15777202020100102 2020 Document Code: 201

QUARTERLY STATEMENT

AS OF JUNE 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

Oscar Insurance Company

NAIC Group Code 4818 (Current Period), 4818 (Prior Period) NAIC Company Code 15777 Employer's ID Number 47-3185443

Organized under the Laws of Texas, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 01/02/2015 Commenced Business 01/01/2016

Statutory Home Office 1999 Bryan Street, Suite 900 (Street and Number), Dallas, TX, US 75201 (City or Town, State, Country and Zip Code)

Main Administrative Office 750 North Saint Paul Place, Suite 1340 (Street and Number)
Dallas, TX, US 75201 (City or Town, State, Country and Zip Code) (646)403-3677 (Area Code) (Telephone Number)

Mail Address 75 Varick Street, 5th Floor (Street and Number or P.O. Box), New York, NY, US 10013 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 75 Varick Street, 5th Floor (Street and Number)
New York, NY, US 10013 (City or Town, State, Country and Zip Code) (646)403-3677 (Area Code) (Telephone Number)

Internet Web Site Address www.hioscar.com

Statutory Statement Contact Aaron Crawford (Name) (646)403-3677 (Area Code)(Telephone Number)(Extension)
FinancialReporting@hioscar.com (E-Mail Address) (212)226-1283 (Fax Number)

OFFICERS

Name	Title
Mario Schlosser	Chief Executive Officer
Joel Klein	Chief Policy & Strategy Officer
Fausto Palazzetti	Chief Actuary
Dennis Weaver	Cheif Clinical Officer
Sid Sankaran	Chief Financial Officer
Meghan Joyce	Chief Operating Officer
Isaac Councill	Chief Technology Officer

OTHERS

Harold Greenberg, Secretary

DIRECTORS OR TRUSTEES

Mario Schlosser
Dennis Weaver
Joel Cutler
Sid Sankaran
Joel Klein
Kareem Zaki
Jed Feldman

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

(Signature)	(Signature)	(Signature)
Joel Klein	Sid Sankaran	Mario Schlosser
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Policy & Strategy Officer	Chief Financial Officer	Chief Executive Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2020

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	41,469,011		41,469,011	10,797,011
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less $.....0 encumbrances)				
	4.2 Properties held for the production of income (less $.....0 encumbrances)				
	4.3 Properties held for sale (less $.....0 encumbrances)				
5.	Cash ($.....135,518,463), cash equivalents ($.....3,250,294) and short-term investments ($.....61,187,784)	199,956,541		199,956,541	112,989,441
6.	Contract loans (including $.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities	3,552,589		3,552,589	
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	244,978,141		244,978,141	123,786,452
13.	Title plants less $.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	565,064		565,064	412,230
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	3,419,435		3,419,435	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)	465,589		465,589	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	36,122,929		36,122,929	121,630,389
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	47,138,106	41,774,860	5,363,246	13,319,716
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets ($.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	16,000,000		16,000,000	2,000,000
24.	Health care ($.....5,611,629) and other amounts receivable	12,125,844	6,523,912	5,601,932	4,499,264
25.	Aggregate write-ins for other-than-invested assets	733,408	733,408		3,806,012
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	361,548,516	49,032,180	312,516,336	269,454,063
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	361,548,516	49,032,180	312,516,336	269,454,063
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid	150,188	150,188		
2502.	Security Deposits	227,292	227,292		
2503.	TPA Deposits	355,928	355,928		
2598.	Summary of remaining write-ins for Line 25 from overflow page				3,806,012
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	733,408	733,408		3,806,012

