

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2022

	Horiz	I				
	HUHZ	on insura	nce Company			
		(Nar	ne)			
		AIC Compar	ny Code 14690	Employer's II	D Number	46-1362174
f	New Jersey		, State of Domicil	e or Port of Entry	N	ew Jersey
			United States			
Life, Accident & Heal	th [X]	Property/C	asualty []	Hospital, Medical &	& Dental Ser	vice or Indemnity []
Dental Service Corpo	oration []	Vision Ser	vice Corporation []	Health Maintenand	e Organizati	on[]
Other []					-	
10/11	1/2012	(Commenced Business	;	12/31/20	12
3 Pe			,			
			(Street and Numi	973-466-560	07	
n, State, Country and Zip Co	de)			(Area Code) (Telephone	e Number)	
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nd Records	51 01 1 .O. DOX)		3 Penn I			
				et and Number)		
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			www.horizonblue.c	om	,, ,	
J	ordan Greenber	g	,	973-4	66-4962	
	(Name) com	-				xtension)
(E-Mail Address)						
			PEDQ			
	Title		-	e		Title
<u> </u>	try and Zip Code) (Area Code) (Telep enn Plz E Ste PP-15D , Newark, NJ eet and Number or P.O. Box) (City or Town, Stat 3 Penn Plz E Ste PP-15D (Street and Number) 973-466- (Area Code) (Telephone www.horizonblue.com Jordan Greenberg , 97 (Name) (Area Code) (Te 973-466- ess) (Fax Num OFFICERS				Secretary	
rg,CI			· · · ·	chael Lepre,	CEO	and President
<u> </u>	0	THER O	FFICERS	,		
y				,		
	DIREC	TORS C	R TRUSTEES			
Christ					David Je	effrey Rosenberg
	SS					
ity being duly sworn, each d assets were the absolut h related exhibits, schee d affairs of the said repo- ordance with the NAIC A s or regulations require of ely. Furthermore, the sco copy (except for formatt	th depose and say the property of the Jules and explana rting entity as of t <i>nnual Statement I</i> differences in repo pe of this attestat ing differences du	e said reportin ations therein he reporting p <i>Instructions</i> ar orting not relat ion by the des	g entity, free and clear fr contained, annexed or r veriod stated above, and d Accounting Practices a ed to accounting practice scribed officers also inclu	om any liens or claims eferred to, is a full and of its income and dedu and <i>Procedures</i> manual es and procedures, acc des the related corresp	thereon, exce d true stateme ctions therefro except to the cording to the l conding electro	pt as herein stated, and nt of all the assets and m for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
	ent Period) (Price f Life, Accident & Heal Dental Service Corpor Other [] 10/11 3 Pe 10/11 3 Pe k, NJ, US 07105-2248 m, State, Country and Zip Co 3 Penn PIz E S (Street and Number and Records k, NJ, US 07105-2248 m, State, Country and Zip Co 3 Penn PIz E S (Street and Number (E-Mail Address) enberg@horizonblue. (E-Mail Address) enberg@horizonblue. (E-Mail Address) enderses content of the said report ordance with the NAIC A s or regulations require of a sign regulations require of by. Furthermore, the sool copy (except for formatti	ent Period) (Prior Period) f	1202 01202 NAIC Comparent Period) int Period) (Prior Period) if New Jersey Life, Accident & Health [X] Property/C Dental Service Corporation [] Vision Service Other [] Is HMO, I 10/11/2012 0 3 Penn Plaza East PP-15D (Street and Number) (Street and Number) (Street and Number) k, NJ, US 07105-2248 (Name) m, State, Country and Zip Code) (Name) (Street and Number or P.O. Box) Ind Records k, NJ, US 07105-2248 (Name) m, State, Country and Zip Code) OFFIC (E-Mail Address) OFFIC (E-Mail Address) OFFIC Title Chair rg CFO and Treasurer OTHER O OHER O ' DIRECTORS O Christopher Michael Lepre Statement Instructions are so regulations require differences in reporting not related exhibits, schedules and explanations threring of the said reporting entity as of the reporting rordance with the NAIC Annual Statement Instructions are so regulations require differences in reporting not relately. Furthermore, the scope of this attestation by the descopy (except for formatting differences ue to electroni	1202 01202 NAIC Company Code 14690 ent Period) (Prior Period) United States Life, Accident & Health [X] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Is HMO, Federally Qualified? Y 10/11/2012 Commenced Business 3 Penn Plaza East PP-15D (Street and Number) 3 Penn Plz E Ste PP-15D (Street and Number) (Street and Number) 3 Penn Plz E Ste PP-15D (Street and Number or P.O. Box) 3 Penn flz Mathematical Records 3 Penn flz (Street and Number or P.O. Box) (Street and Number or P.O. Box) nd Records 3 Penn flz	1202 01202 NAIC Company Code 14690 Employer's II ent Period) (Prior Period) State of Domicile or Port of Entry United States United States Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Other [] Is HMO, Federally Qualified? Yes [] No [] 10/11/2012 Commenced Business	1202 01202 NAIC Company Code 14690 Employer's ID Number ent Period New Jersey State of Domicile or Port of Entry N United States United States Ife, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Ser Dental Service Corporation [] Vision Service Corporation [] Health Mainteen corganizati Other [] is HMO, Federally Qualified? Yes [] No [] 10/11/2012 Commenced Business 12/31/201 @street and Number) Citry or Town, State, Country and 3 Penn Pizz Este PP-15D Newark, NJ, US 07105-224 (Street and Number) 3 Penn Pizz Este PP-15D (Citry or Town, State, Country and Zip Code) (Citry or Town, State, Country and Zip Code) n, State, Country and Zip Code) (Citry or Town, State, Country and Zip Code) (Citry or Town, State, Country and Zip Code) M, NJ, US 07105-2248 3 Penn Pizz Este PP-15D (Citry or Town, State, Country and Zip Code) M, NJ, US 07105-2248 3 Penn Pizz Este PP-15D (Citry or Town, State, Country and Zip Code) M, NJ, US 07105-2248 973-466-4962 (Citry or Town, State, Country and Zip Code) M, NJ, US 07105-2248 973-466-4962 (Citry or Town, State, Country and Zip Code) M, Marney

