

Yes [X] No []

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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company NAIC Group Code 01202 01202 NAIC Company Code _ 16714 Employer's ID Number 84-3673030 (Prior Period) Organized under the Laws of , State of Domicile or Port of Entry New Jersey 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 Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) Main Administrative Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 973-803-0441 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 973-803-0441 (Area Code) (Telephone Number) (Extension) Internet Web Site Address N/A Statutory Statement Contact Jordan Greenberg 973-803-0441 (Area Code) (Telephone Number) (Extension) (Name) jordan_greenberg@horizonblue.com 973-466-7110 (Fax Number) **OFFICERS** Name Title Name Title John William Doll Luisa Yvette Charbonneau President & CEO Secretary Mark Leon Barnard Frank Melaccio Treasurer **OTHER OFFICERS** Patrick Rodney Young Vice Chair **DIRECTORS OR TRUSTEES** Mark Leon Barnard Jennifer Gail Velez Patrick Rodney Young Annette Catino Kyle Christopher Stern John William Doll State ofNew Jersey..... 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. Frank Melaccio Jacqueline Bonforte Assistant Secretary Treasurer

Subscribed and sworn to before me this

day of

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						2,455,495
Group subscribers:	1					1
						ļ
						ļ
						
						
			-		-	†
			-			
						
						<u> </u>
			<u> </u>		<u> </u>	†
0299997 Group subscriber subtotal	0	0	0	0	0	0
029998 Premiums due and unpaid not individually listed						357.158
0299999 Total group	357 , 158	0	L0	0	0	357 , 158 357 , 158
0399999 Premiums due and unpaid from Medicare entities						
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,812,653	0	0	0	0	2,812,653

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT O-HEALITI GARE REGLIVADELO											
1 Name of Debtor	2 1 - 30 Days 16,786,600 16,786,600	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
0199998 - Aggregate of amounts not individually listed above	16 786 600	3,900,900	1 11 /	,		20 687 500					
0.199999 - Pharmaceut ical Rehate Receivables	16,786,600	3,900,900	0	0	0	20,687,500					
0699998 - Agregate of amounts not individually listed shove	2,389	0,000,000	Ů		, i	2 389					
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables O699998 - Aggregate of amounts not individually listed above. O699999 - Other Health Care Receivables	2,389	0	0	N.	0	20,687,500 2,389 2,389					
0000000 Other hearth our receivables	2,000	Ů	0	Ü	Ů	2,000					
		T									
					ļ						
					ļ						
		ļ	ļ		ļ						
		ļ			ļ						
		ļ			ļ						
0799999 Gross Health Care Receivables	16,788,989	3,900,900	0	0	0	20,689,889					

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

EXHIBIT OF ANALTOIS OF TILALITY SAILE NEW	Health Care Reco	eivables Collected ring the Year	Health Care Red	ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables		-		20,687,500	0	
Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables				2,389	0	
7. Totals (Lines 1 through 6)	0	0	0	20,689,889	0	0

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

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

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported) Claims Payable (Reported)											
Claims Payable (Reported)	9,124,828	383,531	172	32,386	187 , 101	9,728,018					
											
0199999 Individually listed claims unpaid	9,124,828		172		187 , 101	9,728,018					
0299999 Aggregate accounts not individually listed-uncovered		· · · · · · · · · · · · · · · · · · ·		·	·	0					
0399999 Aggregate accounts not individually listed-covered						0					
0499999 Subtotals	9,124,828	383,531	172	32,386	187,101	9,728,018					
0599999 Unreported claims and other claim reserves						53,270,406					
0699999 Total amounts withheld											
0799999 Total claims unpaid						62,998,424					
0899999 Accrued medical incentive pool and bonus amounts						5,072,501					

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
NJ Collaborative Care, LLC	8,617,075					8,617,075	
Horizon Insurance Company	278,545					278,545	
			·	·			
							
