

## **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

Horizon Healthcare Services, Inc.

			(I <b>V</b> all)	,			
NAIC Group Code (Cur	1202 rent Period)		NAIC Company	/ Code <u>55069</u>	Employer's	ID Number _	22-0999690
Organized under the Laws o	of	New Jersey	у	, State of Domicile	or Port of Entry	N	ew Jersey
Country of Domicile				United States			
Licensed as business type:	•	dent & Health [ ]		isualty [ ] ice Corporation [ ] ederally Qualified? Ye	Health Maintena		vice or Indemnity [ X ]
Incorporated/Organized	Other [ ]	12/07/1932		ommenced Business	,3[] [10[]	12/07/19	32
Statutory Home Office		3 Penn Plaza East	Ste PP-15D	,	Newark,	NJ, US 07105	-2248
	•	(Street and Nur	mber)		(City or Town,	State, Country and	Zip Code)
Main Administrative Office				3 Penn Plaza East St			
Newa	rk, NJ, US (	07105-2248		(Street and Numb	<sup>er)</sup> 973-466-5	607	
(City or To	wn, State, Cou	ntry and Zip Code)			(Area Code) (Telepho	one Number)	
Mail Address		nn Plaza East Ste PP-15	<u>iD</u>	_,		US 07105-224	
D:	,	reet and Number or P.O. Box)		0.0	(City or Town, State,	•	ode)
Primary Location of Books a	ind Record				a East Ste PP-15 et and Number)	ט	
		07105-2248	,		973-466-5	607	
(City or To	wn, State, Cou	ntry and Zip Code)		(Are	a Code) (Telephone N	umber) (Extension)	
Internet Web Site Address				www.horizonblue.co	om		
Statutory Statement Contac	t	Jordan Green	berg			3-466-5607	
Jordan Gr	eenberg@l	(Name) horizonblue.com			(Area Code) (Tele 973-466-7	phone Number) (E:	xtension)
	(E-Mail Add				(Fax Numb		
			05510	<b>-</b> D0			
Name		Title	OFFIC	ERS Name	•	SVP Co	Title neral Counsel and
Gary Dean St. Hilair	e,	CEO & Presio	dent	Nicholas Herbert	Peterson # ,		Secretary
David Jeffrey Rosenbo	erg,	CFO and S\	/P	Jennifer Gail	Velez #,	EVP, Healt	h Network Solutions
			OTHER OF	FICERS			
Patrick Shawn Aylwa	rd	SVP and Chief o	of Stoff	Mark Leon E	Parnard	,	rnment Programs & Operations
T atriok onawn Ayiwa	<u>iu</u> ,	SVP Enterprise Bu		- Wark Leon L	, , ,		урстанопо
Nicholas Loukas Couss	oule,	Technology Sol				CV/D & Chia	ef Human Resources
Allen James Karp		EVP, Healthcare Mana Transformati	-	Steven John ł	Krupinski .	SVP & Chie	Officer
Christopher Michael Le	pre ,	EVP, Comme	rcial	Timothy Scott		SVP, Audit,	Risk and Compliance
Ulises Esteban Diaz	#	SVP Government and Affairs	Community				
Olises Estebali Diaz	<u>т</u> ,		CTORS O	D TOUCTEE			
Gary Dean St. Hilair	e	Mark Leon Bar		R TRUSTEES  Jennifer Gai	l Velez	Christoph	ner Michael Lepre
State of		ss					
County of	······						
The officers of this reporting en above, all of the herein describthat this statement, together will iabilities and of the condition and have been completed in acmay differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional process.	ed assets we the related eximal affairs of the cordance with eas or regulating ely. Furthern accopy (exception)	re the absolute property of khibits, schedules and expl the said reporting entity as h the NAIC Annual Stateme ons require differences in r nore, the scope of this atte- of for formatting differences	f the said reporting lanations therein of of the reporting pe ent Instructions and reporting not relate estation by the description	entity, free and clear fro ontained, annexed or re- griod stated above, and or I Accounting Practices and d to accounting practice bribed officers also include	om any liens or clain deferred to, is a full a of its income and de- ind <i>Procedures</i> manus and procedures, a des the related corre	ns thereon, exce and true statemed ductions therefroulal except to the according to the lesponding electron	pt as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC.
			NEST TOTAL	- 4 D-4		Sda 1 # =	)
		SV	Nicholas Herb P, General Coun	ert Peterson sel and Secretary	Γ	David Jeffrey R SVP and	
	_				this an original fili	ing?	Yes [ X ] No [ ]
Subscribed and sworn to be day of	efore me th	nis ,		b. If 1.	no: State the amendr	nent number	
aay of				2.	Date filed Number of pages		
				3	Number of pages	anached	