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....47,148,660 reinsurance ceded)	21,089,440		21,089,440	20,667,947
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	1,240,653		1,240,653	933,381
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	162,404,074		162,404,074	64,088,505
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	1,906,483		1,906,483	1,809,350
8.	Premiums received in advance				6,104,215
9.	General expenses due or accrued	10,413,872		10,413,872	2,335,001
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	92,473,702		92,473,702	149,967,420
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	3,997,286		3,997,286	1,109,216
16.	Derivatives				
17.	Payable for securities	5,709,932		5,709,932	
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	36,187		36,187	
23.	Aggregate write-ins for other liabilities (including $.....0 current)				4,794,403
24.	Total liabilities (Lines 1 to 23)	299,271,629		299,271,629	251,809,438
25.	Aggregate write-ins for special surplus funds	XXX	XXX		5,576,326
26.	Common capital stock	XXX	XXX	1,000,000	1,000,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	214,786,547	186,286,547
29.	Surplus notes	XXX	XXX	2,000,000	2,000,000
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	(204,541,840)	(177,218,248)
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	13,244,707	17,644,625
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	312,516,336	269,454,063
DETAILS OF WRITE-INS					
2301.	Payable to CVS				4,794,403
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				4,794,403
2501.	ACA 9010 Tax (Data Year Portion)	XXX	XXX		5,576,326
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		5,576,326
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	652,474	430,448	809,679
2.	Net premium income (including $.....0 non-health premium income)	XXX	49,362,513	55,467,796	74,813,322
3.	Change in unearned premium reserves and reserves for rate credits	XXX	2,822,944	2,528,193	
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			1,530,543
7.	Aggregate write-ins for other non-health revenues	XXX		455,250	
8.	Total revenues (Lines 2 to 7)	XXX	52,185,457	58,451,239	76,343,865
Hospital and Medical:					
9.	Hospital/medical benefits		104,870,766	80,979,434	173,182,796
10.	Other professional services		15,155,202	17,554,653	35,061,669
11.	Outside referrals				
12.	Emergency room and out-of-area		2,750,288	2,765,892	5,313,764
13.	Prescription drugs		27,132,235	20,179,133	47,677,735
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		149,908,491	121,479,112	261,235,964
Less:					
17.	Net reinsurance recoveries		128,496,104	90,296,045	195,835,372
18.	Total hospital and medical (Lines 16 minus 17)		21,412,387	31,183,067	65,400,592
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....7,287,947 cost containment expenses		10,803,935	8,590,826	17,715,125
21.	General administrative expenses		20,592,926	18,064,775	35,566,300
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)		(1,599,935)		3,199,871
23.	Total underwriting deductions (Lines 18 through 22)		51,209,313	57,838,668	121,881,888
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	976,144	612,571	(45,538,023)
25.	Net investment income earned		931,049	2,862,512	4,768,687
26.	Net realized capital gains (losses) less capital gains tax of $.....0		30,224	6,646	87,813
27.	Net investment gains or (losses) (Lines 25 plus 26)		961,273	2,869,158	4,856,500
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	1,937,417	3,481,729	(40,681,523)
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	1,937,417	3,481,729	(40,681,523)
DETAILS OF WRITE-INS					
0601.	Other revenue	XXX			1,530,543
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			1,530,543
0701.	Misc Income	XXX		455,250	
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		455,250	
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	17,644,625	58,407,788	58,407,788
34.	Net income or (loss) from Line 32	1,937,417	3,481,729	(40,681,523)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(34,837,335)	(17,899,198)	(3,608,187)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			2,000,000
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	28,500,000		1,526,547
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(4,399,918)	(14,417,469)	(40,763,163)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,244,707	43,990,319	17,644,625
DETAILS OF WRITE-INS				
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	78,804,160	137,419,279	105,953,056
2.	Net investment income	862,362	2,510,411	4,226,704
3.	Miscellaneous income	(988,391)	455,250	2,518,934
4.	TOTAL (Lines 1 to 3)	78,678,131	140,384,940	112,698,694
5.	Benefit and loss related payments	(57,681,636)	85,734,587	173,055,374
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	33,311,356	25,558,077	53,066,227
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	(24,370,280)	111,292,664	226,121,601
11.	Net cash from operations (Line 4 minus Line 10)	103,048,411	29,092,276	(113,422,907)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	4,950,000		10,492,417
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	30,224	6,646	87,813
	12.7 Miscellaneous proceeds	2,157,343		
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	7,137,567	6,646	10,580,230
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	35,718,878	4,857,688	10,719,704
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	35,718,878	4,857,688	10,719,704
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(28,581,311)	(4,851,042)	(139,474)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock	12,500,000		1,526,549
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	12,500,000		1,526,549
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	86,967,100	24,241,234	(112,035,832)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	112,989,441	225,025,273	225,025,273
	19.2 End of period (Line 18 plus Line 19.1)	199,956,541	249,266,507	112,989,441

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	61,023	60,652	371							
2. First Quarter	109,445	108,542	331					572		
3. Second Quarter	106,378	105,548	246					584		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	652,474	647,156	1,857					3,461		
Total Member Ambulatory Encounters for Period:										
7. Physician	58,508	57,793	196					519		
8. Non-Physician	29,328	28,892	55					381		
9. Total	87,836	86,685	251					900		
10. Hospital Patient Days Incurred	12,511	12,253	45					213		
11. Number of Inpatient Admissions	2,080	2,038	9					33		
12. Health Premiums Written (a)	200,409,829	196,874,936	622,433					2,912,460		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	200,409,829	196,874,936	622,433					2,912,460		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	132,075,188	129,946,806	500,636					1,627,746		
18. Amount Incurred for Provision of Health Care Services	149,908,491	146,761,547	483,201					2,663,743		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0.

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
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	8,046,972	102,391	5,533	1,275	8,424	8,164,595
0499999 Subtotals	8,046,972	102,391	5,533	1,275	8,424	8,164,595
0599999 Unreported claims and other claim reserves						60,073,505
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						68,238,100
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1.	Comprehensive (hospital & medical)	4,627,469	25,161,016	15,081,978	6,877,948	19,709,447	22,477,297
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare		1,869,854		1,035,997		
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	4,627,469	27,030,870	15,081,978	7,913,945	19,709,447	22,477,297
10.	Healthcare receivables (a)	8,803,423		896,186	11,096,211	9,699,609	10,031,242
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	(4,175,954)	27,030,870	14,185,792	(3,182,266)	10,009,838	12,446,055

(a) Excludes $.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Policies

The financial statements of Oscar Insurance Company. are present on the bases of accounting practices prescribed or permitted by the Texas Department of Insurance (TDI).

The Texas Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Texas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Texas Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Texas. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below:

		SSAP #	F/S Page	F/S Line #	Six Months Ended June 30, 2020	Twelve Months Ended December 31, 2019
NET INCOME:						
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$1,937,417	$(40,681,523)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$1,937,417	$(40,681,523)
SURPLUS						
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$13,244,707	$17,644,625
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$13,244,707	$17,644,625

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratabaly over the terms of the applicable reinsurance contracts. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing are charged to operations as incurred.