	Nicholas Herbert Peterson Secretary	David Jeffrey F CFO and Tr	0
Subscribed and sworn to before me thisday of,		 a. Is this an original filing? b. If no: State the amendment number Date filed Number of pages attached 	Yes [X] No []

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
			·			
			1			
0299997 Group subscriber subtotal		0		0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group		0		0	0	
0299999 Total group			l			
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	10,587,940	0	0	434,522	434,522	10,587,940

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
· · · · · · · · · · · · · · · · · · ·											
			1								
			1								
			1								
		1	1								
		1	1			-					
		1	1	1		1					
			1								
		1	1								
		1	1								
0799999 Gross Health Care Receivables		0	0		· · · · · · · · · · · · · · · · · · ·	·					
Uraaaa oloss meaitii vale kecelvanies	U	0	U	0	0	<u> </u>					

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

	Health Care Rece or Offset Du	eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	0	0	0	0	0	0
2. Claim overpayment receivables	0	0	0	0	0	0
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables		0	0	0		
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	160,403	0	0	0	160,403	160,403

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

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

	Aging Analysis of Unpaid	Claims	•	•	•	,
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
			1,134			
			.1,134			
0199999 Individually listed claims unpaid 0299999 Aggregate accounts not individually listed-uncovered				0		
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	19,736,616	54,357	1,134	0	3,182	19,795,289
0599999 Unreported claims and other claim reserves	10,750,010	54,507	1,104	0	3,102	34,373,407
0699999 Total amounts withheld						57,575,407
0799999 Total claims unpaid						54,168,696
0899999 Accrued medical incentive pool and bonus amounts						90,027
0033333 Accided medical incentive pool and bonds amounts						90,027

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables 0299999 Receivables not individually listed	718,332	767,025	752,846	0	0	2,238,203	0
0399999 Total gross amounts receivable	718,332	767,025	752,846	0	0	2,238,203	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Horizon Healthcare Services, Inc				0
0199999 Individually listed payables				0
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		0	0	0
0399999 Total gross payables		31,549,854	31,549,854	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.2				
2. Intermediaries		0.6				1,938,682
3. All other providers						
4. Total capitation payments			0		0	
Other Payments:						
5. Fee-for-service						
6. Contractual fee payments				XXX		
7. Bonus/withhold arrangements - fee-for-service				XXX		
8. Bonus/withhold arrangements - contractual fee payments				XXX		
9. Non-contingent salaries				XXX		
10. Aggregate cost arrangements				XXX		
11. All other payments				XXX		
12. Total other payments	335,987,978	99.2	XXX	XXX	0	335,987,978
13. Total (Line 4 plus Line 12)	338,745,334	100 %	XXX	XXX	0	338,745,334

