



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

Horizon Insurance Company

(Name)

NAIC Group Code 01202 , 01202 , NAIC Company Code 14690 Employer's ID Number 46-1362174
(Current Period) (Prior Period)

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 []
 Other [] Is HMO, Federally Qualified? Yes [] No []

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

Statutory Home Office 3 Penn Plaza East PP-15D , Newark, NJ, US 07105-2248
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plz E Ste PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-466-5607
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3 Penn Plz E Ste PP-15D , Newark, NJ, US 07105-2248
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Penn Plz E Ste PP-15D
(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 www.horizonblue.com

Statutory Statement Contact Thomas D. Protentis , 973-466-5607
(Name) (Area Code) (Telephone Number) (Extension)
thomas_protentis@horizonblue.com 973-466-7110
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Gary Dean St. Hilaire #</u>	<u>Chairman & CEO</u>	<u>Linda Anne Willett</u>	<u>Secretary</u>
<u>Douglas Richard Simpson</u>	<u>CFO and Treasurer</u>	<u>Mark Leon Barnard</u>	<u>President</u>

OTHER OFFICERS

<u>Michael James Considine</u>	<u>Vice President</u>	<u>Christopher Michael Lepre</u>	<u>Executive Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Mark Leon Barnard #</u>	<u>Christopher Michael Lepre</u>	<u>Gary Dean St. Hilaire #</u>	<u>Douglas Richard Simpson</u>
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State of New Jersey

County of Essex

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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 and Treasurer

Subscribed and sworn to before me this _____ day of _____,

a. Is this an original filing? Yes [] 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 Insurance Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	83,438,094		83,438,094	80,989,504
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$640,091 , Schedule E-Part 1), cash equivalents (\$37,237,556 , Schedule E-Part 2) and short-term investments (\$1,499,510 , Schedule DA).....	39,377,157		39,377,157	2,018,829
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	122,815,251	.0	122,815,251	83,008,333
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	324,614		324,614	351,534
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	920,850	296,599	624,251	810,396
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	8,953,437
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....	220,839	57,879	162,960	20,250
19. Guaranty funds receivable or on deposit	1,111,646		1,111,646	1,349,199
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	1,412,036		1,412,036	555,337
24. Health care (\$237,675) and other amounts receivable.....	3,129,840	2,691	3,127,149	3,703,117
25. Aggregate write-ins for other-than-invested assets	675,566	675,566	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	130,610,642	1,032,735	129,577,907	98,751,603
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	130,610,642	1,032,735	129,577,907	98,751,603
DETAILS OF WRITE-INS				
1101. ....			.0	.0
1102. ....			.0	.0
1103. ....			.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepaid Premium Tax.....	675,566	675,566	.0	.0
2502. ....			.0	.0
2503. ....			.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	675,566	675,566	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$68,975,071 reinsurance ceded)	8,599,129	0	8,599,129	6,820,025
2. Accrued medical incentive pool and bonus amounts	187,566	0	187,566	149,427
3. Unpaid claims adjustment expenses	53,400	0	53,400	53,800
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,168,196	0	1,168,196	1,172,578
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,322,388	0	1,322,388	1,498,238
9. General expenses due or accrued	677,274	0	677,274	802,822
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	3,186,740	0	3,186,740	1,720,554
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	3,898,863	0	3,898,863	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	64,377,893	0	64,377,893	47,126,796
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	83,471,449	0	83,471,449	59,344,240
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	643,587
26. Common capital stock	XXX	XXX	720,000	720,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	3,540,000	3,540,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	41,846,458	34,503,776
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	46,106,458	39,407,363
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	129,577,907	98,751,603
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. 2020 ACA Insurance Fee	XXX	XXX		643,587
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	643,587
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,919,205	3,856,892
2. Net premium income (including \$0 non-health premium income).....	XXX	67,608,316	71,878,601
3. Change in unearned premium reserves and reserve for rate credits	XXX	4,382	(16,610)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	67,612,698	71,861,991
Hospital and Medical:			
9. Hospital/medical benefits	0	225,977,006	267,804,731
10. Other professional services	0	23,906,895	20,268,606
11. Outside referrals	0	33,261,979	23,650,795
12. Emergency room and out-of-area	0	152,654	172,376
13. Prescription drugs	0	188,405,364	186,528,104
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	1,097,159	(194,231)
16. Subtotal (Lines 9 to 15)	0	472,801,057	498,230,381
Less:			
17. Net reinsurance recoveries	0	418,961,502	438,360,359
18. Total hospital and medical (Lines 16 minus 17)	0	53,839,555	59,870,022
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$933,941 cost containment expenses.....	0	1,591,556	1,789,859
21. General administrative expenses.....	0	7,585,629	6,916,280
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....	0	0	0
23. Total underwriting deductions (Lines 18 through 22)	0	63,016,740	68,576,161
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,595,958	3,285,830
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	1,925,180	2,952,295
26. Net realized capital gains (losses) less capital gains tax of \$153,287	0	576,651	390,461
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,501,831	3,342,756
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	4,239,374	4,930,984
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	11,337,163	11,559,570
31. Federal and foreign income taxes incurred	XXX	4,309,902	1,605,129
32. Net income (loss) (Lines 30 minus 31)	XXX	7,027,261	9,954,441
DETAILS OF WRITE-INS			
0601.	XXX	0	0
0602.	XXX	0	0
0603.	XXX	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Net Commission income.....		4,239,374	4,930,984
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	4,239,374	4,930,984

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	39,407,363	29,929,402
34. Net income or (loss) from Line 32	7,027,261	9,954,441
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(4,679)	(17,601)	(1,674)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	195,910	(118,485)
39. Change in nonadmitted assets	(506,475)	(356,321)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	6,699,095	9,477,961
49. Capital and surplus end of reporting year (Line 33 plus 48)	46,106,458	39,407,363
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	80,220,257	99,881,758
2. Net investment income	2,385,568	3,392,651
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	82,605,825	103,274,409
5. Benefit and loss related payments	52,022,312	66,016,893
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	4,826,205	5,812,632
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	2,997,003	4,182,525
10. Total (Lines 5 through 9)	59,845,520	76,012,050
11. Net cash from operations (Line 4 minus Line 10)	22,760,305	27,262,359
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	197,428,793	135,146,195
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	15,787	25,905
12.7 Miscellaneous proceeds	253,333	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	197,697,913	135,172,100
13. Cost of investments acquired (long-term only):		
13.1 Bonds	199,618,979	107,757,532
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	253,334	2,854
13.7 Total investments acquired (Lines 13.1 to 13.6)	199,872,313	107,760,386
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2,174,400)	27,411,714
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	16,772,424	(56,875,633)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	16,772,424	(56,875,633)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	37,358,329	(2,201,560)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,018,829	4,220,389
19.2 End of year (Line 18 plus Line 19.1)	39,377,158	2,018,829

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	67,608,316	0	24,790,674	0	11,957,606	0	27,383,325	0	3,476,711	0
2. Change in unearned premium reserves and reserve for rate credit	4,382	0	75,964	0	(3,460)	0	(68,241)	0	119	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	67,612,698	0	24,866,638	0	11,954,146	0	27,315,084	0	3,476,830	0
8. Hospital/medical benefits	225,977,006	0	31,640,802	0	0	0	194,336,204	0	0	XXX
9. Other professional services	23,906,894	0	16,021,187	0	7,288,277	0	597,430	0	0	XXX
10. Outside referrals	33,261,979	0	26,041,323	0	0	0	7,220,656	0	0	XXX
11. Emergency room and out-of-area	152,655	0	0	0	0	0	152,655	0	0	XXX
12. Prescription drugs	188,405,364	0	104,773,158	0	0	0	51,676,580	0	31,955,626	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,097,159	0	0	0	0	0	1,097,159	0	0	XXX
15. Subtotal (Lines 8 to 14)	472,801,057	0	178,476,470	0	7,288,277	0	255,080,684	0	31,955,626	XXX
16. Net reinsurance recoveries	418,961,502	0	160,628,823	0	0	0	229,572,616	0	28,760,063	XXX
17. Total hospital and medical (Lines 15 minus 16)	53,839,555	0	17,847,647	0	7,288,277	0	25,508,068	0	3,195,563	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 933,941 cost containment expenses	1,591,556	0	544,159	0	122,887	0	871,366	0	53,144	0
20. General administrative expenses	7,585,629	0	2,593,560	0	585,698	0	4,153,078	0	253,293	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	63,016,740	0	20,985,366	0	7,996,862	0	30,532,512	0	3,502,000	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	4,595,958	0	3,881,272	0	3,957,284	0	(3,217,428)	0	(25,170)	0
DETAILS OF WRITE-INS										
0501.	0	0	0	0	0	0	0	0	0	XXX
0502.	0	0	0	0	0	0	0	0	0	XXX
0503.	0	0	0	0	0	0	0	0	0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0	0	0	0	0	0	0	0	0	XXX
1302.	0	0	0	0	0	0	0	0	0	XXX
1303.	0	0	0	0	0	0	0	0	0	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	.0	.0	.0	.0
2. Medicare Supplement	247,906,744	.0	223,116,070	24,790,674
3. Dental only.....	.0	.0	.0	.0
4. Vision only.....	11,957,606	.0	.0	11,957,606
5. Federal Employees Health Benefits Plan .....	.0	.0	.0	.0
6. Title XVIII - Medicare	273,833,247	.0	246,449,922	27,383,325
7. Title XIX - Medicaid.....	.0	.0	.0	.0
8. Other health.....	34,767,713	.0	31,291,002	3,476,711
9. Health subtotal (Lines 1 through 8)	568,465,310	.0	500,856,994	67,608,316
10. Life .....	.0	.0	.0	.0
11. Property/casualty.....	.0	.0	.0	.0
12. Totals (Lines 9 to 11)	568,465,310	0	500,856,994	67,608,316

