



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

Horizon Insurance Company

(Name)

NAIC Group Code 01202, 01202 NAIC Company Code 14690 Employer's ID Number 46-1362174

Organized under the Laws of New Jersey, State of Domicile or Port of Entry New Jersey

Country of Domicile United States

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 []

Incorporated/Organized 10/11/2012 Commenced Business 12/31/2012

Statutory Home Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248

Main Administrative Office 3 Penn Plz E Ste PP-15D Newark, NJ, US 07105-2248 973-466-5607

Mail Address 3 Penn Plz E Ste PP-15D Newark, NJ, US 07105-2248

Primary Location of Books and Records 3 Penn Plz E Ste PP-15D Newark, NJ, US 07105-2248 973-466-5607

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg 973-466-4962
jordan_greenberg@horizonblue.com 973-466-8453

OFFICERS

Name Title Name Title
Gary Dean St. Hilaire Chair Nicholas Herbert Peterson # Secretary
David Jeffrey Rosenberg CFO and Treasurer Christopher Michael Lepre CEO and President

OTHER OFFICERS

Empty lines for other officers.

DIRECTORS OR TRUSTEES

Christopher Michael Lepre Gary Dean St. Hilaire David Jeffrey Rosenberg

State of ... ss
County of ...

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.

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this
day of

- 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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	48,264,265	0	48,264,265	71,080,934
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$269,429 , Schedule E-Part 1), cash equivalents (\$21,636,468 , Schedule E-Part 2) and short-term investments (\$17,024,710 , Schedule DA).....	38,930,607	0	38,930,607	39,013,912
6. Contract loans (including \$ premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	87,194,873	0	87,194,873	110,094,845
13. Title plants less \$ charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued	224,262	0	224,262	274,392
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	11,022,462	434,522	10,587,940	583,206
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	40,001,134	0	40,001,134	816,440
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset.....	8,576,151	6,507,723	2,068,428	289,025
19. Guaranty funds receivable or on deposit	362,204	0	362,204	643,322
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	2,238,203	0	2,238,203	1,540,397
24. Health care (\$) and other amounts receivable.....	3,794,156	0	3,794,156	3,490,439
25. Aggregate write-ins for other-than-invested assets	951,087	951,087	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	154,364,532	7,893,332	146,471,200	117,732,067
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27)	154,364,532	7,893,332	146,471,200	117,732,067
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Premium Tax.....	951,087	951,087	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	951,087	951,087	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$47,805,025 reinsurance ceded)	6,363,671	0	6,363,671	7,070,082
2. Accrued medical incentive pool and bonus amounts	90,027	0	90,027	151,074
3. Unpaid claims adjustment expenses	38,800	0	38,800	41,900
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	896,926	0	896,926	980,358
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,153,261	0	1,153,261	1,535,876
9. General expenses due or accrued	51,593,615	0	51,593,615	930,967
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	8,328,880	0	8,328,880	1,952,788
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	31,549,902	0	31,549,902	52,512,992
16. Derivatives	0	0	0	0
17. Payable for securities	2,669	0	2,669	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	100,017,751	0	100,017,751	65,176,037
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	720,000	720,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	3,540,000	3,540,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	42,193,450	48,296,030
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	46,453,450	52,556,030
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	146,471,201	117,732,067
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. 2020 ACA Insurance Fee	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,721,813	3,856,185
2. Net premium income (including \$0 non-health premium income).....	XXX	48,989,751	57,649,410
3. Change in unearned premium reserves and reserve for rate credits	XXX	78,202	187,839
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	49,067,953	57,837,249
Hospital and Medical:			
9. Hospital/medical benefits		223,072,860	267,256,437
10. Other professional services		27,406,280	24,293,010
11. Outside referrals		31,227,825	25,660,180
12. Emergency room and out-of-area		1,649,416	2,056,097
13. Prescription drugs		47,403,209	76,494,693
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		187,110	2,038,582
16. Subtotal (Lines 9 to 15)	0	330,946,700	397,798,999
Less:			
17. Net reinsurance recoveries		290,356,044	350,220,015
18. Total hospital and medical (Lines 16 minus 17)	0	40,590,656	47,578,984
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$390,269 cost containment expenses.....	0	720,386	1,211,317
21. General administrative expenses.....		8,316,793	5,652,436
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	49,627,835	54,442,737
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(559,882)	3,394,511
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,922,602	1,685,147
26. Net realized capital gains (losses) less capital gains tax of \$(528,038)		(1,986,428)	200,591
27. Net investment gains (losses) (Lines 25 plus 26)	0	(63,825)	1,885,738
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	2,267,333	3,574,183
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	1,643,626	8,854,432
31. Federal and foreign income taxes incurred	XXX	8,856,972	2,318,640
32. Net income (loss) (Lines 30 minus 31)	XXX	(7,213,346)	6,535,792
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Net Commission income.....		2,267,333	3,574,183
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	2,267,333	3,574,183

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	52,556,030	46,106,458
34. Net income or (loss) from Line 32	(7,213,346)	6,535,792
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (102,690)	(386,309)	14,872
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	8,130,512	126,064
39. Change in nonadmitted assets	(6,633,441)	(227,156)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(6,102,584)	6,449,572
49. Capital and surplus end of reporting year (Line 33 plus 48)	46,453,447	52,556,030
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	39,372,177	53,092,153
2. Net investment income	2,058,109	2,100,580
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	41,430,287	55,192,732
5. Benefit and loss related payments	41,358,114	49,144,524
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	(4,122,611)	2,579,054
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1,952,842	3,605,914
10. Total (Lines 5 through 9)	39,188,345	55,329,492
11. Net cash from operations (Line 4 minus Line 10)	2,241,942	(136,760)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	177,317,102	494,251,090
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(163,823)	1,809
12.7 Miscellaneous proceeds	2,669	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	177,155,948	494,252,898
13. Cost of investments acquired (long-term only):		
13.1 Bonds	157,425,450	481,988,211
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	2	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	157,425,452	481,988,211
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	19,730,496	12,264,688
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(22,055,746)	(12,491,174)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(22,055,746)	(12,491,174)
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)	(83,308)	(363,246)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	39,013,912	39,377,158
19.2 End of year (Line 18 plus Line 19.1)	38,930,604	39,013,912

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	48,989,751	0	22,495,105	0	12,985,687	0	10,281,226	0	3,227,733	0
2. Change in unearned premium reserves and reserve for rate credit	78,202	0	81,029	0	(2,812)	0	0	0	(15)	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	49,067,953	0	22,576,134	0	12,982,875	0	10,281,226	0	3,227,718	0
8. Hospital/medical benefits	223,072,860	0	156,648,410	0	0	0	66,428,582	0	(4,132)	XXX
9. Other professional services	27,406,279	0	12,066,421	0	8,333,005	0	7,006,853	0	0	XXX
10. Outside referrals	31,227,825	0	19,867,874	0	0	0	11,359,951	0	0	XXX
11. Emergency room and out-of-area	1,649,416	0	0	0	0	0	1,649,416	0	0	XXX
12. Prescription drugs	47,403,209	0	8,852	0	0	0	8,588,944	0	38,805,413	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	187,110	0	0	0	0	0	187,110	0	0	XXX
15. Subtotal (Lines 8 to 14)	330,946,699	0	188,591,557	0	8,333,005	0	95,220,856	0	38,801,281	XXX
16. Net reinsurance recoveries	290,356,044	0	169,732,402	0	0	0	85,698,771	0	34,924,871	XXX
17. Total hospital and medical (Lines 15 minus 16)	40,590,655	0	18,859,155	0	8,333,005	0	9,522,085	0	3,876,410	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 390,269 cost containment expenses	720,386	0	515,203	0	63,733	0	125,599	0	15,851	0
20. General administrative expenses	8,316,792	0	5,947,972	0	735,788	0	1,450,031	0	183,001	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	49,627,832	0	25,322,330	0	9,132,525	0	11,097,715	0	4,075,263	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(559,879)	0	(2,746,196)	0	3,850,350	0	(816,489)	0	(847,545)	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....	.0			.0
2. Comprehensive (hospital and medical) group .....	.0			.0
3. Medicare Supplement	224,951,046	.0	202,455,941	22,495,105
4. Dental only .....	.0	.0	.0	.0
5. Vision only	12,985,687	.0	.0	12,985,687
6. Federal Employees Health Benefits Plan .....	.0	.0	.0	.0
7. Title XVIII - Medicare	102,812,264	.0	92,531,038	10,281,226
8. Title XIX – Medicaid .....	.0	.0	.0	.0
9. Credit A&H .....	.0	.0	.0	.0
10. Disability Income .....	.0	.0	.0	.0
11. Long-Term Care .....	.0	.0	.0	.0
12. Other health	32,294,431	.0	29,066,698	3,227,733
13. Health subtotal (Lines 1 through 12)	373,043,428	.0	324,053,677	48,989,751
14. Life .....	.0	.0	.0	.0
15. Property/casualty .....	.0	.0	.0	.0
16. Totals (Lines 13 to 15)	373,043,428	0	324,053,677	48,989,751