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6 Intermediar de
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
	Horizon Healthcare Services, Inc				
	Home Care Services				
	Turning Point				
	Rad i o l ŏgy				
	Lab Insured		.8,594		
	Lab Cap Quest Insured				
	HearX		4,211		
	Care Transition	(5,072,073)	(422,673)		
		(, , , , , , , , , , , , , , , , , , ,	(, , , , ,		
		(4, 404, 454)	2004		
9999999 Totals		(1,421,451)	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2. _

											(LOCATIO			
VAIC Group Code 01202 BUSINESS IN THE STATE	OF New Jersey				DURING	G THE YEAR 20	22					NAIC Company	Code	14690
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year		0	0	72,994		0	0	14,057	0	0	0	0		0
2 First Quarter		0	0	71,532		0	0	8,157	0	0	0	0		0
3 Second Quarter		0	0	71,007		0	0	8,024	0	0	0	0		0
4. Third Quarter		0	0	70,752		0	0	7 ,940	0	0	0	0		0
5. Current Year	307,562	0	0	69,819	194,272	0	0	7,831	0	0	0	0	35,640	0
6 Current Year Member Months	3,721,813	0	0	852,914	2,346,552	0	0	96,329	0	0	0	0	426,018	0
Total Member Ambulatory Encounters for Year:														
7. Physician	3,426,373	0	0	2,477,676	0	0	0	948,697	0	0	0	0	0	0
8. Non-Physician	2,197,227	0	0	1,649,491	0	0	0	547,736	0	0	0	0	0	0
9. Total	5,623,600	0	0	4,127,167	0	0	0	1,496,433	0	0	0	0	0	0
10. Hospital Patient Days Incurred	222,368	0	0	194,997	0	0	0	27,371	0	0	0	0	0	0
11. Number of Inpatient Admissions	24,572	0	0	21,589	0	0	0	2,983	0	0	0	0	0	0
12. Health Premiums Written (b)		0	0	224 , 951 , 046	12,985,687	0	0	102,812,264	0	0	0	0	32,294,431	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		0	0	225,761,332	12,982,875	0	0	102,812,268	0	0	0	0	32,294,281	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		0	0	181,641,558	8,319,221	0	0	110,615,275	0	(4,132)	0	0	38, 169, 281	0
18. Amount Incurred for Provision of Health Care Services	330,942,569	0	0	188,591,558	8,333,005	0	0	95,220,857	0	(4,132)	0	0	38,801,281	0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$102,812,264



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CO

Horizon Insurance Company

2. _

							22				(LOCATIO		<u> </u>	4.4000
NAIC Group Code 01202 BUSINESS IN THE STATE	UF Consolidated					G THE YEAR 20						NAIC Company	Í	14690
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
		2	3				Federal							
				Medicare	Vision	Dental	Employees Health Benefits	Title XVIII	Title XIX		Disability	Long-Term	Other	Other Non-
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Health
Total Members at end of:														
1. Prior Year		0	0	72,994		0	0	14 ,057	0	0	0	0		0
2 First Quarter		0	0	71,532		0	0	8 , 157	0	0	0	0	35 , 343	0
3 Second Quarter		0	0	71,007		0	0	8,024	0	0	0	0	35 , 458	0
4. Third Quarter		0	0	70,752		0	0	7 ,940	0	0	0	0	35 , 580	0
5. Current Year	307,562	0	0	69,819	194,272	0	0	7,831	0	0	0	0	35,640	0
6 Current Year Member Months	3,721,813	0	0	852,914	2,346,552	0	0	96,329	0	0	0	0	426,018	0
Total Member Ambulatory Encounters for Year:														
7. Physician	3,426,373	0	0	2,477,676	0	0	0	948,697	0	0	0	0	0	0
8. Non-Physician	2,197,227	0	0	1,649,491	0	0	0	547 , 736	0	0	0	0	0	0
9. Total	5,623,600	0	0	4,127,167	0	0	0	1,496,433	0	0	0	0	0	0
10. Hospital Patient Days Incurred	222,368	0	0	194,997	0	0	0	27,371	0	0	0	0	0	0
11. Number of Inpatient Admissions	24,572	0	0	21,589	0	0	0	2,983	0	0	0	0	0	0
12. Health Premiums Written (b)		0	0	224,951,046	12,985,687	0	0	102,812,264	0	0	0	0	32,294,431	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		0	0	225,761,332	12,982,875	0	0	102,812,268	0	0	0	0	32,294,281	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		0	0	181,641,558	8,319,221	0	0	110,615,275	0	(4,132)	0	0	38, 169, 281	0
18. Amount Incurred for Provision of Health Care Services	330,942,569	0	0	188,591,558	8,333,005	0	0	95,220,857	0	(4,132)	0	0	38,801,281	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
				NC								
				·····								
99999999 T	otals 🛛	1		1			0	0	0	0	0	0

