



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

**Horizon Healthcare Services, Inc.**

(Name)

NAIC Group Code 1202 , 1202 NAIC Company Code 55069 Employer's ID Number 22-0999690  
(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 [ X ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 12/07/1932 Commenced Business 12/07/1932

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

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

Mail Address 3 Penn Plaaz East 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 Plaza East Ste PP-15D  
(Street and Number)  
Newark, NJ, US 07105-2248 973-466-5954  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

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

**OFFICERS**

Name	Title	Name	Title
<u>Gary Dean St. Hilaire</u> ,	<u>CEO &amp; President</u>	<u>Linda Anne Willett</u> ,	<u>EVP, General Counsel &amp; Secretary</u>
<u>Douglas Richard Simpson</u> ,	<u>EVP, CFO</u>		

**OTHER OFFICERS**

<u>Patrick Shawn Aylward #</u> ,	<u>SVP and Chief of Staff</u>	<u>Mark Leon Barnard</u> ,	<u>EVP, Government Programs &amp; Operations</u>
<u>Nicholas Loukas Coussoule #</u> ,	<u>SVP Enterprise Business &amp; Technology Solutions</u>	<u>William Delano Georges</u> ,	<u>SVP and Chief Strategy Officer</u>
<u>Allen James Karp</u> ,	<u>EVP, Healthcare Management and Transformation</u>	<u>Steven John Krupinski #</u> ,	<u>SVP &amp; Chief Human Resources Officer</u>
<u>Christopher Michael Lepre</u> ,	<u>EVP, Commercial</u>	<u>Timothy Scott Susanin #</u> ,	<u>SVP, Audit, Risk and Compliance</u>

**DIRECTORS OR TRUSTEES**

<u>John Joyce Ballantyne</u>	<u>Todd Curtis Brown</u>	<u>Leonard Smith Coleman</u>	<u>Laurence Michael Downes</u>
<u>Leonard Gary Feld MD</u>	<u>Michelle Ann Gourdine MD</u>	<u>Gary Dean St. Hilaire</u>	<u>Paul Albert Juliano</u>
<u>Brian Michael Kinkead</u>	<u>Joseph Mansour Kyrillos</u>	<u>Carlos Arturo Medina</u>	<u>Joseph Manuel Muniz</u>
<u>Joanne Pace</u>	<u>Joseph James Roberts</u>		

State of New Jersey

**ss**

County of Essex

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.

Nicholas Herbert Peterson  
 VP, Corporate, Regulatory & Privacy & Corp. Sec.

Douglas Richard Simpson  
 EVP, CFO

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 Horizon Healthcare Services, Inc.**

**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 .....	128,659,290	.0	.0	154,450,535	128,659,290	128,659,290
2. Claim overpayment receivables .....	38,770,085	.0	437,516	43,314,106	39,207,601	39,207,602
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	(559,171)	118,183,121	(559,171)	(559,171)
6. Other health care receivables .....	.0	.0	.0	.0	.0	.0
7. Totals (Lines 1 through 6)	167,429,375	0	(121,655)	315,947,762	167,307,720	167,307,721

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











**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 .....	72,937,545	0	73,652,448	714,903	714,903	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	1,044,275,185	27,323,918	692,458,472	379,140,631	379,140,631	0
6. Total	1,117,212,730	27,323,918	766,110,920	379,855,534	379,855,534	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2021				NAIC Company Code 55069		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,196,755	170,309	503,138	0	0	398,081	125,227	0	0	0
2. First Quarter	1,274,326	212,517	487,035	0	0	449,323	125,451	0	0	0
3. Second Quarter	1,276,072	221,384	481,228	0	0	448,406	125,054	0	0	0
4. Third Quarter	1,242,788	232,895	455,817	0	0	427,724	126,352	0	0	0
5. Current Year	1,231,226	230,910	452,254	0	0	421,640	126,422	0	0	0
6. Current Year Member Months	15,076,425	2,674,692	5,642,014	0	0	5,257,352	1,502,367	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,182,769	2,667,446	6,657,431	0	0	0	1,857,892	0	0	0
8. Non-Physician	10,853,465	1,892,525	5,923,533	0	0	0	3,037,407	0	0	0
9. Total	22,036,234	4,559,971	12,580,964	0	0	0	4,895,299	0	0	0
10. Hospital Patient Days Incurred	346,407	108,886	152,355	0	0	0	85,166	0	0	0
11. Number of Inpatient Admissions	63,918	20,173	31,601	0	0	0	12,144	0	0	0
12. Health Premiums Written (b)	6,466,853,582	1,599,058,857	3,621,938,229	0	0	146,162,144	1,036,848,560	0	0	62,845,792
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	6,469,379,926	1,599,344,134	3,624,350,443	0	0	145,990,997	1,036,848,560	0	0	62,845,792
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,037,469,433	1,604,314,942	3,296,874,923	0	0	109,761,291	961,601,909	0	0	64,916,368
18. Amount Incurred for Provision of Health Care Services	6,176,822,197	1,698,209,160	3,320,655,904	0	0	111,304,291	979,503,474	0	0	67,149,368

