295 Lafayette Street (Street and Number or P.O. Box)		New York, NY, US 10012 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	New York, NY, US 10012 (City or Town, State, Country and Zip Code)		295 Lafayette Street (Street and Number)		(646)403-3677 (Area Code) (Telephone Number)	
Internet Website Address	www.hioscar.com		(646)403-3677 (Area Code) (Telephone Number)			
Statutory Statement Contact	Aaron Crawford (Name) acrawford@hioscar.com (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension) (212)226-1283 (Fax Number)			

**OFFICERS**

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & Strategy Officer
Fausto Palazzetti	Chief Actuary Officer
Alan Warren	Chief Technology Officer
Bruce Gottlieb	Corporate Secretary

**OTHERS**

Bruce Gottlieb, Secretary #

**DIRECTORS OR TRUSTEES**

Mario Schlosser  
Kareem Zaki  
Joel Cutler

Joel Klein  
Bruce Gottlieb

State of New York  
County of New York ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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) Mario Schlosser (Printed Name) 1. Chief Executive Officer (Title)	(Signature) Joel Klein (Printed Name) 2. Chief Policy & Strategy Officer (Title)	(Signature) Bruce Gottlieb (Printed Name) 3. Corporate Secretary (Title)
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Subscribed and sworn to before me this day of , 2020	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[ ]   
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(Notary Public Signature)

**17 Exhibit 1 - Enrollment By Product Type ..... NONE**

**18 Exhibit 2 - Accident and Health Premiums ..... NONE**

**19 Exhibit 3 - Health Care Receivables ..... NONE**

**20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued ..... NONE**

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 .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	71,336
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	71,336
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
	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				
Mulberry Management Corporation .....		88,253	88,253	
0199999 Total - Individually Listed Payables .....	X X X	88,253	88,253	
0299999 Payables not Individually Listed .....	X X X			
0399999 TOTAL Gross Payables .....	X X X	88,253	88,253	

## 24

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## 24

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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:  
BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR  
NAIC Group Code 4818 NAIC Company Code 15585

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	494,762	494,762								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	494,762	494,762								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	27,813	27,813								
18. Amount Incurred for Provision of Health Care Services	65,945	65,945								

(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:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4818 NAIC Company Code 15585

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	494,762	494,762								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	494,762	494,762								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	27,813	27,813								
18. Amount Incurred for Provision of Health Care Services	65,945	65,945								

(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

30 Grand Total

**31 Schedule S - Part 1 - Section 2 ..... NONE**

**32 Schedule S - Part 2 ..... NONE**

**33 Schedule S - Part 3 - Section 2 ..... NONE**

**34 Schedule S - Part 4 ..... NONE**

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	
															16	17	18	19	20	21					22
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	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)	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)	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)
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates																									
000001	AA-9990032	01/01/2015	US Dept of Hlth & Human Serv	DC	1	01/01/2001	0																		
1999999 Subtotal - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates																									
2199999 Total - General Account - Accident and Health - Non-Affiliates																									
2299999 Total - General Account - Accident and Health																									
2399999 Total - General Account																									
2699999 Subtotal - Separate Accounts - Affiliates - U.S. - Total																									
3099999 Total - Separate Accounts - Affiliates																									
3499999 Total - Separate Accounts																									
3599999 Total - U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)																									
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 .....			(59)	2,433	
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 .....		24	704	4,032	
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) .....					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	7,628,196		7,628,196
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....			
6. TOTAL Assets (Line 28) .....	7,628,196		7,628,196
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	71,336		71,336
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
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) .....			
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) .....	94,619		94,619
15. TOTAL Liabilities (Line 24) .....	165,955		165,955
16. TOTAL Capital and Surplus (Line 33) .....	7,462,241	X X X	7,462,241
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	7,628,196		7,628,196
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC 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? (Y/N)	*
4818	Mulberry Health .....	15585	471142944	.....	.....	.....	Oscar Insurance Corporation of New Jersey .....	.. NJ .	... RE ..	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 .	... IA ...	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 ....	.....
4818	Mulberry Health .....	00000	.....	.....	.....	.....	Mulberry Insurance Agency, Inc .....	.. NY .	... NIA ..	Mulberry Heath Inc. ....	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....
4818	Mulberry Health .....	00000	.....	.....	.....	.....	Oscar Managed Care of South Florida, Inc .....	.. FL .	... IA ...	Mulberry Health Inc. ....	Ownership .....	..... 100.0	Joshua Kushner .....	... N ....	.....

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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					8,469,832				8,469,832	
15281	46-2043136	OSCAR INS CORP					11,344,891				11,344,891	
00000	46-1315570	Mulberry Health Inc					(70,600,967)				(70,600,967)	
00000	47-3979452	Mulberry Management Corporation					41,194,167				41,194,167	
15829	47-3103726	OSCAR HLTH PLAN OF CA					(1,614,712)				(1,614,712)	
15777	47-3185443	OSCAR INS CO OF TX					4,887,074				4,887,074	
15585	47-1142944	OSCAR INS CORP OF NJ					(88,253)				(88,253)	
16231	37-1867604	OSCAR GARDEN STATE INS CORP					2,780,942				2,780,942	
16337	82-4782428	OSCAR HLTH PLAN INC					(293,321)				(293,321)	
16374	82-5440359	OSCAR INS CO OF FL					2,765,564				2,765,564	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP					98,842				98,842	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC					(33,346)				(33,346)	
16590	83-3324290	OSCAR HLTH PLAN OF PA INC					994,319				994,319	
16634	83-3894406	OSCAR HLTH PLAN OF GA					94,968				94,968	
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?

Waived
- 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?

Yes
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?

Yes
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:

Accountants Letter of Qualifications



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

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



15585201922500000 2019 Document Code: 225

Approval for Relief related to Require. for Audit Committees



15585201922600000 2019 Document Code: 226

LTC Supplemental Interrogatories



15585201930600000 2019 Document Code: 306

Health Life Supplement - April



15585201921100000 2019 Document Code: 211

LHA Guaranty Association Reconciliation



15585201929000000 2019 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



15585201930000000 2019 Document Code: 300

Management's Report of Internal Control over Financial Reporting



15585201922300000 2019 Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. ....					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....					

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