SCHEDULE S - PART 2

1 NAIC Company Code Accident and Healt	2	3	4	nsuring Company as of December 31, Current 5	6	7
NAIC Company Code Accident and Healt						
Company Code Accident and Healt						
Code Accident and Healt		Effective	Name of	Domisilian	Doid	Unpaid
	ID Number	Date	Company	Domiciliary Jurisdiction	Paid Losses	Losses
	th Affiliates	- U.S Other	HORIZON HLTHCARE SERV INC	NJ	0	
55069 1399999 - Accide	ent and Health -	Affiliates - U.S.	- Other	NJ	0 0	47,805,025
1499999 - Accide	ent and Health -	Affiliates - U.S. Affiliates - Tota	- Total		0	47,805,025
		Total Accident and			0	47,805,025 47,805,025
2399999 - Total	U.S. (Sum of 03	399999, 0899999, 149	99999 and 1999999)		0	47,805,025
			l			
			l	······		
			l			
			· · · · · · · · · · · · · · · · · · ·			
9999999 Tota	als—Life. Annui	ty and Accident ar	health	l	0	47,805,025

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

4	0	0					d by Reinsuring Com			Outstandin a	Cumulus Daliaf	40	44
1	2	3	4	5	6	- ' '	8	9	10		Surplus Relief	13	14
NAIC	15	F (())	Name	D	Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company		Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for	a	_	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count - Authorized	1 - ATTILIATES -	U.S Uther	AL L		ND	00 504 000	0	40.050.040		1		1
55069 55069	22-0999690 22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ NJ		MR MD							
55069		10/01/2015		NJ		MS							
		Authorized A	ffiliates - U.S Other	JNJ			324,053,677	7,753,733	47,805,025	0	0	0	0
			ffiliates - U.S Total				324,053,677	7,753,733	47,805,025	0	0	0	0
			ffiliates - Total Authorized Affiliates				324,053,677	7,753,733	47,805,025	0	0	0	0
			otal General Account Authorized				324,053,677	7,753,733	47,805,025	0	0	0	0
			Account Authorized, Unauthorized, Reciprocal Jur	indiction and Cortif	iod		324,053,677	7,753,733	47,805,025	0	0	0	0
			999, 1499999, 1999999, 2599999, 3099999, 3699999			00000 7000000	324,033,077	1,100,100	47,003,023	0	0	0	0
7599999	8199999 and 86999	999)	333, 1433333, 1333333, 2333333, 3033333, 3033333	, 4133333, 40333333,	0000000, 0000000, 04	33333, 10333333,	324,053,677	7,753,733	47,805,025	0	0	0	0
1000000,	0100000 and 00000	,557					024,000,011	1,100,100	47,000,020	0	0	0	0
	•••••			•••••									
								<u></u>					
9999999) Totals						324,053,677	7,753,733	47,805,025	0	0	0	0

Schedule S - Part 4

Schedule S - Part 5

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

	<u> </u>	Omitted)			-
	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums			254,407		273,367
2. Title XVIII-Medicare					
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
5. Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(6,508,766)		21,468,230	26,897,279	42,689,408
7. Claims payable	47 ,805 ,025		68,975,071		108 , 883 , 070
8. Reinsurance recoverable on paid losses	0	0	0	0	D
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.			30,465,710		54,010,128
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			
2.	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	47 , 805 , 025	47 , 805 , 025
5.	All other admitted assets (Balance)	48,688,387		48,688,387
6.	Total assets (Line 28)	146,471,200	47,805,025	194,276,225
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	6,363,671	47 , 805 , 025	
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	1, 153, 261		1, 153, 261
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	92,410,792		92,410,792
15.	Total liabilities (Line 24)		47 , 805 , 025	
16.	Total capital and surplus (Line 33)	46,453,450	XXX	46,453,450
17.	Total liabilities, capital and surplus (Line 34)	146,471,201	47,805,025	194,276,226
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	47 , 805 , 025		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	47,805,025		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	47,805,025		

