

ANNUAL STATEMENT

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

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Horizon	Healthcare	of New	Jersev.	Inc.

NAIC Group Code 1202			(Na	me)		
Country of Domicile Licensed as business type: Lice, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Dother [] Incorporated/Organizat Other [] Incorporated/Organizat Other [] Incorporated/Organizat Other [] Incorporated/Organizat Other [] Incorporated/Organization [X] Incorporated/Incorporated/Incorporate/Inc				ny Code 95529	Employer's ID Number	22-2651245
Lickneed as business type: Life, Accident & Health [] Property/Casuality [] Health Maintenance Organization [X] Other [] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Incorporated/Organized			,	, State of Domicile of	r Port of Entry N	lew Jersey
The Answer Result of Terms Provided Corporation [] Vision Service Corporation [] Health Matternance Organization [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other [] Is HMO, Federally Qualified? Yes [] No [X] Other (] Is Is Advected Qualified? Yes [] No [X] Other (] Is Is Advected Qualified? Yes [] No [X] Other Is Advected Quality and Ze Code Other Is Advected Quality Advected Quality Qua	Country of Domicile					
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thomas_protentis@horizonblue.com 973-466-7110 (E-Mail Address) (Fax Number) OFFICERS Name Title Gary Dean St. Hilaire # Chair & CEO Linda Anne Willett Secretary Douglas Richard Simpson CFO & Treasurer Mark Leon Barnard President Douglas Richard Simpson CFO & Treasurer Mark Leon Barnard President Donald Liss M.D. Chief Medical Officer Christopher Michael Lepre Executive Vice President Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of	Statutory Statement Contact	t Thon		,		
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Gary Dean St. Hilaire # Chair & CEO Linda Anne Willett Secretary Douglas Richard Simpson CFO & Treasurer Mark Leon Barnard President OTHER OFFICERS Donald Liss M.D. Chief Medical Officer Executive Vice President Donald Liss M.D. Chief Medical Officer Christopher Michael Lepre Executive Vice President Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of New Jersey State of Suzanne Kunis # County of Essex State State of the herein described assets were the absolute property of the said reporting entity, set the reporting entity, set the said reporting entity, set the said reporting entity as of the reporting entity as of the said reporting entity as of the reporting end state dave, all of the said reporting entity as there no constant declars from any liens or claims thereon, except as herein stated, a 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 a may differ; or, (2) that state rules or regulations require differences in reporting nor related to accounting Practices and Procedures manual except to the ext of the rinformatic montained, (1) that sate rules or regulations require differences in reporting perid stated to accounting practices and Procedures manua			-	-		
Douglas Richard Simpson CFO & Treasurer Mark Leon Barnard President OTHER OFFICERS OTHER OFFICERS Executive Vice President Donald Liss M.D. Chief Medical Officer Christopher Michael Lepre Executive Vice President Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of New Jersey State of Suzanne Kunis # County of Essex State of the said reporting entity, being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state dabove, all of the herein described assets were the absolute property of the said reporting entity, so the said reporting entity as of the soid reporting entity as of the soid reporting period stated above, all of the iscome and deductions thereion for the period ende and have been completed in accordance with the NAC Annual Statement Instructions and Afairs of the soid reporting period stated above, and of its income and deductions thereiod ende and have been completed in accordance with the NAC Annual Statement Instructions and According to the soid reporting entity as of the reporting practices and procedures according to the best of the informatic knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAI Statement. Linda Anne Willett D		#			lillett	
Donald Liss M.D. Chief Medical Officer Christopher Michael Lepre Executive Vice President DiRECTORS OR TRUSTEES Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of						,
Directors or trustees Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of			OTHER O	FFICERS		
Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of	Donald Liss M.D.	,Chief	Medical Officer	Christopher Micha	iel Lepre , Executiv	ve Vice President
Mark Leon Barnard Gary Dean St. Hilaire # Allen James Karp Christopher Michael Lepre Douglas Richard Simpson Kathleen Ann Swain Donald Liss M.D. Suzanne Kunis # State of						
State of			ean St. Hilaire #	Allen James k		
Ss County of	Douglas Richard Simp	son Kathle	een Ann Swain	Donald Liss N	I.D. Suz	anne Kunis #
Ss County of						
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stat 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, a 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 a 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 ender and have been completed in accordance with the NAIC <i>Annual Statement Instructions</i> and <i>Accounting Practices</i> and <i>Procedures</i> manual except to the extent that: (1) state is 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 informatic knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAI 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 vario regulators in lieu of or in addition to the enclosed statement. Linda Anne Willett Subscribed and sworn to before me this b. If no: Yes [X] No []		-	SS			
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, a 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 a 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 ende and have been completed in accordance with the NAIC <i>Annual Statement Instructions</i> and <i>Accounting Practices</i> and <i>Procedures</i> manual except to the extent that: (1) state la 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 informatic knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAI 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 vario regulators in lieu of or in addition to the enclosed statement. Linda Anne Willett Douglas Richard Simpson CFO & Treasurer a. Is this an original filing? Yes [X] No [] b. If no:	County of	Essex				
Secretary CFO & Treasurer a. Is this an original filing? Yes [X] No [] b. If no: b. If no:	above, all of the herein describe that this statement, together will liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respectiv when required, that is an exact	ed assets were the absolute th related exhibits, schedule d affairs of the said reportin cordance with the NAIC Annu is or regulations require diffe ely. Furthermore, the scope copy (except for formatting	property of the said reportir s and explanations therein g entity as of the reporting p <i>ial Statement Instructions</i> ar rences in reporting not rela of this attestation by the de	ng entity, free and clear from contained, annexed or refer period stated above, and of it and Accounting Practices and ted to accounting practices a scribed officers also includes	any liens or claims thereon, exce red to, is a full and true statement ts income and deductions therefor <i>Procedures</i> manual except to the and procedures, according to the the related corresponding electro	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this b. If no:						
Subscribed and sworn to before me this b. If no:			Seci	retary	CFO & Tre	asurer
2. Date filed				b. If no 1. St	ate the amendment number	Yes [X] No []