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	455,418,342	0	173,717,003	0	7,147,410	0	243,575,303	0	30,978,626	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	403,229,931	0	156,345,303	0	0	0	219,003,865	0	27,880,763	0
1.4 Net	52,188,411	0	17,371,700	0	7,147,410	0	24,571,438	0	3,097,863	0
2. Paid medical incentive pools and bonuses	71,577	0	0	0	0	0	71,577	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	77,574,200	0	30,298,193	0	935,232	0	44,512,775	0	1,828,000	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	68,975,071	0	27,268,373	0	0	0	40,061,498	0	1,645,200	0
3.4 Net	8,599,129	0	3,029,820	0	935,232	0	4,451,277	0	182,800	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	187,566	0	0	0	0	0	187,566	0	0	0
6. Net healthcare receivables (a).....	237,675	0	0	0	0	0	237,675	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	61,050,969	0	25,538,726	0	794,365	0	33,866,878	0	851,000	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	54,230,943	0	22,984,853	0	0	0	30,480,190	0	765,900	0
8.4 Net	6,820,026	0	2,553,873	0	794,365	0	3,386,688	0	85,100	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	149,427	0	0	0	0	0	149,427	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	471,703,898	0	178,476,470	0	7,288,277	0	253,983,525	0	31,955,626	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	417,974,059	0	160,628,823	0	0	0	228,585,173	0	28,760,063	0
12.4 Net	53,729,839	0	17,847,647	0	7,288,277	0	25,398,352	0	3,195,563	0
13. Incurred medical incentive pools and bonuses	109,716	0	0	0	0	0	109,716	0	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	21,656,901	.0	17,964,491	.0	.0	.0	3,692,410	.0	.0	.0
1.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3. Reinsurance ceded	19,491,211	.0	16,168,042	.0	.0	.0	3,323,169	.0	.0	.0
1.4. Net	2,165,690	.0	1,796,449	.0	.0	.0	369,241	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	55,917,299	.0	12,333,702	.0	935,232	.0	40,820,365	.0	1,828,000	.0
2.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3. Reinsurance ceded	49,483,860	.0	11,100,331	.0	.0	.0	36,738,329	.0	1,645,200	.0
2.4. Net	6,433,439	.0	1,233,371	.0	935,232	.0	4,082,036	.0	182,800	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	77,574,200	.0	30,298,193	.0	935,232	.0	44,512,775	.0	1,828,000	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	68,975,071	.0	27,268,373	.0	.0	.0	40,061,498	.0	1,645,200	.0
4.4. Net	8,599,129	0	3,029,820	0	935,232	0	4,451,277	0	182,800	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.0	.0	.0	.0	.0	.0
2. Medicare Supplement	2,375,976	14,995,725	1,230	3,028,589	2,377,206	2,553,872
3. Dental Only.....	.0	.0	.0	.0	.0	.0
4. Vision Only.....	.0	7,153,247	326	934,906	326	794,365
5. Federal Employees Health Benefits Plan .....	.0	.0	.0	.0	.0	.0
6. Title XVIII - Medicare	2,748,373	21,823,064	73,000	4,378,278	2,821,373	3,386,688
7. Title XIX - Medicaid.....	.0	.0	.0	.0	.0	.0
8. Other health	63,370	3,028,656	.0	182,800	63,370	85,100
9. Health subtotal (Lines 1 to 8).....	5,187,719	47,000,692	74,556	8,524,573	5,262,275	6,820,025
10. Healthcare receivables (a).....	.0	237,675	.0	.0	.0	.0
11. Other non-health.....	.0	.0	.0	.0	.0	.0
12. Medical incentive pools and bonus amounts	71,577	.0	.0	187,566	71,577	149,427
13. Totals (Lines 9-10+11+12)	5,259,296	46,763,017	74,556	8,712,139	5,333,852	6,969,452

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,543	2,562	2,561	2,558	2,552
2. 2016	23,146	25,047	25,097	25,096	25,096
3. 2017	XXX	19,873	22,295	22,300	22,299
4. 2018	XXX	XXX	19,856	21,997	22,033
5. 2019	XXX	XXX	XXX	18,588	20,935
6. 2020	XXX	XXX	XXX	XXX	14,996

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,553	2,562	2,561	2,558	2,552
2. 2016	25,797	25,064	25,097	25,096	25,096
3. 2017	XXX	22,500	22,308	22,300	22,299
4. 2018	XXX	XXX	22,411	22,007	22,033
5. 2019	XXX	XXX	XXX	21,132	20,937
6. 2020	XXX	XXX	XXX	XXX	18,024

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	27,839	25,096	568	2.3	25,664	92.2	.0	.0	25,664	92.2
2. 2017.....	27,515	22,299	1,318	5.9	23,617	85.8	.0	.0	23,617	85.8
3. 2018.....	26,671	22,033	689	3.1	22,722	85.2	.0	.0	22,722	85.2
4. 2019.....	26,307	20,935	595	2.8	21,530	81.8	.1	.0	21,531	81.8
5. 2020.....	24,867	14,996	544	3.6	15,540	62.5	3,029	25	18,569	74.8

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016	1,970	1,970	1,970	1,970	1,970
3. 2017	XXX	3,318	3,318	3,318	3,318
4. 2018	XXX	XXX	5,977	5,977	5,977
5. 2019	XXX	XXX	XXX	8,091	8,091
6. 2020	XXX	XXX	XXX	XXX	7,153

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016	1,970	1,970	1,970	1,970	1,970
3. 2017	XXX	3,903	3,318	3,318	3,318
4. 2018	XXX	XXX	6,724	5,977	5,977
5. 2019	XXX	XXX	XXX	8,885	8,091
6. 2020	XXX	XXX	XXX	XXX	8,088

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	2,642	1,970	19	1.0	1,989	75.3	.0	.0	1,989	75.3
2. 2017.....	4,264	3,318	36	1.1	3,354	78.7	.0	.0	3,354	78.7
3. 2018.....	8,540	5,977	135	2.3	6,112	71.6	.0	.0	6,112	71.6
4. 2019.....	10,874	8,091	82	1.0	8,173	75.2	.0	.0	8,173	75.2
5. 2020.....	11,954	7,153	123	1.7	7,276	60.9	935	1	8,212	68.7

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	3,412	3,418	3,425	3,419	3,417
2. 2016	26,935	29,790	29,827	29,833	29,832
3. 2017	XXX	86,821	95,531	95,659	95,686
4. 2018	XXX	XXX	88,151	96,272	96,423
5. 2019	XXX	XXX	XXX	22,773	25,416
6. 2020	XXX	XXX	XXX	XXX	21,585

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	3,431	3,418	3,425	3,419	3,417
2. 2016	29,413	29,802	29,829	29,833	29,832
3. 2017	XXX	94,677	95,658	95,661	95,686
4. 2018	XXX	XXX	97,779	96,378	96,445
5. 2019	XXX	XXX	XXX	26,200	25,467
6. 2020	XXX	XXX	XXX	XXX	26,151

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	29,685	29,832	720	2.4	30,552	102.9	.0	.0	30,552	102.9
2. 2017.....	101,528	95,686	2,477	2.6	98,163	96.7	.0	.0	98,163	96.7
3. 2018.....	103,845	96,423	2,280	2.4	98,703	95.0	22	.0	98,725	95.1
4. 2019.....	27,786	25,416	1,021	4.0	26,437	95.1	51	.0	26,488	95.3
5. 2020.....	27,315	21,585	871	4.0	22,456	82.2	4,566	28	27,050	99.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	121	111	148	145	145
2. 2016	3,089	3,220	3,169	3,152	3,151
3. 2017	XXX	3,034	8,752	8,588	8,587
4. 2018	XXX	XXX	5,278	7,021	7,014
5. 2019	XXX	XXX	XXX	4,617	4,689
6. 2020	XXX	XXX	XXX	XXX	3,029

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	121	111	148	145	145
2. 2016	3,223	3,220	3,169	3,152	3,151
3. 2017	XXX	3,184	8,752	8,588	8,587
4. 2018	XXX	XXX	5,321	7,021	7,014
5. 2019	XXX	XXX	XXX	4,702	4,689
6. 2020	XXX	XXX	XXX	XXX	3,211

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	3,919	3,151	185	5.9	3,336	85.1	0	0	3,336	85.1
2. 2017	6,547	8,587	118	1.4	8,705	133.0	0	0	8,705	133.0
3. 2018	10,437	7,014	123	1.8	7,137	68.4	0	0	7,137	68.4
4. 2019	6,895	4,689	92	2.0	4,781	69.3	0	0	4,781	69.3
5. 2020	3,477	3,029	53	1.8	3,082	88.6	183	0	3,265	93.9

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	6,076	6,091	6,134	6,122	6,114
2. 2016	55,140	60,027	60,063	60,051	60,049
3. 2017	XXX	113,046	129,896	129,865	129,890
4. 2018	XXX	XXX	119,262	131,267	131,447
5. 2019	XXX	XXX	XXX	54,069	59,131
6. 2020	XXX	XXX	XXX	XXX	46,763

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	6,105	6,091	6,134	6,122	6,114
2. 2016	60,403	60,056	60,065	60,051	60,049
3. 2017	XXX	124,264	130,036	129,867	129,890
4. 2018	XXX	XXX	132,235	131,383	131,469
5. 2019	XXX	XXX	XXX	60,919	59,184
6. 2020	XXX	XXX	XXX	XXX	55,474

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	64,084	60,049	1,492	2.5	61,541	96.0	.0	.0	61,541	96.0
2. 2017	139,854	129,890	3,949	3.0	133,839	95.7	.0	.0	133,839	95.7
3. 2018	149,494	131,447	3,227	2.5	134,674	90.1	22	.0	134,696	90.1
4. 2019	71,862	59,131	1,790	3.0	60,921	84.8	52	.0	60,973	84.8
5. 2020	67,613	46,763	1,591	3.4	48,354	71.5	8,713	54	57,121	84.5

