

ANNUAL STATEMENT For the Year Ending DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Oscar Insurance Corporation of New Jersey

			<u>-</u>		_	
NAIC Group Code	4818	, 4818 (Drice Besied)	NAIC Company Code	15585	Employer's ID Number	47-1142944
	(Current Period)	(Prior Period)				
Organized under the Laws of	of	New Jersey	, State of Dor	micile or Port of Entry		NJ
Country of Domicile		United States				
Licensed as business type:	Life, Accident &	Health[X] Pro	perty/Casualty[]	Hospital	, Medical & Dental Service or I	ndemnity[]
Licensed as business type.	Dental Service C		on Service Corporation[]	•	Aaintenance Organization[]	nochinity[]
	Other[]		MO Federally Qualified? Yes[]			
Incorporated/Organized		07/18/2014	Comr	menced Business	01/01/20	115
incorporated/Organized		01/10/2014		nenced business	01/01/20	713
Statutory Home Office		820 Bear Tavern Road (Street and Number)	<u>,</u> , -		West Trenton, NJ, US 086 (City or Town, State, Country and Zi	
Main Administrative Office		(Offeet and Number)	75 Varick	Street, 5th Floor	Colly of Town, State, Country and Zi	p code)
		N/ 1 AB/ 110 40040	(Street	and Number)	(0.40) 400 00==	
		w York, NY, US 10013 , State, Country and Zip Code)			(646)403-3677 (Area Code) (Telephone Ni	umhor\
Mail Address	(City of Town	75 Varick Street, 5th Flo	or		New York, NY, US 1001;	,
		(Street and Number or P.O. I		((City or Town, State, Country and Zi	
Primary Location of Books a	ind Records			arick Street, 5th Floo	r	
	Now.	York, NY, US 10013		(Street and Number)	(646)403-3677	
		State, Country and Zip Code)			(Area Code) (Telephone Ni	umber)
Internet Website Address	(5.9 5. 15	www.hioscar.cor	n		() (
Statutory Statement Contact		Crogory Cobrood	or		(646)402 2677	
Statutory Statement Contact	·	Gregory Schroed (Name)	೮ 1		(646)403-3677 (Area Code)(Telephone Number)(Extension)
	Financial	Reporting@hioscar.com			(212)226-1283	,
		(E-Mail Address)			(Fax Number)	
			OFFICERS			
		N	ame Title			
			rea Quane President	#		
		Victoria E Jing Huai		# ident #		
		onig rida	•	idone "		
		Melissa Curtin, Corporate S	OTHERS			
		, ,	,	_		
			ECTORS OR TRUST	_		
		Alessandrea Quane # Monica Chopra #		Fausto Pala Jing Huang		
		Jesse Horowitz #		Sameer An		
		Louis DeStefano #				
	v York					
County of Nev	v York	SS				
to office of this constitution with	. In a facility of the facilit	h. da d	d		#	
			described officers of said reporting ent eon, except as herein stated, and that			
		•	and of the condition and affairs of the	. •		•
			NAIC Annual Statement Instructions			
		. •	accounting practices and procedures	. •		
·	-		corresponding electronic filing with the s regulators in lieu of or in addition to t	•	nat is an exact copy (except for form	atting differences due to
lectionic liling) of the enclosed si	latement. The election	c lilling may be requested by variou	s regulators in lieu of or in addition to t	ne enclosed statement.		
-	(Signature)		(Signature)		(Signature)	
Aless	andrea Quane		Victoria Baltrus		Jing Huang	J
(P	Printed Name)		(Printed Name)		(Printed Name	:)
	1. President		2. Treasurer		3. Senior Vice Pres	sident
-	(Title)		(Title)		(Title)	
					. ,	
Subscribed and sworr	to before me this		this an original filing?	t a sakaa	Yes[X] No[l
day of		, 2022 b. If		t number		_
			 Date filed Number of pages atta 	ached		_
			o. Humbor of pauce alla	40110U		

(Notary Public Signature)

17 Exhibit 1 - Enrollment By Product TypeNONI
18 Exhibit 2 - Accident and Health PremiumsNONI

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Oscar Insurance Corporation of New Jersey