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	337,947,753			181,641,558		8,319,221		109,817,694					38,169,280	
1.2 Reinsurance assumed	0							0						
1.3 Reinsurance ceded	296,669,396			163,477,402				98,835,923					34,356,071	
1.4 Net	41,278,357	0	0	18,164,156	0	8,319,221	0	10,981,771	0	0	0	0	3,813,209	0
2. Paid medical incentive pools and bonuses	79,758							79,758						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	54,168,696	0	0	35,585,612	0	1,052,002	0	14,508,176	0	0	0	0	3,022,906	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	47,805,025	0	0	32,026,107	0	0	0	13,058,218	0	0	0	0	2,720,700	0
3.4 Net	6,363,671	0	0	3,559,505	0	1,052,002	0	1,449,958	0	0	0	0	302,206	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	90,027							90,027						
6. Net healthcare receivables (a)	0													
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	61,356,861			28,635,944	0	1,038,218	0	29,292,124	0				2,390,575	0
8.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
8.3 Reinsurance ceded	54,286,777			25,771,107	0	0	0	26,363,770	0				2,151,900	0
8.4 Net	7,070,084	0	0	2,864,837	0	1,038,218	0	2,928,354	0	0	0	0	238,675	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0			0	0	0	0	0	0				0	0
9.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
9.3 Reinsurance ceded	0			0	0	0	0	0	0				0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	151,074			0	0	0	0	151,074	0				0	0
11. Amounts recoverable from reinsurers December 31, prior year	0			0	0	0	0	0	0				0	0
12. Incurred benefits:														
12.1 Direct	330,759,588	0	0	188,591,226	0	8,333,005	0	95,033,746	0	0	0	0	38,801,611	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	290,187,644	0	0	169,732,402	0	0	0	85,530,371	0	0	0	0	34,924,871	0
12.4 Net	40,571,944	0	0	18,858,824	0	8,333,005	0	9,503,375	0	0	0	0	3,876,740	0
13. Incurred medical incentive pools and bonuses	18,711	0	0	0	0	0	0	18,711	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct	19,795,289			18,902,671				892,618						
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded	17,816,340			17,012,931				803,409						
1.4. Net	1,978,949	.0	.0	1,889,740	.0	.0	.0	89,209	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	34,373,407			16,682,941		1,052,002		13,615,558					3,022,906	
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded	29,988,685			15,013,176				12,254,809					2,720,700	
2.4. Net	4,384,722	.0	.0	1,669,765	.0	1,052,002	.0	1,360,749	.0	.0	.0	.0	302,206	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct	54,168,696	.0	.0	35,585,612	.0	1,052,002	.0	14,508,176	.0	.0	.0	.0	3,022,906	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	47,805,025	.0	.0	32,026,107	.0	.0	.0	13,058,218	.0	.0	.0	.0	2,720,700	.0
4.4. Net	6,363,671	0	0	3,559,505	0	1,052,002	0	1,449,958	0	0	0	0	302,206	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	
2. Comprehensive (hospital and medical) group .....					.0	
3. Medicare Supplement	2,598,119	15,566,037	16,086	3,543,420	2,614,205	2,864,837
4. Dental Only .....					.0	.0
5. Vision Only		8,319,221	602	1,051,400	602	1,038,218
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare	2,037,914	8,943,857	168,800	1,281,157	2,206,714	2,928,354
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	
10. Disability Income .....					.0	
11. Long-Term Care - Medicaid .....					.0	
12. Other health	194,330	3,618,879		302,206	194,330	238,675
13. Health subtotal (Lines 1 to 12)	4,830,363	36,447,994	185,488	6,178,183	5,015,851	7,070,084
14. Healthcare receivables (a) .....					.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	79,758		90,027		169,785	151,074
17. Totals (Lines 13-14+15+16)	4,910,121	36,447,994	275,515	6,178,183	5,185,636	7,221,158

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	2,471	2,472	2,465	2,465	2,457
2. 2018	19,856	21,997	22,033	22,032	21,980
3. 2019	XXX	18,588	20,935	20,988	20,922
4. 2020	XXX	XXX	14,996	17,452	17,553
5. 2021	XXX	XXX	XXX	16,113	18,735
6. 2022	XXX	XXX	XXX	XXX	15,566

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	2,484	2,472	2,465	2,465	2,457
2. 2018	22,411	22,007	22,033	22,032	21,980
3. 2019	XXX	21,132	20,937	20,988	20,922
4. 2020	XXX	XXX	18,024	17,459	17,553
5. 2021	XXX	XXX	XXX	18,971	18,735
6. 2022	XXX	XXX	XXX	XXX	19,109

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018.....	26,671	21,980	689	3.1	22,669	85.0	0	0	22,669	85.0
2. 2019.....	26,307	20,922	595	2.8	21,517	81.8	0	0	21,517	81.8
3. 2020.....	24,867	17,553	544	3.1	18,097	72.8	0	0	18,097	72.8
4. 2021.....	23,843	18,735	423	2.3	19,158	80.4	0	0	19,158	80.4
5. 2022.....		15,566	515	3.3	16,081	0.0	3,543	23	19,647	0.0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.0	.0	. (449)
2. 2018	5,977	5,977	5,977	5,977	5,977
3. 2019	XXX	8,091	8,091	8,091	8,091
4. 2020	XXX	XXX	7,153	7,153	7,153
5. 2021	XXX	XXX	XXX	8,540	8,540
6. 2022	XXX	XXX	XXX	XXX	8,319

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.937	. (449)	. (449)
2. 2018	6,724	5,977	5,977	5,977	5,977
3. 2019	XXX	8,885	8,091	8,091	8,091
4. 2020	XXX	XXX	8,088	7,153	7,153
5. 2021	XXX	XXX	XXX	9,578	8,540
6. 2022	XXX	XXX	XXX	XXX	9,371

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018.....	8,540	5,977	135	2.3	6,112	71.6	.0	.0	6,112	71.6
2. 2019.....	10,874	8,091	82	1.0	8,173	75.2	.0	.0	8,173	75.2
3. 2020.....	11,954	7,153	123	1.7	7,276	60.9	.0	.0	7,276	60.9
4. 2021.....	12,930	8,540	135	1.6	8,675	67.1	.0	.0	8,675	67.1
5. 2022.....		8,319	64	0.8	8,383	0.0	1,051	4	9,438	0.0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	8,754	8,882	8,907	8,907	8,908
2. 2018	88,151	96,272	96,423	96,422	96,232
3. 2019	XXX	22,773	25,416	25,471	26,101
4. 2020	XXX	XXX	21,585	24,109	24,016
5. 2021	XXX	XXX	XXX	15,841	17,611
6. 2022	XXX	XXX	XXX	XXX	8,944