3. Number of pages attached

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:						
0299997 Group subscriber subtotal		0	0	0	0	
0299998 Premiums due and unpaid not individually listed						
0299999 Total group		1,376,542				
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,443,983	1,376,542	170,022	1,268,318	159,030	7,099,83

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above.	177,677	538,295	0.0020,00	0.00 00 20/0		715,972
0199999 - Pharmaceutical Rebate Receivables	177,677	538,295	0	0	0	715,97
0299998 - Aggregate of amounts not individually listed above.	1,283,381		879,700	442,947		3,015,76
0299999 - Claim Overpayment Receivables	1,283,381		879,700	442,947	0	
0699998 - Aggregate of amounts not individually listed above.	362					36
0699998 - Aggregate of amounts not individually listed above. 0699999 - Other Receivables	362	0	0	0	0	36
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0799999 Gross Health Care Receivables	1,461,420	948,034	879,700	442,947		3,732,10
VI 33333 VI USS TRATTI VALE NOVELVADIES	1,401,420	540,034	019,100	442,947	0	5,732,10

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

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	4	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		0	0	715,972		631,866
2. Claim overpayment receivables		0	0	3,015,768	2,999,077	2,999,077
3. Loans and advances to providers		0	0		0	
4. Capitation arrangement receivables		0	0		0	
5. Risk sharing receivables		0	0		0	
6. Other health care receivables		0	0		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 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

1 Account	Aging Analysis of Unpaid	3	4	-		
Account		5	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
ms Unpaid (Reported)						
		0	0	0	0	
9999 Individually listed claims unpaid		0	0	0	0	
9999 Aggregate accounts not individually listed-uncovered		0	0		0	0
9999 Aggregate accounts not individually listed-covered	0	0	0	0	0	0
9999 Subtotals	90,077,972	0	0	0	0	90,077,972
9999 Unreported claims and other claim reserves						521,349,896
9999 Total amounts withheld						0
9999 Total claims unpaid						611,427,868
9999 Accrued medical incentive pool and bonus amounts						520,823

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 0299999 Receivables not individually listed	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	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 Horizon Insurance Company				0
Horizon Insurance Company		1,412,036	1,412,036	0
l				
0199999 Individually listed payables				0
0299999 Payables not individually listed				
0399999 Total gross payables		198,508,930	198,508,930	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		0.4	0		0	
2. Intermediaries			0		0	
3. All other providers	0		0		0	0
4. Total capitation payments			0		0	
Other Payments:						
5. Fee-for-service			XXX		0	
6. Contractual fee payments			XXX	XXX	0	4,440,251,739
7. Bonus/withhold arrangements - fee-for-service	0		XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0		XXX	XXX	0	0
9. Non-contingent salaries	0		XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	
11. All other payments	0	0.0	XXX		0	0
12. Total other payments	4,806,932,389	98.0	XXX	XXX	0	4,806,932,389
13. Total (Line 4 plus Line 12)	4,905,530,635	100 %	XXX	XXX	0	4,905,530,635

