



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

Horizon Healthcare Services, Inc.

(Name)

NAIC Group Code 1202, 1202 NAIC Company Code 55069 Employer's ID Number 22-0999690

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

Country of Domicile United States

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

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

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

Main Administrative Office 3 Penn Plaza East Ste PP-15D Newark, NJ, US 07105-2248 973-803-0441

Mail Address 3 Penn Plaza East Ste PP-15D Newark, NJ, US 07105-2248

Primary Location of Books and Records 3 Penn Plaza East Ste PP-15D Newark, NJ, US 07105-2248 973-803-0441

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg 973-803-0441
jordan_greenberg@horizonblue.com 973-466-7110

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Gary Dean St. Hilaire (CEO & President), David Jeffrey Rosenberg (SVP and CFO), Nicholas Herbert Peterson (SVP, General Counsel and Secretary), Jennifer Gail Velez (EVP, Health and Network Solutions).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Patrick Shawn Aylward (SVP, Strategy, Marketing & Communications), Mark Leon Barnard (EVP, Government Programs & Operations), Nicholas Loukas Coussoule (SVP Enterprise Business & Technology Solutions), Ulises Esteban Diaz (SVP Government and Community Affairs), Timothy Scott Susanin (SVP, Audit, Risk and Compliance), Steven John Krupinski (SVP & Chief Human Resources Officer), Christopher Michael Lepre (EVP, Commercial).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes Gary Dean St. Hilaire, Mark Leon Barnard, Jennifer Gail Velez, Christopher Michael Lepre.

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
SVP, General Counsel and Secretary

David Jeffrey Rosenberg
SVP and CFO

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

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	174,007,004			94,610,820	174,007,004	174,007,004
2. Claim overpayment receivables	50,271,958		563,049	55,741,879	50,835,007	50,835,007
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables	23,785,992		15,028,248	33,229,477	38,814,240	38,814,240
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	248,064,954	0	15,591,297	183,582,176	263,656,251	263,656,251

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

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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)	245,333,560	8,234,841	2,333,110	239,674	463,160	256,604,345
0199999 Individually listed claims unpaid	245,333,560	8,234,841	2,333,110	239,674	463,160	256,604,345
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	245,333,560	8,234,841	2,333,110	239,674	463,160	256,604,345
0599999 Unreported claims and other claim reserves						1,817,935,627
0699999 Total amounts withheld						
0799999 Total claims unpaid						2,074,539,972
0899999 Accrued medical incentive pool and bonus amounts						1,402,905

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Horizon Mutual Holdings, Inc.....	2,460,700	21,366,576	0	0	0	23,827,276	0
Horizon Healthcare Dental, Inc.....	27,885	949,928	265,699	0	0	1,243,512	0
Horizon Operating Holdings, Inc.....	55,159	0	0	0	0	55,159	0
Enterprise Property Holding, LLC.....	179,442	2,767	1,517	0	0	183,725	0
Horizon Healthcare of New Jersey, Inc.....	39,832,310	25,603,406	106,011,033	0	0	171,446,748	0
Horizon Casualty Services, Inc.....	2,878,115	2,244,890	2,295,913	0	0	7,418,917	0
Multistate Professional Services, Inc.....	7,643,526	0	0	0	0	7,643,526	0
Horizon Charitable Foundation, Inc.....	59,990	69,793	67,815	0	0	197,598	0
Healthier New Jersey Insurance Co.....	1,703,794	0	0	0	0	1,703,794	0
Three Penn Plaza Property Holdings.....	1,152,121	1,303,290	6,027	0	0	2,461,438	0
Three Penn Plaza Property Holdings Loan.....	42,242,701	0	0	0	0	42,242,701	0
HCR Interco - break out.....	36,293,144	0	0	0	0	36,293,144	0
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0199999 Individually listed receivables	134,528,884	51,540,649	108,648,004	0	0	294,717,537	0
0299999 Receivables not individually listed.....	0	0	0	0	0	0	0
0399999 Total gross amounts receivable.....	134,528,884	51,540,649	108,648,004	0	0	294,717,537	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Multistate Investment Services, Inc.....		21,355	21,355	
Horizon Insurance Company.....		14,594,047	14,594,047	
0199999 Individually listed payables.....		14,615,402	14,615,402	0
0299999 Payables not individually listed				
0399999 Total gross payables		14,615,402	14,615,402	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