In addition, The Company used the following accounting polices:

(1) Short-term investments are states at amortized cost

(2) Bonds not backed by other loans are stated at amortized costs using the interest method

(3-9) Not applicable

(10) The Company does not anticipate investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from prior period.

(13) The company's Pharmacy Benefit Manager- CVS Health has a contractually guaranteed minimum pharmaceutical rebates. These amounts determine the company's estimated receivable adjusted for payments received.

Notes to Financial Statement

D. Going Concern

As of June 30, 2020, the management team has evaluated The Company's operations and financial position. No uncertainties or doubt exists about The Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company had no Accounting Changes or Corrections of Errors in 2020 or 2019.

3. Business Combinations and Goodwill

The Company had no Business Combinations or Goodwill in 2020 or 2019.

4. Discontinued Operations

The Company had no discontinued operations in 2020 or 2019.

5. Investments

A-K. Not applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale- excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	$3,887,274	$3,568,796	$ 318,478		$3,887,274	1.08 %	1.24 %
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	$3,887,274	$3,568,796	$ 318,478		$3,887,274	1.08 %	1.24 %

(2)-(4) Not applicable

M-Q. Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Company has no investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

Notes to Financial Statement

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was $0.

8. Derivative Instruments

The Company had no Derivative Instruments in 2019 or 2018.

9. Income Taxes

A.

(1) The components of the net deferred tax asset/(liability) at June 30, 2020 are as follows:

	Description	6/30/2020			12/31/2019			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Gross Deferred Tax Assets	$35,275,698	$0	$35,275,698	$35,682,556	$0	$35,682,556	$(406,858)	$0	$(406,858)
(b)	Statutory Valuation Allowance Adjustments	$35,275,698	$0	$35,275,698	$35,604,532	$0	$35,604,532	$(328,834)	$0	$(328,834)
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	$0	$0	$0	$78,024	$0	$78,024	$(78,024)	$0	$(78,024)
(d)	Deferred Tax Assets Nonadmitted									
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	$0		$0	$78,024		$78,024	$(78,024)		$(78,024)
(f)	Deferred Tax Liabilities	$0		$0	$78,024		$78,024	$(78,024)	$0	$(78,024)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)				—		—	—		—

(2) Admission Calculation Components SSAP No. 101

No Significant Change

	Description	6/30/2020			12/31/2019			Change		
		(1) Ordinary	(2) Ordinary	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.									
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
	1.Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.									
	2.Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold									
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)									
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—

Notes to Financial Statement

(3) Threshold Limitation

	2020	2019
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	329%	441%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	$13,244,707	$17,644,625

(4) No. The Company did not use tax-planning strategies

B-D. Not applicable.

E. (1)-(2) At June 30, 2020, the Company had unused operating loss carryforwards available to offset against future taxable income of $140,721,063. The origination and expiration of the carryforwards are as follows:

Amount	Origination Date	Expiration Date
$41,670,396	December 31, 2016	December 31, 2031
$46,721,629	December 31, 2017	December 31, 2032
$13,193,526	December 31, 2018	December 31, 2033
$39,135,512	December 31, 2019	December 31, 2034

F. The Company’s federal income tax return will be consolidated with various operating affiliates. MHI is the ultimate filing parent.

G. Not applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Mulberry Health Inc. funds the Company in order to support ongoing operations and meet the reserve requirements established by the Texas State Department of Insurance.

B. Not Applicable

C. A summary of the contributions is as follows:

Fiscal Year Ended	Amount
2019	$3,526,547
2020	$28,500,000
Total at June 30, 2020	$32,026,547

The cash and receivables from parent was accounted for as a capital contribution credited to additional paid in capital and common stock.

D. The Company was due to pay $3,997,286 to its various affiliates as of June 30, 2020 for operating expenses paid on The Company's behalf. The Company is billed 30 days following the close of the month and will then reimburse these amounts 15 days after receipt of invoice.

E. None

F. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by Mulberry Management Corporation and subsequently reimbursed by affiliated companies.

G. All outstanding shares of the Company are owned by the parent company, Mulberry Health Inc., an insurance holding company domiciled in the State of Delaware.

H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.

I-O. None

11. Debt

Notes to Financial Statement

The Company had no debt in 2020 or 2019.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A - I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefits plan at June 30, 2020.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) The company has 1,400,000 million shares, with a par value of $1.00, that are authorized, with 1,000,000 issued and outstanding as of June 30, 2020. . All shares are Class A shares.

(2) No preferred stock has been authorized.

(3) Under Texas law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company's statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjustment net investment income for such period) as to the amount of dividends it may declare or pay in any twelve month period without the prior approval of the TDI.

(4)-(8) Not applicable.

(9) Changes in balances of special surplus funds from the prior year of $0 is due to the Consolidated Appropriations Act of 2016 which imposed the Health Insurance Provider's fee.

(10)-(13) Not applicable.

14. Liabilities, Contingencies and Assessments

A. The Company did not have any contingent commitments at June 30, 2020 or 2019.

B. The Company did not have any contingent assessments at June 30, 2020 or 2019.

C. The Company did not have any gain contingencies at June 30, 2020 or 2019.

D. The Company did not have any claims related to extra contractual obligation and bath faith losses stemming from lawsuits at June 30, 2020 or 2019.

