



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

Horizon Insurance Company

(Name)

NAIC Group Code 01202, 01202 NAIC Company Code 14690 Employer's ID Number 46-1362174

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

Country of Domicile United States

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

Incorporated/Organized 10/11/2012 Commenced Business 12/31/2012

Statutory Home Office 3 Penn Plaza East PP-15D, Newark, NJ, US 07105-2248

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

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

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

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg, 973-803-0441, jordan\_greenberg@horizonblue.com, 973-466-7110

OFFICERS

Name Title Name Title
Gary Dean St. Hilaire Chairman & CEO Nicholas Herbert Peterson Secretary
David Jeffrey Rosenberg CFO and Treasurer Mark Leon Barnard President

OTHER OFFICERS

Michael James Considine Vice President Christopher Michael Lepre Executive Vice President

DIRECTORS OR TRUSTEES

Christopher Michael Lepre Gary Dean St. Hilaire

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.

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this day of

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



Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	13,683,872	4,066	49	0	2,766	13,690,753
0199999 Individually listed claims unpaid	13,683,872	4,066	49	0	2,766	13,690,753
0299999 Aggregate accounts not individually listed-uncovered	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered	0	0	0	0	0	0
0499999 Subtotals	13,683,872	4,066	49	0	2,766	13,690,753
0599999 Unreported claims and other claim reserves						26,136,746
0699999 Total amounts withheld						0
0799999 Total claims unpaid						39,827,499
0899999 Accrued medical incentive pool and bonus amounts						79



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Healthier New Jersey Insurance Company.....	recurring intercompany transactions.....	278,545	278,545	0
0199999 Individually listed payables.....		278,545	278,545	0
0299999 Payables not individually listed		17,040,492	17,040,492	0
0399999 Total gross payables		17,319,037	17,319,037	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**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
<b>Capitation Payments:</b>						
1. Medical groups .....	(19,354)	.0.0	0	.0.0	0	(19,354)
2. Intermediaries .....	(22,310)	.0.0	0	.0.0	0	(22,310)
3. All other providers .....	0	.0.0	0	.0.0	0	0
4. Total capitation payments .....	(41,664)	.0.0	0	.0.0	0	(41,664)
<b>Other Payments:</b>						
5. Fee-for-service .....	10,855,559	4.6	XXX	XXX	0	10,855,559
6. Contractual fee payments .....	223,770,249	95.4	XXX	XXX	0	223,770,249
7. Bonus/withhold arrangements - fee-for-service .....	0	.0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	.0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	.0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	.0.0	XXX	XXX	0	0
11. All other payments .....	0	.0.0	XXX	XXX	0	0
12. Total other payments .....	234,625,808	100.0	XXX	XXX	0	234,625,808
13. Total (Line 4 plus Line 12)	234,584,144	100 %	XXX	XXX	0	234,584,144

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	CareCentrix.....	(22,310)	(1,859)	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
9999999 Totals		(22,310)	XXX	XXX	XXX

**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 2023 OF THE Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2. New Jersey

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2023										NAIC Company Code		14690
	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	307,562	0	0	69,819	194,272	0	0	7,831	0	0	0	0	35,640	0		
2. First Quarter	282,589	0	0	68,962	185,236	0	0	0	0	0	0	0	28,391	0		
3. Second Quarter	283,126	0	0	68,310	186,722	0	0	0	0	0	0	0	28,094	0		
4. Third Quarter	280,530	0	0	67,849	184,845	0	0	0	0	0	0	0	27,836	0		
5. Current Year	278,972	0	0	66,765	186,129	0	0	0	0	0	0	0	26,078	0		
6. Current Year Member Months	3,380,510	0	0	820,331	2,224,855	0	0	0	0	0	0	0	335,324	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	3,599,505	0	0	2,395,465	0	0	0	1,204,040	0	0	0	0	0	0		
8. Non-Physician	2,406,855	0	0	1,669,310	0	0	0	737,545	0	0	0	0	0	0		
9. Total	6,006,360	0	0	4,064,775	0	0	0	1,941,585	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	228,398	0	0	227,790	0	0	0	608	0	0	0	0	0	0		
11. Number of Inpatient Admissions	24,752	0	0	24,727	0	0	0	25	0	0	0	0	0	0		
12. Health Premiums Written (b)	272,155,425	0	0	220,190,694	12,388,955	0	0	11,878,741	0	0	0	0	27,697,035	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	272,577,770	0	0	220,629,098	12,388,076	0	0	11,865,265	0	0	0	0	27,695,331	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	234,584,143	0	0	191,890,381	7,693,797	0	0	8,782,940	0	0	0	0	26,217,025	0		
18. Amount Incurred for Provision of Health Care Services	219,343,466	0	0	192,062,978	7,560,780	0	0	(6,461,122)	0	0	0	0	26,180,830	0		

(a) For health business: number of persons insured under PPO managed care products .....0 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 \$ .....11,878,741

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2.