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	10,423,804	.0	10,399,962	.0	22,746	.0	.0	.0	1,096
2. Additional policy reserves (a).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Reserve for future contingent benefits.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	1,053,448	.0	.0	.0	.0	.0	1,053,448	.0	.0
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	11,477,252	.0	10,399,962	.0	22,746	.0	1,053,448	.0	1,096
7. Reinsurance ceded	10,309,055	.0	9,359,966	.0	.0	.0	948,103	.0	986
8. Totals (Net) (Page 3, Line 4)	1,168,197	0	1,039,996	0	22,746	0	105,345	0	110
9. Present value of amounts not yet due on claims .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Reserve for future contingent benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0502. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0503. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1102. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1103. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	0	0	34	0	34
2. Salaries, wages and other benefits	0	0	1,093,244	0	1,093,244
3. Commissions (less \$ceded plus \$assumed)	0	0	578,141	0	578,141
4. Legal fees and expenses	0	0	0	0	0
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	162,811	0	162,811
7. Traveling expenses	0	0	3,772	0	3,772
8. Marketing and advertising	0	0	191,110	0	191,110
9. Postage, express and telephone	0	0	41,063	0	41,063
10. Printing and office supplies	0	0	83,256	0	83,256
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software	0	0	2,031	0	2,031
14. Outsourced services including EDP, claims, and other services	933,941	658,015	4,337,496	0	5,929,452
15. Boards, bureaus and association fees	0	0	97,102	0	97,102
16. Insurance, except on real estate	0	0	41,242	0	41,242
17. Collection and bank service charges	0	0	0	0	0
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	(51,307)	0	(51,307)
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	96,600	0	96,600
23.3 Regulatory authority licenses and fees	0	0	32,994	0	32,994
23.4 Payroll taxes	0	0	60,030	0	60,030
23.5 Other (excluding federal income and real estate taxes)	0	0	805,269	0	805,269
24. Investment expenses not included elsewhere	0	0	0	0	0
25. Aggregate write-ins for expenses	0	(400)	10,741	0	10,341
26. Total expenses incurred (Lines 1 to 25)	933,941	657,615	7,585,629	0	(a) 9,177,185
27. Less expenses unpaid December 31, current year		53,400	677,275		730,675
28. Add expenses unpaid December 31, prior year	0	53,800	802,822	0	856,622
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	933,941	658,015	7,711,176	0	9,303,132
DETAILS OF WRITE-INS					
2501. Provision for Claims Processing	0	(400)	0	0	(400)
2502. Prompt pay interest	0	0	10,741	0	10,741
2503.	0	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	(400)	10,741	0	10,341

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....134,408	.....112,723
1.1 Bonds exempt from U.S. tax	(a).....0	.....0
1.2 Other bonds (unaffiliated)	(a).....1,726,625	.....1,721,589
1.3 Bonds of affiliates	(a).....0	.....0
2.1 Preferred stocks (unaffiliated)	(b).....0	.....0
2.11 Preferred stocks of affiliates	(b).....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0
3. Mortgage loans	(c).....0	.....0
4. Real estate	(d).....0	.....0
5. Contract loans	.....0	.....0
6. Cash, cash equivalents and short-term investments	(e).....80,895	.....80,695
7. Derivative instruments	(f).....0	.....0
8. Other invested assets	.....0	.....0
9. Aggregate write-ins for investment income	.....0	.....10,173
10. Total gross investment income	1,941,928	1,925,180
11. Investment expenses		(g).....0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....0
13. Interest expense		(h).....0
14. Depreciation on real estate and other invested assets		(i).....0
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		.....0
17. Net investment income (Line 10 minus Line 16)		1,925,180
DETAILS OF WRITE-INS		
0901. Other investment income	.....0	.....10,173
0902. ....	.....0	.....0
0903. ....	.....0	.....0
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	10,173
1501. ....		.....0
1502. ....		.....0
1503. ....		.....0
1598. Summary of remaining write-ins for Line 15 from overflow page		.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ 46,741 accrual of discount less \$ 480,209 amortization of premium and less \$ 87,449 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	201,271	0	201,271	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	766,214	(253,334)	512,880	(22,279)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	15,787	0	15,787	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	983,272	(253,334)	729,938	(22,279)	0
DETAILS OF WRITE-INS					
0901.			0	0	0
0902.			0	0	0
0903.			0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	296,599	45,945	(250,654)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	57,879	.0	(57,879)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	2,691	37,047	34,356
25. Aggregate write-ins for other-than-invested assets	675,566	443,268	(232,298)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,032,735	526,260	(506,475)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	1,032,735	526,260	(506,475)
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepays.....	675,566	443,268	(232,298)
2502. ....		.0	.0
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	675,566	443,268	(232,298)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	20,014	20,103	19,926	19,918	19,733	239,671
2. Provider Service Organizations.....	.0	.0	.0	.0	.0	.0
3. Preferred Provider Organizations.....	939	1,262	1,263	1,301	1,314	15,027
4. Point of Service.....	2,411	2,403	2,423	2,411	2,388	28,892
5. Indemnity Only.....	79,810	77,490	77,021	75,404	74,733	918,515
6. Aggregate write-ins for other lines of business.....	217,577	226,638	228,669	224,738	225,421	2,717,100
7. Total	320,751	327,896	329,302	323,772	323,589	3,919,205
DETAILS OF WRITE-INS						
0601. Vision.....	190,059	201,059	203,613	199,859	200,728	2,415,272
0602. Part D Standalone.....	27,518	25,579	25,056	24,879	24,693	301,828
0603. ....	.0	.0	.0	.0	.0	.0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	217,577	226,638	228,669	224,738	225,421	2,717,100

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 7,027,261	\$ 9,954,441
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 7,027,261	\$ 9,954,441
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 46,106,458	\$ 39,407,363
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 46,106,458	\$ 39,407,363

2. Accounting Changes and Corrections of Errors

3. Business Combinations and Goodwill

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

- (1) List of Discontinued Operations Disposed of or Classified as Held for Sale
- (3) Loss Recognized on Discontinued Operations
- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income
 - a. Carrying Amount of Discontinued Operations
 - b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
-----------------------------------	-------------	------------------	--

1. Assets
2. Liabilities
3. Surplus
4. Income

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

- (3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total:

Current Year	\$ 0	Prior Year	\$ 0
--------------	------	------------	------
- (4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) 30-59 Days Past Due	0	0	0	0	0	0	0
(c) 60-89 Days Past Due	0	0	0	0	0	0	0
(d) 90-179 Days Past Due	0	0	0	0	0	0	0
(e) 180+ Days Past Due	0	0	0	0	0	0	0
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Interest Accrued	0	0	0	0	0	0	0
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Interest Accrued	0	0	0	0	0	0	0
4. Interest Reduced							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Number of Loans	0	0	0	0	0	0	0
(c) Percent Reduced	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Prior Year							
1. Recorded Investment							
(a) Current	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) 30-59 Days Past Due	0	0	0	0	0	0	0
(c) 60-89 Days Past Due	0	0	0	0	0	0	0
(d) 90-179 Days Past Due	0	0	0	0	0	0	0
(e) 180+ Days Past Due	0	0	0	0	0	0	0
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Interest Accrued	0	0	0	0	0	0	0
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Interest Accrued	0	0	0	0	0	0	0
4. Interest Reduced							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Number of Loans	0	0	0	0	0	0	0
(c) Percent Reduced	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
a. Current Year							
1. With Allowance for Credit Losses	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. No Allowance for Credit Losses	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Total (1+2)	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan	.....0	.....0	.....0	.....0	.....0	.....0	.....0
b. Prior Year							
1. With Allowance for Credit Losses	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. No Allowance for Credit Losses	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Total (1+2)	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan	.....0	.....0	.....0	.....0	.....0	.....0	.....0

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
a. Current Year							
1. Average Recorded Investment	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Interest Income Recognized	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Recorded Investments on Nonaccrual Status	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	.....0	.....0	.....0	.....0	.....0	.....0	.....0
b. Prior Year							
1. Average Recorded Investment	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Interest Income Recognized	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Recorded Investments on Nonaccrual Status	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Current Year	Prior Year
(7) Allowance for Credit Losses:		
a. Balance at beginning of period	\$.....0	\$.....0
b. Additions charged to operations	\$.....0	\$.....0
c. Direct write-downs charged against the allowances	\$.....0	\$.....0
d. Recoveries of amounts previously charged off	\$.....0	\$.....0
e. Balance at end of period	\$.....0	\$.....0

	Current Year
(8) Mortgage Loans Derecognized as a Result of Foreclosure:	
a. Aggregate amount of mortgage loans derecognized	\$.....0
b. Real estate collateral recognized	\$.....0
c. Other collateral recognized	\$.....0
d. Receivables recognized from a government guarantee of the foreclosed mortgage loan	\$.....0

B. Debt Restructuring

	Current Year	Prior Year
(1) The total recorded investment in restructured loans, as of year-end	\$.....0	\$.....0
(2) The realized capital losses related to these loans	\$.....0	\$.....0
(3) Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings	\$.....0	\$.....0

C. Reverse Mortgages

- (3) At December 31, 2020, the actuarial reserve of \$ reduced the asset value of the group of reverse mortgages.
- (4) The Company recorded an unrealized loss of \$ as a result of the re-estimate of the cash flows.

