

### ANNUAL STATEMENT

#### FOR THE YEAR ENDING DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

**Healthier New Jersey Insurance Company** NAIC Group Code 01202 01202 NAIC Company Code \_\_\_ 16714 \_\_\_ Employer's ID Number \_\_\_ 84-3673030 Organized under the Laws of New Jersev . State of Domicile or Port of Entry New Jersev Country of Domicile **United States** Licensed as business type: Life, Accident & Health [ X ] Hospital, Medical & Dental Service or Indemnity [ ] Property/Casualty [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ] Dental Service Corporation [ ] Is HMO, Federally Qualified? Yes [ ] No [ ] Incorporated/Organized 10/17/2019 01/13/2020 \_ Commenced Business \_\_ Statutory Home Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) Main Administrative Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 973-466-5607 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Mail Address 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) 3 Penn Plaza East PP-15D Primary Location of Books and Records (Street and Number) Newark, NJ, US 07105-2248 973-466-5607 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension) Internet Web Site Address N/A Thomas D Protentis Statutory Statement Contact 973-466-5607 (Area Code) (Telephone Number) (Extension) (Name) thomas\_protentis@horizonblue.com 973-466-7110 **OFFICERS** Title Title Name Name Luisa Yvette Charbonneau #\_\_\_, Philip J. Turner # President & CEO Secretary & Treasurer CFO & Assistant Treasurer Patrick Rodney Young # Frank Anthony Melaccio #\_\_\_\_, Chair OTHER OFFICERS Vice Chair Daniel Perez # Allen James Karp # Assistant Treasurer **DIRECTORS OR TRUSTEES** M. Keith Peifer # Philip J. Turner # Patrick Rodney Young # Jacqueline Duddy # Kyle Christopher Stern # Annette Catino # State of ......New Jersey..... County of ..... ...Essex. 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. Luisa Yvette Charbonneau Philip J. Turner President & CEO Secretary & Treasurer a. Is this an original filing? Yes [ X ] No [ ] Subscribed and sworn to before me this \_day of 1. State the amendment number

2. Date filed

3. Number of pages attached

# Exhibit 2 - A&H Premiums Due and Unpaid NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables NONE

Exhibit 4 - Claims Unpaid NONE

Exhibit 5 - Amounts Due From Parent, Subs

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

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Horizon Healthcare Services, Inc	irsement of expenses	2,173,121	2,173,121	0
				<b></b>
0100000 Individually listed navables		2,173,121	2,173,121	Λ
0199999 Individually listed payables. 0299999 Payables not individually listed		, 121		0
0399999 Total gross payables		2,173,121	2,173,121	0

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8 - Furniture, Equipment and Supplies Owned

**NONE** 

Prem., Enrollment

**NONE** 

Prem., Enrollment GT

**NONE** 

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

Schedule S - Part 6

**NONE** 

# **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)	17,273,821	0	17 , 273 , 821
2.	Accident and health premiums due and unpaid (Line 15)	0	0	0
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	554	0	554
6.	Total assets (Line 28)	17,274,375	0	17,274,375
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	0	0	0
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	4,318	0	4,318
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	2,173,121	0	2,173,121
15.	Total liabilities (Line 24)	2,177,439	0	2, 177, 439
16.	Total capital and surplus (Line 33)	15,096,936	XXX	15,096,936
17.	Total liabilities, capital and surplus (Line 34)	17,274,375	0	17,274,375
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
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	0		

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

States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL		-		-		
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida			-		-		
11. Georgia	GA		-				
12. Hawaii							
13. Idaho	ID						
14. Illinois	IL		-		-	·····	
15. Indiana	JN		-		-	ļ	
16. lowa	JA		-		-	-	
17. Kansas			-		-		
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland			.				
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ	0	0	0	0	0	
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
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						1	
57. Canada						†	
58. Aggregate Other Alien					-	·	
JO. Aggregate Other Allen	UI		0	0			