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

Allocated By States and Territories									
		1	2	Direct Bus	siness Only 4	5	6		
States, Etc.		Life (Group and Individual)	Z Annuities (Group and Individual)	Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,					
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii									
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. lowa	IA								
17. Kansas									
18. Kentucky									
19. Louisiana									
20. Maine									
21. Maryland	MD								
22. Massachusetts									
23. Michigan	MI								
24. Minnesota									
25. Mississippi			_						
26. Missouri									
27. Montana									
28. Nebraska									
29. Nevada									
30. New Hampshire									
31. New Jersey									
32. New Mexico									
33. New York	NY								
34. North Carolina									
	ND								
36. Ohio	OH								
37. Oklahoma									
38. Oregon									
39. Pennsylvania									
40. Rhode Island									
41. South Carolina									
42. South Dakota									
43. Tennessee	TN								
44. Texas									
45. Utah									
46. Vermont	VT								
47. Virginia									
48. Washington									
49. West Virginia									
50. Wisconsin									
51. Wyoming									
52. American Samoa									
53. Guam									
54. Puerto Rico									
55. US Virgin Islands									
56. Northern Mariana Islands									
57. Canada									
58. Aggregate Other Alien									

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				I
						Securities					(Ownership,				1
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	1
Group		Company		Federal	0.11/	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		÷.
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
04000	DODO - C NIL O	55000	00,000000				Horizon Healthcare Services,		1.4	Horizon Operating Holdings,		100.0	Horizon Mutual		0
	BCBS of NJ Group	55069	22-0999690				Inc.	NJ	IA	Inc			Holdings, Inc		
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP		Ownership	0.0	Horizon Mutual		
04000	DODO - C N.L. O	11110	00 0004545				Herizon Heritteren Deutsteller		1.4	Horizon Operating Holdings,	Owner and the	100.0			0
01202	BCBS of NJ Group	11146	22 - 3331515				Horizon Healthcare Dental, Inc	NJ	I A	Horizon Diversified Holdings,	Ownership		Holdings, Inc		
01000	DODO of NIL Crown	95529	22-3346524				llasian Canvalty Canvinas Inc.	N. I	NIA	Horizon Diversified Holdings,	Ownership	100.0	Horizon Mutual		0
01202	BCBS of NJ Group	95529	ZZ-33405Z4				Horizon Casualty Services, Inc	NJ	NTA	l Inc	. Ownership		Holdings, Inc		
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Operating Holdings,	Ownership	100.0	Horizon Mutual Holdings, Inc		0
01202	BCBS OF NJ Group	14090	40-1302174				Multistate Professional	JNJ	IA	Horizon Diversified Holdings,	ownersnip		Horizon Mutual	·	
01000	BCBS of NJ Group	00000	46-2605607				Services. Inc	NJ	NIA	HOLIZON DIVERSITIED HOLDINGS,	Ownership	100.0			0
01202	BCBS OF NJ Group	00000	40-2000007				Horizon Healthcare of New	NJ	NTA	Horizon Operating Holdings,			Holdings, Inc Horizon Mutual	• • • • • • • • • • • • • • • • • • •	
01202	BCBS of NJ Group	95529	22-2651245				Jersev. Inc	NJ	IA	Horizon operating Hordings,	Ownership	100.0			0
01202	. BCBS OF NJ Group	90029	22-2031243				Enterprise Property Holdings,	JNJ		Horizon Healthcare Services	. ownersnip		Holdings, Inc Horizon Mutual	• • • • • • • • • • • • • • • • • • •	
01202	BCBS of NJ Group	00000	13-4290405				Line Property Horunigs,	NJ	NIA		Ownership		Holdings, Inc		0
01202		00000	13-4290400				Three Penn Plaza Property		NTA	Horizon Healthcare Services	. ownersnip		Horizon Mutual	• • • • • • • • • • • • • • • • • • •	
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA		Ownership	100.0	Holdings, Inc		0
01202		00000	21-11/9995				Horizon Charitable Foundation.					100.0	Horizon Mutual	-11	
01202	BCBS of NJ Group	00000	20-0522405					NJ		Horizon Mutual Holdings, Inc.	Ownorchin	100.0	Holdings, Inc		0
01202		00000	20-0322403				Multistate Investment Services.			Horizon Diversified Holdings.	. ownersnip		Horizon Mutual	· · · · · · · · · · · · · · · · · · ·	
01202	BCBS of NJ Group	00000	47-4428396				Inc	NJ	NIA	line	Ownership.	100.0	Holdings, Inc		0
01202		00000	47 -4420390						NTA	Horizon Operating Holdings,			Horizon Mutual	•	
01202	BCBS of NJ Group	10000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP		Ownership	50.0	Holdings, Inc		0
01202		10000	04-2200217							1110	. ownersnip		Horizon Mutual		
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	NJ	IA	NJ Collaborative Care, LLC	Ownership	100 0	Holdings, Inc		0
0 1202			01 0010000				Greenwood Insurance Company,			Horizon Operating Holdings,	1		Horizon Mutual	1	
01202	BCBS of NJ Group	00000	86-1229594					NJ	NIA	Inc	Ownership	100 0	Holdings, Inc		0
· · L · L · · · · · · · · · · · · · · ·							1			Horizon Diversified Holdings,			Horizon Mutual	1	
01202	BCBS of NJ Group	00000	92-0815927				NovaWell. Inc.	NJ	NIA	Inc	Ownership	100 0	Holdings, Inc		0
·····			02 0010021				Horizon Operatting Holdings,						Horizon Mutual	1	
01202	BCBS of NJ Group	00000	92-0966618				linc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100 0	Holdings, Inc		0
	1						Horizon Diversified Holdings,				1		Horizon Mutual	1	
01202	BCBS of NJ Group	00000	92-0996149				Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc.		0
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 Asterisk
 Explanation