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	5,971,398	0	0	0	0	5,971,398
Group subscribers:	, , , , , , , , , , , , , , , , , , , ,					
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						·····
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	282,425,588	2,510,458			3,069,410	282,281,578
0299999 Total group	282,425,588	2,510,458	188,952	225,989	3,069,410	282,281,578
0399999 Premiums due and unpaid from Medicare entities	0	0	0	0	0	L0
0499999 Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	288,396,986	2,510,458	188,952	225,989	3,069,410	288,252,976

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

11	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	78,784,065	79,305,278		0	0	174,007,004
0199999 - Pharmaceutical Rebate Receivables	78,784,065		15,917,662	0	0	174,007,004
0299998 - Aggregate of amounts not individually listed above.	50,271,958	0	0	0	0	50,271,958
0299999 - Claim Overpayment Receivables	50,271,958	0	0	0	0	50,271,958
0599998 - Aggregate of amounts not individually listed above.	23,785,992	0	0	0	0	23,785,992
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables 0599998 - Aggregate of amounts not individually listed above. 0599999 - Risk sharing Receivables	23,785,992	0	0	0	0	23,785,992
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0799999 Gross Health Care Receivables	152,842,015	79,305,278	15,917,662	0	0	248,064,954

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	154,488,235	0	0	174,007,004	154 , 488 , 235	154,488,235
Claim overpayment receivables	43,751,622	0	502,720	49,769,238	44,254,342	44,254,342
Loans and advances to providers	0	0	0	0	0	0
Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	117,623,950	0	5,615,761	18,170,231	123,239,711	123 , 239 , 711
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	315,863,807	0	6,118,481	241,946,473	321,982,288	321,982,288

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

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

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	1 - 00 Bays	01 - 00 Bays	01 - 30 Bays	31 - 120 Bays	Over 120 Bays	Total
Claims unpaidClaims unpaid		8,599,472	848,257	295,582	930 ,770	264,953,109
oralino dilpara.		,0,000,172		200,002		
0199999 Individually listed claims unpaid	254,279,028			295.582	930 ,770	264,953,109
0299999 Aggregate accounts not individually listed-uncovered		, , , , , , , , , , , , , , , , ,				I
0399999 Aggregate accounts not individually listed-covered						<b>l</b> 0
0499999 Subtotals	254,279,028	8,599,472	848,257	295,582	930,770	264,953,109
0599999 Unreported claims and other claim reserves	• , , ,	· , ,	, , , , , , , , , , , , , , , , , , ,	,	,	1,470,714,139
0699999 Total amounts withheld						(
0799999 Total claims unpaid						1,735,667,248
0899999 Accrued medical incentive pool and bonus amounts						, , , , ,

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Admi	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0		991,562	158,035	0	0	1,447,671	0
Enterprise Property Holding, LLC	52,636	2,955	2,955	0	0	58,546	0
Horizon Healthcare of New Jersey, Inc	58,789,649	55 , 790 , 737	129,193,622	0	0	243,774,008	0
Horizon Healthcare of New Jersey, Inc. Horizon Healthcare Plan Holding Co	665,225	0	0	0	0	665,225	0
Horizon Casualty Services, Inc	2.386.078	2,260,016	2,247,899	0	0	6,893,993 <b> </b>	0
Multistate Professional Services, Inc		0	0	0	0	90,807	0
Horizon Insurance Company Horizon Charitable Foundation, Inc	25,510,841	2,738,678	20,723,739	0	0	48,973,259	0
Horizon Charitable Foundation, Inc	69,967	54,394	57,682	0	0	182,042	0
Healthier New Jersey Insurance Company	1,656,146	0	0	0	0	1,656,146	0
	53,174,223	36,550	457 , 797	0	0	53,668,569	0
0199999 Individually listed receivables	142,693,646	61,874,892	152,841,729	L0	L0	357,410,266	0
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	142,693,646	61,874,892	152,841,729	0	0	357,410,266	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Multistate Investment Services, Inc.		1,260,736	1,260,736	0
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		†		
MOOOO ladiidaalki listad aayablaa		1,260,736	1,260,736	Λ
0199999 Individually listed payables 0299999 Payables not individually listed		1,200,730	1,200,730	
0399999 Total gross payables		1 200 720	4 000 700	0
U399999 Total gross payables		1,260,736	1,260,736	U