D. Loan-Backed Securities

(2)

(1) Amortized Cost Basis Before Other-than-Temporary Impairment	(2) Other-than-Temporary Impairment Recognized in Loss	(3) Fair Value 1 - 2
--	---	----------------------------

OTTI recognized 1 st Quarter		
a. Intent to sell	\$.....0	\$.....0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....0	\$.....0
c. Total 1 st Quarter	\$.....0	\$.....0
OTTI recognized 2 nd Quarter		
d. Intent to sell	\$.....909,617	\$.....253,334
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....0	\$.....0
f. Total 2 nd Quarter	\$.....909,617	\$.....253,334
OTTI recognized 3 rd Quarter		
g. Intent to sell	\$.....0	\$.....0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....0	\$.....0
i. Total 3 rd Quarter	\$.....0	\$.....0
OTTI recognized 4 th Quarter		
j. Intent to sell	\$.....0	\$.....0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....0	\$.....0
l. Total 4 th Quarter	\$.....0	\$.....0
m. Annual Aggregate Total	\$.....253,334	

(3)

(4) a. The aggregate amount of unrealized losses:		
	1. Less than 12 Months	\$.....0
	2. 12 Months or Longer	\$.....0
b. The aggregate related fair value of securities with unrealized losses:		
	1. Less than 12 Months	\$.....0
	2. 12 Months or Longer	\$.....0

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

a. Aggregate Amount Collateral Received	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$.....0
(b) 30 Days or Less	\$.....0
(c) 31 to 60 Days	\$.....0
(d) 61 to 90 Days	\$.....0
(e) Greater Than 90 Days	\$.....0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

(f)	Sub-Total	\$0
(g)	Securities Received	.....0
(h)	Total Collateral Received	\$0
2.	Dollar Repurchase Agreement	
(a)	Open	\$0
(b)	30 Days or Less	.....0
(c)	31 to 60 Days	.....0
(d)	61 to 90 Days	.....0
(e)	Greater Than 90 Days	.....0
(f)	Sub-Total	\$0
(g)	Securities Received	.....0
(h)	Total Collateral Received	\$0
b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$0

(5) Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested			
1. Securities Lending		<u>Amortized Cost</u>	<u>Fair Value</u>
(a)	Open	\$0	\$0
(b)	30 Days or Less	.....0	.....0
(c)	31 to 60 Days	.....0	.....0
(d)	61 to 90 Days	.....0	.....0
(e)	91 to 120 Days	.....0	.....0
(f)	121 to 180 Days	.....0	.....0
(g)	181 to 365 Days	.....0	.....0
(h)	1 to 2 Years	.....0	.....0
(i)	2 to 3 Years	.....0	.....0
(j)	Greater Than 3 Years	.....0	.....0
(k)	Sub-Total	\$0	\$0
(l)	Securities Received	.....0	.....0
(m)	Total Collateral Reinvested	\$0	\$0
2. Dollar Repurchase Agreement			
(a)	Open	\$0	\$0
(b)	30 Days or Less	.....0	.....0
(c)	31 to 60 Days	.....0	.....0
(d)	61 to 90 Days	.....0	.....0
(e)	91 to 120 Days	.....0	.....0
(f)	121 to 180 Days	.....0	.....0
(g)	181 to 365 Days	.....0	.....0
(h)	1 to 2 Years	.....0	.....0
(i)	2 to 3 Years	.....0	.....0
(j)	Greater Than 3 Years	.....0	.....0
(k)	Sub-Total	\$0	\$0
(l)	Securities Received	.....0	.....0
(m)	Total Collateral Reinvested	\$0	\$0

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a.	Bilateral (YES/NO)	NO	NO	NO	NO
b.	Tri-Party (YES/NO)	NO	NO	NO	NO

(3) Original (Flow) & Residual Maturity

		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a.	Maximum Amount				
1.	Open – No Maturity	.....0	.....0	.....0	.....0
2.	Overnight	.....0	.....0	.....0	.....0
3.	2 Days to 1 Week	.....0	.....0	.....0	.....0
4.	> 1 Week to 1 Month	.....0	.....0	.....0	.....0
5.	> 1 Month to 3 Months	.....0	.....0	.....0	.....0
6.	> 3 Months to 1 Year	.....0	.....0	.....0	.....0
7.	> 1 Year	.....0	.....0	.....0	.....0
b.	Ending Balance				
1.	Open – No Maturity	.....0	.....0	.....0	.....0
2.	Overnight	.....0	.....0	.....0	.....0
3.	2 Days to 1 Week	.....0	.....0	.....0	.....0
4.	> 1 Week to 1 Month	.....0	.....0	.....0	.....0
5.	> 1 Month to 3 Months	.....0	.....0	.....0	.....0
6.	> 3 Months to 1 Year	.....0	.....0	.....0	.....0
7.	> 1 Year	.....0	.....0	.....0	.....0

(5) Securities "Sold" Under Repo – Secured Borrowing

		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a.	Maximum Amount				
1.	BACV	XXX	XXX	XXX	XXX
2.	Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
3.	Fair Value	.....0	.....0	.....0	.....0
b.	Ending Balance				
1.	BACV	XXX	XXX	XXX	XXX
2.	Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
3.	Fair Value	.....0	.....0	.....0	.....0

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

ENDING BALANCE

		1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a.	Bonds – BACV	.....0	.....0	.....0	.....0
b.	Bonds – FV	.....0	.....0	.....0	.....0
c.	LB & SS – BACV	.....0	.....0	.....0	.....0
d.	LB & SS – FV	.....0	.....0	.....0	.....0
e.	Preferred Stock – BACV	.....0	.....0	.....0	.....0
f.	Preferred Stock – FV	.....0	.....0	.....0	.....0
g.	Common Stock	.....0	.....0	.....0	.....0
h.	Mortgage Loans – BACV	.....0	.....0	.....0	.....0
i.	Mortgage Loans – FV	.....0	.....0	.....0	.....0
j.	Real Estate – BACV	.....0	.....0	.....0	.....0
k.	Real Estate – FV	.....0	.....0	.....0	.....0
l.	Derivatives – BACV	.....0	.....0	.....0	.....0
m.	Derivatives – FV	.....0	.....0	.....0	.....0
n.	Other Invested Assets – BACV	.....0	.....0	.....0	.....0
o.	Other Invested Assets – FV	.....0	.....0	.....0	.....0
p.	Total Assets – BACV	.....0	.....0	.....0	.....0
q.	Total Assets – FV	.....0	.....0	.....0	.....0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – BACV	0	0	0	0
b. Bonds – FV	0	0	0	0
c. LB & SS – BACV	0	0	0	0
d. LB & SS – FV	0	0	0	0
e. Preferred Stock – BACV	0	0	0	0
f. Preferred Stock – FV	0	0	0	0
g. Common Stock	0	0	0	0
h. Mortgage Loans – BACV	0	0	0	0
i. Mortgage Loans – FV	0	0	0	0
j. Real Estate – BACV	0	0	0	0
k. Real Estate – FV	0	0	0	0
l. Derivatives – BACV	0	0	0	0
m. Derivatives – FV	0	0	0	0
n. Other Invested Assets – BACV	0	0	0	0
o. Other Invested Assets – FV	0	0	0	0
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0
p=a+c+e+g+h+j+l+n q=b+d+f+g+i+k+m+o				

(7) Collateral Received – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
b. Ending Balance				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Cash	0	0	0	0
b. Bonds – FV	0	0	0	0
c. LB & SS – FV	0	0	0	0
d. Preferred Stock – FV	0	0	0	0
e. Common Stock	0	0	0	0
f. Mortgage Loans – FV	0	0	0	0
g. Real Estate – FV	0	0	0	0
h. Derivatives – FV	0	0	0	0
i. Other Invested Assets – FV	0	0	0	0
j. Total Collateral Assets – FV (Sum of a through i)	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Cash	0	0	0	0
b. Bonds – FV	0	0	0	0
c. LB & SS – FV	0	0	0	0
d. Preferred Stock – FV	0	0	0	0
e. Common Stock	0	0	0	0
f. Mortgage Loans – FV	0	0	0	0
g. Real Estate – FV	0	0	0	0
h. Derivatives – FV	0	0	0	0
i. Other Invested Assets – FV	0	0	0	0
j. Total Collateral Assets – FV (Sum of a through i)	0	0	0	0

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

	FAIR VALUE
a. Overnight and Continuous	0
b. 30 Days or Less	0
c. 31 to 90 Days	0
d. > 90 Days	0

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. 30 Days or Less	0	0
b. 31 to 60 Days	0	0
c. 61 to 90 Days	0	0
d. 91 to 120 Days	0	0
e. 121 to 180 Days	0	0
f. 181 to 365 Days	0	0
g. 1 to 2 Years	0	0
h. 2 to 3 Years	0	0
i. > 3 Years	0	0

(11) Liability to Return Collateral – Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash (Collateral – All)	0	0	0	0
2. Securities Collateral (FV)	0	0	0	0
b. Ending Balance				
1. Cash (Collateral – All)	0	0	0	0
2. Securities Collateral (FV)	0	0	0	0

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity	0	0	0	0
2. Overnight	0	0	0	0
3. 2 Days to 1 Week	0	0	0	0
4. > 1 Week to 1 Month	0	0	0	0
5. > 1 Month to 3 Months	0	0	0	0
6. > 3 Months to 1 Year	0	0	0	0
7. > 1 Year	0	0	0	0
b. Ending Balance				
1. Open – No Maturity	0	0	0	0
2. Overnight	0	0	0	0
3. 2 Days to 1 Week	0	0	0	0
4. > 1 Week to 1 Month	0	0	0	0
5. > 1 Month to 3 Months	0	0	0	0
6. > 3 Months to 1 Year	0	0	0	0
7. > 1 Year	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

(5) Fair Value of Securities Acquired Under Repo - Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	0	0	0	0
b. Ending Balance	0	0	0	0

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – FV	0	0	0	0
b. LB & SS – FV	0	0	0	0
c. Preferred Stock – FV	0	0	0	0
d. Common Stock	0	0	0	0
e. Mortgage Loans – FV	0	0	0	0
f. Real Estate – FV	0	0	0	0
g. Derivatives – FV	0	0	0	0
h. Other Invested Assets – FV	0	0	0	0
i. Total Assets – FV (Sum of a through h)	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Bonds – FV	0	0	0	0
b. LB & SS – FV	0	0	0	0
c. Preferred Stock – FV	0	0	0	0
d. Common Stock	0	0	0	0
e. Mortgage Loans – FV	0	0	0	0
f. Real Estate – FV	0	0	0	0
g. Derivatives – FV	0	0	0	0
h. Other Invested Assets – FV	0	0	0	0
i. Total Assets – FV (Sum of a through h)	0	0	0	0

(7) Collateral Provided – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
3. Securities (BACV)	0	0	0	0
4. Nonadmitted Subset (BACV)	0	0	0	0

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. Overnight and Continuous	0	0
b. 30 Days or Less	0	0
c. 31 to 90 Days	0	0
d. > 90 Days	0	0

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
b. Ending Balance				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral	0	0	0	0
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	0	0	0	0
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral	0	0	0	0
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	0	0	0	0

H. Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity	0	0	0	0
2. Overnight	0	0	0	0
3. 2 Days to 1 Week	0	0	0	0
4. > 1 Week to 1 Month	0	0	0	0
5. > 1 Month to 3 Months	0	0	0	0
6. > 3 Months to 1 Year	0	0	0	0
7. > 1 Year	0	0	0	0
b. Ending Balance				
1. Open – No Maturity	0	0	0	0
2. Overnight	0	0	0	0
3. 2 Days to 1 Week	0	0	0	0
4. > 1 Week to 1 Month	0	0	0	0
5. > 1 Month to 3 Months	0	0	0	0
6. > 3 Months to 1 Year	0	0	0	0
7. > 1 Year	0	0	0	0