SCHEDULE Y

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

	2	3	4	5	6	7	8	9	10 11	12	13
1 NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	e Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
Code	13-4290405	Enterprise Property Holdings, Inc	Dividends			Anniale(S)		Agreements	Business		
11146	22-3331515	Horizon Healthcare Dental, Inc	0		0	0					0
111140	22-2561496	Horizon Healthcare Plan Holding Company,	0		0	0				(700,749)	0
95529	22-2651245	Horizon Healtheare of New Jaroov Jpe	(300,000,000)		0	0	(679,658,405)				
90029	22-3346524	Horizon Healthcare of New Jersey, Inc Horizon Casualty Services, Inc	(300,000,000)	0	0	0	(17,333,901)				(200,907,072)
55069	22-0399690	Horizon Gasuarty Services, Inc				0			······		
00009	22-0999090	Horizon Healthcare Services, Inc.			ļ0	0		(185,949,119)	l		
14690	27-1179993	Three Penn Plaza Property Holdings, LLC Horizon Insurance Company	Ď	0	ļ	Û		(20.740.400)	ļ		40.001.404
14090	46-1362174	Horizon insurance company	ļĎ		ļĎ	0	9,308,278	(39,712,166)	ļ	(30,403,888)	40,001,134
16714	47-4428396 84-3673030	Multistate Investment Services, Inc	ļĎ		ļĎ	0	0	ļÓ	ļ		0
167 14	84-36/3030	Healthier New Jersey Insurance Company. Multistate Professional Services, Inc			ļ0	0	0 007 400)	0	l	61,503,000	0
	46-2605607	IMULTIState Professional Services, Inc		0	0	0	(8,207,138)	0	l		0
		NJ Collaborative Care, LLC		0	0	0	1 400 074	0	l		0
	86-1229594	Greenwood Insurance Company, Inc	ļ0	0	0	0	1,139,274	0	l	1, 139, 274	0
	92-0982986	Horizon Mutual Holdings, Inc	0	0		0		0	······		0
	92-0966618	Horizon Operating Holdings, Inc	0			0	0	0	l0		0
	92-0815927	NovaWell, Inc	0			0	0	0	ļ0		0
	92-0996149	Horizon Diversified Holdings, Inc				0	0	0	0		0
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SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	U.S. Insurance Groups or Entities	7 Ownership Percentage (Columns 5 of Column 6)	of Column 5 Over Column 6
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

- 11. Business Not Written
- 12. Business Not Written
- 13. Business Not Written
- 14. Business Not Written
- 16. See Explaination
- 17. See Explaination
- 18. See Explaination
- 19. Business Not Written
- 20. Business Not Written
- Bar code:
 - 11.

- 20
- 19.
- 14.
- 13.
- 12

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 01202 NAIC Company Code 14690.
Address (City, State and Zip Code) Newark, NJ 07105-2248
Person Completing This Exhibit