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	8,884	8,884	8,907	8,908	8,908
2. 2018	97,779	96,378	96,445	96,422	96,232
3. 2019	XXX	26,200	25,467	25,471	26,105
4. 2020	XXX	XXX	26,151	24,172	24,033
5. 2021	XXX	XXX	XXX	18,857	17,848
6. 2022	XXX	XXX	XXX	XXX	10,225

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018.....	103,845	96,232	2,280	2.4	98,512	94.9	.0	.0	98,512	94.9
2. 2019.....	27,786	26,101	1,021	3.9	27,122	97.6	.4	.0	27,126	97.6
3. 2020.....	27,315	24,016	871	3.6	24,887	91.1	17	.0	24,904	91.2
4. 2021.....	18,085	17,611	620	3.5	18,231	100.8	238	.0	18,469	102.1
5. 2022.....		8,944	126	1.4	9,070	0.0	1,281	12	10,363	0.0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	5,704	5,520	5,518	5,517	5,520
2. 2018	5,278	7,021	7,014	7,014	7,017
3. 2019	XXX	4,617	4,689	4,690	4,774
4. 2020	XXX	XXX	3,029	3,198	3,302
5. 2021	XXX	XXX	XXX	3,395	3,395
6. 2022	XXX	XXX	XXX	XXX	3,619

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	5,704	5,520	5,517	5,517	5,520
2. 2018	5,321	7,021	7,014	7,014	7,017
3. 2019	XXX	4,702	4,689	4,690	4,774
4. 2020	XXX	XXX	3,211	3,198	3,302
5. 2021	XXX	XXX	XXX	3,634	3,395
6. 2022	XXX	XXX	XXX	XXX	3,921

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018.....	10,437	7,017	123	1.8	7,140	68.4	0	0	7,140	68.4
2. 2019.....	6,895	4,774	92	1.9	4,866	70.6	0	0	4,866	70.6
3. 2020.....	3,477	3,302	53	1.6	3,355	96.5	0	0	3,355	96.5
4. 2021.....	2,980	3,395	33	1.0	3,428	115.0	0	0	3,428	115.0
5. 2022.....		3,619	16	0.4	3,635	0.0	302	0	3,937	0.0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	16,930	16,874	16,889	16,890	16,436
2. 2018	119,262	131,267	131,447	131,446	131,206
3. 2019	XXX	54,069	59,131	59,239	59,888
4. 2020	XXX	XXX	46,763	51,912	52,024
5. 2021	XXX	XXX	XXX	43,889	48,281
6. 2022	XXX	XXX	XXX	XXX	36,448

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	17,072	16,876	17,826	16,441	16,436
2. 2018	132,235	131,383	131,469	131,446	131,206
3. 2019	XXX	60,919	59,184	59,239	59,892
4. 2020	XXX	XXX	55,474	51,982	52,041
5. 2021	XXX	XXX	XXX	51,039	48,518
6. 2022	XXX	XXX	XXX	XXX	42,626

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018	149,494	131,206	3,227	2.5	134,433	89.9	.0	.0	134,433	89.9
2. 2019	71,862	59,888	1,790	3.0	61,678	85.8	.4	.0	61,682	85.8
3. 2020	67,613	52,024	1,591	3.1	53,615	79.3	.17	.0	53,632	79.3
4. 2021	57,837	48,281	1,211	2.5	49,492	85.6	238	.0	49,730	86.0
5. 2022	0	36,448	720	2.0	37,168	0.0	6,177	39	43,384	0.0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves	8,648,153			8,613,958		32,894		.0					1,301
2. Additional policy reserves (a) .....	.0												
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	25,055							9,273,192					(9,248,137)
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	8,673,208	.0	.0	8,613,958	.0	32,894	.0	9,273,192	.0	.0	.0	.0	(9,246,836)
7. Reinsurance ceded	7,776,283			7,752,562				22,550					1,171
8. Totals (Net) (Page 3, Line 4)	896,925	0	0	861,396	0	32,894	0	9,250,642	0	0	0	0	(9,248,007)
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ....	.0												
0502. ....	.0												
0503. ....	.0												
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....	.0												
1102. ....	.0												
1103. ....	.0												
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building) .....					.0
2. Salaries, wages and other benefits			1,030,613		1,030,613
3. Commissions (less \$ceded plus \$assumed)			401,893		401,893
4. Legal fees and expenses .....					.0
5. Certifications and accreditation fees .....					.0
6. Auditing, actuarial and other consulting services			209,252		209,252
7. Traveling expenses			3,576		3,576
8. Marketing and advertising			108,235		108,235
9. Postage, express and telephone			(4,184)		(4,184)
10. Printing and office supplies			27,409		27,409
11. Occupancy, depreciation and amortization .....					.0
12. Equipment .....					.0
13. Cost or depreciation of EDP equipment and software			598		598
14. Outsourced services including EDP, claims, and other services	390,269	333,217	1,921,159		2,644,645
15. Boards, bureaus and association fees			107,368		107,368
16. Insurance, except on real estate			55,247		55,247
17. Collection and bank service charges .....					.0
18. Group service and administration fees .....					.0
19. Reimbursements by uninsured plans			(50,767)		(50,767)
20. Reimbursements from fiscal intermediaries .....					.0
21. Real estate expenses .....					.0
22. Real estate taxes .....					.0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			79,743		79,743
23.2 State premium taxes			33,040		33,040
23.3 Regulatory authority licenses and fees			58,274		58,274
23.4 Payroll taxes			4,323,423		4,323,423
23.5 Other (excluding federal income and real estate taxes) .....					.0
24. Investment expenses not included elsewhere				600	600
25. Aggregate write-ins for expenses	0	(3,100)	11,914	0	8,814
26. Total expenses incurred (Lines 1 to 25)	390,269	330,117	8,316,793	600 (a)	9,037,779
27. Less expenses unpaid December 31, current year		38,800	51,546,540		51,585,340
28. Add expenses unpaid December 31, prior year .....	.0	41,900	930,967	.0	972,867
29. Amounts receivable relating to uninsured plans, prior year .....	.0	.0	.0	.0	.0
30. Amounts receivable relating to uninsured plans, current year .....					.0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	390,269	333,217	(42,298,780)	600	(41,574,694)
DETAILS OF WRITE-INS					
2501. Provision for Claims Processing		(3,100)			(3,100)
2502. Prompt pay interest			11,914		11,914
2503. ....					.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0	.0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	(3,100)	11,914	0	8,814