(5) Securities "Sold" Under Repo - Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	0
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	0
3. Fair Value	0	0	0	0
b. Ending Balance				
1. BACV	XXX	XXX	XXX	0
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	0
3. Fair Value	0	0	0	0

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(6) Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – BACV	0	0	0	0
b. Bonds – FV	0	0	0	0
c. LB & SS – BACV	0	0	0	0
d. LB & SS – FV	0	0	0	0
e. Preferred Stock – BACV	0	0	0	0
f. Preferred Stock – FV	0	0	0	0
g. Common Stock	0	0	0	0
h. Mortgage Loans – BACV	0	0	0	0
i. Mortgage Loans – FV	0	0	0	0
j. Real Estate – BACV	0	0	0	0
k. Real Estate – FV	0	0	0	0
l. Derivatives – BACV	0	0	0	0
m. Derivatives – FV	0	0	0	0
n. Other Invested Assets – BACV	0	0	0	0
o. Other Invested Assets – FV	0	0	0	0
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – BACV	0	0	0	0
b. Bonds – FV	0	0	0	0
c. LB & SS – BACV	0	0	0	0
d. LB & SS – FV	0	0	0	0
e. Preferred Stock – BACV	0	0	0	0
f. Preferred Stock – FV	0	0	0	0
g. Common Stock	0	0	0	0
h. Mortgage Loans – BACV	0	0	0	0
i. Mortgage Loans – FV	0	0	0	0
j. Real Estate – BACV	0	0	0	0
k. Real Estate – FV	0	0	0	0
l. Derivatives – BACV	0	0	0	0
m. Derivatives – FV	0	0	0	0
n. Other Invested Assets – BACV	0	0	0	0
o. Other Invested Assets – FV	0	0	0	0
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0
p=a+c+e+g+h+j+l+n				
q=b+d+f+g+i+k+m+o				

(7) Proceeds Received - Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
3. Nonadmitted	0	0	0	0
b. Ending Balance				
1. Cash	0	0	0	0
2. Securities (FV)	0	0	0	0
3. Nonadmitted	0	0	0	0

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – FV	0	0	0	0
b. LB & SS – FV	0	0	0	0
c. Preferred Stock – FV	0	0	0	0
d. Common Stock	0	0	0	0
e. Mortgage Loans – FV	0	0	0	0
f. Real Estate – FV	0	0	0	0
g. Derivatives – FV	0	0	0	0
h. Other Invested Assets – FV	0	0	0	0
i. Total Assets – FV (Sum of a through h)	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – FV	0	0	0	0
b. LB & SS – FV	0	0	0	0
c. Preferred Stock – FV	0	0	0	0
d. Common Stock	0	0	0	0
e. Mortgage Loans – FV	0	0	0	0
f. Real Estate – FV	0	0	0	0
g. Derivatives – FV	0	0	0	0
h. Other Invested Assets – FV	0	0	0	0
i. Total Assets – FV (Sum of a through h)	0	0	0	0

(9) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	0	0	0	0
b. Ending Balance	0	0	0	0

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

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(5) Securities Acquired Under Repo - Sale

- a. Maximum Amount
 - 1. BACV
 - 2. Nonadmitted – Subset of BACV
 - 3. Fair Value
- b. Ending Balance
 - 1. BACV
 - 2. Nonadmitted – Subset of BACV
 - 3. Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	XXX
XXX	XXX	XXX	XXX
XXX	XXX	XXX	XXX
XXX	XXX	XXX	XXX

(6) Securities Acquired Under Repo – Sale by NAIC Designation

ENDING BALANCE

- a. Bonds – BACV
- b. Bonds – FV
- c. LB & SS – BACV
- d. LB & SS – FV
- e. Preferred Stock – BACV
- f. Preferred Stock – FV
- g. Common Stock
- h. Mortgage Loans – BACV
- i. Mortgage Loans – FV
- j. Real Estate – BACV
- k. Real Estate – FV
- l. Derivatives – BACV
- m. Derivatives – FV
- n. Other Invested Assets – BACV
- o. Other Invested Assets – FV
- p. Total Assets – BACV
- q. Total Assets – FV

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
0	0	0	0
0	0	0	0

ENDING BALANCE

- a. Bonds – BACV
 - b. Bonds – FV
 - c. LB & SS – BACV
 - d. LB & SS – FV
 - e. Preferred Stock – BACV
 - f. Preferred Stock – FV
 - g. Common Stock
 - h. Mortgage Loans – BACV
 - i. Mortgage Loans – FV
 - j. Real Estate – BACV
 - k. Real Estate – FV
 - l. Derivatives – BACV
 - m. Derivatives – FV
 - n. Other Invested Assets – BACV
 - o. Other Invested Assets – FV
 - p. Total Assets – BACV
 - q. Total Assets – FV
- p=a+c+e+g+h+j+l+n q=b+d+f+g+i+k+m+o

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
0	0	0	0
0	0	0	0

(7) Proceeds Provided - Sale

- a. Maximum Amount
 - 1. Cash
 - 2. Securities (FV)
 - 3. Securities (BACV)
 - 4. Nonadmitted Subset (BACV)
- b. Ending Balance
 - 1. Cash
 - 2. Securities (FV)
 - 3. Securities (BACV)
 - 4. Nonadmitted Subset (BACV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	XXX
XXX	XXX	XXX	XXX

(8) Recognized Forward Resale Commitment

- a. Maximum Amount
- b. Ending Balance

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	\$ 0	\$	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states		0	0		0	0.0	0.0
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0		0	0.0	0.0
n. Other restricted assets	0	0	0		0	0.0	0.0
o. Total Restricted Assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %

(a) Column 1 divided by Asset Page, Column 1, Line 28
 (b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

	1	2	3	4
Collateral Assets	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted) *	% of BACV to Total Admitted Assets **
a. Cash, Cash Equivalents and Short-Term Investments	\$	\$	0.0%	0.0%
b. Schedule D, Part 1			0.0%	0.0%
c. Schedule D, Part 2, Section 1			0.0%	0.0%
d. Schedule D, Part 2, Section 2			0.0%	0.0%
e. Schedule B			0.0%	0.0%
f. Schedule A			0.0%	0.0%
g. Schedule BA, Part 1			0.0%	0.0%
h. Schedule DL, Part 1			0.0%	0.0%
i. Other			0.0%	0.0%
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 0	\$ 0	0.0%	0.0%

* Column 1 divided by Asset Page, Line 26 (Column 1)

** Column 1 divided by Asset Page, Line 26 (Column 3)

	1	2
	Amount	% of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset	\$	0.0%

* Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

	Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a. WCFI Designation 1	\$	\$	\$
b. WCFI Designation 2			
c. WCFI Designation 3			
d. WCFI Designation 4			
e. WCFI Designation 5			
f. WCFI Designation 6			
g. Total	\$ 0	\$ 0	\$ 0

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs:

	Book/Adjusted Carrying Value
a. Up to 180 Days	\$
b. 181 Days to 365 Days	
c. Total	\$ 0

N. Offsetting and Netting of Assets and Liabilities

O. 5GI Securities

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds – AC	0	0	\$ 0	\$ 0	\$ 0	\$ 0
(2) Bonds – FV	0	0	0	0	0	0
(3) LB&SS – AC	0	0	0	0	0	0
(4) LB&SS – FV	0	0	0	0	0	0
(5) Preferred Stock – AC	0	0	0	0	0	0
(6) Preferred Stock – FV	0	0	0	0	0	0
(7) Total (1+2+3+4+5+6)	0	0	\$ 0	\$ 0	\$ 0	\$ 0

AC – Amortized Cost

FV – Fair Value

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or Loss	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secured Borrowing
a. Bonds	\$					
b. Preferred Stock						
c. Common Stock						
d. Totals(a+b+c)	\$ 0	\$ 0	\$ 0	XXX	\$ 0	\$ 0

(2) Settled Short Sale Transactions

	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or Loss on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a. Bonds	\$				
b. Preferred Stock					
c. Common Stock					
d. Totals(a+b+c)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Q. Prepayment Penalty and Acceleration Fees

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

6. Joint Ventures, Partnerships and Limited Liability Companies

7. Investment Income

8. Derivative Instruments

A. Derivatives under SSAP No. 86 - Derivatives

(8)

	Derivative Premium Payments Due
a.	
Fiscal Year	
1. 2021	\$ 0
2. 2022	0
3. 2023	0
4. 2024	0
5. Thereafter	0
6. Total Future Settled Premiums	\$ 0

b.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

	<u>Undiscounted Future Premium Commitments</u>	<u>Derivative Fair Value With Premium Commitments (Reported on DB)</u>	<u>Derivative Fair Value Excluding Impact of Future Settled Premiums</u>
1. Prior Year	\$0	\$0	\$0
2. Current Year	\$0	\$0	\$0

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

(2) Recognition of gains/losses and deferred assets and liabilities

a. Scheduled Amortization

	<u>Amortization Year</u>	<u>Deferred Assets</u>	<u>Deferred Liabilities</u>
1. 2021
2. 2022
3. 2023
4. 2024
5. 2025
6. 2026
7. 2027
8. 2028
9. 2029
10. 2030
11. Total	0	0

b. Total Deferred Balance*

* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

1. Prior Year Total Deferred Balance	\$0
2. Current Year Amortization	\$0
3. Current Year Deferred Recognition	\$0
4. Ending Deferred Balance [1-(2+3)]	\$0

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

1. Total Derivative Fair Value Change	\$0
2. Change in Fair Value Reflected as a Natural Offset to VM21 Liability Under SSAP No. 108	\$0
3. Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108	\$0
4. Other Changes	\$0
5. Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)]	\$0

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

1. Total Derivative Fair Value Change	\$0
2. Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108	\$0
3. Other Changes	\$0
4. Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]	\$0