E. The Company did not have any product liabilities at June 30, 2020 or 2019.

F. The Company did not have any other contingencies at June 30, 2020 or 2019.

15. Leases

The Company did not have any material lease obligations at June 30, 2020.

A. Lessee Operating Lease

1. The Company has entered into non-cancelable operating leases for certain equipment and office space. The Company shares rent expense with its affiliates and Patent. Rent expense amounts are allocated to the Company based on the Company's proportionate share of the total lease commitments. Rent expense incurred by the Company under these operating lease commitments was approximately $181,453and$792,900 as of June 30, 2020and 2019, respectively, and is included in general administrative expenses in the statement of revenue and expense.

2. At June 30, 2020 , the minimum aggregate rental commitments are as follow.

2021	$82,196
2022	27,591
2023 and thereafter	0
Total future minimum lease payments	$109,787

3. The Company did not participate in sale - leaseback transactions

B. Lessor Leases

Leasing is not a significant part of the Company's business activities.

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Notes to Financial Statement

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentration of credit risk at June 30, 2020 or 2019.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

A - C. The Company does not participate in any transfer of receivables, financial assets or wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period June 30, 2020.

B. The Company did not serve as an Administrative Services Contract (ASC) plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended June 30, 2020.

C. Medicare or other similarly structured cost based reimbursement contracts for the period ended June 30, 2020.

(1) Revenue recorded from the Company's Medicare Part D contract related to uninsured portion of the plan for the year 2020 is $0. The Medicare Part D Federal Reinsurance subsidy deposit and Low- Income Cost Sharing (LICS) subsidy deposit received from Centers for Medicare & Medicaid Services (CMS) for 2020 is $264,544.

(2) As of June 30, 2020, the company has recorded receivable from Centers for Medicare & Medicaid Services (CMS) related to Medicare Part D Federal Reinsurance and Low- Income Cost Sharing (LICS) in the amount of $430.

(3) In connection with the Company's Medicare Part D Federal Reinsurance and Low- Income Cost Sharing (LICS), in 2020 the Company has recorded allowance and reserve for adjustment of recorded revenues in the amount of $0 at June 30, 2020.

(4) The Company has made no adjustment to the revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company has no direct premiums written or produced by managing agents or third-party administrators.

Notes to Financial Statement

20. Fair Value Measurements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 - Quoted (unadjusted) prices for identical assets in active markets.

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, short-term investment and cash equivalents are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service (“pricing service”), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value

1. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks					
Bonds					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Common Stocks					
Derivative assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value/NAV					
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

There were no transfers between Levels 1 and 2 during the six months ended June 30, 2020 and the year ended December 31, 2019.

Notes to Financial Statement

2. The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value for the six months ended June 30, 2020 and the year ended December 31, 2019 .

3. Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the six months ended June 30, 2020 and the year ended December 31, 2019.

4. Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.

5. The Company does not have any derivative assets and liabilities.

B. Fair Value Combination - Not applicable.

C. Fair Value Hierarchy at June 30, 2020:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	41,969,468	41,469,011	—	41,969,468	—	—	—
Short Term	61,406,775	61,187,784	—	61,406,775	—	—	—
Cash Equivalents	3,250,294	3,250,294	3,250,294	—	—	—	—
Total	**106,626,538**	**105,907,090**	**3,250,294**	**103,376,244**	**—**	**—**	**—**

D. Not Practicable to Estimate Fair Value - Not applicable.

E. Investments Measured Using the NA V Practical Expedient - Not applicable.

Notes to Financial Statement

21. Other Items

A. Unusual or Infrequent Items

Not applicable.

B. Troubled Debt Restructuring: Debtors

Not applicable.

C. Other Disclosures

Not applicable.

D. Business Interruption Insurance Recoveries

Not applicable.

E. State Transferable and Non-Transferable Tax Credits

Not applicable.

F. Subprime-Mortgage-Related Risk Exposure

Not applicable.

G. Retained Assets

Not applicable.

H. Insurance-Linked Securities (ILS) Contracts

Not applicable.

22. Events Subsequent

Type I – Recognized Subsequent Events:

In August 2020, the Company received cash contributions in the amount of $16,000,000 from Mulberry Health, Inc. which was treated as a Type I Subsequent event in accordance with SSAP No.9 Subsequent Events. The Company accounted for the contribution in it's June 30, 2020 surplus and as a receivable from its parent company Mulberry Health, Inc.

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through August 15, 2020for the statutory quarterly 2020 statements issued on August 15, 2020.

On January 1, 2020, the Company was subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of June 30, 2020, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2021,and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2021 to be $—. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0%. Reporting the ACA assessment as of June 30, 2020, would not have triggered an RBC action level.

In December 2019, the Further Consolidated Appropriations Act was enacted which repealed the annual fee on health insurance providers applying to calendar years beginning after December 31, 2020 (fee years after the 2020 fee year). Accordingly, there is no amount reflected in the Company's current year aggregate write-ins for special surplus funds related to this payable as of June 30, 2020 (for fee year 2021). There was also no resulting impact to the Company's RBC to assess as of December 31, 2020 as a result of this repeal.

