

Information Sheet

Please list your purchase and sale transaction(s) in Oscar Health, Inc. (NYSE: OSCR) Class A common stock between March 3, 2021 and May 12, 2022, inclusive (the "Class Period") in the chart below. Please return completed form by mail, by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

First Name Address				Last Name City, State, Zip		
			$\overline{\mathbf{C}}$			
Telephone Number				Email Address (non-work - please print clearly)		
Current Employer				Signature		
PURCHASES				SALES		
Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share
Please list additional preferred stock) on a					d securities (options, bonds, or
Are you a current or f Yes / No (Circle)	former emplo	yee of Oscar Healt	h, Inc.	? Did you purcha prior to the Cla Yes / No (Circl	ss Period?	scar Health, Inc.
The submission of this form LLP or you to file a lead property. Meltzer & Check, LLP, in Check, LLP will contact you by email, phone or by	plaintiff motion its sole discreti you to discuss the you by email, pho	in this matter. Any info on, believes that you m ne matter and whether t one or by other means r	rmation ight be a o establi egarding	you submit will be main in appropriate lead plain sh an attorney client rel this case. You are also	itained as confide tiff candidate, Ke ationship. By sig authorizing and r	ential. If Kessler Topaz sssler Topaz Meltzer & ning this form you are equesting us to contact

If you do not want to be contacted regarding future cases, please indicate that by checking this box.