(3) Hedging Strategies Identified as No Longer Highly Effective

b. Details of Hedging Strategies Identified as No Longer Highly Effective

c. Amortization

	<u>Amortization Year</u>	<u>Recognized Deferred Assets</u>	<u>Recognized Deferred Liabilities</u>	<u>Accelerated Amortization</u>	<u>Original Amortization</u>
1. 2021
2. 2022
3. 2023
4. 2024
5. 2025
6. Total Adjusted Amortization

(4) Hedging Strategies Terminated

b. Details of Hedging Strategies Terminated

c. Amortization

	<u>Amortization Year</u>	<u>Recognized Deferred Assets</u>	<u>Recognized Deferred Liabilities</u>	<u>Accelerated Amortization</u>	<u>Original Amortization</u>
1. 2021
2. 2022
3. 2023
4. 2024
5. 2025
6. Total Adjusted Amortization

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

	12/31/2020		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$410,381	\$57,879	\$468,260
(b) Statutory Valuation Allowance Adjustments	\$0	\$0	\$0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$410,381	\$57,879	\$468,260
(d) Deferred Tax Assets Nonadmitted	\$0	\$57,879	\$57,879
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$410,381	\$0	\$410,381
(f) Deferred Tax Liabilities	\$247,420	\$0	\$247,420
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$162,961	\$0	\$162,961

	12/31/2019		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$318,871	\$0	\$318,871
(b) Statutory Valuation Allowance Adjustments	\$0	\$0	\$0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$318,871	\$0	\$318,871
(d) Deferred Tax Assets Nonadmitted	\$0	\$0	\$0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$318,871	\$0	\$318,871
(f) Deferred Tax Liabilities	\$298,621	\$0	\$298,621
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$20,250	\$0	\$20,250

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 91,510	\$ 57,879	\$ 149,389
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 91,510	\$ 57,879	\$ 149,389
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 57,879	\$ 57,879
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 91,510	\$ 0	\$ 91,510
(f) Deferred Tax Liabilities	\$ (51,201)	\$ 0	\$ (51,201)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 142,711	\$ 0	\$ 142,711

2.

12/31/2020		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 410,381	\$ 0	\$ 410,381
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 6,891,525
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 410,381	\$ 0	\$ 410,381
Total (2(a) + 2(b) + 2(c))	\$ 410,381	\$ 0	\$ 410,381

12/31/2019		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 318,871	\$ 0	\$ 318,871
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 5,895,892
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 318,871	\$ 0	\$ 318,871
Total (2(a) + 2(b) + 2(c))	\$ 318,871	\$ 0	\$ 318,871

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 91,510	\$ 0	\$ 91,510
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 995,633
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 91,510	\$ 0	\$ 91,510
Total (2(a) + 2(b) + 2(c))	\$ 91,510	\$ 0	\$ 91,510

3.

	2020	2019
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	1,346.000	589.000
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 45,943,498.000	\$ 39,305,944.000

4.

12/31/2020	
(1)	(2)
Ordinary	Capital

Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A(c)	410,381	57,879
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	410,381	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		

12/31/2019	
(3)	(4)
Ordinary	Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	318,871	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	318,871	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	91,510	57,879
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	91,510	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes.....X..... No.....

C. Current income taxes incurred consist of the following major components:

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 3,033,453	\$ 1,621,777	\$ 1,411,676
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 3,033,453	\$ 1,621,777	\$ 1,411,676
(d) Federal income tax on net capital gains	\$ 153,287	\$ 103,794	\$ 49,493
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 1,276,449	\$ (16,649)	\$ 1,293,098
(g) Federal and foreign income taxes incurred	\$ 4,463,189	\$ 1,708,922	\$ 2,754,267
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 204,720	\$ 110,514	\$ 94,206
(2) Unearned premium reserve	\$ 100,180	\$ 112,174	\$ (11,994)
(3) Policyholder reserves	\$ 105,481	\$ 96,183	\$ 9,298
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables – nonadmitted	\$ 0	\$ 0	\$ 0
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 410,381	\$ 318,871	\$ 91,510
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 410,381	\$ 318,871	\$ 91,510
(e) Capital:			
(1) Investments	\$ 57,879	\$ 0	\$ 57,879
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 57,879	\$ 0	\$ 57,879
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 57,879	\$ 0	\$ 57,879
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 410,381	\$ 318,871	\$ 91,510
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 13,975	\$ 15,289	\$ (1,314)
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 0	\$ 0	\$ 0
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 233,445	\$ 283,332	\$ (49,887)
(99) Subtotal	\$ 247,420	\$ 298,621	\$ (51,201)
(b) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 247,420	\$ 298,621	\$ (51,201)
4. Net deferred tax assets/liabilities (2i – 3c)	\$ 162,961	\$ 20,250	\$ 142,711
I. Alternative Minimum Tax Credit			Amount
(1) Gross AMT Credit Recognized as:			
a. Current year recoverable			\$ 0
b. Deferred tax asset (DTA)			\$ 0
(2) Beginning Balance of AMT Credit Carryforward			\$ 0
(3) Amounts Recovered			\$ 0
(4) Adjustments			\$ 0
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)			\$ 0
(6) Reduction for Sequestration			\$ 0
(7) Nonadmitted by Reporting Entity			\$ 0
(8) Reporting Entity Ending Balance (8=5-6-7)			\$ 0
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties			
C. Transactions with related party who are not reported on Schedule Y			
(1) Detail of Material Related Party Transactions			
Options for Type of Transaction:			
• Loan			
• Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)			
• Management Services			
• Cost-Sharing Agreement			
• Other Transactions Involving Services			
• Guarantee (e.g. guarantees to related parties, on behalf of, and when beneficiary is related party)			
• Other			
(2) Detail of Material Related Party Transactions Involving Services			
(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities			
a. Description of Transaction			
b. Assets Received			
c. Assets Transferred			
(4) Detail of Amounts Owed To/From a Related Party			
M. All SCA Investments			
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)			

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 0	\$ 0	\$ 0
f. Aggregate Total (a+e)	XXX	\$ 0	\$ 0	\$ 0

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
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e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 0	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 0	XXX	XXX	XXX

*S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

** I – Immaterial or M - Material

N. Investment in Insurance SCAs

(2) The monetary effect on net income and surplus as a result of using an accounting practice that differed from NAIC Statutory Accounting Practices and Procedures (NAIC SAP), the amount of the investment in the insurance SCA per audited statutory equity and amount of the investment if the insurance SCA had completed statutory financial statements in accordance with the AP&P Manual.

* Per AP&P Manual (without permitted or prescribed practices)

O. SCA or SSAP No. 48 Entity Loss Tracking

11. Debt

B. FHLB (Federal Home Loan Bank) Agreements

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	.....0
(b) Membership Stock – Class B	.....0
(c) Activity Stock	.....
(d) Excess Stock	.....
(e) Aggregate Total (a+b+c+d)	.....0
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	.....

2. Prior Year-end	
(a) Membership Stock – Class A	.....0
(b) Membership Stock – Class B	.....0
(c) Activity Stock	.....0
(d) Excess Stock	.....0
(e) Aggregate Total (a+b+c+d)	.....0
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	.....0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	.....0	.....	.....	.....	.....	.....
2. Class B	.....0	.....	.....	.....	.....	.....

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	.....	.....	.....
2. Prior Year-end Total Collateral Pledged	.....0	.....0	.....0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	.....	.....	.....
2. Prior Year-end Total Maximum Collateral Pledged	.....0	.....0	.....0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	Total	Funding Agreements Reserves Established
(a) Debt	.....	XXX
(b) Funding Agreements	.....	.....
(c) Other	.....	XXX
(d) Aggregate Total (a+b+c)	.....0	.....0

2. Prior Year-end

	Total	Funding Agreements Reserves Established
(a) Debt	.....0	XXX
(b) Funding Agreements	.....0	.....0
(c) Other	.....0	XXX
(d) Aggregate Total (a+b+c)	.....0	.....0

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	.....
2. Funding Agreements	.....
3. Other	.....
4. Aggregate Total (Lines 1+2+3)	.....0

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt
2. Funding Agreements
3. Other

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) Change in benefit obligation

a. Pension Benefits

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0
2. Service cost	\$ 0	\$ 0	\$ 0	\$ 0
3. Interest cost	\$ 0	\$ 0	\$ 0	\$ 0
4. Contribution by plan participants	\$ 0	\$ 0	\$ 0	\$ 0
5. Actuarial gain (loss)	\$ 0	\$ 0	\$ 0	\$ 0
6. Foreign currency exchange rate changes	\$ 0	\$ 0	\$ 0	\$ 0
7. Benefits paid	\$ 0	\$ 0	\$ 0	\$ 0
8. Plan amendments	\$ 0	\$ 0	\$ 0	\$ 0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$ 0	\$ 0	\$ 0	\$ 0
10. Benefit obligation at end of year	\$ 0	\$ 0	\$ 0	\$ 0

b. Postretirement Benefits

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0
2. Service cost	\$ 0	\$ 0	\$ 0	\$ 0
3. Interest cost	\$ 0	\$ 0	\$ 0	\$ 0
4. Contribution by plan participants	\$ 0	\$ 0	\$ 0	\$ 0
5. Actuarial gain (loss)	\$ 0	\$ 0	\$ 0	\$ 0
6. Foreign currency exchange rate changes	\$ 0	\$ 0	\$ 0	\$ 0
7. Benefits paid	\$ 0	\$ 0	\$ 0	\$ 0
8. Plan amendments	\$ 0	\$ 0	\$ 0	\$ 0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$ 0	\$ 0	\$ 0	\$ 0
10. Benefit obligation at end of year	\$ 0	\$ 0	\$ 0	\$ 0

c. Special or Contractual Benefits Per SSAP No. 11

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0
2. Service cost	\$ 0	\$ 0	\$ 0	\$ 0
3. Interest cost	\$ 0	\$ 0	\$ 0	\$ 0
4. Contribution by plan participants	\$ 0	\$ 0	\$ 0	\$ 0
5. Actuarial gain (loss)	\$ 0	\$ 0	\$ 0	\$ 0
6. Foreign currency exchange rate changes	\$ 0	\$ 0	\$ 0	\$ 0
7. Benefits paid	\$ 0	\$ 0	\$ 0	\$ 0
8. Plan amendments	\$ 0	\$ 0	\$ 0	\$ 0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$ 0	\$ 0	\$ 0	\$ 0
10. Benefit obligation at end of year	\$ 0	\$ 0	\$ 0	\$ 0

