



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202, 1202 NAIC Company Code 95529 Employer's ID Number 22-2651245

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 [], Property/Casualty [], Hospital, Medical & Dental Service or Indemnity [], Dental Service Corporation [], Vision Service Corporation [], Health Maintenance Organization [X], Other [], Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

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

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

Mail Address 3 Penn Plaza East Ste PP-15D, Newark, NJ, US 07105-2248

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

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Thomas D Protentis, 973-466-5607, thomas_protentis@horizonblue.com, 973-466-7110

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Gary Dean St. Hilaire #, Douglas Richard Simpson, Linda Anne Willett, Mark Leon Barnard, etc.

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Donald Liss M.D., Christopher Michael Lepre, etc.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes Mark Leon Barnard, Douglas Richard Simpson, Gary Dean St. Hilaire #, Kathleen Ann Swain, etc.

State of New Jersey

County of Essex

ss

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.

Linda Anne Willett Secretary

Douglas Richard Simpson CFO & 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 2020 OF THE Horizon Healthcare of New Jersey, Inc.

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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 in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	631,866	.0	.0	715,972	631,866	631,866
2. Claim overpayment receivables	2,999,077	.0	.0	3,015,768	2,999,077	2,999,077
3. Loans and advances to providers0	.0		.0	
4. Capitation arrangement receivables0	.0		.0	
5. Risk sharing receivables0	.0		.0	
6. Other health care receivables	2,519	.0	.0	362	2,519	2,519
7. Totals (Lines 1 through 6)	3,633,462	0	0	3,732,102	3,633,462	3,633,462

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,874,159	0	3,874,159	0	0	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	5,107,033	2,564,588	7,615,634	55,987	55,987	0
6. Total	8,981,192	2,564,588	11,489,793	55,987	55,987	0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2020						NAIC Company Code		95529
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	845,022	1	2,336	0	0	0	0	12,320	830,365	0		
2. First Quarter	858,206	3	2,233	0	0	0	0	13,257	842,713	0		
3. Second Quarter	925,681	3	2,191	0	0	0	0	13,677	909,810	0		
4. Third Quarter	980,186	4	2,212	0	0	0	0	14,406	963,564	0		
5. Current Year	1,022,908	5	2,191	0	0	0	0	14,939	1,005,773	0		
6. Current Year Member Months	11,187,999	41	26,589	0	0	0	0	166,696	10,994,673	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	13,849,524	0	23,058	0	0	0	0	16,921	13,809,545	0		
8. Non-Physician	2,494,294	0	13,982	0	0	0	0	10,260	2,470,052	0		
9. Total	16,343,818	0	37,040	0	0	0	0	27,181	16,279,597	0		
10. Hospital Patient Days Incurred	485,473	0	476	0	0	0	0	123,300	361,697	0		
11. Number of Inpatient Admissions	81,436	0	75	0	0	0	0	13,828	67,533	0		
12. Health Premiums Written (b)	6,034,049,070	49,358	19,456,337	0	0	0	0	363,160,112	5,651,383,263	0		
13. Life Premiums Direct	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		
15. Health Premiums Earned	6,026,652,492	48,631	20,215,489	0	0	0	0	355,251,834	5,651,136,538	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	4,905,530,635	10,749	18,713,754	0	0	0	0	269,959,779	4,616,846,353	0		
18. Amount Incurred for Provision of Health Care Services	5,058,325,796	41,749	22,411,358	0	0	0	0	291,108,656	4,744,764,033	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$363,160,112

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2020						NAIC Company Code		95529
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	845,022	1	2,336	0	0	0	0	12,320	830,365	0		
2. First Quarter	858,206	3	2,233	0	0	0	0	13,257	842,713	0		
3. Second Quarter	925,681	3	2,191	0	0	0	0	13,677	909,810	0		
4. Third Quarter	980,186	4	2,212	0	0	0	0	14,406	963,564	0		
5. Current Year	1,022,908	5	2,191	0	0	0	0	14,939	1,005,773	0		
6. Current Year Member Months	11,187,999	41	26,589	0	0	0	0	166,696	10,994,673	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	13,849,524	0	23,058	0	0	0	0	16,921	13,809,545	0		
8. Non-Physician	2,494,294	0	13,982	0	0	0	0	10,260	2,470,052	0		
9. Total	16,343,818	0	37,040	0	0	0	0	27,181	16,279,597	0		
10. Hospital Patient Days Incurred	485,473	0	476	0	0	0	0	123,300	361,697	0		
11. Number of Inpatient Admissions	81,436	0	75	0	0	0	0	13,828	67,533	0		
12. Health Premiums Written (b)	6,034,049,070	49,358	19,456,337	0	0	0	0	363,160,112	5,651,383,263	0		
13. Life Premiums Direct	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		
15. Health Premiums Earned	6,026,652,492	48,631	20,215,489	0	0	0	0	355,251,834	5,651,136,538	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	4,905,530,635	10,749	18,713,754	0	0	0	0	269,959,779	4,616,846,353	0		
18. Amount Incurred for Provision of Health Care Services	5,058,325,796	41,749	22,411,358	0	0	0	0	291,108,656	4,744,764,033	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$363,160,112