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly Capitation		Intermediary's
			Monthly	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	CareCentrix			0	0
	Care Core National			0	0
	Turning Point				
	Care Transition			0	0
	LabCorp			0	0
	·	, , ,	<u></u>		
					1
					l
					l
9999999 Totals		77,102,806	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	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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare of	f New Jersey, Inc.		•			2	()			
NAIC Group Code 1202 BUSINESS IN THE STATE O	F New Jersey			DURING THE YEAR 2	2020			(LOCATION)	IC Company Code	95529
	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1	2,336	0	0	0	0			
2 First Quarter		3	2,233	0	0	0	0			C
3 Second Quarter		3	2,191	0	0	0	0	13,677		C
4. Third Quarter		4	2,212	0	0	0	0			0
5. Current Year	1,022,908	5	2,191	0	0	0	0	14,939	1,005,773	C
6 Current Year Member Months	11,187,999	41	26,589	0	0	0	0	166,696	10,994,673	C
Total Member Ambulatory Encounters for Year:										
7. Physician		0	23,058	0	0	0	0		13,809,545	C
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	C
10. Hospital Patient Days Incurred	485,473	0	476	0	0	0	0	123,300	361,697	C
11. Number of Inpatient Admissions	81,436	0	75	0	0	0	0	13,828	67,533	C
12. Health Premiums Written (b)				0	0	0	0		5,651,383,263	C
13. Life Premiums Direct		0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	(
15. Health Premiums Earned				0	0	0	0		5,651,136,538	
16. Property/Casualty Premiums Earned	0	0		0	0	0	0			(
17. Amount Paid for Provision of Health Care Services				0	0	0	0		4,616,846,353	C
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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare of	New Jersey, Inc.		•			2	、			
NAIC Group Code 1202 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR 2	2020			(LOCATION)	IC Company Code	95529
	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1	2,336	0	0	0	0			0
2 First Quarter		3	2,233	0	0	0	0			0
3 Second Quarter		3	2,191	0	0	0	0			0
4. Third Quarter		4	2,212	0	0	0	0			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		0		0	0	0	0		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)				0	0	0	0			0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0
15. Health Premiums Earned				0	0	0	0		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				0	0	0	0		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

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		· · · · · · · · · · · · · · · · · · ·						
					-							
9999999	Totals	+		···		·····	0	0	0	0	0	0

SCHEDULE S - PART 2

	Rei	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year	
	2	3	4	5	6	7
1						
NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	lth - Affiliates	- U.S Other			L03363	LUSSES
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC.	NJ	0	
1399999 - Acci 1499999 - Acci	dent and Health	- Affiliates - U.S. - Affiliates - U.S.	- Other - Total		0	550,285,080 550,285,080
1899999 - Acci	dent and Health ·	- Affiliates - Tota	l Affiliates		0	550,285,080
22999999 - Acci	dent and Health	- Total Accident and 3999999, 08999999, 149	d Health 99999 and 1999999)		0	550,285,080 550,285,080
2000000 1010						
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9999999 To	tals—Life, Annu	ity and Accident ar	nd Health		0	550,285,080

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded	Accident and Healt	h Insurance Liste	d by Reinsuring Com	pany as of Decemi	ber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company		Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsuranc
	count – Authorized	d - Affiliates -	U.S Other										
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM							
55069		01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/1	MR					-		
55069			ffiliates - U.S Other	NJ	QA/1	MC	5,438,982,745	13,039,755					
			iffiliates - U.S Total				5,438,982,745	13,039,755		0	0	0	
			Affiliates - Total Authorized Affiliates				5,438,982,745	13,039,755		0	0	0	
1100000	General Account	- Authorized - T	otal General Account Authorized				5,438,982,745	13,039,755		0	0	0	
			Account Authorized, Unauthorized, Reciprocal Ju	risdiction and Certif	ind		5,438,982,745	13,039,755		0	0	0	
			1999. 1499999. 1999999. 2599999. 3099999. 369999			00000 7000000	0,400,002,140	10,000,700	000,202,200	0	0	0	
	8199999 and 86999		1433333, 1433333, 1333333, 2333333, 3033333, 3033333	3, 4133333, 4033333,	3333333, 33333333, 04	33333, 70333333,	5,438,982,745	13,039,755	550,292,208	0	0	0	(
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										·····			
9999999	Totals						5.438.982.745	13.039.755	550,292,208	0	0	0	

Schedule S - Part 4

Schedule S - Part 5

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

	(1	Omitted)	-		
	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums			21,330		0
2. Title XVIII-Medicare					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					0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	105,232,087			15,805,383	0
7. Claims payable		415 , 988 , 180		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		
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		611,427,868
8.	Accrued medical incentive pool and bonus payments (Line 2)		0	
9.	Premiums received in advance (Line 8)		0	
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).		0	
11.			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
	All other liabilities (Balance)	393,294,078	0	393,294,078
15.	Total liabilities (Line 24)			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			
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