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### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:		•				
1. Medical groups		0.4	0	0.0	0	22,754,471
2. Intermediaries		2.8	0	0.0	0	165,950,973
3. All other providers			0	0.0	0	0
4. Total capitation payments	188,705,444	3.2	L0	0.0	0	188,705,444
Other Payments:						
5. Fee-for-service	28,656,973	0.5	XXX	xxx	<b>_</b> 0	28,656,973
Contractual fee payments	5,700,636,300	96.3	XXX	xxx	0	5,700,636,300
Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX	0	0
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	xxx	0	0
9. Non-contingent salaries			XXX	xxx	0	]0
10. Aggregate cost arrangements			XXX	xxx	0	0
11. All other payments			XXX	XXX	0	0
12. Total other payments	5,729,293,273	96.8	XXX	XXX	0	5,729,293,273
13. Total (Line 4 plus Line 12)	5,917,998,717	100 %	XXX	XXX	0	5,917,998,717

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBITY - LAKE Z - COMMINANT OF TRANSACTIONS V	<u> </u>		<u> </u>	
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
14/110 0000	Care Centrix.	34,121,980	2,843,498	rotar rajuotou Capitar	CONTION EGVENTED
	Care Core National	04, 121, 300			
		81,813,308	6,817,776		
	Lab Corp	8,167,823 2,359,238	680,652		
	Turning Point	2,359,238	196,603		
	Quest Diagnostics.	2,046,799	157 , 100		
	Radiology	37,302,085	3,108,507		
0000000 T 1 1		1CE 011 020			
9999999 Totals		165,811,232	XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	70,975,528	0	(70 , 412 , 036)	563,492	563,492	0
Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	1,083,387,069	26,678,610	(797,944,926)	312,120,754	312,120,754	0
6. Total	1,154,362,598	26,678,610	(868, 356, 962)	312,684,246	312,684,246	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NC Group Code 1202 BUSINESS IN THE STAT	,				DURIN	G THE YEAR 20	22	<b>-</b>			(LOCATIO	ON) NAIC Compan	v Code	55069
TO CHOUD COULD 1202 BOOMESO IN THE OTHER	1		ehensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
otal Members at end of:														
1. Prior Year	1,231,226	230,910	452,254	0	0	421,640	126,422	0	0	0	0	0	0	
2 First Quarter	1,211,562	245,634	418,335	0	0	421,826	125 ,767	0	0	0	0	0	0	
3 Second Quarter	1,191,291	240,266	409,551	0	0	416,251	125,223	0	0	0	0	0	0	
4. Third Quarter	1 , 148 , 683	236 ,717	392,191	0	0	395 , 193	124,582	0	0	0	0	0	0	
5. Current Year	1,128,247	228,493	387,191	0	0	388,229	124,334	0	0	0	0	0	0	
6 Current Year Member Months	14,131,077	2,874,698	4,854,384	0	0	4,901,645	1,500,350	0	0	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	11,560,991	3,290,301	6, 139,686	0	0	0	2,131,004	0	0	0	0	0	0	
8. Non-Physician	11,191,162	2,265,181	5,378,285	0	0	0	3,547,696	0	0	0	0	0	0	
9. Total	22,752,153	5,555,482	11,517,971	0	0	0	5,678,700	0	0	0	0	0	0	
Hospital Patient Days Incurred	314,744	111,643	123,246	0	0	0	79,855	0	0	0	0	0	0	
Number of Inpatient Admissions	59,695	21,532	27,065	0	0	0	11,098	0	0	0	0	0	0	
2. Health Premiums Written (b)	6,517,186,989	1,957,408,360	3,303,929,995	0	0	137 , 117 , 354	.1,044,826,183	0	0	0	0	0	73,905,097	
Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Health Premiums Earned	6,519,270,209	1,957,427,362	3,305,801,602	0	0	137,309,965	1,044,826,183	0	0	0	0	0	73,905,097	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Amount Paid for Provision of Health Care Services	5,917,998,717	1,841,071,711	2,922,182,118	0	0	107 , 533 , 966	969,933,775	0	0	0	0	0	77 , 277 , 147	
Amount Incurred for Provision of Health Care Services	6,044,168,897	1,911,472,577	2.955.238.824	0	0	107,849,073	986,762,276	0	0	0	0	0	82,846,147	