Notes to Financial Statement

Description		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	Yes
B.	ACA fee assessment payable for the upcoming year	$0	$5,576,326
C.	ACA fee assessment paid	$0	$0
D.	Premium written subject to ACA 9010 assessment	$0	$304,307,910
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$13,244,707	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$13,244,707	
G.	Authorized Control Level (Five-Year Historical Line 15)	$4,030,831	
H.	Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes( ) No (X)

(2) Have any policies issued by the corporation been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes( ) No (X)

a. Not applicable

b. The total amount of reinsurance credits taken as an asset or reduction of a liability is $102,936,682.
(both private reinsurance and the Transitional Reinsurance Program).

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies.

Yes( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated change in surplus for elimination of all reinsurance amounts would be $29,533,847

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

Yes( ) No (X)

B. Uncollectable Reinsurance - Not applicable.

C. Commutation of Reinsurance - Not applicable.

D. Certified Reinsurer Downgraded or Status Subject to Revocation - Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Accrued retrospective premium adjustments - The Company estimates accrued retrospective premium adjustments for its Medicare Advantage insurance business through a mathematical approach that estimates the Part D risk corridor payment.

Notes to Financial Statement

B. Accrued retrospective premium adjustments - The company records accrued retrospective premium as an adjustment to earned premium.

C. Retrospective rating features - the amount of net premium written by the company at June 30, 2020 that are subject to retrospective rating feature is $9,316, that represented 0.02% of the total net premiums written. No other net premiums written by the company are subject to retrospective rating features.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act - Accrued retrospective premium adjustments - None

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

1. Did the reporting entity write accident and health insurance premium that is subject

The company had zero balances for the risk corridors program due a lack of sufficient data to estimate the recoverable amounts.

2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	Description	Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
1	Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	
	Liabilities	
2	Risk adjustment user fees payable for ACA Risk Adjustment	$219,541
3	Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	$157,490,545
	Operations (Revenue & Expense)	
4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	$(96,654,899)
5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	$(97,647)
b.	Transitional ACA Reinsurance Program	
	Assets	
1	Amounts recoverable for claims paid due to ACA Reinsurance	
2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
	Liabilities	
4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	
5	Ceded reinsurance premiums payable due to ACA Reinsurance	
6	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
	Operations (Revenue & Expense)	
7	Ceded reinsurance premiums due to ACA Reinsurance	
8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9	ACA Reinsurance contributions - not reported as ceded premium	
c.	Temporary ACA Risk Corridors Program	
	Assets	
1	Accrued retrospective premium due to ACA Risk Corridors	
	Liabilities	
2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
	Operations (Revenue & Expense)	
3	Effect of ACA Risk Corridors on net premium income (paid/received)	
4	Effect of ACA Risk Corridors on change in reserves for rate credits	

3. Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Notes to Financial Statement

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. Permanent ACA Risk Adjustment											
1.Premium - adjustments receivable									A		
2.Premium - adjustments (payable)		$56,479,067				$56,479,067		$8,856,499	B	$0	$65,335,566
3.Subtotal ACA Permanent		$56,479,067		$—	$—	$56,479,067	$—	$8,856,499		$0	$65,335,566
b. Transitional ACA											
1.Amounts recoverable for									C	—	
2.Amounts recoverable for claims unpaid									D		
3.Amounts receivable relating to									E		
4.Liabilities for contributions payable due to ACA Reinsurance ñ not reported as									F		
5.Ceded reinsurance									G		
6.Liability for amounts held under									H		
7.Subtotal ACA Transitional	$—		$—	$—	$—	$—	$—			—	
c. Temporary ACA Risk Corridors											
1.Accrued retrospective									I		
2.Reserve for rate credits or policy									J		
3.Subtotal ACA Risk Corridors Program											
d.Total for ACA Risk Sharing Provisions	$—	$56,479,067	$—	$—	$—	$56,479,067	$—	$8,856,499		$0	$65,335,566

B. Adjustments recorded to the 2019 accrual estimates for new market data received in 2020.

Notes to Financial Statement

(4) Roll forward of risk corridors asset and liability balances by program benefit year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col1-3 +7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. 2014											
1.Accrued retrospective premium									A		
2.Reserve for rate credits or policy experience rating refunds									B		
b.2015											
1.Accrued retrospective premium									C		
2.Reservefor rate credits or policy experience rating refunds									D		
c. 2016											
1.Accrued retrospective premium									E		
2.Reserve for rate credits or policy [illegible]									F		
d.Total for risk corridors											

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were $22,477,297. As of June 30, 2020, $4,627,469 has been paid for insured claims attributable to insured events of the prior years. Claim adjustment expenses are assumed paid for current year. Reserves remaining for prior years are now $15,081,978 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been a $(2,771,350) favorable prior-year development December 31, 2019 to June 30, 2020 . The increase(decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements in June 30, 2020 or 2019.

27. Structured Settlements

The Company had no structured settlements as of June 30, 2020 or 2019.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Notes to Financial Statement

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2020	$5,611,629	$0	$0	$0	$0
3/31/2020	$5,219,425	$5,208,733	$0	$0	$0
12/31/2019	$4,731,445	$4,428,195	$0	$4,356,959	$0
9/30/2019	$4,173,976	$4,134,402	$0	$2,903,289	$103,300
6/30/2019	$4,426,069	$4,435,101	$0	$3,760,962	$386,225
3/31/2019	$3,796,382	$3,795,156	$0	$2,903,852	$1,703,986
12/31/2018	$7,724,696	$6,504,223	$0	$7,724,696	$136,834
9/30/2018	$6,618,961	$6,488,790	$4,070,481	$2,548,480	$1,534
6/30/2018	$5,800,078	$6,221,905	$4,248,600	$1,058,470	$494,688
3/31/2018	$4,682,920	$4,274,686	$3,636,212	$364,172	$682,535
12/31/2017	$2,068,922	$2,068,922	$0	$504,204	$1,564,000
9/30/2017	$1,555,192	$1,555,192	$0	$0	$1,550,777

29. Participating Policies

The Company did not have any participating contracts as of June 30, 2020 or 2019.