(2) Change in plan assets

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>		<u>Special Contractual Benefits Per SSAP No. 11</u>	
	2020	2019	2020	2019	2020	2019
a. Fair value of plan assets at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Actual return on plan assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Foreign currency exchange rate changes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
d. Reporting entity contribution	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
e. Plan participants' contributions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Benefits paid	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
g. Business combinations, divestitures and settlements	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
h. Fair value of plan assets at end of year	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(3) Funded status

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>	
	2020	2019	2020	2019
a. Components				
1. Prepaid benefit costs	\$ 0	\$ 0	\$ 0	\$ 0
2. Overfunded plan assets	\$ 0	\$ 0	\$ 0	\$ 0
3. Accrued benefit costs	\$ 0	\$ 0	\$ 0	\$ 0
4. Liability for pension benefits	\$ 0	\$ 0	\$ 0	\$ 0
b. Assets and liabilities recognized				
1. Assets (nonadmitted)	\$ 0	\$ 0	\$ 0	\$ 0
2. Liabilities recognized	\$ 0	\$ 0	\$ 0	\$ 0
c. Unrecognized liabilities	\$ 0	\$ 0	\$ 0	\$ 0

(4) Components of net periodic benefit cost

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>		<u>Special or Contractual Benefits Per SSAP No. 11</u>	
	2020	2019	2020	2019	2020	2019
a. Service cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Interest cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Expected return on plan assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
d. Transition asset or obligation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
e. Gains and losses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Prior service cost or credit	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
g. Gain or loss recognized due to a settlement or curtailment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
h. Total net periodic benefit cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>	
	2020	2019	2020	2019
a. Items not yet recognized as a component of net periodic cost – prior year	\$ 0	\$ 0	\$ 0	\$ 0
b. Net transition asset or obligation recognized	\$ 0	\$ 0	\$ 0	\$ 0
c. Net prior service cost or credit arising during the period	\$ 0	\$ 0	\$ 0	\$ 0
d. Net prior service cost or credit recognized	\$ 0	\$ 0	\$ 0	\$ 0
e. Net gain and loss arising during the period	\$ 0	\$ 0	\$ 0	\$ 0
f. Net gain and loss recognized	\$ 0	\$ 0	\$ 0	\$ 0
g. Items not yet recognized as a component of net periodic cost – current year	\$ 0	\$ 0	\$ 0	\$ 0

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>	
	2020	2019	2020	2019
a. Net transition asset or obligation	\$ 0	\$ 0	\$ 0	\$ 0
b. Net prior service cost or credit	\$ 0	\$ 0	\$ 0	\$ 0
c. Net recognized gains and losses	\$ 0	\$ 0	\$ 0	\$ 0

(7) Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31

	2020	2019
a. Weighted-average discount rate	0.000	0.000
b. Expected long-term rate of return on plan assets	0.000	0.000
c. Rate of compensation increase	0.000	0.000
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	0.000	0.000

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Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31:

	2020	2019
e. Weighted-average discount rate	0.000	0.000
f. Rate of compensation increase	0.000	0.000
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	0.000	0.000

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

	Year(s)	Amount
a.	2021	\$.....0
b.	2022	\$.....0
c.	2023	\$.....0
d.	2024	\$.....0
e.	2025	\$.....0
f.	Thereafter Total	\$.....0

C.

(1) Fair Value Measurements of Plan Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$17,600

K. The Company issued the following surplus debentures or similar obligations:

* Total should agree with Page 3, Line 29.

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

14. Liabilities, Contingencies and Assessments

A.

(1) Total SSAP No. 97 – Investments in Subsidiary, Controlled, and Affiliated Entities and SSAP No. 48 - Joint Ventures, Partnerships and Limited Liability Companies contingent liabilities: \$

(3)

a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.)		\$0
b. Current Liability Recognized in F/S:		
1. Noncontingent Liabilities	\$	
2. Contingent Liabilities	\$	
c. Ultimate Financial Statement Impact if action under the guarantee is required.		
1. Investments in SCA	\$	
2. Joint Venture	\$	
3. Dividends to Stockholders (capital contribution)	\$	
4. Expense	\$	
5. Other	\$	
6. Total (Should equal (3)a.)	\$	0

B. Assessments

(2)

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end		\$1,349,199
b. Decreases current year:		
Policy surcharges charged off.....	\$	297,143
c. Increases current year:		
Accretion of premium tax offset-P. Trty.....	\$	59,591
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end		\$1,111,647

(3)

a. Discount Rate Applied		.....4.050 %
b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency		

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$ 0

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [] (g) Per Claimant []

15. Leases

A. Lessee Operating Lease

(2)

a. At December 31, the minimum aggregate rental commitments are as follows:

	Year Ending December 31			
1.	2021	Operating Leases	\$	0

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2.	2022		\$	0
3.	2023		\$	0
4.	2024		\$	0
5.	2025		\$	0
6.	Total		\$	0

B. Lessor Leases

(1) Operating Leases

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, are as follows:

	Year Ending December 31		Operating Leases	
1.	2021		\$	0
2.	2022		\$	0
3.	2023		\$	0
4.	2024		\$	0
5.	2025		\$	0
6.	Total		\$	0

(2) Leveraged Leases

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, current year and prior year were as shown below:

		2020	2019	
1.	Income from leveraged leases before income tax including investment tax credit	\$	\$	0
2.	Less current income tax	\$	\$	0
3.	Net income from leveraged leases	\$	\$	0

c. The components of the investment in leveraged leases at December 31, current year and prior year were as shown below:

		2020	2019	
1.	Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$	0
2.	Estimated residual value of leased assets	\$	\$	0
3.	Unearned and deferred income	\$	\$	0
4.	Investment in leveraged leases	\$	\$	0
5.	Deferred income taxes related to leveraged leases	\$	\$	0
6.	Net investment in leveraged leases	\$	\$	0

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance-sheet risk.

		Assets		Liabilities	
		2020	2019	2020	2019
a.	Swaps	\$	\$	\$	\$
b.	Futures	\$	\$	\$	\$
c.	Options	\$	\$	\$	\$
d.	Total	\$	\$	\$	\$

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. Wash Sales

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2020 and reacquired within 30 days of the sale date are:

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	\$	\$
b.	Total net other income or expenses (including interest paid to or received from plans)	\$	\$	\$
c.	Net gain or (loss) from operations	\$	\$	\$
d.	Total claim payment volume	\$	\$	\$

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

		ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a.	Gross reimbursement for medical cost incurred	\$	\$	\$
b.	Gross administrative fees accrued	\$	\$	\$
c.	Other income or expenses (including interest paid to or received from plans)	\$	\$	\$
d.	Gross expenses incurred (claims and administrative)	\$	\$	\$
e.	Total net gain or loss from operations	\$	\$	\$

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.	Assets at fair value				
	Corporate bonds, available-for-sale, at FV.....				
	\$	\$	\$	\$	\$
	0	378,849	0	0	378,849
	\$	\$	\$	\$	\$
	0	378,849	0	0	378,849

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

C.

D. Not Practicable to Estimate Fair Value

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21. Other Items

E. State Transferable and Non-transferable Tax Credits

(1)	Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total		
(4)	State Tax Credits Admitted and Nonadmitted	<u>Total Admitted</u>	<u>Total Nonadmitted</u>
a.	Transferable	.....0	.....0
b.	Non-transferable	.....0	.....0

F. Subprime-Mortgage-Related Risk Exposure

(2) Direct exposure through investments in subprime mortgage loans.

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure	0	0	0	0	0.0
b. Mortgages in good standing	0	0	0	0	0.0
c. Mortgages with restructure terms	0	0	0	0	0.0
d. Total	0	0	0	0	XXX

(3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	0	0	0	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	0	0	0	0
e. Equity investment in SCAs *	0	0	0	0
f. Other assets	0	0	0	0
g. Total	0	0	0	0

* Company's subsidiary Company has investments in subprime mortgages. These investments comprise 0.0 % of the companies invested assets.

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
a. Mortgage guaranty coverage	0	0	0	0
b. Financial guaranty coverage	0	0	0	0

G. Retained Assets

(2)

	In Force			
	As of End of Current Year		As of End of Prior Year	
	Number	Balance	Number	Balance
a. Up to and including 12 months		\$ 0	0	\$ 0
b. 13 to 24 months		\$ 0	0	\$ 0
c. 25 to 36 months		\$ 0	0	\$ 0
d. 37 to 48 months		\$ 0	0	\$ 0
e. 49 to 60 months		\$ 0	0	\$ 0
f. Over 60 months		\$ 0	0	\$ 0
g. Total	0	\$ 0	0	\$ 0

(3)

	Individual		Group	
	Number	Balance/Amount	Number	Balance/Amount
a. Number/balance of retained asset accounts at the beginning of the year	0	\$ 0	0	\$ 0
b. Number/amount of retained asset accounts issued/added during the year		\$		\$
c. Investment earnings credited to retained asset accounts during the year	N/A	\$	N/A	\$
d. Fees and other charges assessed to retained asset accounts during the year	NA	\$	NA	\$
e. Number/amount of retained asset accounts transferred to state unclaimed property funds during the year		\$		\$
f. Number/amount of retained asset accounts closed/withdrawn during the year		\$		\$
g. Number/balance of retained asset accounts at the end of the year g=a+b+c-d-e-f	0	\$ 0	0	\$ 0

H. Insurance-Linked Securities (ILS) Contracts

Management of Risk Related To:

	Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
(1) Directly-Written Insurance Risks		
a. ILS Contracts as Issuer	.....0	\$0
b. ILS Contracts as Ceding Insurer	.....0	\$0
c. ILS Contracts as Counterparty	.....0	\$0
(2) Assumed Insurance Risks		
a. ILS Contracts as Issuer	.....0	\$0
b. ILS Contracts as Ceding Insurer	.....0	\$0
c. ILS Contracts as Counterparty	.....0	\$0

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1) Amount of admitted balance that could be realized that could be realized from an investment vehicle	\$
(2) Percentage Bonds%
(3) Percentage Stocks%
(4) Percentage Mortgage Loans%
(5) Percentage Real Estate%
(6) Percentage Cash and Short-Term Investments%
(7) Percentage Derivatives%
(8) Percentage Other Invested Assets%

22. Events Subsequent

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	.....
B. ACA fee assessment payable for the upcoming year	\$	\$643,587
C. ACA fee assessment paid	\$	\$0
D. Premium written subject to ACA 9010 assessment	\$	\$278,224,933
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$46,106,458	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$46,106,458	
G. Authorized Control Level		

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H. (Five-Year Historical Line 15) \$2,773,004
 Would reporting the ACA assessment as of Dec. 31, 2020, have triggered an RBC action level (YES/NO)?