(a) For health business: number of persons insured under PPO managed care products  $\dots 620,000$  and number of persons insured under indemnity only products  $\dots 1,610$ 



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NC Group Code 1202 BUSINESS IN THE STATI		d			DURING	G THE YEAR 20	22				(LOCATIO	ON) NAIC Compan	v Code	55069
TO GIOLD GOOD 1202 BOOMEGO IN THE OTHER	1	Compre	ehensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Health
otal Members at end of:														
1. Prior Year	1,231,226	230,910	452,254	0	0	421,640	126,422	0	0	0	0	0	0	
2 First Quarter	1,211,562	245,634	418,335	0	0	421,826	125,767	0	0	0	0	0	0	
3 Second Quarter	1,191,291	240,266	409,551	0	0	416,251	125,223	0	0	0	0	0	0	
4. Third Quarter	1,148,683	236 ,717	392, 191	0	0	395,193	124,582	0	0	0	0	0	0	
5. Current Year	1,128,247	228,493	387,191	0	0	388,229	124,334	0	0	0	0	0	0	
6 Current Year Member Months	14,131,077	2,874,698	4,854,384	0	0	4,901,645	1,500,350	0	0	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	11,560,991	3,290,301	6, 139,686	0	0	0	2, 131,004	0	0	0	0	0	0	
8. Non-Physician	11,191,162	2,265,181	5,378,285	0	0	0	3,547,696	0	0	0	0	0	0	
9. Total	22,752,153	5,555,482	11,517,971	0	0	0	5,678,700	0	0	0	0	0	0	
Hospital Patient Days Incurred	314,744	111,643	123,246	0	0	0	79,855	0	0	0	0	0	0	
Number of Inpatient Admissions	59,695	21,532	27,065	0	0	0	11,098	0	0	0	0	0	0	
2. Health Premiums Written (b)	6,517,186,989	1,957,408,360	3,303,929,995	0	0	137 , 117 , 354	1,044,826,183	0	0	0	0	0	73,905,097	
Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Health Premiums Earned	6,519,270,209	1,957,427,362	3,305,801,602	0	0	137,309,965	1,044,826,183	0	0	0	0	0	73,905,097	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Amount Paid for Provision of Health Care Services	5,917,998,717	1,841,071,711	2,922,182,118	0	0	107 , 533 , 966	969,933,775	0	0	0	0	0	77 , 277 , 147	
Amount Incurred for Provision of Health Care Services	6,044,168,897	1.911.472.577	2.955.238.824	0	0	107,849,073	986,762,276	0	0	0	0	0	82,846,147	