(a) Includes management fees of \$to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....71,076	.....60,281
1.1 Bonds exempt from U.S. tax	(a).....0	.....0
1.2 Other bonds (unaffiliated)	(a).....1,354,356	.....1,273,530
1.3 Bonds of affiliates	(a).....0	.....0
2.1 Preferred stocks (unaffiliated)	(b).....0	.....0
2.11 Preferred stocks of affiliates	(b).....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0
3. Mortgage loans	(c).....0	.....0
4. Real estate	(d).....0	.....0
5. Contract loans	.....0	.....0
6. Cash, cash equivalents and short-term investments	(e).....530,251	.....578,195
7. Derivative instruments	(f).....0	.....0
8. Other invested assets	.....0	.....0
9. Aggregate write-ins for investment income	.....0	.....11,196
10. Total gross investment income	1,955,684	1,923,202
11. Investment expenses		(g).....600
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....0
13. Interest expense		(h).....0
14. Depreciation on real estate and other invested assets		(i).....0
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		.....600
17. Net investment income (Line 10 minus Line 16)		1,922,602
DETAILS OF WRITE-INS		
0901. Other investment income		.....11,196
0902. ....		.....0
0903. ....		.....0
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	11,196
1501. ....		.....0
1502. ....		.....0
1503. ....		.....0
1598. Summary of remaining write-ins for Line 15 from overflow page		.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ 76,501 accrual of discount less \$ 161,878 amortization of premium and less \$ 9,960 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 346,343 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(182,594)	0	(182,594)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	(2,168,049)	0	(2,168,049)	(488,997)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(163,823)	0	(163,823)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(2,514,466)	0	(2,514,466)	(488,997)	0
DETAILS OF WRITE-INS					
0901.			0		0
0902.			0		0
0903.			0		0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	434,522	393,087	(41,435)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	6,507,723	53,925	(6,453,798)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	.0	.0
25. Aggregate write-ins for other-than-invested assets	951,087	812,879	(138,208)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	7,893,332	1,259,891	(6,633,441)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	7,893,332	1,259,891	(6,633,441)
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaids.....	951,087	812,879	(138,208)
2502. ....		.0	.0
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	951,087	812,879	(138,208)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	12,572	7,387	7,249	7,165	7,059	87,083
2. Provider Service Organizations.....	.0	.0	.0	.0	.0	.0
3. Preferred Provider Organizations.....	1,051	505	516	522	526	6,154
4. Point of Service.....	434	265	259	253	246	3,092
5. Indemnity Only.....	72,994	71,532	71,007	70,752	69,819	852,914
6. Aggregate write-ins for other lines of business.....	232,929	233,859	230,458	228,963	229,912	2,772,570
7. Total	319,980	313,548	309,489	307,655	307,562	3,721,813
DETAILS OF WRITE-INS						
0601. Vision.....	198,406	198,516	195,000	193,383	194,272	2,346,552
0602. Part D Standalone.....	34,523	35,343	35,458	35,580	35,640	426,018
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	232,929	233,859	230,458	228,963	229,912	2,772,570

NOTES TO FINANCIAL STATEMENTS

1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

The accompanying financial statements of Horizon Insurance, Inc. (“the Company”) have been prepared in conformity with accounting practices prescribed or permitted by the State of New Jersey, which requires that all statutory basis financial statements are prepared in accordance with the National Association of Insurance Commissioners Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that state law differs.

Note 1

A. Accounting Practices

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2022</u>	<u>2021</u>
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3) State Prescribed Practices that are an increase/(decrease)	1	4	32	\$ (7,213,346)	\$ 6,535,792
(2) from NAIC SAP: State Permitted Practices that are an increase/(decrease)	N/A	N/A	N/A	N/A	N/A
(3) from NAIC SAP:	N/A	N/A	N/A	N/A	N/A
(4) NAIC SAP (1-2-3=4)				<u>\$ (7,213,346)</u>	<u>\$ 6,535,792</u>
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4) State Prescribed Practices that are an increase/(decrease)	1	3	33	\$46,453,450	\$ 52,556,030
(6) from NAIC SAP: State Permitted Practices that are an increase/(decrease)	N/A	N/A	N/A	N/A	N/A
(7) from NAIC SAP:	N/A	N/A	N/A	N/A	N/A
(8) NAIC SAP (5-6-7=8)				<u>\$46,453,450</u>	<u>\$ 52,556,030</u>

B. Use of Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that may 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

The Company uses the following accounting policies:

- 1) Short-term investments are carried at market value
- 2) Long-term bond investments are carried at amortized cost
- 3) Common stocks – None
- 4) Preferred stocks – None
- 5) Mortgage loans – None
- 6) Loan-backed securities – carried at either amortized cost or market value
- 7) Investments in subsidiaries and affiliates – None
- 8) Investments in joint ventures and partnerships – None
- 9) Derivatives – None
- 10) Premium deficiency calculation – None
- 11) The liability for claims incurred but unpaid for current and prior years is estimated based upon certain actuarial assumptions which consider such factors as average enrollment, utilization, and claims paid in the current and preceding years. In addition, a provision is made for claim processing costs. Adjustments to these estimates are reflected in the year the actual results are known.
- 12) The Company has not changed its capitalization policy from the prior period
- 13) The Company does not have pharmacy rebate receivables

D. Going Concern

The Management has assessed the Company’s ability as a going concern and noted no such risk exists. There are no conditions or events that raise any concerns.

2) ACCOUNTING CHANGES AND CORRECTION OF ERRORS

There were no accounting changes or correction of errors in year-end 2022 or 2021

3) BUSINESS COMBINATIONS AND GOODWILL

Not applicable

4) DISCONTINUED OPERATIONS

Not applicable

5) INVESTMENTS

- a. Mortgage loans – None
- b. Debt restructuring – None
- c. Reverse mortgages – None
- d. Loan-backed securities

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	2,591,428
2. 12 Months or Longer	1,180,737

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	83,508,931
2. 12 Months or Longer	11,039,999

NOTES TO FINANCIAL STATEMENTS

- e. Dollar Repurchase agreements – None
- f. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- g. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- h. Repurchase Agreements Transactions Accounted for as a Sale – None
- i. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- j. Real estate – None
- k. Low-Income Housing Tax Credits (LIHTC) – None
- l. Restricted Assets – None
- m. Working Capital Finance Investments – None
- n. Offsetting and Netting of Assets and Liabilities – None
- o. 5GI Securities – None
- p. Short Sales – None
- q. Prepayment Penalty and Acceleration Fees

	General Account	Separate Account
(1) Number of CUSIPs	0	
(2) Aggregate Amount of Investment Income	0	

6) JOINT VENTURES, PARTNERSHIPS and LIMITED LIABILITY COMPANIES

Not applicable

7) INVESTMENT INCOME

The Company has no non-admitted investment income due and accrued.

8) DERIVATIVE INSTRUMENTS

Not applicable

9) INCOME TAXES

The Company has adopted SSAP No. 101. SSAP No. 101 replaces SSAP No. 10R, Income Taxes – Revised, A Temporary Replacement of SSAP No. 10 which established SAP for current and deferred Federal and foreign income taxes and current state income taxes.

SSAP No. 101 adopts the concepts of Statement of Financial Accounting Standard No. 109, Income Taxes, with certain modifications for state income taxes, the realization criteria for deferred tax assets, and the recording of the impact of changes in its deferred tax balances. SSAP No. 101 retains the expanded net deferred tax asset (“DTA”) admissibility of SSAP No. 10R, including the possibility of a three-year reversal period and a 15 percent surplus limitation. The expanded admissibility under SSAP No. 101 is subject to the new “realization threshold limitation criteria” which determine the future realization period under which reversals are considered (0, 1, or 3 years) and the applicable percentage of adjusted statutory surplus (0%, 10%, or 15%).

In addition to SSAP No. 101, SSAP No. 5 “Liabilities, Contingencies and Impairments of Assets” was replaced with SSAP No. 5R “Liabilities, Contingencies and Impairments of Assets - Revised”. SSAP 5R changes the recognition and measurement guidance on uncertain tax positions by reducing the recognition threshold from “probable and reasonably estimated” criterion to “more likely than not and reasonably estimated.”

Current Federal income taxes are provided on the basis of amounts currently payable or receivable. Deferred Federal income tax assets and liabilities are provided for temporary differences between statutory financial statement carrying amounts of assets and liabilities and their respective tax bases. Temporary differences expected to reverse within one year are recognized subject to certain limitations. Changes in deferred tax assets and liabilities are recognized as a separate component of surplus.

