



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

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 [X] 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

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

Mail Address 3 Penn Plz E Ste PP-15D Newark, NJ, US 07105-2248

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

Internet Web Site Address www.horizonblue.com

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

OFFICERS

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

OTHER OFFICERS

Michael James Considine Vice President Christopher Michael Lepre Executive Vice President

DIRECTORS OR TRUSTEES

Mark Leon Barnard # Christopher Michael Lepre Gary Dean St. Hilaire # Douglas Richard Simpson

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 [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	.0	.0	.0	.0	.0	.0
2. Claim overpayment receivables .....	.0	.0	.0	.0	.0	.0
3. Loans and advances to providers .....	.0	.0	.0	.0	.0	.0
4. Capitation arrangement receivables	87,149	.0	.0	237,675	87,149	87,149
5. Risk sharing receivables .....	.0	.0	.0	.0	.0	.0
6. Other health care receivables .....	.0	.0	.0	.0	.0	.0
7. Totals (Lines 1 through 6)	87,149	0	0	237,675	87,149	87,149

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	21,559,818	92,206	98	0	4,779	21,656,901
0199999 Individually listed claims unpaid.....	21,559,818	92,206	98	0	4,779	21,656,901
0299999 Aggregate accounts not individually listed-uncovered.....	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered.....	0	0	0	0	0	0
0499999 Subtotals	21,559,818	92,206	98	0	4,779	21,656,901
0599999 Unreported claims and other claim reserves						55,917,299
0699999 Total amounts withheld						0
0799999 Total claims unpaid						77,574,200
0899999 Accrued medical incentive pool and bonus amounts						187,566

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Horizon Healthcare of New Jersey, Inc.....	(114,288)	921,391	604,933	0	0	1,412,036	0
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0199999 Individually listed receivables	(114,288)	921,391	604,933	0	0	1,412,036	0
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	(114,288)	921,391	604,933	0	0	1,412,036	0

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2.

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2020						NAIC Company Code	14690
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	320,751	0	0	79,810	190,059	0	0	23,364	0	27,518	
2. First Quarter	327,896	0	0	77,490	201,059	0	0	23,768	0	25,579	
3. Second Quarter	329,302	0	0	77,021	203,613	0	0	23,612	0	25,056	
4. Third Quarter	323,772	0	0	75,404	199,859	0	0	23,630	0	24,879	
5. Current Year	323,589	0	0	74,733	200,728	0	0	23,435	0	24,693	
6. Current Year Member Months	3,919,205	0	0	918,515	2,415,272	0	0	283,590	0	301,828	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,220,075	0	0	2,193,530	0	0	0	26,545	0	0	
8. Non-Physician	1,205,911	0	0	1,189,815	0	0	0	16,096	0	0	
9. Total	3,425,986	0	0	3,383,345	0	0	0	42,641	0	0	
10. Hospital Patient Days Incurred	262,478	0	0	193,422	0	0	0	69,056	0	0	
11. Number of Inpatient Admissions	30,105	0	0	21,693	0	0	0	8,412	0	0	
12. Health Premiums Written (b)	568,465,310	0	0	247,906,744	11,957,606	0	0	273,833,247	0	34,767,713	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	568,540,268	0	0	248,666,388	11,954,146	0	0	273,150,835	0	34,768,899	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	455,896,432	0	0	173,717,003	7,147,410	0	0	244,053,393	0	30,978,626	
18. Amount Incurred for Provision of Health Care Services	472,801,057	0	0	178,476,470	7,288,277	0	0	255,080,684	0	31,955,626	

(a) For health business: number of persons insured under PPO managed care products1,314 and number of persons insured under indemnity only products74,733