# 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				
						Securities					(Ownership,			ll	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC	15	F. 4		Publicly	Names of	D	to	Discoult Constanting the	Management,	Ownership		Filing	
Group	Group Name	Company	ID Number	Federal RSSD	CIK	Traded (U.S. or	Parent, Subsidiaries Or Affiliates	Domiciliary	Reporting Entity	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	RSSD	CIK	International)	Horizon Healthcare Services.	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage	Entity(les)/Person(s)	(Y/N)	-
01202	BCBS of NJ Group	55069	22-0999690				Ino	NJ	UIP			0.0		l N	0
01202	DCD3 01 NJ 010UP	33009	22-0999090				Horizon Healthcare Plan Holding	JNJ	J	Horizon Healthcare Services.			Horizon Healthcare	JN	
01202	BCBS of NJ Group	00000	22-2561496				Company, Inc.	NJ	UDP	Inc.	Ownership	100 0	Services, Inc	l N	0
01202	Dobb	00000	22-2301430				. Company , The			Horizon Healthcare Plan	. Owner sirry	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental. Inc	NJ	IA	Holding Company, Inc.	Ownership	100 0	Services, Inc	l N	0
01202	Dobb	11140	22-3331313				Thorrzon nearthcare bentar, mc			Horizon Healthcare Plan	Owner Sirrp		Horizon Healthcare		
01202	BCBS of NJ Group.	00000	22-3346524				Horizon Casulaty Services, Inc	NJ	NIA	Holding Company, Inc.	Ownership.		Services, Inc	l N	0
01202	Бово от не отоар	00000	22 0040024				100172011 00301011 00111003, 1110		1	Horizon Healthcare Plan	0 #1101 3111 p		Horizon Healthcare		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	I A	Holding Company, Inc.	Ownership	100 0	Services, Inc.	l N	0
01202	Вово от но отоар	11000	10 100217 1				Multistate Professional			Horizon Healthcare Services.	0 "1101 0111 p		Horizon Healthcare	1	
01202	BCBS of NJ Group	00000	46-2605607				Services. Inc.	NJ	NIA	Inc.	Ownership	100 0	Services. Inc	l N	0
01202	1 110 01 0up	00000	10 2000007				Horizon Healthcare of New			Horizon Healthcare Plan	0 11101 0111 p		Horizon Healthcare		
01202	BCBS of NJ Group.	95529	22-2651245				Jersey. Inc.	NJ	IA	Holding Company, Inc.	Ownership	100.0	Services. Inc.	l N	0
							Enterprise Property Holdings,			Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	13-4290405				ILLC	NJ	NIA	Inc.	Ownership.	100.0	Services, Inc	N	0
	'						Three Penn Plaza Property			Horizon Healthcare Services,	İ '		Horizon Healthcare	i i	
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc.	Ownership	100.0	Services, Inc	N	0
	,						Horizon Charitable Foundation,			Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	20 - 0522405				Inc	NJ	NIA	Inc	Ownership	100.0	Services, Inc	N	0
							Multistate Investment Services,			Horizon Healthcare Services,	1		Horizon Healthcare		
01202	BCBS of NJ Group	00000	47 - 4428396				Inc	NJ	NIA	Inc	Ownership	100.0	Services, Inc	N	0
										Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Inc	Ownership	50.0	Services, Inc	N	0
							Healthier New Jersey Insurance						Horizon Healthcare		
01202	BCBS of NJ Group	16714	84-3673030				Company	NJ	I A	NJ Collaborative Care, LLC	Ownership	100.0	Services, Inc	N	0
														[	
														{	