(a) For health business: number of persons insured under PPO managed care products .....666,087 and number of persons insured under indemnity only products .....1,765

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021							NAIC Company Code	55069
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,196,755	170,309	503,138	0	0	398,081	125,227	0	0	0		
2. First Quarter	1,274,326	212,517	487,035	0	0	449,323	125,451	0	0	0		
3. Second Quarter	1,276,072	221,384	481,228	0	0	448,406	125,054	0	0	0		
4. Third Quarter	1,242,788	232,895	455,817	0	0	427,724	126,352	0	0	0		
5. Current Year	1,231,226	230,910	452,254	0	0	421,640	126,422	0	0	0		
6. Current Year Member Months	15,076,425	2,674,692	5,642,014	0	0	5,257,352	1,502,367	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	11,182,769	2,667,446	6,657,431	0	0	0	1,857,892	0	0	0		
8. Non-Physician	10,853,465	1,892,525	5,923,533	0	0	0	3,037,407	0	0	0		
9. Total	22,036,234	4,559,971	12,580,964	0	0	0	4,895,299	0	0	0		
10. Hospital Patient Days Incurred	346,407	108,886	152,355	0	0	0	85,166	0	0	0		
11. Number of Inpatient Admissions	63,918	20,173	31,601	0	0	0	12,144	0	0	0		
12. Health Premiums Written (b)	6,466,853,582	1,599,058,857	3,621,938,229	0	0	146,162,144	1,036,848,560	0	0	62,845,792		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	6,469,379,926	1,599,344,134	3,624,350,443	0	0	145,990,997	1,036,848,560	0	0	62,845,792		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	6,037,469,433	1,604,314,942	3,296,874,923	0	0	109,761,291	961,601,909	0	0	64,916,368		
18. Amount Incurred for Provision of Health Care Services	6,176,822,197	1,698,209,160	3,320,655,904	0	0	111,304,291	979,503,474	0	0	67,149,368		

(a) For health business: number of persons insured under PPO managed care products .....666,087 and number of persons insured under indemnity only products .....1,765

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare Services, Inc.**

**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
Affiliates - U.S. Other												
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MS	213,712,333	8,481,819	0	25,771,967	0	0
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MD	26,825,126	1,036	0	2,151,900	0	0
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MR	161,882,856	69,626	0	26,362,910	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MC	6,541,856,366	4,467,201	0	670,993,976	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MR	372,714,906	177,235	0	44,435,700	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM	15,873,488	80,081	0	1,524,600	0	0
0299999 - Total Affiliates - U.S. Other							7,332,865,075	13,276,998	0	771,241,053	0	0
0399999 - Total Affiliates - U.S. - Total							7,332,865,075	13,276,998	0	771,241,053	0	0
0799999 - Affiliates - Total Affiliates							7,332,865,075	13,276,998	0	771,241,053	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							7,332,865,075	13,276,998	0	771,241,053	0	0
9999999 Totals							7,332,865,075	13,276,998	0	771,241,053	0	0

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	00-0000000	01/01/2019	New Jersey Reinsurance Program	USA	241,369,594	0
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					241,369,594	0
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-3191308	11/01/2019	Plymouth Guarantee Ltd	BMU	13,447,730	0
2099999 - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					13,447,730	0
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					254,817,324	0
2299999 - Accident and Health - Total Accident and Health					254,817,324	0
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					241,369,594	0
2499999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					13,447,730	0
9999999 Totals—Life, Annuity and Accident and Health					254,817,324	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 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	40,030	33,507	5,342	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	.0	.0	.0	.0	.0
7. Claims payable.....	.0	.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	254,817	172,000	150,342	242	8,464
9. Experience rating refunds due or unpaid.....	.0	.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....	.0	.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O).....	.0	.0	.0	.0	.0