30. Premium Deficiency Reserves

(1) Liability carried for premium deficiency reserves	$1,599,936
(2) Date of the most recent evaluation of this liability	June 30, 2020
(3) Was anticipated investment income utilized in this calculation?	NO

31. Anticipated Salvage and Subrogation

The Company does not anticipate any salvage or subrogation as of June 30, 2020 or 2019.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]
If yes, complete Schedule Y, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:
3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
If yes, complete and file the merger history data file with the NAIC.
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/03/2018
6.4 By what department or departments?
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		No	No	No	No

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 16,000,000

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]
14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company	801 Pennsylvania Avenue Kansas City, MO 64105

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Goldman Sachs Asset Management, L.P.	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[ ]
17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[ ] No[X]
17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107738	Goldman Sachs Asset Management, L.P.	CF5M58QA35CFPUX70H17	SEC	NO

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]
18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes[ ] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The shares were purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[ ] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent	51.930%
1.2	A&H cost containment percent	13.970%
1.3	A&H expense percent excluding cost containment expenses	46.200%
2.1	Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	$ 0
2.3	Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.	$ 0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] No[ ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/I	CMM	Authorized		
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/I	MR	Authorized		
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/I	CMM	Authorized		
00000	AA-1320000	01/01/2020	Axa France Vie	FRA	QA/I	CMM	Unauthorized		
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/G	CMM	Authorized		
22276	63-0202590	01/01/2020	BERKSHIRE HATHAWAY SPECIALTY INS CO	NE	QA/G	CMM	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	L	1,293,669						1,293,669	
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	L	1,580,979						1,580,979	
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	3,853,314						3,853,314	
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	L	3,142,832						3,142,832	
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	L	25,331,266						25,331,266	
44. Texas (TX)	L	160,336,987	2,912,460					163,249,447	
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	L	1,958,322						1,958,322	
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	197,497,369	2,912,460					200,409,829	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	XXX	197,497,369	2,912,460					200,409,829	
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

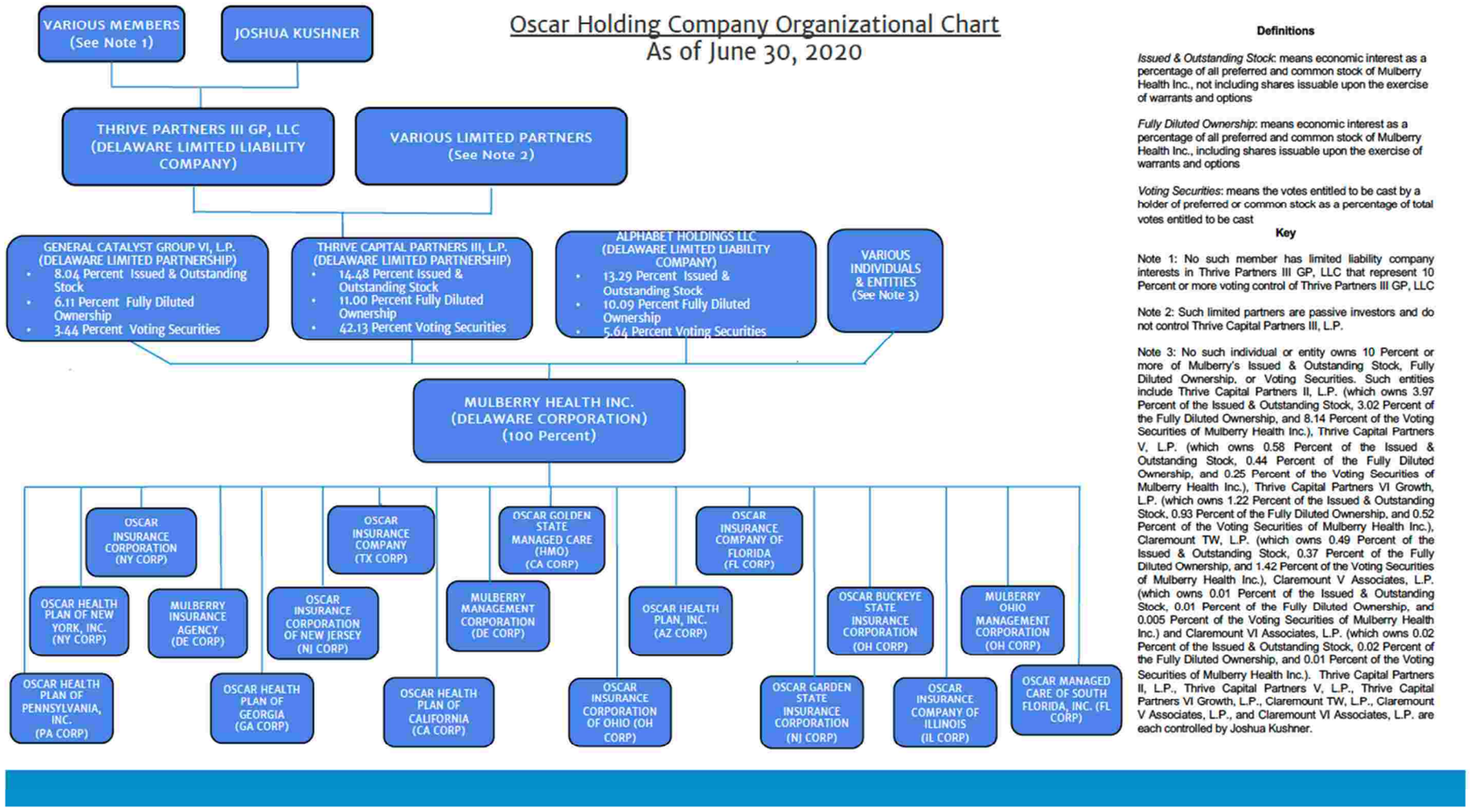
(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG 7
R Registered - Non-domiciled RRGs
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
Q Qualified - Qualified or accredited reinsurer
N None of the above Not allowed to write business in the state 50