Asterisk	Explanation

# **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
					L	Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in		. ,				Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC	ID.		Obserbalden	0	Estate, Mortgage Loans or Other	Undertakings for the	Management	Incurred Under Reinsurance		Ordinary Course of the Insurer's		Reserve Credit
Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Investments	Benefit of any Affiliate(s)	Agreements and Service Contracts	Agreements	٠.	Business	Totals	Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc	Dividends	Contributions	investments	Allillate(s)	3,542,734	Agreements		Business	3,542,734	rakeri/(Liability)
14690	46-1362174	Horizon Insurance Company	 N	0	J		53,979,829			1 0		(3,898,863)
16714	84-3673030	Hoolthiar New Jargey Ingurance Company	 0	10,800,000	U	ا ر					61,519,204 10,800,000	(3,090,003)
55069	04-30/3030	Healthier New Jersey Insurance Company. Horizon Healthcare Services, Inc. Horizon Healthcare of New Jersey, Inc.	4,000,000	(17,930,000)	J	ν	/451 602 050\	(195,821,581)			(661,354,540)	268,805,950
95529	22-0999690 22-2651245	Harizon Haalthaara of New Jaroov Inc	4,000,000	(17,930,000)	J	ν	(451,602,959) 381,598,239 (10,366,790)				560 000 445	(264,907,087)
90029	27 - 1179993	3 Penn Plaza Property Holdings Urban Ren	 0		U		(10, 266, 700)	100 , 202 , 200		u	569 , 880 , 445 (10 , 366 , 790)	(204,907,007)
	13-4290405	Enterprise Property Holdings 110	(4,000,000)	U	<sup>0</sup>	<sup>0</sup>	(2,994,000)	U	·	ļ	(6,994,000)	
	22-3346524	Enterprise Property Holdings, LLC Horizon Casualty Services, Inc Horizon Healthcare Plan Holding Company Multistate Investment Services, Inc	(4,000,000)		l0	<sub>0</sub>	19,965,273	U	·	J	19,965,273	
	22-2561496	Horizon Healthcare Plan Holding Company	0 0	0	J		(8,787)		·		(8,787)	
	47 - 4428396	Multistate Investment Services Inc		7 , 130 , 000	U		5,886,461		·		13,016,461	
	46-2605607	Multistate Professional Services, Inc.	 0	7 , 130 ,000	l	Ω	5,000,401				13,010,401	
	40-2003007	Imultistate Fioressional Services, Inc			J	υ				υ	υ	
									·····	•		
									†·····			
									†·····			
									<b>†</b>	-		
									<b>†</b>	-		
									†·····			
									·····			
									†·····			
									†·····			
									†·····			
									†·····			
									†			
									†			
									†			
									†	••••••		
				• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	†			
				• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	†			
									†·····			
									1			
								•	1			
					T				T			
					T				T			
									I			
									1			
									1			
									T			
									I			
									T			
9999999	Control Totals		0	0	0	0	0	0	XXX	0	۱ ۱	0

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

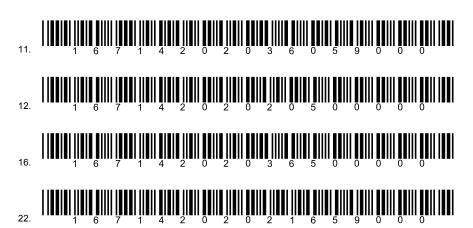
interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.	· · · · · · · · · · · · · · · · · · ·	SEE EXPLANATION
3.		SEE EXPLANATION
4.		SEE EXPLANATION
5.	APRIL FILING  Will Management's Discussion and Analysis be filed by April 1?	YES
6.		YES
7.	, , ,	SEE EXPLANATION
• •	JUNE FILING	OLE EM EMMITTON
8.		YES
9.	•	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	YES
Howe interre	illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covver, in the event that your company does not transact the type of business for which the special report must be filed, your response of opatory 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 compover reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.		SEE EXPLANATION
15.	domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	, , , , , , , , , , , , , , , , , , ,	N0
17.	filed electronically with the NAIC by March 1?	SEE EXPLANATION
18. 19.	electronically with the NAIC by March 1?	SEE EXPLANATION
	electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
23.	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?	SEE EXPLANATION
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and	
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be	SEE EXPLANATION
	AUGUST FILING	OLL LAW FAIRM FOR
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Expla	nation:	
2. Ent	ity did not commence insurance operations until 1/1/2021. Business not written	
3. The	e Company will not file an RBC as it is not an operating company until 1/1/2021	
4. The	company will not file an RBC as it is not an operating company until 1/1/2021	
7. Ent	ity did not commence insurance operations until 1/1/2021. Business not written	
11. Er	ntity did not commence insurance operations until 1/1/2021. Business not written	
12. No	ot applicable	
13. Er	ntity does not have stockholders	
14. No	ot applicable	

15. Not applicable

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 16. Entity did not commence insurance operations until 1/1/2021. Business not written17. Not applicable18. Not applicable19. Not applicable
- 20. Not applicable21. Not applicable
- 22. Entity did not commence insurance operations until 1/1/2021. Business not written
- 23. Not applicable
- 24. Not applicable
- 25. Not applicable

#### Bar code:



# **OVERFLOW PAGE FOR WRITE-INS**