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

1.	Description	December 31, 2022			December 31, 2021		
		Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	\$ 8,660,250	\$ 154,102	\$ 8,814,352	\$ 448,679	\$ 53,925	\$ 502,604
(b)	Statutory valuation allowance adjustments	-	-	-	-	-	-
(c)	Adjusted gross deferred tax assets (1a - 1b)	8,660,250	154,102	8,814,352	448,679	53,925	502,604
(d)	Deferred tax assets nonadmitted	6,353,621	154,102	6,507,723	-	57,879	57,879
(e)	Sub-total net admitted deferred tax asset (1c - 1d)	2,306,629	-	2,306,629	448,679	(3,954)	444,725
(f)	Deferred tax liabilities	238,201	-	238,201	159,654	-	159,654
(g)	Net admitted deferred tax asset (Net deferred tax liability) (1e - 1f)	\$ 2,068,428	\$ -	\$ 2,068,428	\$ 289,025	\$ (3,954)	\$ 285,071

2.	Description	December 31, 2022			December 31, 2021		
		Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation components SSAP No. 101							
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,569,353	\$ -	\$ 1,569,353	\$ 448,679	\$ -	\$ 448,679
(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 Lessor of 2(b)1 and 2(b)2 Below)	553,000	-	553,000	-	-	-
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	553,000	-	553,000	-	-	-
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	8,624,356	-	8,624,356	7,840,051	-	7,840,051
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets From 2(a) and 2(b) Above) Offset by Gross Deferred Tax Liabilities	184,276	-	184,276	-	-	-
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 (2(a) + 2(b) + 2(c))	\$ 2,306,629	\$ -	\$ 2,306,629	\$ 448,679	\$ -	\$ 448,679

NOTES TO FINANCIAL STATEMENTS

(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount.	2272%	2166%
(b) Amount of Adjusted Capital And Surplus Used to Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	46,453,450	52,267,005

Description	December 31, 2022			December 31, 2021		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Adjusted gross DTA's - Percentage	0%	0%	0%	0%	0%	0%
(b) Admitted adjusted gross DTA's - Percentage	0%	0%	0%	0%	0%	0%
(c) Do TPS include a reinsurance strategy?	No			No		

B. Temporary differences for which a DTL has not been established:

The Company has no unrecognized DTLs for amounts described in SSAP 101, paragraph 23.

C. Significant components of income taxes incurred:

(1) Current income taxes incurred consist of the following major components:

Description	2022	2021
(a) Current federal income tax expense / (benefit)	\$ 8,856,918	\$ 1,899,466
(b) Foreign income tax expense / (benefit)	-	-
(c) Subtotal	8,856,918	1,899,466
(d) Tax expense / benefit on realized capital gains / (losses)	(528,038)	53,322
(e) Utilization of capital loss carryforwards	-	-
(f) Other, including prior year underaccrual (overaccrual)	54	419,174
(g) Federal and foreign income taxes incurred	\$ 8,328,934	\$ 2,371,962

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

DTAs Resulting From Book/Tax Differences In	December 31, 2022	December 31, 2021	Change
(a) Ordinary			
(1) Non-admitted assets	\$ 290,978	\$ 253,253	\$ 37,725
(2) Claim reserves	80,305	90,069	(9,764)
(3) Unearned premiums	86,003	105,357	(19,354)
(4) Non-Deductible Accruals	8,202,833	-	8,202,833
(4) Other Accrual (including items <5% of total ordinary tax assets)	131	-	131
Subtotal - Gross ordinary DTAs	8,660,250	448,679	8,211,571
(b) Statutory valuation allowance adjustment - ordinary	-	-	-
(c) Nonadmitted ordinary DTAs	(6,353,621)	-	(6,353,621)
(d) Admitted ordinary DTAs	\$ 2,306,629	\$ 448,679	\$ 1,857,950
(e) Capital			
(1) Unrealized capital losses	\$ 154,102	\$ 53,925	\$ 100,177
Gross capital DTAs	154,102	53,925	100,177
(f) Statutory valuation allowance adjustment - capital	-	-	-
(g) Nonadmitted capital DTAs	(154,102)	(53,925)	(100,177)
(h) Admitted capital DTAs	\$ -	\$ -	\$ (0)
(i) Admitted DTAs	\$ 2,306,629	\$ 448,679	\$ 1,857,950

DTLs Resulting From Book/Tax Differences In	December 31, 2022	December 31, 2021	Change
(a) Ordinary			
(1) Accrued market discount	\$ (162,138)	\$ (24,556)	\$ (137,582)
(1) Guaranty fund assessment	(76,063)	(135,098)	59,035
Ordinary DTLs	(238,201)	(159,654)	(78,547)
(b) Capital			
Unrealized capital gains	-	-	-
Capital DTLs	-	-	-
(c) DTLs	(238,201)	(159,654)	(78,547)
(4) Net deferred tax assets/liabilities	\$ 2,068,428	\$ 289,025	\$ 1,779,403

The change in net deferred income taxes is comprised of the following:

	December 31, 2022	December 31, 2021	Bal. Sheet Change
Total deferred tax assets	\$ 8,814,352	\$ 502,604	\$ 8,311,748
Total deferred tax liabilities	(238,201)	(159,654)	(78,547)
Net deferred tax assets/liabilities	8,576,151	342,950	8,233,201
Statutory valuation allowance adjustment			
Net deferred tax assets/liabilities after SVA	\$ 8,576,151	\$ 342,950	\$ 8,233,201
Tax effect of unrealized gains/(losses)	(103,415)	(725)	(102,690)
Statutory valuation allowance adjustment allocated to unrealized			
Other intraperiod allocation of deferred tax movement			
Change in net deferred income tax [(charge)/benefit]			\$ 8,130,511

D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes including realized capital gains losses.

NOTES TO FINANCIAL STATEMENTS

The significant items causing this difference are as follows:

Description	Amount	Statutory rate	Effective Tax Rate
		21.00%	
		Tax Effect	
Income Before Taxes	\$ 1,115,590	\$ 234,274	21.00%
Change in nonadmitted assets	(179,644)	(37,725)	-3.38%
Meals and entertainment	720	151	0.01%
Intercompany transfer pricing	-	-	0.00%
Non-deductible Health Insurer Fee	-	-	0.00%
Prior year adjustments	(7,847)	(1,648)	-0.15%
Other nondeductible expenses	16,055	3,372	0.30%
Total	\$ 944,874	\$ 198,424	17.78%
Federal income taxed incurred [expense/(benefit)]		8,856,918	793.92%
Tax on Realized Capital Gains (Losses)		(528,038)	-47.33%
Prior year underaccrual (overaccrual)		54	0.00%
Change in net deferred income tax [charge/(benefit)]		(8,130,511)	-728.81%
Total statutory income taxes		\$ 198,424	17.78%

E. Carryforwards, recoverable taxes, and IRC 6603 deposits:

At December 31, 2022, the Company did not have any net operating loss carryforwards.

At December 31, 2022, the Company did not have any capital loss carryforwards.

At December 31, 2022, the Company did not have any AMT credit carryforwards.

At December 31, 2022, the Company did not have any foreign tax credit carryforwards.

Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

Available from tax year	Ordinary	Capital	Total
2020	\$ -	\$ 206,487	\$ 206,487
2021	1,898,421	54,422	1,952,842
2022	6,759,527	-	6,759,527
Total	\$ 8,657,948	\$ 260,909	\$ 8,918,856

At December 31, 2022, the Company had no tax amounts deposited in accordance with Section 6603 of the Internal Revenue Code.

F. Income tax loss contingencies:

At December 31, 2022, the Company did not have any income tax loss contingencies as described under SSAP 101, paragraph 27.

G. The Company's federal income tax return is consolidated with the following entities:

Horizon Mutual Holdings, Inc.
 Horizon Diversified Holdings, Inc.
 Horizon Operating Holdings, Inc.
 NovaWell, Inc.
 Horizon Casualty Services, Inc.
 Horizon Healthcare Dental, Inc.
 Greenwood Insurance Company, Inc.
 Horizon Healthcare of New Jersey, Inc.
 Horizon Healthcare Plan Holding Company, Inc.
 Horizon Healthcare Services, Inc.
 Multistate Investment Services, Inc.
 Multistate Professional Services, Inc.