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Definitions

Issued & Outstanding Stock: means economic interest as a percentage of all preferred and common stock of Mulberry Health Inc., not including shares issuable upon the exercise of warrants and options

Fully Diluted Ownership: means economic interest as a percentage of all preferred and common stock of Mulberry Health Inc., including shares issuable upon the exercise of warrants and options

Voting Securities: means the votes entitled to be cast by a holder of preferred or common stock as a percentage of total votes entitled to be cast

Key

Note 1: No such member has limited liability company interests in Thrive Partners III GP, LLC that represent 10 Percent or more voting control of Thrive Partners III GP, LLC

Note 2: Such limited partners are passive investors and do not control Thrive Capital Partners III, L.P.

Note 3: No such individual or entity owns 10 Percent or more of Mulberry's Issued & Outstanding Stock, Fully Diluted Ownership, or Voting Securities. Such entities include Thrive Capital Partners II, L.P. (which owns 3.97 Percent of the Issued & Outstanding Stock, 3.02 Percent of the Fully Diluted Ownership, and 8.14 Percent of the Voting Securities of Mulberry Health Inc.), Thrive Capital Partners V, L.P. (which owns 0.58 Percent of the Issued & Outstanding Stock, 0.44 Percent of the Fully Diluted Ownership, and 0.25 Percent of the Voting Securities of Mulberry Health Inc.), Thrive Capital Partners VI Growth, L.P. (which owns 1.22 Percent of the Issued & Outstanding Stock, 0.93 Percent of the Fully Diluted Ownership, and 0.52 Percent of the Voting Securities of Mulberry Health Inc.), Claremount TW, L.P. (which owns 0.49 Percent of the Issued & Outstanding Stock, 0.37 Percent of the Fully Diluted Ownership, and 1.42 Percent of the Voting Securities of Mulberry Health Inc.), Claremount V Associates, L.P. (which owns 0.01 Percent of the Issued & Outstanding Stock, 0.01 Percent of the Fully Diluted Ownership, and 0.005 Percent of the Voting Securities of Mulberry Health Inc.) and Claremount VI Associates, L.P. (which owns 0.02 Percent of the Issued & Outstanding Stock, 0.02 Percent of the Fully Diluted Ownership, and 0.01 Percent of the Voting Securities of Mulberry Health Inc.). Thrive Capital Partners II, L.P., Thrive Capital Partners V, L.P., Thrive Capital Partners VI Growth, L.P., Claremount TW, L.P., Claremount V Associates, L.P., and Claremount VI Associates, L.P. are each controlled by Joshua Kushner.

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	00000	461315570			N/A	Mulberry Health Inc.	DE	UDP	Thrive Capital Partners III, LP	Ownership	42.1	Joshua Kushner	N	
4818	Mulberry Health	00000	473979452			N/A	Mulberry Management Corporation	DE	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	301007548			N/A	Mulberry Ohio Management Corporation	OH	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	844784269			N/A	Mulberry Insurance Agnecy	DE	NIA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16416	825264817			N/A	Oscar Buckeye State Insurance Corporation	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16231	371867604			N/A	Oscar Garden State Insurance Corporation	NJ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16337	824782428			N/A	Oscar Health Plan Inc.	AZ	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15829	473103726			N/A	Oscar Health Plan of California	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16634	833894406			N/A	Oscar Health Plan of Georgia	GA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000	822830708			N/A	Oscar Insurance Company of Illinois	IL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16597	832766385			N/A	Oscar Health Plan of New York, Inc.	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16590	833324290			N/A	Oscar Health Plan of Pennsylvania, INC.	PA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15777	473185443			N/A	Oscar Insurance Company	TX	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16374	825440359			N/A	Oscar Insurance Company of Florida	FL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15585	471142944			N/A	Oscar Insurance Company of New Jersey	NJ	RE	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	15281	462043136			N/A	Oscar Insurance Corporation	NY	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	16202	364859637			N/A	Oscar Insurance Corporation of Ohio	OH	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000				N/A	Oscar Managed Care of South Florida, Inc	FL	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	
4818	Mulberry Health	00000				N/A	Oscar Golden State Managed Care (HMO)	CA	IA	Mulberry Health Inc.	Ownership	100.0	Joshua Kushner	N	

Q16

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

1577720203650000 2020 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Receivables from CMS				3,806,012
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				3,806,012