1 010011 0		
Title		Telephone Number

Compliance with ORRA Policy Marketing Tarder Benefi Plan Sole Date Sole Date Approval Date Approval <thdate Approval Date Approval</thdate 	1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		2
Version Standardized Policy For With OPRR Number Medicare Number Plan Persion Date Approved Date Last Date Date Approved Date Last Date Date Cover Date Premiums Parcent of Premiums Number of Premiums Percent of Premiums Percent of Premiums Number of Premiums Percent of Premiums Percen											11	Incurred	Claims	14	15	Incurred	l Claims	18
Compliance with ORR Medicare Number Prion Select Date Approved Date Approved Date Approved Date Approved Date Approved Date Approved Date Cosed Permiums Famed Percent of Amount Number Covered Percent of Covered Percent of Covered Number Covered Percent of Covered Number Covered Percent of Covered Number Covered Percent of Covered Number of Covered Percent of Covered Number of Covered Percent of Covered Number of Covered Percent of Covered Number of Covered <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>12</td><td>13</td><td></td><td></td><td>16</td><td>17</td><td></td></t<>												12	13			16	17	
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Image: Mig-UII D No. 246 01/01/2020. Medriga Plan D. O	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Image: Mig-UII D No. 246 01/01/2020. Medriga Plan D. O																		
Image: Mig-UII D No. 246 01/01/2020. Medriga Plan D. O	Yes	5297	A		. 25	08/01/1992				Medigap Plan A	615,333							
Nes 5320 J No. 24 0.08/(1192) Medigap Plan 1.797.816 .879.815 .48.9 2.94 0 0 0.0 Yes 6058 J No. 25 011012006 12/31205 12/3656 7.765 2.867 0		5298	<u>C</u>		. 26	08/01/1992				Medigap Plan C								
Nes 5320 J No. 24 0.08/(1192) Medigap Plan 1.797.816 .879.815 .48.9 2.94 0 0 0.0 Yes 6058 J No. 25 011012006 12/31205 12/3656 7.765 2.867 0			<u>P</u>		. 240					Medigap Plan D								
Ves. 6058. I No. 25 01/01/2006. 12/31/2005 Mediage Plan J 12/35 /86 8, 769, 379 70.5 2, 987 0 </td <td>res</td> <td>5317</td> <td></td> <td></td> <td>. 20</td> <td>05/01/1995</td> <td></td> <td></td> <td>••••••</td> <td>Medigap Plan F</td> <td></td> <td></td> <td></td> <td></td> <td>12,132,838</td> <td></td> <td></td> <td></td>	res	5317			. 20	05/01/1995			••••••	Medigap Plan F					12,132,838			
Ves. 6059 J No. 25 0.101/2006 Medigap Plan J 35,757,189 23,379,986 66.4 7,953 0.0 0.0 0.0 Yes. MGP-UM K No. 24 0.101/2019 Medigap Plan K 117,659 120,586 102,5 107 222,226 154,625 72,9 72,9 Yes. MGP-UM N No. 24 0.101/2019 Medigap Plan K 117,659 120,586 107 221,226 154,625 72,9 7 Yes. MGP-UM N No. 24 0.101/2019 Medigap Plan K 117,659 120,586 105,102,58 106,90,563 3,670,602 64,4 2 Yes. S274 P No. 2 0.0101/1982 0.07/30/1992 "Select" 25,031 19,159 75,3 83 0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0					. 24				12/21/2005	Medigan Plan I (Pacie)				294	0	0		0
Ves. WCP-UW K No. 24 01/01/2019 IMediagp Plan K 117.659 120.586 102.566 102.566 102.56		6050	· · · · · · · · · · · · · · · · · · ·		25	01/01/2000			12/31/2003	Medigan Plan I	12,430,900	23 378 086			0	0	0.0	0
Ves. WCP-UW K No. 24 01/01/2019 IMediagp Plan K 117.659 120.586 102.566 102.566 102.56	Yes	MGP_LIW	G		20	01/01/2019		•••••	•••••	Medigan Plan G	4 876 114	5 672 066	116 3	2 136	16 /195 691	11 307 018	69.1	
Ves. 5271. P. No. 2 .07/01/1962. .07/30/1992. *Select* .25.03 .36.627 .72.0 .778 .0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0		MGP-UW	K		24	01/01/2019			••••••	Medigap Plan K	117 659	120 586	102.5	107	212 226	154 625	72.9	193
Ves. 5271. P. No. 2 .07/01/1962. .07/30/1992. *Select* .25.03 .36.627 .72.0 .778 .0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0			N		24	01/01/2019				Medigap Plan N	34.764.620	36.521.104	105.1	15.559	5.697.653	3.670.692		
Ves. 527. P No. 2 .01/01/1982 .07/30/1992. "Select" .25/31 19.159 .76.5 .18 .0 .0 .0.0 .0.0 Ves. 5277 P No. 2 .06/01/1986. .07/30/1992. "Super 65" .3.470.409 2.0390 58.3 .834 0 0 0.0 0.0 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 189.564.717 161.967.431 85.4 55.606 36.196.616 26.623.625 73.6 14			Р		2	07/01/1966				"BCBS 65"	495.897	356.827	72.0	178	0	0	0.0	0
Yes 5277 P. No. 2 .06/01/1986. .07/30/1992. "Super 65" .3.470.409 2.023.990 .58.3 .834 .0 .0 .0.0 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 189.564,717 161.967.431 85.4 55.606 36.196.616 26.623.625 73.6 14	Yes	5274	P	No	2	01/01/1982			07/30/1992	"Select"					0	0	0.0	0
	Yes	5277	P	No	. 2	06/01/1986			07/30/1992	"Super 65"					0	0	0.0	0
	0199999 T	OTAL EXPERIEN	CE ON INDIVIDU	JAL POLICIES							189,564,717	161,967,431	85.4	55,606	36, 196, 616	26,623,625	73.6	14,213
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	0299999 T	OTAL EXPERIEN	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 3 Penn Plaza Newark, NJ 07105
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 3 Penn Plaza Newark, NJ 07105
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