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 Claim Overpayment Receivables - Not Individually Listed				9	9	
0299999 Subtotal - Claim Overpayment Receivables				9	9	
0799999 Gross Health Care receivables				9	9	

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

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,		• : = <i>> :</i> :: :	<i>-</i>
	Health Care Rece	eivables Collected	Health Care Rec	eivables Accrued	5	6
	or Offset Du	ring the Year	as of December 3	31 of Current Year		Estimated
	1	2	3	4	Health Care	Health Care
	On Amounts		On Amounts		Receivables	Receivables
	Accrued Prior	On Amounts	Accrued	On Amounts	from	Accrued as of
	to January 1 of	Accrued During	December 31 of	Accrued During	Prior Years	December 31 of
Type of Health Care Receivable	Current Year	the Year	Prior Year	the Year	(Columns 1 + 3)	Prior Year
Pharmaceutical rebate receivables						
2. Claim overpayment receivables			9		9	
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)			9		9	

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						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						16,259
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted		
						7	8	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
		\sim 11						
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 Oscar Health, Inc	Administrative Service Agreement Tax Sharing Agreement	2,039 309,218		309,218	
0199999 Total - Individually Listed Payables	X X X	311,257	2,039	309,218	
0299999 Payables not Individually Listed					
0399999 TOTAL Gross Payables	X X X	311,257	2,039	309,218	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
						Column 1	Column 1
		Direct Medical	Column 1	Total	Column 3	Expenses Paid	Expenses Paid
	Payment	Expense	as a %	Members	as a %	to Affiliated	to Non-Affiliated
	Method	Payment	of Total Payments	Covered	of Total Members	Providers	Providers
Capit	ation Payments:						
1.	Medical groups						
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments						
Other	Payments:						
5.	Fee-for-service						
6.	Contractual fee payments Bonus/withhold arrangements - fee-for-service Bonus/withhold arrangements - 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		1	X X X	l 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						
13.	TOTAL (Line 4 plus Line 12)	2,657	100.000	X X X	X X X	2,657	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

											Code 15585
		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
TOT	AL Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL 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)	1									
13.	Lite Premiums Direct	1		l							
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	2,657	2,657								
18.	Amount Incurred for Provision of Health Care Services	(146,462)	(146,462)								



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF GRAND TOTAL DUDING THE VEAD NAIC Company Code 15585

NAIC Group Code 4818		BUSINESS I	N THE STATE O	F GRAND TOTAL	DURING THE Y	EAR			NAIC Company	Code 15585
	1	Comprehensive (H	Hospital & 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										
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)										
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 Services18. Amount Incurred for Provision of Health Care Services	(146.462)	(146.462)								
To. Amount incurred for Frovision of Health Care Services	. [(140,402)	[(146,462)								

⁽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

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
35	Schedule S -	· Part 5		NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2021	2020	2019	2018	2017
A. OF	PERATIONS ITEMS					
1.	Premiums					(59)
2.	Title XVIII-Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	TOTAL Hospital and Medical Expenses					
B. BA	LANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses				24	704
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)					
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)	7,585,406		7,585,406
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)	7,585,406		7,585,406
LIABIL	LITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			16,259
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			
4.4	amount)			
14. 15.	All other liabilities (Balance)			
1	TOTAL Liabilities (Line 24)			
16.	TOTAL Capital and Surplus (Line 33)			
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	7,585,406		7,585,406
	REDIT 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									
		1	2	3 Disability	4 Long-Term	5	6			
		Life	Annuities	Income	Care					
	States, Etc.	(Group and Individual)	(Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals			
1.			maividual)		marviadary	Contracts	Totals			
2.										
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.	lowa (IA)									
17.	Kansas (KS)									
18.	Kentucky (KY)									
19. 20.	Louisiana (LA)									
20. 21.	Maine (ME)									
21. 22.	Maryland (MD)									
22. 23.	Massachusetts (MA) Michigan (MI)									
23. 24.	Minnesota (MN)									
2 4 . 25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)				I					
29.	Nevada (NV)									
30.	New Hampshire (NH)			NE	` 					
31.	New Jersey (NJ)			/ IN L						
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. 53.	American Samoa (AS)									
	Guam (GU)									
54.	Puerto Rico (PR)									
55. 56.	U.S. Virgin Islands (VI)									
50. 57.	Canada (CAN)									
57. 58.	Aggregate other alien (OT)									
50. 59.	TOTALS									