			†	1	<u> </u>		
			<u> </u>	†	†		
0199999 Individually listed receivables	8,895,620	0	0	0	0	8,895,620	0
0299999 Receivables not individually listed	1					, , , , , , , , , , , , , , , , , , , ,	
0399999 Total gross amounts receivable	8,895,620	0	0	0	0	8,895,620	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
100 Horizon Healthcare Services, Inc		3,659,004	3,659,004	
Horizon Healthcare of New Jersey, Inc				
700 NJ Collaborative Care, LLC		8,051	8,051	
		·····		
		†		
		†		
0199999 Individually listed navables		3,733,530	3,733,530	n
0199999 Individually listed payables		1	,700,000	
0399999 Total gross payables		3,733,530	3,733,530	0

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EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.2		0.0		1,120,280
2. Intermediaries	71,713,353	14.0		0.0		71,713,353
3. All other providers	0	0.0		0.0		0
4. Total capitation payments		14.2	0	0.0	0	72,833,633
Other Payments:						
5. Fee-for-service		1.3	xxx	xxx		6,779,563
6. Contractual fee payments		84 .5	xxx	XXX	,	434,143,647
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		L 0
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		 _0
9. Non-contingent salaries		0.0	xxx	XXX		L 0
10. Aggregate cost arrangements		0.0	xxx	XXX		 _0
11. All other payments	0	0.0	xxx	xxx		 0
12. Total other payments	440,923,210	85.8	XXX	XXX	0	440,923,210
13. Total (Line 4 plus Line 12)	513,756,843	100 %	XXX	XXX	0	513,756,843

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1-1 AKT 2-00MMAKT OF TRANSACTIONS	· · · · · · · · · · · · · · · · · · ·			
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Home Care Services.	4,196,826	349.735	, ,	
	Radiology	11,145,509	928,792		
	Lab Insured.	555,744	46,312		
	Lab Cap Quest	85 153			
	Hearx		45.764		
	Radiology Spine	5,335,775	444.648		
	TP-0rtho.	9,993,969	832,831		
	TP-Cardio	8,580,848	715.071		
	Post-Acute Care	26,740,069	2,228,339		
	Horizon Healthcare Services, Inc.	4,530,286			
	nulizur neartiicare services, ilic	4,550,200			
					l
9999999 Totals		71,713,353	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies	L					
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

											(LOCATI			
AIC Group Code 01202 BUSINESS IN THE STATI	E OF New Jersey			ı	DURING	3 THE YEAR 20)23	T	T	T		NAIC Company	/ Code	16714
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Noi Health
Total Members at end of:														
1. Prior Year	27,942							27,942						-
2 First Quarter	41,722							41,722						
3 Second Quarter	42,318							42,318						-
4. Third Quarter	42,848							42,848						-
5. Current Year	43,549							43,549						
6 Current Year Member Months	508,020							508,020						
Total Member Ambulatory Encounters for Year:														
7. Physician	901,802							901,802						
8. Non-Physician	578,921							578,921						-
9. Total	1,480,723	0	0	0	0	0	0	1,480,723	0	0	0	0	0	
10. Hospital Patient Days Incurred	77,607							77,607						
11. Number of Inpatient Admissions	9,198							9,198						
12. Health Premiums Written (b)	503,243,694							503,243,694						-
13. Life Premiums Direct	0							0						-
14. Property/Casualty Premiums Written	0							0						
15. Health Premiums Earned	503,079,557							503,079,557						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services	513,756,842							513,756,842						-
18. Amount Incurred for Provision of Health Care Services	536,669,979							536,669,979						

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$503,243,694



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Healthier New Jersey Insurance Company

2.