SUPPLEMENT FOR THE YEAR 2022 OF THE Horizon Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01202

NAIC Company Code 14690

	Individual Co	Individual Coverage Group Coverage					
	1	2	3	4 Uninsured	5 Total		
1. Premiums Collected	Insured	Uninsured	Insured	Uninsured	Cash		
1.1 Standard Coverage	10 040 700	VVV	0	WWW	10 040 700		
1.11 With Reinsurance Coverage			0				
1.12 Without Reinsurance Coverage		XXX		XXX			
1.13 Risk-Corridor Payment Adjustments		XXX	0				
1.2 Supplemental Benefits			0				
2. Premiums Due and Uncollected-change							
2.1 Standard Coverage	2 500 026	VVV	0	VVV	N/N/		
2.11 With Reinsurance Coverage			0				
2.12 Without Reinsurance Coverage							
2.2 Supplemental Benefits	(777,000).		0	XXX	XXX		
3. Unearned Premium and Advance Premium-change							
3.1 Standard Coverage	444.007						
3.11 With Reinsurance Coverage							
3.12 Without Reinsurance Coverage			0				
3.2 Supplemental Benefits		XXX	0	ХХХ	XXX		
4. Risk-Corridor Payment Adjustments-change							
4.1 Receivable							
4.2 Payable	(9,248,137)	XXX	0	XXX	XXX		
5. Earned Premiums							
5.1 Standard Coverage							
5.11 With Reinsurance Coverage			0				
5.12 Without Reinsurance Coverage					XXX		
5.13 Risk-Corridor Payment Adjustments		ХХХ	0	XXX	ХХХ		
5.2 Supplemental Benefits	12,081,214	XXX	0	XXX	XXX		
6. Total Premiums	32,067,608	XXX	0	XXX	34,270,053		
7. Claims Paid							
7.1 Standard Coverage							
7.11 With Reinsurance Coverage				XXX			
7.12 Without Reinsurance Coverage		ХХХ		XXX	0		
7.2 Supplemental Benefits		XXX	0	XXX	14,418,071		
8. Claim Reserves and Liabilities-change							
8.1 Standard Coverage							
8.11 With Reinsurance Coverage		ХХХ	0	ХХХ	XXX		
8.12 Without Reinsurance Coverage		ХХХ	0	ХХХ	ХХХ		
8.2 Supplemental Benefits		ХХХ	0	ХХХ	XXX		
9. Health Care Receivables-change							
9.1 Standard Coverage							
9.11 With Reinsurance Coverage	0	ХХХ	0	ХХХ	XXX		
9.12 Without Reinsurance Coverage	0	XXX	0	ХХХ	XXX		
9.2 Supplemental Benefits	0	ХХХ	0	ХХХ	XXX		
10 Claims Incurred							
10.1 Standard Coverage							
10.11 With Reinsurance Coverage		ХХХ	0	ХХХ	XXX		
10.12 Without Reinsurance Coverage		ХХХ	0	ХХХ	XXX		
10.2 Supplemental Benefits	14,208,771	XXX	0	ХХХ	ХХХ		
11. Total Claims	38,805,413	XXX	0	XXX	38,173,082		
12. Reinsurance Coverage and Low Income Cost Sharing							
с	ХХХ		ХХХ				
	ХХХ	0	ХХХ	0	0		
12.3 Reimbursements Receivable-change			ХХХ	0	XXX		
12.4 Health Care Receivables-change		0	ХХХ.	0			
13. Aggregate Policy Reserves-change		0		0	XXX		
14. Expenses Paid		U	0.				
14. Expenses Paid. 15. Expenses Incurred.			U	ХХХ			
15. Expenses incurred			0		XXX XXX		
	10.920.0101	XXX	U	XXX	777		