30.GT

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
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM	17,555,125	667,390	4,643,608				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MR	326,880,879	8,991,307	41,469,300				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MC	5,094,546,741	3,381,058	504,179,300				
0299999 - General Account - Authorized - Affiliates - U.S. - Other							5,438,982,745	13,039,755	550,292,208	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							5,438,982,745	13,039,755	550,292,208	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							5,438,982,745	13,039,755	550,292,208	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							5,438,982,745	13,039,755	550,292,208	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							5,438,982,745	13,039,755	550,292,208	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							5,438,982,745	13,039,755	550,292,208	0	0	0	0
9999999 Totals							5,438,982,745	13,039,755	550,292,208	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	17,555	17,478	21,330	25,575	0
2. Title XVIII-Medicare.....	326,881	260,674	157,351	79,204	0
3. Title XIX-Medicaid.....	5,094,547	4,640,240	4,673,107	4,462,574	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	505,904,266	490,367,971	469,661,063	448,938,886	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	105,232,087	92,277,073	88,899,256	15,805,383	0
7. Claims payable.....	550,285,080	415,988,180	349,337,720	62,458,350	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	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)	1,822,952,686	0	1,822,952,686
2. Accident and health premiums due and unpaid (Line 15).....	7,099,830	0	7,099,830
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	550,285,080	550,285,080
5. All other admitted assets (Balance).....	26,576,466		26,576,466
6. Total assets (Line 28)	1,856,628,981	550,285,080	2,406,914,061
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	61,142,788	550,285,080	611,427,868
8. Accrued medical incentive pool and bonus payments (Line 2).....	520,823	0	520,823
9. Premiums received in advance (Line 8).....	16,946	0	16,946
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	264,907,087	0	264,907,087
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).....	393,294,078	0	393,294,078
15. Total liabilities (Line 24).....	719,881,722	550,285,080	1,270,166,802
16. Total capital and surplus (Line 33).....	1,136,747,259	XXX	1,136,747,259
17. Total liabilities, capital and surplus (Line 34)	1,856,628,981	550,285,080	2,406,914,061
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	550,285,080		
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	550,285,080		
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	550,285,080		

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

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	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	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

**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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	UIP			0.0			0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc.	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	50.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance Company	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Healthcare Services, Inc.		0

41

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Healthcare of New Jersey, Inc.

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
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)	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)
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	0	0	0	3,542,734	0		0	3,542,734	
	22-2561496	Horizon Healthcare Plan Holding Company	0	0	0	0	(8,787)	0		0	(8,787)	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	0	0	0	0	381,598,239	188,282,206		0	569,880,445	(264,907,087)
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0	19,965,273	0		0	19,965,273	
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	0	0		0	0	
55069	22-0999690	Horizon Healthcare Services, Inc.	4,000,000	(17,930,000)	0	0	(451,602,959)	(195,821,581)		0	(661,354,540)	268,805,950
00000	13-4290405	Enterprise Property Holdings, LLC	(4,000,000)	0	0	0	(2,994,000)	0		0	(6,994,000)	
	27-1179993	3 Penn Plaza Prop. Urban Renewal Holding	0	0	0	0	(10,366,790)	0		0	(10,366,790)	
14690	46-1362174	Horizon Insurance Company	0	0	0	0	53,979,829	7,539,375		0	61,519,204	(3,898,863)
	47-4428396	Multistate Investment Services, Inc.	0	7,130,000	0	0	5,886,461	0		0	13,016,461	
	84-3673030	Healthier New Jersey Insurance Company	0	10,800,000	0	0	0	0		0	10,800,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	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.

MARCH FILING

- | | <u>Responses</u> |
|---|------------------|
| 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..... |

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 electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

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

- | | |
|--|--------------|
| 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? |NO..... |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. 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? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 17. 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? |NO..... |
| 18. 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? |NO..... |
| 19. 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? |NO..... |

APRIL FILING

- | | |
|---|---------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 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? |YES..... |
| 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? |YES..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

- | | |
|--|---------------|
| 26. 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
15. Business not written
16. Business not written
17. Business not written
18. Business not written
19. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

Bar code:

11. 
9 5 5 2 9 2 0 2 0 3 6 0 5 9 0 0 0

12. 
9 5 5 2 9 2 0 2 0 2 0 5 0 0 0 0 0

13. 
9 5 5 2 9 2 0 2 0 4 2 0 0 0 0 0 0

14. 
9 5 5 2 9 2 0 2 0 3 7 1 0 0 0 0 0

15. 
9 5 5 2 9 2 0 2 0 3 7 0 0 0 0 0 0

16. 
9 5 5 2 9 2 0 2 0 3 6 5 0 0 0 0 0

17. 
9 5 5 2 9 2 0 2 0 2 2 4 0 0 0 0 0

18. 
9 5 5 2 9 2 0 2 0 2 2 5 0 0 0 0 0

19. 
9 5 5 2 9 2 0 2 0 2 2 6 0 0 0 0 0

20. 
9 5 5 2 9 2 0 2 0 3 0 6 0 0 0 0 0

21. 
9 5 5 2 9 2 0 2 0 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	46,358		46,358	44,500
2505. Other Assets.....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	46,358	0	46,358	44,500