AIC Group Code 01202 BUSINESS IN THE STATE	OF Consolidated	ı			DURING	G THE YEAR 20	23				(LOCATIO	ON) NAIC Compan	v Code	16714
10 Group Goods	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Healt
Total Members at end of:														
1. Prior Year	27,942	0	0	0	0	0	0	27 ,942	0	0	0	0	0	
2 First Quarter	41,722	0	0	0	0	0	0	41,722	0	0	0	0	0	
3 Second Quarter	42,318	0	0	0	0	0	0	42,318	0	0	0	0	0	
4. Third Quarter	42,848	0	0	0	0	0	0	42,848	0	0	0	0	0	
5. Current Year	43,549	0	0	0	0	0	0	43,549	0	0	0	0	0	
6 Current Year Member Months	508,020	0	0	0	0	0	0	508,020	0	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	901,802	0	0	0	0	0	0	901,802	0	0	0	0	0	
8. Non-Physician	578,921	0	0	0	0	0	0	578,921	0	0	0	0	0	
9. Total	1,480,723	0	0	0	0	0	0	1,480,723	0	0	0	0	0	
10. Hospital Patient Days Incurred	77,607	0	0	0	0	0	0	77,607	0	0	0	0	0	
11. Number of Inpatient Admissions	9,198	0	0	0	0	0	0	9,198	0	0	0	0	0	
12. Health Premiums Written (b)	503,243,694	0	0	0	0	0	0	503,243,694	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	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	0	0	0	
15. Health Premiums Earned	503,079,557	0	0	0	0	0	0	503,079,557	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	513,756,842	0	0	0	0	0	0	513,756,842	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	536,669,979	0	0	0	0	0	0	536,669,979	0	0	0	0	0	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......503,243,694

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

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)	132 , 197 ,536		132 , 197 , 536
2.	Accident and health premiums due and unpaid (Line 15)	2,812,652		2,812,652
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)	51,659,228		51,659,228
6.	Total assets (Line 28)	186,669,416	0	186,669,416
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	62,998,425	0	62,998,425
8.	Accrued medical incentive pool and bonus payments (Line 2)	5,072,501		5,072,501
9.	Premiums received in advance (Line 8)	164,067		164,067
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)	55,990,255		55,990,255
15.	Total liabilities (Line 24)	124 , 225 , 248	0	124,225,248
16.	Total capital and surplus (Line 33)	62,444,168	XXX	62,444,168
17.	Total liabilities, capital and surplus (Line 34)	186,669,416	0	186,669,416
	NET CREDIT FOR CEDED REINSURANCE			
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		

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

Allocated By States and Territories Direct Business Only								
States, Etc.		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								
2. Alaska								
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	co							
7. Connecticut	ст							
8. Delaware	DE							
9. District of Columbia								
10. Florida	FL							
11. Georgia								
12. Hawaii								
	ID							
13. Idaho								
14. Illinois	IL		-		·			
15. Indiana	IN		-		-			
16. lowa			-					
17. Kansas	KS							
18. Kentucky								
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts								
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi								
26. Missouri								
		·····						
27. Montana								
28. Nebraska								
29. Nevada						·		
30. New Hampshire					-			
31. New Jersey								
32. New Mexico	MM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma								
38. Oregon								
39. Pennsylvania								
40. Rhode Island								
41. South Carolina	SC				T			
	SD							
42. South Dakota			-					
43. Tennessee	TN		-			·		
44. Texas			-		-	·		
45. Utah	ľ		-		+	·		
46. Vermont	VT		-		-			
47. Virginia								
48. Washington								
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa								
53. Guam								
54. Puerto Rico								
55. U.S. Virgin Islands								
56. Northern Mariana Islands								
					-			
57. Canada58. Aggregate Other Alien								