1 Payment Method	2 Direct Medical Expense Payment	3 Column 1 as a % of Total Payments	4 Total Members Covered	5 Column 3 as a % of Total Members	6 Column 1 Expenses Paid to Affiliated Providers	7 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	21,742,573	.0.4		0.0		21,742,573
2. Intermediaries	212,250,366	3.5		0.0		212,250,366
3. All other providers	0	0.0		0.0		0
4. Total capitation payments	233,992,939	3.9	0	0.0	0	233,992,939
Other Payments:						
5. Fee-for-service	26,862,787	.0.4	XXX	XXX		26,862,787
6. Contractual fee payments	5,755,013,492	95.7	XXX	XXX		5,755,013,492
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		0
9. Non-contingent salaries	0	0.0	XXX	XXX		0
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	5,781,876,279	96.1	XXX	XXX	0	5,781,876,279
13. Total (Line 4 plus Line 12)	6,015,869,218	100 %	XXX	XXX	0	6,015,869,218

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
	Care Centrix	36,380,705	3,031,725	0	0
	Turning Point	2,296,151	191,346	0	0
	Cotivity	499,735	41,645	0	0
	Care Core National	75,145,916	6,262,160	0	0
	Lab Corp	7,758,539	646,553	0	0
	Quest Diagnostics	1,780,853	148,404	0	0
9999999 Totals		123,861,899	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	70,833,613		(70,806,284)	27,329	27,329	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,062,989,346	26,678,610	(846,570,817)	243,097,139	243,097,139	
6. Total	1,133,822,959	26,678,610	(917,377,101)	243,124,468	243,124,468	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2023										NAIC Company Code		55069
	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	1,128,247	228,493	387,191	0	0	388,229	124,334	0	0	0	0	0	0	0		
2. First Quarter	1,120,934	233,359	372,341			391,311	123,923									
3. Second Quarter	1,104,129	224,255	372,247			383,842	123,785									
4. Third Quarter	1,088,665	222,629	365,841			376,383	123,812									
5. Current Year	1,077,318	215,719	364,757			373,075	123,767									
6. Current Year Member Months	13,255,430	2,710,501	4,436,075			4,624,103	1,484,751									
Total Member Ambulatory Encounters for Year:																
7. Physician	11,154,437	3,241,710	5,714,905				2,197,822									
8. Non-Physician	10,620,896	2,153,288	4,810,261				3,657,347									
9. Total	21,775,333	5,394,998	10,525,166	0	0	0	5,855,169	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	288,005	102,287	108,909				76,809									
11. Number of Inpatient Admissions	50,643	17,357	22,174				11,112									
12. Health Premiums Written (b)	6,612,635,285	2,028,133,184	3,211,027,977			137,938,329	1,166,196,440						69,339,355			
13. Life Premiums Direct	0															
14. Property/Casualty Premiums Written	0	0	0			0	0									
15. Health Premiums Earned	0	0														
16. Property/Casualty Premiums Earned	0															
17. Amount Paid for Provision of Health Care Services	6,015,869,217	1,894,395,300	2,856,493,734			112,222,751	1,083,213,161						69,544,271			
18. Amount Incurred for Provision of Health Care Services	6,054,103,286	1,883,386,465	2,888,729,124			113,081,151	1,096,994,274						71,912,272			

(a) For health business: number of persons insured under PPO managed care products578,428 and number of persons insured under indemnity only products897