The Company files its U.S. Federal Corporate Income Tax Return as a member of the Horizon Mutual Holdings, Inc. & Subsidiaries consolidated group and participates in the Horizon Mutual Holdings, Inc. & Subsidiaries tax sharing agreement. The agreement provides that the Company's tax liability/benefit is computed on a separate company basis using the Consolidated Group's applicable tax rate. In addition, the agreement provides that the Company will be reimbursed by the Parent for tax benefits relating to any net losses or any tax credits generated by the Company and utilized in filing the consolidated return. The federal income tax recoverable/payable in the accompanying statement of admitted assets, liabilities, capital and surplus are due to/from the Parent. Intercompany tax balances are settled annually following the filing of the consolidated federal income tax return. As of December 31, 2022, the Company has a federal intercompany tax payable of \$8,328,880

10) INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

- The Company is a wholly owned subsidiary of Horizon Mutual Holdings, Inc., which, in turn, is a wholly owned subsidiary of Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ).
- HHSI and HIC entered into a 90% quota share reinsurance agreement effective October 1, 2015 whereby HHSI reinsured 90% of all Medicare Advantage, PDP and Medicare Supplement (Medigap) business, all on a prospective basis, (collectively, the "Senior" business). At December 31, 2022, the amount of premiums, claims and general and administrative costs ceded were \$324,782,802, \$290,356,044 and \$74,138,924, respectively. Receivables ceded were \$28,687,559 and liabilities and payables ceded were \$65,764,871.

NOTES TO FINANCIAL STATEMENTS

- C. At December 31, 2022, the Company reported amounts receivable from Horizon Healthcare of New Jersey, Inc. and Healthier New Jersey Insurance Company of \$2,232,362 and \$5,840 and amounts payable to Horizon BCBSNJ of \$31,549,902. At December 31, 2021, the Company reported amounts receivable to Horizon Healthcare of New Jersey, Inc. of \$1,540,445 and amounts payable to Horizon BCBSNJ and Healthier New Jersey Insurance of \$52,368,209 and \$144,830. Intercompany balances are typically settled within 90 days of month end.
- D. Horizon BCBSNJ provides the Company with certain administrative services, including executive, financial, legal and human resource support. Horizon BCBSNJ also provides the computer systems and programming support needed by the Company for claims processing and customer service. Horizon BCBSNJ also markets the Company's products. These services are allocated to the Company according to a defined formula. Additionally, Horizon BCBSNJ provides various other direct support services related to hospital contract negotiations, enrollment and billing services, front-end clerical functions and mail services. The Company is billed for these items at cost. The Company paid \$15,332,898 in 2022 and \$21,631,222 in 2021 to Horizon BCBSNJ for these services.
- E. The Company and Horizon BCBSNJ have entered into another agreement whereby Horizon BCBSNJ provides services to the Company related to provider network services and medical management functions. These services are provided at cost, which totaled \$4,407,150 in 2022 and \$7,749,583 in 2021.

11) DEBT

Not applicable.

12) RETIREMENT PLANS, DEFERRED COMPENSATION AND OTHER POSTRETIREMENT BENEFIT PLANS

Employees of the Company participate in the Horizon BCBSNJ retirement programs. These programs provide retirement benefits, as well as health and life insurance coverage for former employees, based upon employee compensation and years of service. Under the existing arrangements with Horizon BCBSNJ, all pension and post retirement liabilities and funding are recorded by Horizon BCBSNJ, which is responsible for all pension and post retirement liabilities accrued by the Company's employees. The Company's share of these pension and post-retirement expenses for 2022 and 2021 was \$4,179 and \$72,940, respectively. These amounts have been included in operating expenses.

In addition, eligible employees of the Company can participate in Horizon BCBSNJ's Management and Union Employees' Savings and Investment Plans, which are contributory savings' plans for management and union employees. All management and union employees with 30 days of service are eligible for membership. For the years ended December 31, 2022 and 2021, the Company's contributions were approximately \$209,505 and \$215,137, respectively.

13) CAPITAL AND SURPLUS, AND SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. The Company has 140,000 shares of common stock authorized issued and outstanding.
2. The Company has no preferred stock outstanding.
3. The Company is required to maintain minimum amounts of paid-in capital and paid-in surplus as specified under New Jersey Insurance Law. The Company's capital and surplus currently exceeds those requirements.
4. The Company did not pay a dividend in 2022 or 2021.
5. Within the limitations of (3) above, there are no restrictions placed on the portion of Company's profits.
6. There were no restrictions placed on the Company's surplus.
7. There were no unpaid advances to surplus.
8. There was no stock held by the Company for special purposes.
9. There were no special surplus funds.
10. The portion of unassigned surplus represented or reduced by unrealized gains and losses is \$389,036.
11. The Company has no surplus notes.
12. There has been no quasi-reorganization.

14) LIABILITIES, CONTINGENCIES AND ASSESSMENTS

- A. Contingent commitments – None
- B. Assessments – The Company has paid Guaranty Fund Assessment of \$2,462,395. In accordance with New Jersey regulations the Company also recorded a discounted 50% receivable of \$362,205, for premium tax credits. The premium tax credits will be realized starting in 2020 at no more than 20% of the total credit per year.

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	643,322
b. Decreases current year:		
Policy surcharges collected		-
Policy surcharges charged off		(34,878)
Premium tax offset applied		-
c. Increases current year:		
Policy surcharges collected		-
Policy surcharges charged off		-
Premium tax offset applied:		
Penn Treaty		(246,240)
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	362,205

- (3)
- a. Discount Rate Applied 2.75%
- b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency: N/A
- c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

Name of the Insolvency	Payable			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
Health Republic	-	-	-	1	7	7
Penn Treaty	-	-	-	1	7	7

- C. Gain Contingencies – None

NOTES TO FINANCIAL STATEMENTS

- D. Claims Related extra contractual obligation and bad faith losses stemming from lawsuits – None
- E. Joint and several liabilities – None
- F. All other contingencies – None

15) LEASES

Not applicable

16) INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK

Not applicable

17) SALE, TRANSFER and SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

Not applicable

18) GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

Cost-Plus contracts represent funding arrangements with certain larger group customers, whereby they agree to fully fund claims and administrative expenses as incurred by the Company. These contracts have been classified as uninsured health plans for financial statement purposes, leaving only the reimbursement for administrative expenses from these groups shown as a reduction in operating expenses.

Had these groups been considered as insured business, premiums, claims, and operating expenses would have been increased by the following amounts in 2022.

ASO Plans	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total SASC
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans as follows during 2022:			
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ -	\$ -	\$ -
b. Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c. Net gain or (Loss) from operations	\$ -	\$ -	\$ -
d. Total claim payment volume	\$ -	\$ -	\$ -

ASC Plans	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total SASC
The gain from operations from Administrative Service Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:			
a. Gross reimbursement for medical cost incurred	\$ 26,824	\$ -	\$ 26,824
b. Gross administrative fees accrued	\$ 409,433	\$ -	\$ 409,433
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ 436,257	\$ -	\$ 436,257
e. Total net gain or loss from operations	\$ -	\$ -	\$ -

Had these groups been considered as insured business, premiums, claims, and operating expenses would have been increased by the following amounts in 2021:

ASO Plans	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total SASC
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans as follows during 2021:			
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ -	\$ -	\$ -
b. Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c. Net gain or (Loss) from operations	\$ -	\$ -	\$ -
d. Total claim payment volume	\$ -	\$ -	\$ -

ASC Plans	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total SASC
The gain from operations from Administrative Service Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:			
a. Gross reimbursement for medical cost incurred	\$ 365,054	\$ -	\$ 365,054
b. Gross administrative fees accrued	\$ 50,521	\$ -	\$ 50,521
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ 415,576	\$ -	\$ 415,576
e. Total net gain or loss from operations	\$ -	\$ -	\$ -

19) DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable

20) FAIR VALUE MEASUREMENT

Assets and liabilities that are required to be reported at fair value should be classified in a hierarchy for disclosure purposes consisting of three levels based on the observability of inputs used to determine fair value. The levels are as follows:

NOTES TO FINANCIAL STATEMENTS

- Level 1 – Unadjusted observable inputs for identical assets, such as quoted market prices in active markets at the measurement date.
- Level 2 – Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3 – Unobservable inputs for which little or no market data exists, therefore requiring an entity to develop its own assumptions.

