



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company

(Name)

NAIC Group Code 01202 (Current Period), 01202 (Prior Period) NAIC Company Code 16714 Employer's ID Number 84-3673030

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 10/17/2019 Commenced Business 01/13/2020

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

Main Administrative Office 3 Penn Plaza East PP-15D (Street and Number) Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-466-5954 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 3 Penn Plaza East PP-15D (Street and Number) Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-466-5954 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Catherine Merlino (Name) 973-466-5954 (Area Code) (Telephone Number) (Extension)
catherine\_merlino@horizonblue.com (E-Mail Address) 973-466-7110 (Fax Number)

OFFICERS

Name Title Name Title
Luisa Yvette Charbonneau, President & CEO John William Doll #, Secretary
Frank Joseph Meaney #, CFO & Treasurer

OTHER OFFICERS

Allen James Karp, Vice Chair Patrick Rodney Young, Chair

DIRECTORS OR TRUSTEES

Joseph John Albano #, M. Keith Peifer, Patrick Rodney Young, Annette Catino
Kyle Christopher Stern, John William Doll #

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.

Luisa Yvette Charbonneau
President & CEO

Frank Joseph Meaney
CFO & Treasurer

Subscribed and sworn to before me this day of

- a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey Insurance Company

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	505,884	0	0	0	0	505,884
Group subscribers: .....						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....	340,074	0	0	0	0	340,074
0299999 Total group .....	340,074	0	0	0	0	340,074
0399999 Premiums due and unpaid from Medicare entities .....	0	0	0	0	0	0
0499999 Premiums due and unpaid from Medicaid entities .....	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	845,958	0	0	0	0	845,958



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey Insurance Company**

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables .....	.0	.0	.0	5,618,300	.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 .....	.0	.0	.0	.0	.0	.0
5. Risk sharing receivables .....	.0	.0	.0	.0	.0	.0
6. Other health care receivables .....	.0	.0	.0	2,879	.0	.0
7. Totals (Lines 1 through 6)	0	0	0	5,621,179	0	0

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 2021 OF THE Healthier New Jersey 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)						
Claims Payable (Reported)	7,844,677	385,433	169,939	2,594	4,315	8,406,958
0199999 Individually listed claims unpaid	7,844,677	385,433	169,939	2,594	4,315	8,406,958
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	7,844,677	385,433	169,939	2,594	4,315	8,406,958
0599999 Unreported claims and other claim reserves						15,224,671
0699999 Total amounts withheld						
0799999 Total claims unpaid						23,631,629
0899999 Accrued medical incentive pool and bonus amounts						1,631,461

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey 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
NJ Collaborative Care, LLC	7,600,000	0	0	0	0	7,600,000	0
Horizon Insurance Company	144,830	0	0	0	0	144,830	0
0199999 Individually listed receivables	7,744,830	0	0	0	0	7,744,830	0
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	7,744,830	0	0	0	0	7,744,830	0

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Healthcare Services, Inc.		15,893	15,893	0
0199999 Individually listed payables		15,893	15,893	0
0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		15,893	15,893	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 .....	<b>NONE</b>					
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 2021 OF THE Healthier New Jersey Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Healthier New Jersey Insurance Company

2.

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2021						NAIC Company Code	16714
	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 .....	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	14,379	0	0	0	0	0	0	14,379	0	0	
3. Second Quarter .....	16,400	0	0	0	0	0	0	16,400	0	0	
4. Third Quarter .....	16,962	0	0	0	0	0	0	16,962	0	0	
5. Current Year .....	17,890	0	0	0	0	0	0	17,890	0	0	
6. Current Year Member Months .....	193,697	0	0	0	0	0	0	193,697	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	379,662	0	0	0	0	0	0	379,662	0	0	
8. Non-Physician .....	200,259	0	0	0	0	0	0	200,259	0	0	
9. Total .....	579,921	0	0	0	0	0	0	579,921	0	0	
10. Hospital Patient Days Incurred .....	32,255	0	0	0	0	0	0	32,255	0	0	
11. Number of Inpatient Admissions .....	4,045	0	0	0	0	0	0	4,045	0	0	
12. Health Premiums Written (b) .....	172,299,083	0	0	0	0	0	0	172,299,083	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	172,299,068	0	0	0	0	0	0	172,299,068	0	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	153,841,665	0	0	0	0	0	0	153,841,665	0	0	
18. Amount Incurred for Provision of Health Care Services .....	179,104,755	0	0	0	0	0	0	179,104,755	0	0	

(a) For health business: number of persons insured under PPO managed care products .....16,845 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....172,299,083

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Healthier New Jersey Insurance Company

2.