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

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2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2023										NAIC Company Code		55069
	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	1,128,247	228,493	387,191	0	0	388,229	124,334	0	0	0	0	0	0	0		
2. First Quarter	1,120,934	233,359	372,341	0	0	391,311	123,923	0	0	0	0	0	0	0		
3. Second Quarter	1,104,129	224,255	372,247	0	0	383,842	123,785	0	0	0	0	0	0	0		
4. Third Quarter	1,088,665	222,629	365,841	0	0	376,383	123,812	0	0	0	0	0	0	0		
5. Current Year	1,077,318	215,719	364,757	0	0	373,075	123,767	0	0	0	0	0	0	0		
6. Current Year Member Months	13,255,430	2,710,501	4,436,075	0	0	4,624,103	1,484,751	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	11,154,437	3,241,710	5,714,905	0	0	0	2,197,822	0	0	0	0	0	0	0		
8. Non-Physician	10,620,896	2,153,288	4,810,261	0	0	0	3,657,347	0	0	0	0	0	0	0		
9. Total	21,775,333	5,394,998	10,525,166	0	0	0	5,855,169	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	288,005	102,287	108,909	0	0	0	76,809	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	50,643	17,357	22,174	0	0	0	11,112	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	6,612,635,285	2,028,133,184	3,211,027,977	0	0	137,938,329	1,166,196,440	0	0	0	0	0	69,339,355	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	0	0	0	0	0	0	0	0	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	6,015,869,217	1,894,395,300	2,856,493,734	0	0	112,222,751	1,083,213,161	0	0	0	0	0	69,544,271	0		
18. Amount Incurred for Provision of Health Care Services	6,054,103,286	1,883,386,465	2,888,729,124	0	0	113,081,151	1,096,994,274	0	0	0	0	0	71,912,272	0		

(a) For health business: number of persons insured under PPO managed care products578,428 and number of persons insured under indemnity only products897

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type Of Reinsurance Assumed	Type Of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates - U.S. Other												
14690	46-1362174	01/01/3000	HORIZON INS CO	NJ	QA/I	MS	198,171,625	7,357,999		32,099,440		
14690	46-1362174	01/01/3000	HORIZON INS CO	NJ	QA/I	MD	24,926,289	2,704		2,688,300		
14690	46-1362174	01/01/3000	HORIZON INS CO	NJ	QA/I	MR	10,678,739	0		76,446		
95529	22-2651245	01/01/3000	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MC	7,989,059,699	0		1,019,581,582		
95529	22-2651245	01/01/3000	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MR	594,984,767	0		59,280,660		
95529	22-2651245	01/01/3000	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM	7,030,314	34,627		476,190		
0299999 - Total Affiliates - U.S. Other							8,824,851,433	7,395,330	0	1,114,202,618	0	0
0399999 - Total Affiliates - U.S. - Total							8,824,851,433	7,395,330	0	1,114,202,618	0	0
0799999 - Affiliates - Total Affiliates							8,824,851,433	7,395,330	0	1,114,202,618	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							8,824,851,433	7,395,330	0	1,114,202,618	0	0
9999999 Totals							8,824,851,433	7,395,330	0	1,114,202,618	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