STATEMENT AS OF December 31, 2022 OF Entity 14690 - BCBSNJ HORIZON INS CO STAT Base Notes to Financials 20 A 1

Cash Equivalent (E-2)					
Other MM Mutual Fund	21,636,468.17	0.00	0.00	0.00	21,636,468.17
Total Cash Equivalent (	21,636,468.17	0.00	0.00	0.00	21,636,468.17
Long Term (D-1)					
Indust. & Misc.	0.00	1,437,211.43	0.00	0.00	1,437,211.43
Total Long Term (D-1)	0.00	1,437,211.43	0.00	0.00	1,437,211.43
Separate account assets	---	---	---	---	---
Total assets at fair value	21,636,468.17	1,437,211.43	0.00	0.00	23,073,679.60
D. LIABILITIES at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

A.

C. Aggregate Fair Value by Hierarchical Level

D. Not Practicable to Estimate Fair Value Detail

21) OTHER ITEMS

- A. Unusual or infrequent items – None
- B. Troubled debt restructuring – None
- C. Other disclosures and unusual items – None
- D. Business interruption insurance recoveries – None
- E. State transferable and non-transferable tax credits – None
- F. Subprime mortgage related risk exposure – None
- G. Retained assets – None
- H. Insurance-Linked Securities (ILS) Contracts – None
- I. Amount that could be realized on life insurance where the reporting entity is the owner and beneficiary or otherwise has obtained rights to control the policy - None

22) EVENTS SUBSEQUENT

The Company follows established guidelines for accounting and disclosure of events that occur after the balance sheet date but before financial statements are issued. The Company has evaluated subsequent events for recognition or disclosure in these financial statements through the date of their issuance on March 1, 2023.

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)

If yes, give full details.

- (2) Have any policies issued by the company 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 directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

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 premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$ _____.
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$37,077,311

NOTES TO FINANCIAL STATEMENTS

- (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 from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$39,712,166 decrease to surplus.
- (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)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ _____

- B. Uncollectible Reinsurance**
Not applicable
- C. Commutation of Ceded Reinsurance**
Not applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation**
Not applicable

24) RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

Not applicable

25) CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

Reserves for incurred claims attributable to insured events of prior years of (\$235,442) unfavorably impacted 2022 and \$7,524,464 favorably impacted 2021 results of operations as a result of re-estimation of unpaid claims. The unfavorable impact is the result of ongoing analysis of recent loss development trends. Original estimates are revised as additional information becomes available.

26) INTERCOMPANY POOLING ARRANGEMENTS

Not applicable

27) STRUCTURED SETTLEMENTS

Not applicable

28) HEALTH CARE RECEIVABLES

Not applicable

29) PARTICIPATING POLICIES

Not applicable

30) PREMIUM DEFICIENCY RESERVES

Not applicable

31) ANTICIPATED SALVAGE AND SUBROGATION

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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 No
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2021
- 3.2 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.12/31/2015
- 3.3 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).02/10/2017
- 3.4 By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes No
 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes No
 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the 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
.....
.....
.....

- 6.1 Has the 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
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,0.0 %
 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes No N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young, LLP, 5 Times Square, New York, NY 10036-6530.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes No

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
 The Audit Committee of Horizon BCBSNJ, the reporting entity's ultimate parent, is designated as the Audit Committee for the reporting entity.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Kenny Kan (Vice President and Chief Actuary), Horizon BCBSNJ, 3 Penn Plaza East, Newark, NJ 07105-2248.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
 20.12 To stockholders not officers \$.....0
 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
 20.22 To stockholders not officers \$.....0
 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
 21.22 Borrowed from others \$.....0
 21.23 Leased from others \$.....0
 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....(6,879,768)
 22.22 Amount paid as expenses \$.....0
 22.23 Other amounts paid \$.....0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....2,238,203
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
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INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [X] No []
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....0
- 26.22 Subject to reverse repurchase agreements \$.....0
- 26.23 Subject to dollar repurchase agreements \$.....0
- 26.24 Subject to reverse dollar repurchase agreements \$.....0
- 26.25 Placed under option agreements \$.....0
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....0
- 26.27 FHLB Capital Stock \$.....0
- 26.28 On deposit with states \$.....137,860
- 26.29 On deposit with other regulatory bodies \$.....0
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....0
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....0
- 26.32 Other \$.....0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. 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 []

29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
BNY Mellon.....	New York, NY.....
TD Bank.....	Cherry Hill, NJ.....

29.02 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)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]
- 29.04 If yes, give full and complete information relating thereto:

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

29.05 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
PACIFIC INVESTMENT MANAGEMENT COMPANY LLC.....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 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
104559.....	PACIFIC INVESTMENT MANAGEMENT COMPANY LLC.....	549300KGPYQZXGMYYN38.....	SEC.....	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	65,288,976	61,343,800	(3,945,176)
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	65,288,976	61,343,800	(3,945,176)

31.4 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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 an 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]

36. 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]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 - b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] NA []

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No []

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No []

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

41.1 Amount of payments for legal expenses, if any? \$

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []
- 1.2 If yes, indicate premium earned on U.S. business only. \$225,761,333
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$188,591,056
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$36,196,616
- 1.62 Total incurred claims \$26,623,625
- 1.63 Number of covered lives14,213
- All years prior to most current three years:
- 1.64 Total premium earned \$189,564,717
- 1.65 Total incurred claims \$161,967,431
- 1.66 Number of covered lives55,606
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1 Premium Numerator	\$	.....49,067,953	\$	.....57,837,249
2.2 Premium Denominator	\$	.....48,989,751	\$	.....57,649,410
2.3 Premium Ratio (2.1/2.2)		.....1.002		.....1.003
2.4 Reserve Numerator	\$	.....7,350,624	\$	.....8,201,514
2.5 Reserve Denominator	\$	.....7,350,624	\$	.....8,201,514
2.6 Reserve Ratio (2.4/2.5)		.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Contracts contain hold harmless provisions. Entity has a 90% quota share reinsurance agreement with Parent Company.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$.....
- 5.32 Medical Only \$.....
- 5.33 Medicare Supplement \$.....
- 5.34 Dental and Vision \$.....
- 5.35 Other Limited Benefit Plan \$.....
- 5.36 Other \$.....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [] No [X]
- 7.2 If no, give details
The reporting entity utilizes actuarial triangles
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year54,317
- 8.2 Number of providers at end of reporting year
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months0
- 9.22 Business with rate guarantees over 36 months0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- | | | |
|--|---|----------|
| | 10.21 Maximum amount payable bonuses | \$.....0 |
| | 10.22 Amount actually paid for year bonuses | \$.....0 |
| | 10.23 Maximum amount payable withholds | \$.....0 |
| | 10.24 Amount actually paid for year withholds | \$.....0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|--|---|------------------|
| | 11.12 A Medical Group/Staff Model, | Yes [] No [X] |
| | 11.13 An Individual Practice Association (IPA), or, | Yes [] No [X] |
| | 11.14 A Mixed Model (combination of above) ? | Yes [] No [X] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....4,089,154
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
All 21 counties in the state of New Jersey.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- | | |
|------------------------------|---------|
| 15.1 Direct Premium Written | \$..... |
| 15.2 Total Incurred Claims | \$..... |
| 15.3 Number of Covered Lives | ..... |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 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]