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

		2 1	4		1 0	7 1			10	1 44 1	40	1 40
1	2	3	4	5	6	Type	8	9	10 Reserve Liability	11	12	13
NAIC					Type Of	Type Of			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -			Tallo di Politodi da	- Curiouiono	7.00000	7.00000	1.0	1 1011110	1.011110	and onpaid 200000	7,000,70	TOTAL CONTOURS
14690	46 - 1362174	01/01/3000 01/01/3000	HORIZON INS CO.	NJ	QA/I	MS	202,455,941	7 , 752 , 562	0	32,026,967	0	0
14690	46 - 1362174	01/01/3000	HORIZON INS CO.	NJ	QA/I	MD	29,066,698	1,171	0	2,720,700	0	0
14690	46 - 1362174 22 - 2651245	01/01/3000	HORIZON INS CO HORIZON INS CO HORIZON HLTHCARE OF NJ INC HORIZON HLTHCARE OF NJ INC	NJNJ	QA/IQA/I	MR MC	92 , 461 , 415 5 , 370 , 248 , 224 339 , 647 , 250		ļ0	13,057,358	0	ļ0
95529	22-2651245	01/01/3000	HORIZON HETHCARE OF NEEDING	NJ	QA/I	MR_	339 647 250		0 	41,955,300		l
95529 95529 95529	22-2651245	01/01/3000	HORIZON INS CO HORIZON HLTHCARE OF NJ INC HORIZON HLTHCARE OF NJ INC HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM	10,007,698	71.089	0	1,224,630	0	0
0299999 -	Total Affiliates	- U.S. Other					6,043,887,226	12,918,617	0		0	0
0399999 -	Total Affiliates	- U.S Total					6,043,887,226	12,918,617	0	0.0,000,00.	0	0
	Affiliates - Tota						6,043,887,226	12,918,617	0		0	0
1199999 -	Total U.S. (Sum o	of 0399999 and 08	99999)				6,043,887,226	12,918,617	0	813,563,964	0	0
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9999999	Γotals						6,043,887,226	12,918,617	0	813,563,964	0	0

# SCHEDULE S - PART 2

	Rei 2	insurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current 5	Year 6	7
	2	3	4	5	"	,
1						
NAIC	ID	□ffo ative	Name	Dominilian	Doid	Unnaid
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Non-Affili	ates - U.S. Non-Aff	iliates			203303
00000	00-0000000	01/01/2019	New Jersey Reinsurance Program.	USA	297,489,775	0
1999999 - Acci	dent and Health	- Non-Affiliates - U ates - Non-U.S. Non	J.S. Non-Affiliates		297,489,775	0
00000	AA-3191308	11/01/2019	Plymouth Guarantee Ltd.	BMU	2,241,290	0
2099999 - Acci	ident and Health	- Non-Affiliates - I	Non-U.S. Non-Affiliates		2,241,290	0
		<ul> <li>Non-Affiliates -</li> <li>Total Accident and</li> </ul>	Total Non-Affiliates		299,731,065 299,731,065	0
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)		297,489,775	0
2499999 - Tota	al Non-U.S. (Sum	of 0699999, 0999999	, 1799999 and 2099999)		2,241,290	0
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9999999 To	tals—Life, Annu	ity and Accident ar	nd Health		299,731,065	0

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9999999 Totals

## **SCHEDULE S - PART 3 - SECTION 2**

				Reinsurance Ceded A	Accident and Healt	h Insurance Liste	d by Reinsuring Comp	any as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding St	urplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	count - Authorize		es - U.S. Non-Affiliates					,		•		•	•
			Hannover Life Reassurance COA Ltd	USA		CMM.	2,032,631,035	0	0	0	0	0	0
			Non-Affiliates - U.S. Non-Affiliates				2,032,631,035	0	0	0	0	0	0
			Non-Affiliates – Total Authorized Non-Affilia	ntes			2,032,631,035	0	0	0	0	0	0
1199999 -	- General Account	- Authorized -	Total General Account Authorized				2,032,631,035	0	0	0	0	-	0
4599999	- General Account	- Total General	Account Authorized, Unauthorized, Reciprocal	Jurisdiction and Certif	ied	20000	2,032,631,035	0	0	0	0	0	0
			9999, 1499999, 1999999, 2599999, 3099999, 369	99999, 41999999, 48999999,	5399999, 5999999, 64	99999, 7099999,	0 000 004 005	0			0		
7599999,	8199999 and 8699	999)	1				2,032,631,035	0	U	0	0	0	0
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2,032,631,035

## **SCHEDULE S - PART 4**

							uthorized Companie							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
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9999999 7	otals			0	0	0	0	0	XXX	0	0	0	0	0

