



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
 OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company

(Name)

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

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile United States

Licensed as business type: Life, Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity
 Dental Service Corporation Vision Service Corporation Health Maintenance Organization
 Other Is HMO, Federally Qualified? Yes No

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

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

Main Administrative Office 3 Penn Plaza East PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-803-0441
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3 Penn Plaza East 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 PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-803-0441
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Jordan Greenberg , 973-803-0441
(Name) (Area Code) (Telephone Number) (Extension)
jordan_greenberg@horizonblue.com 973-466-7110
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Luisa Yvette Charbonneau</u>	<u>President & CEO</u>	<u>John William Doll</u>	<u>Secretary</u>
<u>Frank Melaccio</u>	<u>Treasurer</u>	<u>Mark Leon Barnard</u>	<u>Chair</u>

OTHER OFFICERS

<u>Patrick Rodney Young</u>	<u>Vice Chair</u>		
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DIRECTORS OR TRUSTEES

<u>Mark Leon Barnard</u>	<u>Jennifer Gail Velez</u>	<u>Patrick Rodney Young</u>	<u>Annette Catino</u>
<u>Kyle Christopher Stern</u>	<u>John William Doll</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.

Jacqueline Bonforte
Assistant Secretary

Frank Melaccio
Treasurer

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2023 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 Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables				20,687,500	.0	
2. Claim overpayment receivables0	
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
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.

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

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 2023 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 2023

NAIC Company Code 16714

	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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	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						

(a) For health business: number of persons insured under PPO managed care products42,050 and number of persons insured under indemnity only products0

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

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ANNUAL STATEMENT FOR THE YEAR 2023 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 Consolidated		DURING THE YEAR 2023								NAIC Company Code		16714
	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	27,942	0	0	0	0	0	0	27,942	0	0	0	0	0	0
2. First Quarter	41,722	0	0	0	0	0	0	41,722	0	0	0	0	0	0
3. Second Quarter	42,318	0	0	0	0	0	0	42,318	0	0	0	0	0	0
4. Third Quarter	42,848	0	0	0	0	0	0	42,848	0	0	0	0	0	0
5. Current Year	43,549	0	0	0	0	0	0	43,549	0	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	0
Total Member Ambulatory Encounters for Year:														
7. Physician	901,802	0	0	0	0	0	0	901,802	0	0	0	0	0	0
8. Non-Physician	578,921	0	0	0	0	0	0	578,921	0	0	0	0	0	0
9. Total	1,480,723	0	0	0	0	0	0	1,480,723	0	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	0
11. Number of Inpatient Admissions	9,198	0	0	0	0	0	0	9,198	0	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	0
13. Life Premiums Direct	0	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	0
15. Health Premiums Earned	503,079,557	0	0	0	0	0	0	503,079,557	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	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	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	0

(a) For health business: number of persons insured under PPO managed care products42,050 and number of persons insured under indemnity only products0

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

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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 2023 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)
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		

ANNUAL STATEMENT FOR THE YEAR 2023 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					
	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. U.S. 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 2023 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
01202	BCBS of NJ Group	00000	92-0815927				NovaWell, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.	NO	.0
01201	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc.	NJ	UDP			0.0		NO	.0
01201	BCBS of NJ Group	00000	92-0966618				Horizon Operating Holdings, Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	.0

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 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	(2,697,714)	1,974,486		0	(723,228)	
14690	46-1362174	Horizon Insurance Company	0	0	0	0	(31,468,808)	28,439,370		0	(3,029,438)	
16714	84-3673030	Healthier New Jersey Insurance Company	0	80,302,029	0	0	0	0		0	80,302,029	
55069	22-0999690	Horizon Healthcare Services, Inc.	0	0	0	0	739,419,772	(339,986,009)		0	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	3 Penn Plaza Property Holdings Urban Ren.	0	0	0	0	20,770,025	0		0	20,770,025	
	13-4290405	Enterprise Property Holdings, LLC	0	0	0	0	3,190,500	0		0	3,190,500	
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0	(15,896,223)	0		0	(15,896,223)	
	22-2561496	Horizon Healthcare Plan Holding Company	0	0	0	0	0	0		0	0	
	47-4428396	Multistate Investment Services, Inc.	0	0	0	0	0	0		0	0	
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	822	0		0	822	
	86-1229594	Greenwood Insurance Company, Inc.	0	0	0	0	1,389,877	0		0	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	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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..... |

SUPPLEMENTAL FILINGS

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..... |
| 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. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |SEE EXPLANATION..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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:

- 10. Business not written
- 11. Business not written
- 12. Business not written
- 13. See explanation
- 14. See explanation
- 15. Business not written
- 16. See explanation
- 17. See explanation
- 18. See explanation
- 20. See explanation
- 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.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
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.....
11. Short-term limited duration health plans.....	NO.....
12. Travel	NO