**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	4,651,139,154	0	4,651,139,154
2. Accident and health premiums due and unpaid (Line 15).....	237,002,536	0	237,002,536
3. Amounts recoverable from reinsurers (Line 16.1).....	254,817,324	0	254,817,324
4. Net credit for ceded reinsurance.....	XXX	254,817,324	254,817,324
5. All other admitted assets (Balance).....	1,572,408,843	0	1,572,408,843
6. Total assets (Line 28)	6,715,367,857	254,817,324	6,970,185,181
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	1,567,174,159	0	1,567,174,159
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	103,645,352	0	103,645,352
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).....	1,911,307,475	0	1,911,307,475
15. Total liabilities (Line 24).....	3,582,126,986	0	3,582,126,986
16. Total capital and surplus (Line 33).....	3,133,240,870	XXX	3,133,240,870
17. Total liabilities, capital and surplus (Line 34)	6,715,367,856	0	6,715,367,856
<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 .....	254,817,324		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	254,817,324		
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	254,817,324		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare Services, Inc.

**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

NONE

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare Services, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthacre Services, Inc.	NJ				0.0			0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company	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	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Healthcare Plan Holding Comapny, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	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	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	50.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance Company	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0

41

Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	0	0	0	3,472,466	0		0	3,472,466	0
	22-2561496	Horizon Healthcare Plan Holding Co., Inc.	0	10,000,000	0	0	10,625	0		0	10,010,625	0
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	0	0	0	0	384,119,165	243,599,109		0	627,718,274	(26,934,664)
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0	16,061,641	0		0	16,061,641	0
55069	22-0999690	Horizon Healthcare Services, Inc.	37,000,000	(130,564,445)	0	0	(423,584,464)	(242,662,436)		0	(759,811,345)	26,118,224
	13-4290405	Enterprise Property Holdings, LLC	(3,000,000)	1,943,218	0	0	(2,979,000)	0		0	(4,035,782)	0
	27-1179993	Three Penn Plaza Property Holding, LLC	(4,000,000)	70,486,227	0	0	(10,736,757)	0		0	55,749,470	0
14690	46-1362174	Horizon Insurance Company	0	0	0	0	34,567,467	(936,673)		0	33,630,794	816,440
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	0	0		0	0	0
	47-4428396	Multistate Investment Services, Inc.	(30,000,000)	15,335,000	0	0	(135,036)	0		0	(14,800,036)	0
16714	84-3673030	Healthier New Jersey Insurance Company	0	22,800,000	0	0	0	0		0	22,800,000	0
	86-1229594	Greenwood Insurance Company, Inc.	0	10,000,000	0	0	(796,107)	0		0	9,203,893	0
	84-2280217	NJ Collaborative Care, LLC	0	0	0	0	0	0		0	0	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

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

### APRIL FILING

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

### JUNE FILING

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

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?	.....NO.....
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?	.....NO.....
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?	.....NO.....
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?	.....NO.....
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
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.....
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#### Explanation:

10. Business not written
11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. N/A, no request for relief.
17. N/A, no request for relief.
18. N/A, no request for relief.
19. Business not written
20. Business not written

#### Bar code:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

10.   
5 5 0 6 9 2 0 2 1 3 6 0 5 9 0 0 0

11.   
5 5 0 6 9 2 0 2 1 2 0 5 5 9 0 0 0

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

13.   
5 5 0 6 9 2 0 2 1 3 7 1 0 0 0 0 0

14.   
5 5 0 6 9 2 0 2 1 3 7 0 0 0 0 0 0

15.   
5 5 0 6 9 2 0 2 1 3 6 5 0 0 0 0 0

19.   
5 5 0 6 9 2 0 2 1 3 0 6 0 0 0 0 0

20.   
5 5 0 6 9 2 0 2 1 2 1 1 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	103,227,290	0	103,227,290	116,645,236
2505. ....	0	0	0	0
2506. ....	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	103,227,290	0	103,227,290	116,645,236

M015 Additional Aggregate Lines for Page 15 Line 9.

\*EXNETINVT - Exhibit of Net Investment Income

	1 Collected During Year	2 Earned During Year
0904. Miscellaneous adjustment.....	0	(101,492)
0905. ....	0	0
0906. ....	0	0
0907. ....	0	0
0997. Summary of remaining write-ins for Line 9 from page 15	0	(101,492)