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

## **SCHEDULE S - PART 5**

								Re	einsurance	Ceded to	Certified R	Reinsurers as	of Decemi	ber 31, Cur	rent Year	(\$000 Om	itted)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			,	Collateral				23	24	25	26
1															16	17	18	19	20	21	22				1 1
NAIC Company Code	ID Number		Name of Reinsurer on-Affilates - U.S. Non		Certified Reinsurer / Rating(1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)		Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)		Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col.8)	r Multiple	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Collateral Provided for Net Obligation Subject to	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Credit Allowed for Net Obligation Subject to	Reinsurers Due to
General Ac	count - Life ar	na Annuity - N T	Hannover Life	-Amiliates			1			1												1			
	00-0000000	01/01/2022	Reassurance COA Ltd	USA	2	03/19/2018					٥		0	٥	0	0		0	316,042	0	316,042	0.0	0.0	0	۵
			Annuity - Non-Affiliates					0	0	0	0	0	0	0	0	0	XXX	0	316,042	0	010,012	XXX	XXX	0	0
			Annuity - Non-Affiliates		Affiliates			0	0	0	0	0	0	0	0	0	XXX	0	316,042	0	316,042	XXX	XXX	0	0
			Annuity - Total Life and	Annuity				0	0	0	0	0	0	0	0	0	XXX	0	0.0,0.0	0	0.010.0	XXX	XXX	0	0
			neral Account					0	0	0	·			0	0	0		0	0.0,0.0	0	0.0,0.=	XXX	XXX	0	0
3599999 - 1	otal U.S. (Su	ım of 0399999	, 0899999, 1499999, 1	999999, 269	99999 and 31	199999)		0	0	0	0	0	0	0	0	0	XXX	0	316,042	0	316,042	XXX	XXX	0	0
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9999999	Totals						•	0	0	0	0	0	0	0	0	0	XXX	۸	316.042	0	316.042	XXX	XXX	0	0

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

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	· · · · · · · · · · · · · · · · · · ·	Omitted)		I 4	
	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	2,032,631	40,030	33,507	5,342	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	299,731	254 , 817	172,000	150,342	242
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	316,042	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	3,278,123,961		3,278,123,961
2.	Accident and health premiums due and unpaid (Line 15)	288,252,975		288,252,975
3.	Amounts recoverable from reinsurers (Line 16.1)	299,731,063		299,731,063
4.	Net credit for ceded reinsurance	xxx	299,731,063	299,731,063
5.	All other admitted assets (Balance)	1,563,146,669		1,563,146,669
6.	Total assets (Line 28)	5,429,254,668	299,731,063	5,728,985,731
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1 ,735 ,667 ,247	0	1 ,735 ,667 ,247
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	89,835,328		89,835,328
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	2,105,207,106		2,105,207,106
15.	Total liabilities (Line 24)	3,930,709,681	0	3,930,709,681
16.	Total capital and surplus (Line 33)	1,498,544,981	XXX	1,498,544,981
17.	Total liabilities, capital and surplus (Line 34)	5,429,254,662	0	5,429,254,662
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	299,731,063		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	299,731,063		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	299,731,063		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

				Direct Bu	siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia							
•	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN					l	
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17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana			-			ļ	<b> </b>
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	AM						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS		_				
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							
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30. New Hampshire			-				
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX					·	
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45. Utah			-				
46. Vermont	VT		-				
47. Virginia							
48. Washington							
49. West Virginia						ļ	ļ
50. Wisconsin	WI					ļ	ļ
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
Jo. Audieuale Ulifei Allell						L	L