	Allocated By States and Territories Direct Business Only								
		1	2	3	4	5	6		
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	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	СТ								
8. Delaware									
9. District of Columbia									
10. Florida	-								
11. Georgia									
12. Hawaii									
13. Idaho									
14. Illinois									
15. Indiana									
16. lowa									
17. Kansas									
18. Kentucky									
19. Louisiana									
20. Maine									
21. Maryland									
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	МО								
27. Montana	МТ								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire									
31. New Jersey									
32. New Mexico									
33. New York									
34. North Carolina									
35. North Dakota									
36. Ohio									
37. Oklahoma									
38. Oregon									
39. Pennsylvania									
40. Rhode Island									
41. South Carolina									
42. South Dakota									
43. Tennessee									
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington									
49. West Virginia									
50. Wisconsin									
51. Wyoming									
52. American Samoa									
53. Guam									
53. Guan									
55. US Virgin Islands									
56. Northern Mariana Islands									
56. Northern Mariana Islands 57. Canada 58. Aggregate Other Alien	CAN								

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

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicly	8 Names of	9	10 Relationship to	11	12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership		15 Is an SCA Filing	16
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)		Ultimate Controlling Entity(ies)/Person(s)		*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	UIP			0.0			0
01202	BCBS of NJ Group		22-2561496				Horizon Healthcare Plan Holding Company, Inc	NJ.	UDP	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		22-3346524				Horizon Casualty Services, Inc.,			Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		22-3331515				Horizon Healthcare Dental, Inc.			Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ		Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services, Inc.		
	BCBS of NJ Group		13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services,	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		46-1362174				Horizon Insurance Company	NJ		Horizon Healthcare Plan Holding Company, Inc.	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		20-0522405				Horizon Charitable Foundation,	NJ	NIA	Horizon Healthcare Services,	Ownership		Horizon Healthcare Services, Inc		
	BCBS of NJ Group		46-2605607				Multistate Professional Services. Inc.	NJ	NIA	Horizon Healthcare Services,	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		47 - 4428396				Multistate Investment Services,	NJ	NIA	Horizon Healthcare Services,	Ownership		Horizon Healthcare Services, Inc.		
	BCBS of NJ Group		84-2280217				NJ Collaborative Care. LLC	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership		Horizon Healthcare Services, Inc		0
	BCBS of NJ Group		84-3673030				Healthier New Jersey Insurance Company	NJ		NJ Collaborative Care. LLC	Ownership		Horizon Healthcare Services, Inc		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
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)
		Horizon Healthcare Dental, Inc	0	0	0	0	3 542 734	0		0		ration/Elability/
	22-2561496	Horizon Healthcare Plan Holding Company	0	0	0	0		0		0	(8,787)	
95529	22-2651245	Horizon Healthcare of New Jersev Inc	0	0	0	0	381 598 239			Ő	(8,787) 569,880,445	
00020	22-3346524	Horizon Healthcare of New Jersey, Inc. Horizon Casualty Services, Inc. Muitistate Professional Services, Inc.	0	0	0	0		0		0		
	46-2605607	Muitistate Professional Services Inc	0	0	0	0	0	0		0	0	
55069	22-0999690	Horizon Healthcare Services, Inc	4,000,000		0	0	(451,602,959)	(195,821,581)		0		
00000	13-4200405	Enterprise Property Holdings IIC	(4,000,000)		0	0	(2,994,000)			0		
	27 - 1179993	3 Penn Plaza Prop. Urban Renewal Holding		0 N	<u> </u>	0	(10,366,790)	0		n n	(10,366,790)	
14690	46-1362174	3 Penn Plaza Prop. Urban Renewal Holding Horizon Insurance Company Multistate Investment Services, Inc	0		0	0				0		(3,898,863)
11000	47-4428396	Multistate Investment Services Inc	0		0	0	5,886,461	0,000,010		0		
	84-3673030	Healthier New Jersey Insurance Company	0		0	0	0	0		0		
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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	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
	AUGUST FILING	
10	Will the regulator only (and public) Communication of Internal Control Polated Matters Nated in Audit he filed with the state of dominile and	

0. 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?

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.

YES

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
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?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
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?	N0
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?	N0
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
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

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20. Business not written

21. Business not written

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

OVERFLOW PAGE FOR WRITE-INS

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

A00E10 - A33613				
		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. ACA Risk Adjustment Receivable				
2505. Other Assets			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	46,358	0	46,358	44,500