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2023										NAIC Company Code		14690
	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	307,562	.0	.0	69,819	194,272	.0	.0	7,831	.0	.0	.0	.0	35,640	.0		
2. First Quarter	282,589	.0	.0	68,962	185,236	.0	.0	.0	.0	.0	.0	.0	28,391	.0		
3. Second Quarter	283,126	.0	.0	68,310	186,722	.0	.0	.0	.0	.0	.0	.0	28,094	.0		
4. Third Quarter	280,530	.0	.0	67,849	184,845	.0	.0	.0	.0	.0	.0	.0	27,836	.0		
5. Current Year	278,972	0	0	66,765	186,129	0	0	0	0	0	0	0	26,078	0		
6. Current Year Member Months	3,380,510	0	0	820,331	2,224,855	0	0	0	0	0	0	0	335,324	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	3,599,505	.0	.0	2,395,465	.0	.0	.0	1,204,040	.0	.0	.0	.0	.0	.0		
8. Non-Physician	2,406,855	.0	.0	1,669,310	.0	.0	.0	737,545	.0	.0	.0	.0	.0	.0		
9. Total	6,006,360	0	0	4,064,775	0	0	0	1,941,585	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	228,398	0	0	227,790	0	0	0	608	0	0	0	0	0	0		
11. Number of Inpatient Admissions	24,752	0	0	24,727	0	0	0	25	0	0	0	0	0	0		
12. Health Premiums Written (b)	272,155,425	.0	.0	220,190,694	12,388,955	.0	.0	11,878,741	.0	.0	.0	.0	27,697,035	.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	272,577,770	.0	.0	220,629,098	12,388,076	.0	.0	11,865,265	.0	.0	.0	.0	27,695,331	.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	234,584,143	.0	.0	191,890,381	7,693,797	.0	.0	8,782,940	.0	.0	.0	.0	26,217,025	.0		
18. Amount Incurred for Provision of Health Care Services	219,343,466	0	0	192,062,978	7,560,780	0	0	(6,461,122)	0	0	0	0	26,180,830	0		

(a) For health business: number of persons insured under PPO managed care products .....0 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 \$ .....11,878,741

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**SCHEDULE S - PART 1 - SECTION 2**

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

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



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MR	10,690,867	12,128	76,500	0	0	0	0
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MD	24,926,290	2,704	2,688,300	0	0	0	0
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MS	198,171,623	7,357,999	32,099,440	0	0	0	0
0299999 - General Account - Authorized - Affiliates - U.S. - Other							233,788,780	7,372,831	34,864,240	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							233,788,780	7,372,831	34,864,240	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							233,788,780	7,372,831	34,864,240	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							233,788,780	7,372,831	34,864,240	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							233,788,780	7,372,831	34,864,240	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							233,788,780	7,372,831	34,864,240	0	0	0	0
9999999 Totals							233,788,780	7,372,831	34,864,240	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**SCHEDULE S – PART 6**

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	223,098	231,523	236,943	254,407	265,928
2. Title XVIII-Medicare.....	10,679	92,531	165,478	246,450	250,402
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.....	4,651,896	(6,508,766)	22,955,947	21,468,230	26,897,279
7. Claims payable.....	34,864,186	47,805,025	54,286,777	68,975,071	54,230,943
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	29,291,803	25,713,580	32,472,842	30,465,710	32,891,209
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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	52,958,164	0	52,958,164
2. Accident and health premiums due and unpaid (Line 15).....	1,021,658	0	1,021,658
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	34,864,186	34,864,186
5. All other admitted assets (Balance).....	18,770,734	0	18,770,734
6. Total assets (Line 28)	72,750,556	34,864,186	107,614,742
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	4,963,313	34,864,186	39,827,499
8. Accrued medical incentive pool and bonus payments (Line 2).....	79	0	79
9. Premiums received in advance (Line 8).....	991,406	0	991,406
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).....	20,736,421	0	20,736,421
15. Total liabilities (Line 24).....	26,691,219	34,864,186	61,555,405
16. Total capital and surplus (Line 33).....	46,059,338	XXX	46,059,338
17. Total liabilities, capital and surplus (Line 34)	72,750,557	34,864,186	107,614,743
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	34,864,186		
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 .....	34,864,186		
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	34,864,186		



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

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

Allocated By States and Territories

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc	NJ	IA	Horizon Operating Holdings, Inc		100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP		Ownership	0.0			.0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, Inc	NJ	NIA	Horizon Healthcare Services Inc	Ownership	100.0	Horizon Mutual Holdings, 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 Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc	NJ	NIA	Horizon Mutual Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	10000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Operating Holdings, Inc	Ownership	55.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company, Inc	NJ	NIA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	92-0815927				NovaWell, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	92-0966618				Horizon Operatting Holdings, Inc	NJ	UDP	Horizon Mutual Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	92-0996149				Horizon Diversified Holdings, Inc	NJ	UDP	Horizon Mutual Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0