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 - Non-Affiliates - U.S. Non-Affiliates													
		01/01/2023	Hannover Life Reassurance COA Ltd	USA			2,889,915,456						
0899999	- General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,889,915,456	0	0	0	0	0	0
1099999	- General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						2,889,915,456	0	0	0	0	0	0
1199999	- General Account - Authorized - Total General Account Authorized						2,889,915,456	0	0	0	0	0	0
4599999	- General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						2,889,915,456	0	0	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)						2,889,915,456	0	0	0	0	0	0
9999999 Totals							2,889,915,456	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
															16	17	18	19	20	21					22
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating(1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col.8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)
General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates																									
	00-0000000	01/01/2023	Hannover Life Reassurance COA Ltd	USA	2	03/19/2018					0		0	0					0		0	0.0	0.0	0	0
9999999	Totals							0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums.....	2,889,915	2,032,631	40,030	33,507	5,342
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	316,295	299,731	254,817	172,000	150,342
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	316,042	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,449,898,563		3,449,898,563
2. Accident and health premiums due and unpaid (Line 15).....	301,239,857		301,239,857
3. Amounts recoverable from reinsurers (Line 16.1).....	316,294,809		316,294,809
4. Net credit for ceded reinsurance.....	XXX	316,294,809	316,294,809
5. All other admitted assets (Balance).....	1,365,868,041		1,365,868,041
6. Total assets (Line 28)	5,433,301,270	316,294,809	5,749,596,079
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,074,539,970	0	2,074,539,970
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,402,905		1,402,905
9. Premiums received in advance (Line 8).....	71,454,895		71,454,895
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	3,845,892		3,845,892
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).....	1,467,059,166		1,467,059,166
15. Total liabilities (Line 24).....	3,618,302,828	0	3,618,302,828
16. Total capital and surplus (Line 33).....	1,814,998,442	XXX	1,814,998,442
17. Total liabilities, capital and surplus (Line 34)	5,433,301,270	0	5,433,301,270
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	316,294,809		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	316,294,809		
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	316,294,809		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

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

Allocated By States and Territories

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

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

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

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Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.					2,697,714	1,974,486			4,672,200	
	22-2561496	Horizon Healthcare Plan Holding Co., Inc.									.0	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.					719,070,646	309,572,153			1,028,642,799	
	22-3346524	Horizon Casualty Services, Inc.					15,896,223				15,896,223	
55069	22-0999690	Horizon Healthcare Services, Inc.					(739,419,772)	(339,986,009)			(1,079,405,781)	
	13-4290405	Enterprise Property Holdings, LLC					(3,190,500)				(3,190,500)	
	27-1179993	Three Penn Plaza Property Holding, LLC					(20,770,025)				(20,770,025)	
14690	46-1362174	Horizon Insurance Company					31,468,808	28,439,370			59,908,178	
	46-2605607	Multistate Professional Services, Inc.					(822)				(822)	
	47-4428396	Multistate Investment Services, Inc.									.0	
16714	84-3673030	Healthier New Jersey Insurance Company			(80,302,029)						(80,302,029)	
	86-1229594	Greenwood Insurance Company, Inc.					(1,389,877)				(1,389,877)	
	84-2280217	NJ Collaborative Care, LLC									.0	
	92-0966618	Horizon Operating Holdings, Inc.			80,302,029		1,743,621				82,045,650	
	92-0815927	NovaWell, Inc.									.0	
	92-0996149	Horizon Diversified Holdings, Inc.									.0	
	92-0982986	Horizon Mutual Holdings, Inc.					(6,106,016)				(6,106,016)	
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? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 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? |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:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

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

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

12. 
5 5 0 6 9 2 0 2 3 4 2 0 0 0 0 0 0

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

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

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

20. 
5 5 0 6 9 2 0 2 3 3 0 6 0 0 0 0 0

21. 
5 5 0 6 9 2 0 2 3 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	152,762,788		152,762,788	138,691,129
2505. Prepaid Pension.....	52,412,283	52,412,283	0	0
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	205,175,071	52,412,283	152,762,788	138,691,129

M015 Additional Aggregate Lines for Page 15 Line 9.

*EXNETINVT - Exhibit of Net Investment Income

	1	2
	Collected During Year	Earned During Year
0904. Miscellaneous adjustment.....	0	288,783
0905. Subsidiary Dividends.....	0	0
0906. Interest on tax refunds.....	0	135,688
0907. Inv income.....	0	(1,860,736)
0997. Summary of remaining write-ins for Line 9 from page 15	0	(1,436,265)



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare Services, Inc.

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 1202.....

NAIC Company Code 55069.....

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.....