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15 Is an SCA	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
	·												Horizon Healthcare		
01202	BCBS of NJ Group	00000	92-0966618				Horizon Operating Holdings, Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Services, Inc		0
0.4000	DODO ( N.I. O	00000	00 0045007				N W 11 1					400.0	Horizon Healthcare		
01202	BCBS of NJ Group	00000	92-0815927				NovaWell, Inc	NJ	NIA		Ownership	100.0	Services, Inc Horizon Healthcare	łl	0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	NIA	Horizon Mutual Holdings, Inc.,	Ownerchin	100.0	Services, Inc		0
01202	bobs of No Group	00000	92-0902900				Horizon Healthacre Services,	JNJ	N1A	Thorizon mutual horumgs, mc	Ownersinp	100.0		1	
01202	BCBS of NJ Group	55069	22-0999690				Inc	N.J				0.0			0
0.202	5050 C. 110 C. Gup						Horizon Healthcare Plan Holding			Horizon Healthcare Services.			Horizon Healthcare		
01202	BCBS of NJ Group	00000	22-2561496				Company, Inc.	NJ	NIA	Inc	Ownership	100.0	Services, Inc	l	0
	·									Horizon Healthcare Plan	·		Horizon Healthcare		
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Holding Company	Ownership	100.0	Services, Inc		0
	Dono, C. N. L. O.	44440								Horizon Healthcare Plan		400.0	Horizon Healthcare		
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	I A	Holding Company	Ownership	100.0	Services, Inc		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	I A	Horizon Healthcare Plan Holding Comapny, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
0 1202	BCBS OF NJ Group	90029	22-2001240				Enterprise Property Holdings.	J\J	I A	Horizon Healthcare Services.	ownership	100.0	Horizon Healthcare	·	
01202	BCBS of NJ Group	00000	13-4290405				IIIC	NJ	NIA	Inc.	Ownership	100 0	Services, Inc		0
01202	Водо от то отоар	00000	10-4200400				Three Penn Plaza Property			Horizon Healthcare Services,	ожногэнтр		Horizon Healthcare	1	
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc.	Ownership	100.0	Services, Inc	]	0
	'									Horizon Healthcare Plan	· '		Horizon Healthcare		
01202	BCBS of NJ Group	14690	46 - 1362174				Horizon Insurance Company	NJ	I A	Holding Company, Inc	Ownership	100.0	Services, Inc		0
			l <b>.</b>				Multistate Professional			Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	46-2605607				Services, Inc	NJ	NIA	Inc	Ownership	100.0	Services, Inc	ļ	0
04000	DODO of NI Coour	00000	20 0522405				Horizon Charitable Foundation,	AL I	NII A	Horizon Healthcare Services,	O	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	00000	20 - 0522405				Multistate Investment Services.	JNJ	NIA	Horizon Healthcare Services,	Ownership	100.0	Services, Inc Horizon Healthcare	l	U
01202	BCBS of NJ Group	00000	47 - 4428396				Inc	N.J	NIA	Inc	Ownership	100 0	Services. Inc		0
01202	Водо от то отоар	00000	47 -4420000				1110		1	Horizon Healthcare Services,	0 W 11 G 1 31 1 1 P	100.0	Horizon Healthcare	1	
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care. LLC	NJ	UDP	Inc.	Ownership.	50.0	Services, Inc	]	
/	i i						Healthier New Jersey Insurance		1		s. zk		Horizon Healthcare	]	
01202	BCBS of NJ Group	16714	84-3673030				Company	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Services, Inc	ļ	0
									1	Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	86 - 1229594				Greenwood Insurance Company	NJ	NIA	Inc	Ownership	100.0	Services, Inc	ļ	0
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Asterisk	Explanation