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$273,833,247

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		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	320,751	0	0	79,810	190,059	0	0	23,364	0	27,518	
2. First Quarter	327,896	0	0	77,490	201,059	0	0	23,768	0	25,579	
3. Second Quarter	329,302	0	0	77,021	203,613	0	0	23,612	0	25,056	
4. Third Quarter	323,772	0	0	75,404	199,859	0	0	23,630	0	24,879	
5. Current Year	323,589	0	0	74,733	200,728	0	0	23,435	0	24,693	
6. Current Year Member Months	3,919,205	0	0	918,515	2,415,272	0	0	283,590	0	301,828	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,220,075	0	0	2,193,530	0	0	0	26,545	0	0	
8. Non-Physician	1,205,911	0	0	1,189,815	0	0	0	16,096	0	0	
9. Total	3,425,986	0	0	3,383,345	0	0	0	42,641	0	0	
10. Hospital Patient Days Incurred	262,478	0	0	193,422	0	0	0	69,056	0	0	
11. Number of Inpatient Admissions	30,105	0	0	21,693	0	0	0	8,412	0	0	
12. Health Premiums Written (b)	568,465,310	0	0	247,906,744	11,957,606	0	0	273,833,247	0	34,767,713	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	568,540,268	0	0	248,666,388	11,954,146	0	0	273,150,835	0	34,768,899	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	455,896,432	0	0	173,717,003	7,147,410	0	0	244,053,393	0	30,978,626	
18. Amount Incurred for Provision of Health Care Services	472,801,057	0	0	178,476,470	7,288,277	0	0	255,080,684	0	31,955,626	

(a) For health business: number of persons insured under PPO managed care products1,314 and number of persons insured under indemnity only products74,733

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$273,833,247

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MR	245,836,195	948,103	40,061,498	0	0	0	0
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MD	31,291,002	986	1,645,200	0	0	0	0
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MS	223,116,070	9,359,966	27,268,373	0	0	0	0
0299999 - General Account - Authorized - Affiliates - U.S. - Other							500,243,267	10,309,055	68,975,071	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							500,243,267	10,309,055	68,975,071	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							500,243,267	10,309,055	68,975,071	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							500,243,267	10,309,055	68,975,071	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							500,243,267	10,309,055	68,975,071	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							500,243,267	10,309,055	68,975,071	0	0	0	0
9999999 Totals							500,243,267	10,309,055	68,975,071	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	254,407	265,928	273,367	281,460	285,570
2. Title XVIII-Medicare.....	246,450	250,402	929,914	914,351	271,263
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	21,468,230	26,897,279	42,689,408	31,500,443	20,645,376
7. Claims payable.....	68,975,071	54,230,943	108,883,070	95,942,646	47,636,187
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	30,465,710	32,891,209	54,010,128	61,713,345	33,705,856
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	122,815,251	0	122,815,251
2. Accident and health premiums due and unpaid (Line 15).....	624,251	0	624,251
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	68,975,071	68,975,071
5. All other admitted assets (Balance).....	6,138,405	0	6,138,405
6. Total assets (Line 28)	129,577,907	68,975,071	198,552,978
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	8,599,129	68,975,071	77,574,200
8. Accrued medical incentive pool and bonus payments (Line 2).....	187,566	0	187,566
9. Premiums received in advance (Line 8).....	1,322,388	0	1,322,388
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	73,362,366	0	73,362,366
15. Total liabilities (Line 24).....	83,471,449	68,975,071	152,446,520
16. Total capital and surplus (Line 33).....	46,106,458	XXX	46,106,458
17. Total liabilities, capital and surplus (Line 34)	129,577,907	68,975,071	198,552,978
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	68,975,071		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	68,975,071		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	68,975,071		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services Inc.	NJ	UIP	Horizon Healthcare Services		0.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc.	NJ	UDP	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BSBC of NJ Group	00000	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, Inc.	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC.	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc.	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC.	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	50.0	Horizon Healthcare Services Inc.		0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance Company.	NJ	IA	NJ Collaborative Care, LLC.	Ownership	100.0	Horizon Healthcare Services Inc.		0