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART IA - DETAIL OF INSURANCE HOLDING COMPANT STSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		anv	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	,
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	, , ,	(Yes/No)	*
	· ·			11002	000156865	1 11 11 1						- creeninge	, , , , , , , , , , , , , , , , , , , ,	(100,110)	
4818	Oscar Health, Inc.	00000	461315570		000156865	1 New York Stock Exchange	Oscar Health Inc. f.k.a Mulberry Health	DE .	UDP .	Thrive Capital Partners III, LP	Ownership	75.4	Joshua Kushner	No	
4818	Oscar Health, Inc.	00000	473979452			Lxchange	Inc. Oscar Management Corporation	DE .	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc.	A		Joshua Kushner	No	
4818		00000	844784269			N/A	Mulharry Incurence Agnesia	DE .	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818		16416				NI/A	Mulberry Insurance Agnecy	⊅⊑ .	NIA	Oscar nealth inc. i.k.a Mulberry nealth inc	Ownership	100.0	Joshua Kushner	NO	
4818	Oscar Health, Inc.	10410	825264817			N/A	Oscar Buckeye State Insurance	. OH .	14	Osses Health Ins. 61. a Mulham Health Ins.	O	100.0	Jackies Kircheses	No	
4040	0	40004	074007004			N1/A	Corporation	. UH .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	NO	
4818	Oscar Health, Inc.	16231	371867604			N/A	Oscar Garden State Insurance	NJ .	14	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	16337	824782428			NI/A	Oscar Health Plan Inc.	NJ . AZ .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818	Oscar Health, Inc.	15829	473103726			N/A	Oscar Health Plan of California	AZ . CA .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818	l =	16634	833894406			N/A	Oscar Health Plan of Georgia	GA .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818	A 11 10 . 1	16597	033094400			N/A	Oscar Health Plan of New York. Inc.	. GA . NY .	IA	Oscar Health Inc. 1.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
			832766385			N/A		INY .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner		
4818	Oscar Health, Inc.	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, INC.	PA .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc.	Ownership		Joshua Kushner	No	
4818	Oscar Health, Inc.	15777	473185443			N/A	Oscar Insurance Company	TX .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership		Joshua Kushner	No	
4818	Oscar Health, Inc.	16374	825440359			N/A	Oscar Insurance Company of Florida	FL .	<u>IA</u>	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership		Joshua Kushner	No	
4818	Oscar Health, Inc.	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ .	RE	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership		Joshua Kushner	No	
4818	Oscar Health, Inc.	15281	462043136			N/A	Oscar Insurance Corporation	NY .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership		Joshua Kushner	No	
4818	Oscar Health, Inc.	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	. OH .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
4818 4818	Oscar Health, Inc.	16852	844470932			N/A	Oscar Health Plan of North Carolina, Inc.	. NC .	IA	Oscar Health Inc. f.k.a Mulberry 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	No	
4818	Oscar Health, Inc.	00000	872647289			N/A	Oscar Health Mainenance Organization								
							of Florida, Inc.	FL .	IA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership		Joshua Kushner	No	
		00000	873575735			N/A	Oscar Management Corporation of Florida	FL .	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0		No	
4818	Oscar Health, Inc.	00000	873253539			N/A	Oscar South Florida HoldCo. LLC	FL .	NIA	Oscar Health Inc. f.k.a Mulberry Health Inc	Ownership	100.0	Joshua Kushner	No	
														No	
														No	
1	1	1		1		1					l	1	1	No	