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021						NAIC Company Code		16714
	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 .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	14,379	0	0	0	0	0	0	14,379	0	0		
3. Second Quarter .....	16,400	0	0	0	0	0	0	16,400	0	0		
4. Third Quarter .....	16,962	0	0	0	0	0	0	16,962	0	0		
5. Current Year .....	17,890	0	0	0	0	0	0	17,890	0	0		
6. Current Year Member Months	193,697	0	0	0	0	0	0	193,697	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	379,662	0	0	0	0	0	0	379,662	0	0		
8. Non-Physician .....	200,259	0	0	0	0	0	0	200,259	0	0		
9. Total	579,921	0	0	0	0	0	0	579,921	0	0		
10. Hospital Patient Days Incurred	32,255	0	0	0	0	0	0	32,255	0	0		
11. Number of Inpatient Admissions	4,045	0	0	0	0	0	0	4,045	0	0		
12. Health Premiums Written (b) .....	172,299,083	0	0	0	0	0	0	172,299,083	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	172,299,068	0	0	0	0	0	0	172,299,068	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	153,841,665	0	0	0	0	0	0	153,841,665	0	0		
18. Amount Incurred for Provision of Health Care Services	179,104,755	0	0	0	0	0	0	179,104,755	0	0		

(a) For health business: number of persons insured under PPO managed care products .....16,845 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....172,299,083

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 6

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	39,850,558		39,850,558
2. Accident and health premiums due and unpaid (Line 15).....	845,958		845,958
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	13,916,163		13,916,163
6. Total assets (Line 28)	54,612,679	0	54,612,679
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	23,631,630	0	23,631,630
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,631,461		1,631,461
9. Premiums received in advance (Line 8).....	43,270		43,270
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	6,647,485		6,647,485
15. Total liabilities (Line 24).....	31,953,846	0	31,953,846
16. Total capital and surplus (Line 33).....	22,658,833	XXX	22,658,833
17. Total liabilities, capital and surplus (Line 34)	54,612,679	0	54,612,679
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey Insurance Company

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

Allocated By States and Territories

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

NONE

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey 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? (Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc	NJ	UIP			0.0		NO	.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	NO	.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	NO	.0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casulaty Services, Inc	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc	Ownership	100.0	Horizon Healthcare Services, Inc	NO	.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	NO	.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	NO	.0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	IA	Horizon Healthcare Plan Holding Company, Inc	Ownership	100.0	Horizon Healthcare Services, Inc	NO	.0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc	NO	.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	NO	.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	NO	.0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc	NO	.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	NO	.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	NO	.0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company, Inc	NJ	IA	Horizon Healthcare Plan Holding Company, Inc	Ownership	100.0	Horizon Healthcare Services, Inc	NO	.0

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Asterisk	Explanation

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey 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)
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	0	0	0	(3,472,466)	0		0	(3,472,466)	0
14690	46-1362174	Horizon Insurance Company	0	0	0	0	(34,567,467)	(936,673)		0	(35,504,140)	816,440
16714	84-3673030	Healthier New Jersey Insurance Company	0	22,800,000	0	0	0	0		0	22,800,000	0
55069	22-0999690	Horizon Healthcare Services, Inc.	37,000,000	(130,564,445)	0	0	423,584,464	(242,662,436)		0	87,357,583	26,118,224
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	0	0	0	0	(384,119,165)	243,599,109		0	(140,520,056)	(26,934,664)
	27-1179993	3 Penn Plaza Property Holdings Urban Ren.	(4,000,000)	70,486,227	0	0	10,736,757	0		0	77,222,984	0
	13-4290405	Enterprise Property Holdings, LLC	(3,000,000)	1,943,218	0	0	2,979,000	0		0	1,922,218	0
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0	(16,061,641)	0		0	(16,061,641)	0
	22-2561496	Horizon Healthcare Plan Holding Company	0	10,000,000	0	0	(10,625)	0		0	9,989,375	0
	47-4428396	Multistate Investment Services, Inc.	(30,000,000)	15,335,000	0	0	135,036	0		0	(14,529,964)	0
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	0	0		0	0	0
	86-1229594	Greenwood Insurance Company, Inc.	0	10,000,000	0	0	796,107	0		0	10,796,107	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Healthier New Jersey Insurance Company

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1  Insurers in Holding Company	2  Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	5  Ultimate Controlling Party	6  U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	8 Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
		%				%	
		%				%	
		%				%	
		%				%	
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# 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.....

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**

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....SEE EXPLANATION.....
- 13. 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? .....SEE EXPLANATION.....
- 14. 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? .....SEE EXPLANATION.....
- 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 16. 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.....
- 17. 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.....
- 18. 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**

- 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....
- 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....SEE EXPLANATION.....
- 21. 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.....
- 22. 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.....
- 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....YES.....

**AUGUST FILING**

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

**Explanation:**

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**Bar code:**



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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



15.



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