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

	2	3	4	5	6 1	7	8	9	10	l 11	12	13	l 14	15	16
	_	-				Name of	_	-		i i	Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
04000	DC of NJ Coord	FF000	22 2000000				Horizon Healthcare Services,	N. I	IIID					NO	0
01202BCB	BS of NJ Group	55069	22-0999690				Inc Horizon Healthcare Plan Holding	NJ	UIP	Harian Harlahana Canrina		0.0	Unai non Unal Manasa	NU	
01202 BCB	BS of NJ Group	00000	22-2561496				Company. Inc.	N.I	UDP	Horizon Healthcare Services,	Ownership	100.0	Horizon Healthcare Services, Inc.	NO	
U 1202	ps of Ma Group	00000	22-2301490				Company, The	JNJ	UUP	Horizon Healthcare Plan	Townership	100.0	Horizon Healthcare	INU	
01202BCB	BS of NJ Group	11146	22-3331515				 Horizon Healthcare Dental. Inc	NJ	I A	Holding Company, Inc	Ownership	100.0	Services. Inc	NO	0
0 1202	во от на втоир	11140	22-3331313				l leartheartheare bentar, inc			Horizon Healthcare Plan	Owner Sirrp	100.0	Horizon Healthcare	INO	
01202BCB	BS of NJ Group	00000	22-3346524				Horizon Casulaty Services, Inc	NJ		Holding Company, Inc.	Ownership	100.0	Services, Inc.	NO	n
0,202	ьо от но отоир	00000	22 00T002T							Horizon Healthcare Plan	0 m 101 3111 p	100.0	Horizon Healthcare	1INO	
01202 BCB	BS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ		Holding Company, Inc.	Ownership.	100.0	Services, Inc.	NO	0
01202	во от но отоар	11000	10 100217 1				Multistate Professional			Horizon Healthcare Services.	0 #1101 0111 p		Horizon Healthcare	1	
01202BCB	BS of NJ Group	00000	46-2605607				Services, Inc	NJ	NIA	Inc.	Ownership	100.0	Services. Inc	NO	0
							Horizon Healthcare of New			Horizon Healthcare Plan			Horizon Healthcare	1	
01202BCB	BS of NJ Group	95529	22-2651245				Jersev. Inc.	NJ	I A	Holding Company, Inc.	Ownership	100.0	Services, Inc	NO .	0
	'			İ			Enterprise Property Holdings,			Horizon Healthcare Services,	İ '		Horizon Healthcare	i i	
01202BCB	BS of NJ Group	00000	13-4290405				LLC	NJ	NIA	Inc	Ownership	100.0	Services, Inc	NO .	0
	·						Three Penn Plaza Property			Horizon Healthcare Services,			Horizon Healthcare		
01202BCB	BS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc	Ownership	100.0	Services, Inc	NO .	0
							Horizon Charitable Foundation,			Horizon Healthcare Services,			Horizon Healthcare		
01202 BCB	BS of NJ Group	00000	20-0522405				Inc.	NJ	NIA	Inc	Ownership	100.0	Services, Inc	NO	0
	DO 6 111 0		47 4400000				Multistate Investment Services,			Horizon Healthcare Services,		400.0	Horizon Healthcare		
01202 BCB	BS of NJ Group	00000	47 - 4428396				Inc	NJ	NIA	Inc	Ownership	100.0	Services, Inc	NO .	0
04000	DO - (N.I. O	00000	04 0000047				NI Oallahaastissa Oasaa IIO	N.I	UDP	Horizon Healthcare Services,	O	50.0	Horizon Healthcare	NO	
01202BCB	BS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC]JNJ	YUP	Inc	Ownership	50.0	Services, Inc Horizon Healthcare	1NO	0
01202 BCB	BS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	N.J	1	NJ Collaborative Care. LLC	Ownership	100.0	Services. Inc	NO	0
U 1202	ט טו ווט פם po טו ווט פם	10/ 14	04-30/3030				CompanyGreenwood Insurance Company.	JNJ		THORIZON Healthcare Plan	Ownership	100.0	Horizon Healthcare	IN∪ -	
01202BCB	BS of NJ Group	00000	86-1229594				Inc.	NJ		Holding Company, Inc	Ownership	100.0	Services, Inc	NO	٥
0 1202DUD	ьо от но отоир	00000	00-1223334				1110			Horizon Healthcare Plan	Owner Sirip	100.0	Horizon Healthcare	1inu	
01202BCB	BS of NJ Group	00000	92-0815927				NovaWell. Inc.	N.I		Holding Company, Inc	Ownership	100.0	Services, Inc.	NO	0
			92-0982986				Horizon Mutual Holdings. Inc	N.J	UDP	Thorating company, Tho	0	0.0	1000, 1110	1	
0.201	50 0 01 oup		0002000				Horizon Operating Holdings,						Horizon Mutual	1	
01201BCB	BS of NJ Group	00000	92-0966618				Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc	NO	0
]]	
]						