Asterisk	Explanation

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-4290405	Enterprise Property Holdings, Inc.	0	0			(3,190,500)				(3,190,500)	
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	0			2,697,714	1,974,486			4,672,200	
	22-2561496	Horizon Healthcare Plan Holding Company	0	0							0	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	0	0			719,070,646	309,572,153			1,028,642,799	
	22-3346524	Horizon Casualty Services, Inc.	0	0			15,896,223				15,896,223	
55069	22-0999690	Horizon Healthcare Services, Inc.	0	0			(739,419,772)	(339,986,009)			(1,079,405,781)	
	27-1179993	Three Penn Plaza Property Holdings, LLC	0	0			(20,770,025)				(20,770,025)	
14690	46-1362174	Horizon Insurance Company	0	0			31,468,808	28,439,370			59,908,178	
	47-4428396	Multistate Investment Services, Inc.	0	0							0	
16714	84-3673030	Healthier New Jersey Insurance Company	0	(80,302,029)							(80,302,029)	
	46-2605607	Multistate Professional Services, Inc.	0	0			(822)				(822)	
	84-2280217	NJ Collaborative Care, LLC	0	0							0	
	86-1229594	Greenwood Insurance Company, Inc.	0	0			(1,389,877)				(1,389,877)	
	92-0982986	Horizon Mutual Holdings, Inc.	0	0			(6,106,016)				(6,106,016)	
	92-0966618	Horizon Operating Holdings, Inc.	0	80,302,029			1,743,621				82,045,650	
	92-0815927	NovaWell, Inc.	0	0							0	
	92-0996149	Horizon Diversified Holdings, Inc.	0	0							0	
<b>9999999 Control Totals</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>



# 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?   | .....YES.....             |
| 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?  | .....YES.....             |
| 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?  | .....NO.....              |

### APRIL FILING

- |  |               |
|--|---------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO.....  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO.....  |
| 22. Will the Supplemental Health Care Exhibit (Parts 1 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:

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

### Bar code:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11.   
1 4 6 9 0 2 0 2 3 2 0 5 5 9 0 0 0

12.   
1 4 6 9 0 2 0 2 3 4 2 0 0 0 0 0 0

13.   
1 4 6 9 0 2 0 2 3 3 7 1 0 0 0 0 0

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

19.   
1 4 6 9 0 2 0 2 3 6 0 0 0 0 0 0 0

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

21.   
1 4 6 9 0 2 0 2 3 2 1 1 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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SUPPLEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2023 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 01202, Address (City, State and Zip Code) Newark, NJ 07105-2248, NAIC Company Code 14690, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2020 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2021, 2022, 2023 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

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

360.NJ





**SUPPLEMENT FOR THE YEAR 2023 OF THE Horizon Insurance Company**  
**MEDICARE PART D COVERAGE SUPPLEMENT**

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

NAIC Group Code 01202

NAIC Company Code 14690

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	14,104,944	XXX	0	XXX	14,104,944
1.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments.....	5,849,733	XXX	0	XXX	5,849,733
1.2 Supplemental Benefits.....	13,629,900	XXX	0	XXX	13,629,900
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	4,617,412	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
2.2 Supplemental Benefits.....	(1,332,100)	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	(43,021)	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
3.2 Supplemental Benefits.....	29,400	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(3,398,404)	XXX	0	XXX	XXX
4.2 Payable.....	(5,849,733)	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	18,765,378	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(3,398,404)	XXX	0	XXX	XXX
5.2 Supplemental Benefits.....	12,327,200	XXX	0	XXX	XXX
6. Total Premiums.....	27,694,174	XXX	0	XXX	33,584,577
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	15,044,960	XXX	0	XXX	15,044,960
7.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
7.2 Supplemental Benefits.....	11,173,941	XXX	0	XXX	11,173,941
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	(114,405)	XXX	0	XXX	XXX
8.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
8.2 Supplemental Benefits.....	150,600	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	14,930,555	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	11,324,541	XXX	0	XXX	XXX
11. Total Claims.....	26,255,096	XXX	0	XXX	26,218,901
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX	0	XXX	0	0
12.2 Reimbursements Received but Not Applied-change.....	XXX	(1,454,922)	XXX	0	(1,454,922)
12.3 Reimbursements Receivable-change.....	XXX	(904,217)	XXX	0	XXX
12.4 Health Care Receivables-change.....	XXX	0	XXX	0	XXX
13. Aggregate Policy Reserves-change.....	72,421	0	0	0	XXX
14. Expenses Paid.....	2,346,763	XXX	0	XXX	2,346,763
15. Expenses Incurred.....	2,346,763	XXX	0	XXX	XXX
16. Underwriting Gain/Loss.....	(980,106)	XXX	0	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	3,563,991