23. Reinsurance

B. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of: \$0, which is reflected as:

a. Losses incurred	\$	0
b. Loss adjustment expenses incurred	\$	0
c. Premiums earned	\$	0
d. Other	\$	0

C. Commutation of Ceded Reinsurance

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts, which are reflected as:

(1) Losses incurred	\$	0
(2) Loss adjustment expenses incurred	\$	0
(3) Premiums earned	\$	0
(4) Other	\$	0

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

- (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation
 a.
 (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 a.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid	0	0	0	0	0
(9) Medical loss ratio rebates unpaid	0	0	0	0	0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No []

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
 AMOUNT

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments) \$0

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$0

3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) \$0

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$0

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$0

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance \$0

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$0

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$0

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$0

5. Ceded reinsurance premiums payable due to ACA Reinsurance \$0

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$0

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance \$0

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$0

9. ACA Reinsurance contributions – not reported as ceded premium \$0

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors \$0

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$0

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received) \$0

4. Effect of ACA Risk Corridors on change in reserves for rate credits \$0

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0
2. Premium adjustments											

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	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
(payable) (including high-risk pool premium)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0
2. Amounts recoverable for claims unpaid (contra liability)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
5. Ceded reinsurance premiums payable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	G	\$ 0	\$ 0
6. Liability for amounts held under uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	H	\$ 0	\$ 0
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0
3. Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
c. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

- A
- B
- C
- D
- E
- F

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

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	1	2	3	4	5	6
Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
b. 2015	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
c. 2016	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
d. Total (a+b+c)	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
 24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

26. Intercompany Pooling Arrangements

27. Structured Settlements

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables
- B. Risk Sharing Receivables

29. Participating Policies

30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves \$.....0
- 2. Date of the most recent evaluation of this liability
- 3. Was anticipated investment income utilized in the calculation? Yes [] No []

31. Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).02/10/2017
- 3.4 By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,0.0 %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Ernst & Young, LLP, 5 Times Square, New York, NY 10036-6530.....
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:

- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:

- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain

The Audit Committee of Horizon BCBSNJ, the reporting entity's ultimate parent, is designated as the Audit Committee for the reporting entity.....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Kenny Kan (Vice President and Chief Actuary), Horizon BCBSNJ, 3 Penn Plaza East, Newark, NJ 07105-2248.....
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
 - 20.12 To stockholders not officers \$.....0
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
 - 20.22 To stockholders not officers \$.....0
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
 - 21.22 Borrowed from others \$.....0
 - 21.23 Leased from others \$.....0
 - 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....(4,879,701)
 - 22.22 Amount paid as expenses \$.....0
 - 22.23 Other amounts paid \$.....0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A.....
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

GENERAL INTERROGATORIES

- 24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 24.093 Total payable for securities lending reported on the liability page \$.....0
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$.....0
 - 25.22 Subject to reverse repurchase agreements \$.....0
 - 25.23 Subject to dollar repurchase agreements \$.....0
 - 25.24 Subject to reverse dollar repurchase agreements \$.....0
 - 25.25 Placed under option agreements \$.....0
 - 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....0
 - 25.27 FHLB Capital Stock \$.....0
 - 25.28 On deposit with states \$.....134,603
 - 25.29 On deposit with other regulatory bodies \$.....0
 - 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....0
 - 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....0
 - 25.32 Other \$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A [X]

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:
- 26.41 Special accounting provision of SSAP No. 108 Yes [] No []
 - 26.42 Permitted accounting practice Yes [] No []
 - 26.43 Other accounting guidance Yes [] No []
- 26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase, NA.....	New York, NY.....
TD Bank.....	Cherry Hill, NJ.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
BNY Mellon.....	New York, NY.....	The company utilized BNY Mellon for its short-term investments.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
PACIFIC INVESTMENT MANAGEMENT COMPANY LLC.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104559.....	PACIFIC INVESTMENT MANAGEMENT COMPANY LLC.....	549300KGPYQZXMYYN38.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	84,937,604	87,623,150	2,685,546
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	84,937,604	87,623,150	2,685,546

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

The reporting entity used Interactive Data Corporation to value its securities.....

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

The reporting entity used Interactive Data Corporation to value its securities.....

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

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

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

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$971,020

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

1 Name	2 Amount Paid
Blue Cross Blue Shield Association.....	\$.....971,020

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$0

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

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

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$0

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

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []
- 1.2 If yes, indicate premium earned on U.S. business only. \$248,666,386
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$178,476,470
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$44,725,127
- 1.62 Total incurred claims \$31,676,608
- 1.63 Number of covered lives15,514
- All years prior to most current three years:
- 1.64 Total premium earned \$203,941,259
- 1.65 Total incurred claims \$146,799,862
- 1.66 Number of covered lives58,642
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$67,612,698	\$	.....71,861,991
2.2	Premium Denominator	\$67,608,316	\$	.....71,878,601
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$9,954,891	\$	.....8,142,030
2.5	Reserve Denominator	\$9,954,891	\$	.....8,142,030
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Contracts contain hold harmless provisions. Entity has a 90% quota share reinsurance agreement with Parent Company.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$.....
- 5.32 Medical Only \$.....
- 5.33 Medicare Supplement \$.....
- 5.34 Dental and Vision \$.....
- 5.35 Other Limited Benefit Plan \$.....
- 5.36 Other \$.....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless agreements in contracts
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [] No [X]
- 7.2 If no, give details
The reporting entity utilizes actuarial triangles
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year49,912
- 8.2 Number of providers at end of reporting year52,741
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses \$.....

10.22 Amount actually paid for year bonuses \$.....

10.23 Maximum amount payable withholds \$.....

10.24 Amount actually paid for year withholds \$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above) ? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....

11.4 If yes, show the amount required. \$.....5,546,008

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation
See Health Risk Based Capital calculation

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

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

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written \$.....

15.2 Total Incurred Claims \$.....

15.3 Number of Covered Lives

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

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

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	129,577,907	98,751,603	155,707,139	201,390,182	123,827,324
2. Total liabilities (Page 3, Line 24)	83,471,449	59,344,240	125,777,738	170,223,306	96,570,348
3. Statutory minimum capital and surplus requirement	5,546,008	6,824,206	13,547,895	11,371,535	2,544,319
4. Total capital and surplus (Page 3, Line 33)	46,106,458	39,407,363	29,929,402	31,166,877	27,256,977
Income Statement (Page 4)					
5. Total revenues (Line 8)	67,612,698	71,861,991	149,493,600	139,854,442	64,084,122
6. Total medical and hospital expenses (Line 18)	53,839,555	59,870,022	138,062,261	123,900,669	55,326,494
7. Claims adjustment expenses (Line 20)	1,591,556	1,789,859	3,227,079	3,949,272	1,594,040
8. Total administrative expenses (Line 21)	7,585,629	6,916,280	11,537,205	10,367,855	8,348,116
9. Net underwriting gain (loss) (Line 24)	4,595,958	3,285,830	(3,332,945)	1,636,646	(1,184,528)
10. Net investment gain (loss) (Line 27)	2,501,831	3,342,756	3,058,410	3,275,956	3,634,629
11. Total other income (Lines 28 plus 29)	4,239,374	4,930,984	3,134,135	1,274,299	398,705
12. Net income or (loss) (Line 32)	7,027,261	9,954,441	(1,571,364)	4,004,938	3,246,054
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	22,760,305	27,262,359	44,646,870	(64,967,239)	(30,253,415)
Risk-Based Capital Analysis					
14. Total adjusted capital	46,106,458	39,407,363	29,929,402	31,166,877	27,256,977
15. Authorized control level risk-based capital	2,773,004	3,412,103	6,773,948	5,685,768	2,544,319
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	323,589	320,751	365,174	300,198	196,395
17. Total members months (Column 6, Line 7)	3,919,205	3,856,892	4,294,058	3,401,598	2,316,449
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	79.6	83.3	92.4	88.6	86.3
20. Cost containment expenses	1.4	1.5	1.4	2.0	1.6
21. Other claims adjustment expenses	1.0	1.0	0.7	0.8	0.9
22. Total underwriting deductions (Line 23)	93.2	95.4	102.2	98.8	101.8
23. Total underwriting gain (loss) (Line 24)	6.8	4.6	(2.2)	1.2	(1.8)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	5,333,852	12,067,122	17,072,665	4,930,284	6,104,969
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	6,969,452	13,116,323	11,245,528	5,292,910	11,182,167
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	N							0	0
15. Indiana	IN	N							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	L	294,632,063	273,833,247	0	0	0	0	568,465,310	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	N							0	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		294,632,063	273,833,247	0	0	0	0	568,465,310	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	XXX		294,632,063	273,833,247	0	0	0	0	568,465,310	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 56

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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

- (1) Horizon Healthcare Services, Inc., a New Jersey domestic health service corporation, d/b/a Horizon Blue Cross Blue Shield of New Jersey.
- (2) Horizon Healthcare of New Jersey, Inc., a New Jersey domestic health maintenance organization.
- (3) Horizon Healthcare Dental, Inc., a New Jersey domestic dental plan organization.
- (4) Horizon Insurance Company, a New Jersey domestic Life, Accident and Health Organization
- (5) Healthier New Jersey Insurance Company, d/b/a/ Braven Health, a New Jersey a domestic Life, Accident and Health Organization