Asterisk	Explanation
000001	

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
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate.					Ordinary		
					,	Guarantees or	Agreements	(Disbursements)				on Losses
NAIC					Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
16202	36-4859637	OSCAR INS CORP OF OH					363,638				363,638	
15281	46-2043136						1,837,981				1,837,981	
00000	46-1315570			(1,123,831,419)			(85,875,294)				(1,209,706,713)	
00000	47-3979452			470,846,419			42,563,509				513,409,928	
15829	47-3103726	OSCAR HLTH PLAN OF CA		105,000,000			850,406				105,850,406	
15777	47-3185443	OSCAR INS CO OF TX		161,000,000			6,764,430				167,764,430	
15585	47-1142944						311,257				311,257	
16231	37-1867604	OSCAR GARDEN STATE INS CORP		9,000,000			987,556				9,987,556	
16337	82-4782428	OSCAR HLTH PLAN INC		13,000,000			769,116				13,769,116	
16374	82-5440359	OSCAR INS CO OF FL		290,000,000			27,313,383				317,313,383	
16416	82-5264817	OSCAR BUCKEYE STATE INS CORP		5,000,000			600,940				5,600,940	
16597	83-2766385	OSCAR HLTH PLAN OF NY INC		26,500,000			(64,507)				26,435,493	
16590	83-3324290			3,500,000			440,025				3,940,025	
16634	83-3894406	OSCAR HLTH PLAN OF GA		26,000,000			2,967,251				28,967,251	
16854	84-3281623	OSCAR MANAGED CARE OF S FL INC		9,100,000			35,788				9,135,788	
16852	84-4470932	OSCAR HLTH PLAN OF NC INC		2,750,000			134,521				2,884,521	
00000	87-2647289	OSCAR HLTH MAINTENANCE ORGANIZATION OF FLORIDA		4 000 000							4 000 000	
00000	07.0575705	INC		1,800,000							1,800,000	
00000	87-3575735	OSCAR MANAGEMENT CORP OF FL									335,000	
00000	87-3253539	OSCAR SOUTH FLORIDA HOLDCO LLC										
00000	84-4784269	MULBERRY INSURANCE AGENCY										
9999999 Con	itroi lotals								XXX			

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

	Tarto - Orthinate Controlling Farty	and Libting of C	thor Olor mountaine	o oroupo or Entitlos onder mat o	uniate controlling rarty c control		
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer of				Disclaimer of
		Ownership	Control\Affilation			Ownership	Control\Affilation
	Owners with	Percentage	of Column 2			Percentage	of Column 5
	Greater Than 10%	Column 2 of	Over Column 1		U.S. Insurance Groups or Entities	(Column 5 of	Over Column 6
Insurers in Holding Company	Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
Oscar Health Plan Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Buckeye State Insurance	,				·		
Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Managed Care of South Florida, Inc.	Oscar South Florida HoldCo. LLC	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of North Carolina, Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Georgia	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of New York, Inc.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Health Plan of Pennsylvania, INC.	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation of Ohio	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Garden State Insurance Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Corporation	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No
Oscar Insurance Company of Florida	Oscar Health Inc. f.k.a Mulberry Health Inc.	100.0%	No	Joshua Kushner	Oscar Health, Inc.	75.4%	No

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 Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Will an actuarial opinion be filed by March 1? Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes Yes Yes Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes APRIL FILING Will Management's Discussion and Analysis be filed by April 1?
Will the Supplemental Investment Risks Interrogatories be filed by April 1?
Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes Yes Yes JUNE FILING Will an audited financial report be filed by June 1? Waived Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Waived 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 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No Nο Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No 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?
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 No 4. Will the Actual and electronically with the NAIC by March 1?
4. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
4. 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?
4. 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?
4. Will an approval from the reporting entity's state of domicile for relief related to the Decruisonests for Audit Committee be filed electronically. No No No 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 APRIL FILING

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

20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the stat No No Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? 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 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? Nο AUGUST FILING 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Nο Explanation:

Bar Code:

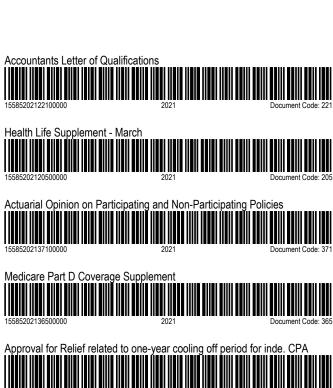


Medicare Supplement Insurance Experience Exhibit









SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees

15585202122600000 2021 Document Code: 226









OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

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