FIVE - YEAR HISTORICAL DATA

	1 2022	2 2021	3 2020	4 2019	5 2018
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	146,471,200	117,732,067	129,577,907	98,751,603	155,707,139
2. Total liabilities (Page 3, Line 24)	100,017,751	65,176,037	83,471,449	59,344,240	125,777,738
3. Statutory minimum capital and surplus requirement	4,089,154	4,826,570	5,546,008	6,824,206	13,547,895
4. Total capital and surplus (Page 3, Line 33)	46,453,450	52,556,030	46,106,458	39,407,363	29,929,402
Income Statement (Page 4)					
5. Total revenues (Line 8)	49,067,953	57,837,249	67,612,698	71,861,991	149,493,600
6. Total medical and hospital expenses (Line 18)	40,590,656	47,578,984	53,839,555	59,870,022	138,062,261
7. Claims adjustment expenses (Line 20)	720,386	1,211,317	1,591,556	1,789,859	3,227,079
8. Total administrative expenses (Line 21)	8,316,793	5,652,436	7,585,629	6,916,280	11,537,205
9. Net underwriting gain (loss) (Line 24)	(559,882)	3,394,511	4,595,958	3,285,830	(3,332,945)
10. Net investment gain (loss) (Line 27)	(63,825)	1,885,738	2,501,831	3,342,756	3,058,410
11. Total other income (Lines 28 plus 29)	2,267,333	3,574,183	4,239,374	4,930,984	3,134,135
12. Net income or (loss) (Line 32)	(7,213,346)	6,535,792	7,027,261	9,954,441	(1,571,364)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,241,942	(136,760)	22,760,305	27,262,359	44,646,870
Risk-Based Capital Analysis					
14. Total adjusted capital	46,453,450	52,556,030	46,106,458	39,407,363	29,929,402
15. Authorized control level risk-based capital	2,052,978	2,413,285	2,773,004	3,412,103	6,773,948
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	307,562	319,980	323,589	320,751	365,174
17. Total members months (Column 6, Line 7)	3,721,813	3,856,185	3,919,205	3,856,892	4,294,058
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	82.7	82.3	79.6	83.3	92.4
20. Cost containment expenses	0.8	1.3	1.4	1.5	1.4
21. Other claims adjustment expenses	0.7	0.8	1.0	1.0	0.7
22. Total underwriting deductions (Line 23)	101.1	94.1	93.2	95.4	102.2
23. Total underwriting gain (loss) (Line 24)	(1.1)	5.9	6.8	4.6	(2.2)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	5,185,636	5,331,127	5,333,852	12,067,122	17,072,665
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	7,221,158	8,786,695	6,969,452	13,116,323	11,245,528
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								9 Total Columns 2 Through 8	10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums			
1. Alabama	AL	.N								0	.0
2. Alaska	AK	.N								0	.0
3. Arizona	AZ	.N								0	.0
4. Arkansas	AR	.N								0	.0
5. California	CA	.N								0	.0
6. Colorado	CO	.N								0	.0
7. Connecticut	CT	.N								0	.0
8. Delaware	DE	.N								0	.0
9. District of Columbia	DC	.N								0	.0
10. Florida	FL	.N								0	.0
11. Georgia	GA	.N								0	.0
12. Hawaii	HI	.N								0	.0
13. Idaho	ID	.N								0	.0
14. Illinois	IL	.N								0	.0
15. Indiana	IN	.N								0	.0
16. Iowa	IA	.N								0	.0
17. Kansas	KS	.N								0	.0
18. Kentucky	KY	.N								0	.0
19. Louisiana	LA	.N								0	.0
20. Maine	ME	.N								0	.0
21. Maryland	MD	.N								0	.0
22. Massachusetts	MA	.N								0	.0
23. Michigan	MI	.N								0	.0
24. Minnesota	MN	.N								0	.0
25. Mississippi	MS	.N								0	.0
26. Missouri	MO	.N								0	.0
27. Montana	MT	.N								0	.0
28. Nebraska	NE	.N								0	.0
29. Nevada	NV	.N								0	.0
30. New Hampshire	NH	.N								0	.0
31. New Jersey	NJ	L	224,951,046	148,092,382	0	0	0	0	0	373,043,428	.0
32. New Mexico	NM	.N								0	.0
33. New York	NY	.N								0	.0
34. North Carolina	NC	.N								0	.0
35. North Dakota	ND	.N								0	.0
36. Ohio	OH	.N								0	.0
37. Oklahoma	OK	.N								0	.0
38. Oregon	OR	.N								0	.0
39. Pennsylvania	PA	.N								0	.0
40. Rhode Island	RI	.N								0	.0
41. South Carolina	SC	.N								0	.0
42. South Dakota	SD	.N								0	.0
43. Tennessee	TN	.N								0	.0
44. Texas	TX	.N								0	.0
45. Utah	UT	.N								0	.0
46. Vermont	VT	.N								0	.0
47. Virginia	VA	.N								0	.0
48. Washington	WA	.N								0	.0
49. West Virginia	WV	.N								0	.0
50. Wisconsin	WI	.N								0	.0
51. Wyoming	WY	.N								0	.0
52. American Samoa	AS	.N								0	.0
53. Guam	GU	.N								0	.0
54. Puerto Rico	PR	.N								0	.0
55. U.S. Virgin Islands	VI	.N								0	.0
56. Northern Mariana Islands	MP	.N								0	.0
57. Canada	CAN	.N								0	.0
58. Aggregate other alien	OT	.XXX	0	0	0	0	0	0	0	0	.0
59. Subtotal	.XXX	224,951,046	148,092,382	0	0	0	0	0	0	373,043,428	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX									0	.0
61. Total (Direct Business)	.XXX	224,951,046	148,092,382	0	0	0	0	0	0	373,043,428	0
DETAILS OF WRITE-INS											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	0	0	0	0	0	0	0	0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.

Situs of Contract

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

NAIC#	Federal Employee #	
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55069	22-0999690	A. Horizon Healthcare Services, Inc. (1)
	22-2561496	B. Horizon Healthcare Plan Holding Company, Inc.
95529	22-2651245	1. Horizon Healthcare of New Jersey, Inc. (2)
11146	22-3331515	2. Horizon Healthcare Dental, Inc. (3)
	22-3346524	3. Horizon Casualty Services, Inc.
14690	46-1362174	4. Horizon Insurance Company (4)
	86-1229594	5. Greenwood Insurance Company, Inc. (6)
	92-0815927	6. NovaWell, Inc. (7)
	13-4290405	C. Enterprise Property Holdings, LLC
	27-1179993	D. Three Penn Plaza Property Holdings Urban Renewal, LLC
	20-0252405	E. Horizon Charitable Foundation, Inc.
	46-2605607	F. Multistate Professional Services, Inc.
	47-4428396	G. Multistate Investment Services, Inc.
	84-2280217	H. NJ Collaborative Care, LLC (50.00%)
16714	84-3673030	1. Healthier New Jersey Insurance Company, d/b/a Braven Health (5)

- (1) Horizon Healthcare Services, Inc., a New Jersey domestic health service corporation, d/b/a Horizon Blue Cross Blue Shield of New Jersey.
- (2) Horizon Healthcare of New Jersey, Inc., a New Jersey domestic health maintenance organization.
- (3) Horizon Healthcare Dental, Inc., a New Jersey domestic dental plan organization.
- (4) Horizon Insurance Company, a New Jersey domestic Life, Accident and Health Organization.
- (5) Healthier New Jersey Insurance Company, d/b/a/ Braven Health, a New Jersey a domestic Life, Accident and Health Organization.
- (6) Greenwood Insurance Company, Inc. is a New Jersey captive insurance company.
- (7) NovaWell, Inc. is a Delaware corporation that provides behavioral health managed care products and services.

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