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Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-4290405	Enterprise Property Holdings, Inc.	(4,000,000)		0	0	2,994,000	0		0	(1,006,000)	0
11146	22-3331515	Horizon Healthcare Dental, Inc.			0	0	(3,542,734)	0		0	(3,542,734)	0
	22-2561496	Horizon Healthcare Plan Holding Company,			0	0	8,787	0		0	8,787	0
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.			0	0	(381,598,239)	188,282,206		0	(193,316,033)	(264,907,087)
	22-3346524	Horizon Casualty Services, Inc.			0	0	(19,965,273)	0		0	(19,965,273)	0
55069	22-0999690	Horizon Healthcare Services, Inc.	4,000,000	(17,930,000)	0	0	451,602,959	(195,821,581)		0	241,851,378	268,805,950
	27-1179993	Three Penn Plaza Property Holdings, LLC			0	0	10,366,790	0		0	10,366,790	0
14690	46-1362174	Horizon Insurance Company			0	0	(53,979,829)	7,539,375		0	(46,440,454)	(3,898,863)
	47-4428396	Multistate Investment Services, Inc.			0	0	(5,886,461)	0		0	1,243,539	0
16714	84-3673030	Healthier New Jersey Insurance Company		10,800,000	0	0	0	0		0	10,800,000	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an actuarial opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

AUGUST FILING

- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?YES.....

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

MARCH FILING

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?YES.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?YES.....
- 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?SEE EXPLANATION.....

APRIL FILING

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?YES.....
- 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?YES.....
- 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?YES.....
- 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?SEE EXPLANATION.....

Explanation:

- 12. Business not written
- 13. Business not written
- 14. Business not written
- 15. Business not written
- 17. See explanation
- 18. See explanation
- 19. See explanation
- 20. Business not written
- 21. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. NO (See explanation)

Bar code:

12. 
1 4 6 9 0 2 0 2 0 2 0 5 0 0 0 0 0

13. 
1 4 6 9 0 2 0 2 0 4 2 0 0 0 0 0 0

14. 
1 4 6 9 0 2 0 2 0 3 7 1 0 0 0 0 0

15. 
1 4 6 9 0 2 0 2 0 3 7 0 0 0 0 0 0

20. 
1 4 6 9 0 2 0 2 0 3 0 6 0 0 0 0 0

21. 
1 4 6 9 0 2 0 2 0 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2020 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 01202 Address (City, State and Zip Code) Newark, NJ 07105-2248 Person Completing This Exhibit Jeffrey Schindler Title Director, Actuarial NAIC Company Code 14690 Telephone Number 973-466-5319

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2017 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2018, 2019, 2020 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.NJ



**SUPPLEMENT FOR THE YEAR 2020 OF THE Horizon Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT**

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

NAIC Group Code 01202

NAIC Company Code 14690

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	24,616,319	XXX	0	XXX	24,616,319
1.12 Without Reinsurance Coverage.....		XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments.....	(960,270)	XXX	0	XXX	(960,270)
1.2 Supplemental Benefits.....	9,437,370	XXX	0	XXX	9,437,370
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	1,717,116	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX	0	XXX	XXX
2.2 Supplemental Benefits.....	(358,800)	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	473,138	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX	0	XXX	XXX
3.2 Supplemental Benefits.....	169,900	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	960,270	XXX	0	XXX	XXX
4.2 Payable.....		XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	25,860,297	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits.....	8,908,670	XXX	0	XXX	XXX
6. Total Premiums.....	34,768,967	XXX	0	XXX	33,093,419
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	24,103,727	XXX	0	XXX	24,103,727
7.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
7.2 Supplemental Benefits.....	8,828,899	XXX	0	XXX	8,828,899
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	(1,282,400)	XXX	0	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX	0	XXX	XXX
8.2 Supplemental Benefits.....	305,400	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	22,821,327	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	9,134,299	XXX	0	XXX	XXX
11. Total Claims	31,955,626	XXX	0	XXX	32,932,626
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....	(643,038)				XXX
14. Expenses Paid.....	3,064,374	XXX		XXX	3,064,374
15. Expenses Incurred.....	3,064,374	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	392,005	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(2,903,581)