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year To Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	10,797,011	10,274,626
2.	Cost of bonds and stocks acquired	35,715,776	10,717,443
3.	Accrual of discount	15,711	288,757
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(17)	9,397
6.	Deduct consideration for bonds and stocks disposed of	4,950,000	10,492,417
7.	Deduct amortization of premium	109,470	795
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	41,469,011	10,797,011
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	41,469,011	10,797,011

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	100,919,059	6,123,317	4,261,238	(124,343)	100,919,059	102,656,795		99,943,763
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	100,919,059	6,123,317	4,261,238	(124,343)	100,919,059	102,656,795		99,943,763
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	100,919,059	6,123,317	4,261,238	(124,343)	100,919,059	102,656,795		99,943,763

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....61,187,783; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	61,187,784	X X X	61,372,223	606,316	6,569

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	89,146,752	76,561,970
2.	Cost of short-term investments acquired	10,664,777	191,600,693
3.	Accrual of discount	138,482	1,497,204
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	30,170	69,508
6.	Deduct consideration received on disposals	38,584,298	180,439,488
7.	Deduct amortization of premium	208,099	143,135
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	61,187,784	89,146,752
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	61,187,784	89,146,752

SI04 Schedule DB - Part A Verification . . . . . NONE

SI04 Schedule DB - Part B Verification . . . . . NONE

SI05 Schedule DB Part C Section 1 . . . . . NONE

SI06 Schedule DB Part C Section 2 . . . . . NONE

SI07 Schedule DB - Verification . . . . . NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,597,337	126,162,259
2.	Cost of cash equivalents acquired	15,302,826	105,467,262
3.	Accrual of discount		11,065
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	14,649,869	229,043,249
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	3,250,294	2,597,337
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	3,250,294	2,597,337

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol
Bonds - U.S. Governments									
912828XG0	UNITED STATES TREASURY		06/22/2020	FED BUY	X X X	311,784	300,000	3,065	1
912828ZM5	UNITED STATES TREASURY		05/29/2020	FED BUY	X X X	109,910	110,000	13	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	421,694	410,000	3,078	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
10373QAJ9	BP CAPITAL MARKETS AMERICA INC		06/30/2020	BOFA SECURITIES INC.	X X X	501,053	475,000		1FE
136069TY7	CANADIAN IMPERIAL BANK OF COMMERCE	C	06/30/2020	BOFA SECURITIES INC.	X X X	495,707	475,000		1FE
14913R2B2	CATERPILLAR FINANCIAL SERVICES CORP		06/30/2020	CITIGROUP GLOBAL MKTS/SALOMON	X X X	228,251	225,000		1FE
17275RAV4	CISCO SYSTEMS INC		06/30/2020	PERSHING LLC	X X X	184,817	175,000		1FE
459200JX0	INTERNATIONAL BUSINESS MACHINES CORP		06/30/2020	Morgan Stanley	X X X	788,039	750,000		1FE
585055BR6	MEDTRONIC INC		06/30/2020	PERSHING LLC	X X X	471,843	450,000	4,213	1FE
61744YAH1	MORGAN STANLEY		06/30/2020	BOFA SECURITIES INC.	X X X	495,665	475,000		1FE
78013X6D5	ROYAL BANK OF CANADA	C	06/30/2020	SCOTIA CAPITAL (USA) INC.	X X X	235,445	225,000		1FE
89236TGZ2	TOYOTA MOTOR CREDIT CORP		06/30/2020	PERSHING LLC	X X X	202,484	200,000		1FE
961214DQ3	WESTPAC BANKING CORP	C	06/30/2020	BANK OF NEW YORK	X X X	104,084	100,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	3,707,387	3,550,000	4,213	X X X
8399997 Subtotal - Bonds - Part 3					X X X	4,129,081	3,960,000	7,291	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	4,129,081	3,960,000	7,291	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X		X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X		X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	4,129,081	X X X	7,291	X X X

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter 6 First Month	7 Second Month	8 Third Month	9 *
open depositories								
TX DOI trust 3144	SD				2,402,250	2,402,250	2,402,250	X X X
State Street					217,198	217,198	217,198	X X X
Natixis, New York Branch 08/03/2020		1.708		7,119	1,000,000	1,000,000	1,000,000	X X X
Bank of America					98,651,913	121,061,098	131,875,467	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	X X X	X X X			250,175		23,548	X X X
0199999 Totals - Open Depositories	X X X	X X X		7,119	102,521,535	124,680,546	135,518,463	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	X X X	X X X						X X X
0299999 Totals - Suspended Depositories	X X X	X X X						X X X
0399999 Total Cash On Deposit	X X X	X X X		7,119	102,521,535	124,680,546	135,518,463	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X				X X X
0599999 Total Cash	X X X	X X X		7,119	102,521,535	124,680,546	135,518,463	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
857492649	SS INST INV:US GV MM IN		06/30/2020	0.040	X X X	2,250,294	92	357
993086123	WFB INSTITUTIONAL BANK DEPOSIT	SD	06/30/2019	0.000	X X X	1,000,000		1,363
8699999 Subtotal - All Other Money Market Mutual Funds						3,250,294	92	1,720
8899999 Total Cash Equivalents						3,250,294	92	1,720

INDEX TO HEALTH QUARTERLY STATEMENT

INDEX TO HEALTH QUARTERLY STATEMENT