Asterisk	Explanation

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SCHEDULE Y

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

	2	3	4	5	6	7	8	9	10	11	12	13
1						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
NAIC Company			Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	J0	J0	0	(2,697,714)	1,974,486		 0	(723,228)	
14690	46 - 1362174	Horizon Insurance Company	0	0	J0	0	(31,468,808)	28,439,370		0	(3,029,438)	
16714	84-3673030	Healthier New Jersey Insurance Company Horizon Healthcare Services, Inc	0	80,302,029	0	0	0	0		<u>0</u>	80,302,029	
55069	22-0999690	Horizon Healthcare Services, Inc.	0	L0]0	0	739,419,772	(339,986,009)		<u>0</u>	399,433,763	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc	0	0	0	0	(719,070,646)	309,572,153		0	(409,498,493)	
	27 - 1179993	Horizon Healthcare of New Jersey, Inc. 3 Penn Plaza Property Holdings Urban Ren	0	0	0	0	20,770,025	0	ļ	10	20,770,025	
	13-4290405	Enterprise Property Holdings, LLC. Horizon Casualty Services, Inc. Horizon Healthcare Plan Holding Company.	10	l0	0	0	3,190,500	0	ļ	L0	3,190,500	
	22-3346524	Horizon Casualty Services, Inc.	0	L0	<u></u>	0	(15,896,223)	0	ļ	<u></u> 0	(15,896,223)	
	22-2561496	Horizon Healthcare Plan Holding Company	0	L0	0	0	0	0	ļ	0	0´ l	
	47 - 4428396	Multistate Investment Services, Inc.	0	0	l0	<u> </u> 0	0	0	L	0	0	
	46-2605607	Multistate Professional Services, Inc.	0	L0	L0	L0	822	0	L	0	822	
	86-1229594	Greenwood Insurance Company, Inc.	0	0	0	0	1,389,877	0	L	10	1,389,877	
	92-0982986	Horizon Mutual Holdings, Inc.	0	0	0	0	6,106,016	0		0	6,106,016	
	92-0966618	Horizon Operating Holdings, Inc.	0	(80,302,029)	0	0	(1,743,621)	0		0	(82,045,650)	
	92-0996149	Horizon Diversified Holdings, Inc.	0	0	0	0	0	0		0	0	
	92-0815927	NovaWell. Inc.	0	0	0	0	0	0		0	0	
	02 00 1002 1											
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9999999 Co	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

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	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	of Control\Affiliation of Column 2 Over	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	of Control\Affiliation of Column 5 Over
		%				%	
		%				%	
						%	
		%				%	
		/0					
		/0				0/2	
		%				%	
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		%				%	
		%				%	
		%				%	
		%				%	
						%	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGS

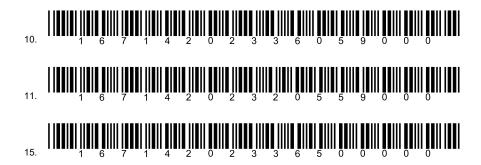
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in 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
lowe nterr	SUPPLEMENTAL FILINGS Illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of opatory 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 or reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.		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?	N0
16.		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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.		SEE EXPLANATION
21.		SEE EXPLANATION
22. 23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	YESYES
	AUGUST FILING	
24		YES
	This management of tapert of internal contact of a financial reporting to find that the state of contact by reagast fi	
Expla	nation:	
0. Bu	siness not written	
1. Bı	usiness not written	
2. Bı	usiness not written	
3 Se	ee explanation	
4. 36	e explanation	
5. Bi	siness not written	
6. Se	ee explanation	
7. Se	ee explanation	
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21. See explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Healthier New Jersey Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023 (To Be Filed By March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 01202

NAIC Company Code	16714
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		MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
İ	1.	Disability income	1
İ		Health	YES
ı	3.	Homeowners	NO
	4.	Individual annuity	NO
	5.	Individual life	NO
	6.	Lender-placed home and auto	NO
	7.	Long-term care	NO
	8.	Other health	NO
	9.	Private flood	NO
	10.	Private passenger auto	NO
		Short-term limited duration health plans	
		Travel	NO NO