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## **SCHEDULE Y**

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

	_	3	4	5	6	/	8	9	10	11	12	13
1						Income/						
					Purchases, Sales or	(Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
IAIC Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
1146	22-3331515	Horizon Healthcare Dental, Inc.	0	0	0	0	3,111,141	2,322,393		0	5,433,534	(
	22-2561496	Horizon Healthcare Plan Holding Co., Inc	0	0	0	l0	0	0	L	l0 l	0	(
)5529	22-2651245	Horizon Healthcare of New Jersey, Inc.	(300,000,000)	0	0	0	679,658,405	223,338,892		0 [	602,997,297	(285,967,072
	22-3346524	Horizon Casualty Services, Inc.	(80,000,000)	0	0	0	17.333.901	0		0	(62,666,099)	(
5069	22-0999690	Horizon Healthcare Services, Inc.	380,000,000	(98,053,500)	0	0	(678,526,423)	(185,949,119)		0	(582,529,042)	245,965,938
	13-4290405	Enterprise Property Holdings, LLC.	0	0	0	0	(3, 183, 000)	0		0	(3, 183, 000)	(
	27-1179993	Three Penn Plaza Property Holding, LLC	0	0	0	0	(20,361,797)	0		0	(20,361,797)	(
	46-1362174	Horizon Insurance Company	n l	n	n	n	(9,308,278)	(39,712,166)		n l	(49,020,444)	40,001,134
	46-2605607	Horizon Insurance Company Multistate Professional Services, Inc	T	 N	n n	n	8,207,138	Λ		n l	8,207,138	
	47 - 4428396	Multistate Investment Services, Inc.	n l	500	n	l	n	n		n l	500	
6714	84-3673030	Healthier New Jersey Insuragnoe Company	1n l	61,503,000	l	ر آ	) 	o		n l	61,503,000	
07 14	86-1229594	Healthier New Jersey Insuraance Company Greenwood Insurance Company, Inc	1		l	o	(1,139,274)	o		n l	(1,139,274)	
	84-2280217	NJ Collaborative Care, LLC	t		l	o	(1, 100, 214)	0		n l	(1, 100,214)	
	92-0966618	Horizon Operating Holdings, Inc.	1	36,530,000	l	o	o	0		n l	36,530,000	
	92-0815927	NovaWell, Inc		10,000		u	0 n	o		n	10.000	
	92-0996149	Horizon Diversified Holdings, Inc.		10,000	J	u	u	u		ν	10,000	
	92-0982986	Horizon Mutual Holdings, Inc.	t		J	J	4,208,187		·····		4,208,187	
	92-0902900	Inditzon mutuat hotuings, inc	l		J	JU	4,200,107	JU	·····		4,200,107	
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### **SCHEDULE Y**

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	of Column 2 Over	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	of Column 5 Over Column 6
		%					
		%					
		%					
		70					
		/0 0 <u>/</u>					
		/0 %					
		%				%	
		%				%	
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		%				%	
		%				%	
		%					
		1	1				

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### REQUIRED FILINGS

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

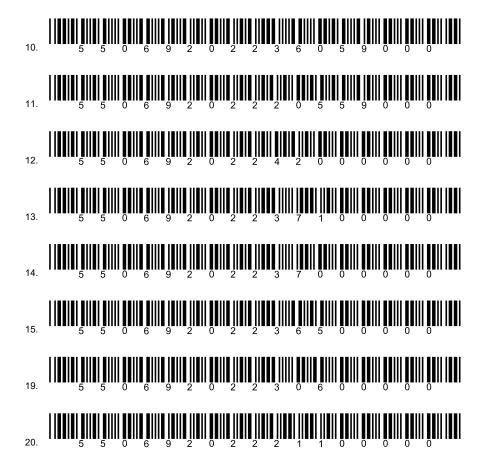
interro	ogatory questions.	
	MARCH FILING	Responses
1.		YES
2.	·	YES.
3.		YES
4.		YES
_	APRIL FILING	VEO
5.		YES
6.		YES
7.		YES
8.	JUNE FILING	YES.
9.		YES
Э.	Will Accountains Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by Julie 1:	ILU.
Howe intern	SUPPLEMENTAL FILINGS  ollowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business coverer, in the event that your company does not transact the type of business for which the special report must be filed, your response of rogatory 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 ever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
11.	·	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.		N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
16.		SEE EXPLANATION
17.	electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.		YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Expla	anation:	
10 R	usiness not written	
10. D	3311033 101 #1711011	
11. B	usiness not written	
12. B	usiness not written	
13. B	usiness not written	
14. B	usiness not written	
15. B	usiness not written	
16. N	/A, no request for relief.	
17. N	/A, no request for relief.	
18. N	/A, no request for relief.	

19. Business not written

20. Business not written

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### Bar code:



## **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25. \*ASSETS - Assets

	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. ACA Risk Adjustment Receivable	138,691,129	0	138,691,129	103,227,290
2505.	0	0	0	0
2506.	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	138,691,129	0	138,691,129	103,227,290

M015 Additional Aggregate Lines for Page 15 Line 9. \*EXNETINVT - Exhibit of Net Investment Income

		1	2
		Collected	Earned
		During Year	During Year
0904.	Miscellaneous adjustment		(83,357)
0905.	Subsidiary Dividends		80,000,000
0906.	Interest on tax refunds.		406,671
0907.	Inv income		(1,498,040)
0997.	Summary of remaining write-ins for Line 9 from page 15	0	78,825,274