

## ANNUAL STATEMENT

Horizon Healthcare Services, Inc.           (Name)           NAC Group Code         1202         NAC Company Code         55089         Employer's ID Number         22-0999800           Organized under the Laws of         New Jarsay         State of Domicile or Port of Entry         New Jarsay           Country of Domicile         United States         United States         Engloyer's ID Number         22-0999800           Country of Domicile         United States         Dental Service or Indermity [X         Dental Service or Indermity [X           Dental Service Corporation []         Vision Service Corporation []         Health Maintenance Organization []         Indermitted Corporated ID (Service Corporation []         Indermitted Corporated ID (Service C				ECONDITION	AND AFFAIR	RS OF THE	2020			
[Courted Person]       [Prior Person]         [Counted Councile       New Jersey       State of Domicile or Port of Entry       New Jersey         Country of Domicile       United States       Interd States       Interd States         Licensed as business type:       Life, Accident & Health []       Propertyl/Casualty []       Hospital, Medical & Dental Service or Indemnity [X         Dental Service Corporation []       Usino Service Corporation []       Using Service Corporation []       12/07/1932         Cherr []       Is HMO, Federally Qualified? Yes [] No []       12/07/1932         Statutory Home Office       3 Penn Plaza East Sie PP-15D       Newark, NJ, US 07/105-2248         (Else and Number)       (Prior Town, State, Country and Zp Code)       (Prior Town, State, Country and Zp Code)         Main Administrative Office       3 Penn Plaza East Sie PP-15D       Newark, NJ, US 07/105-2248         (Else and Number PD. Easy       (Prior Town, State, Country and Zp Code)       (Prior Town, State, Country and Zp Code)         Main Address       3 Penn Plaza East Sie PP-15D       Newark, NJ, US 07/105-2248       (State and Number)         (Else and Number PD. Easy       (Prior Town, State, Country and Zp Code)       (Prior Town, State, Country and Zp Code)       (Prior Town, State, Country and Zp Code)         Primary Location of Books and Records       3 Penn Plaza East Sie PP-15D       (State and N			Horiz			es, Inc.				
Organized under the Laws of				NAIC Comp	any Code	55069	Employer's ID	Number _	22-0999690	
Country of Domicile United States United States United States United States Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ X Jison Service Corporation [ ] Utsion Service Corporation [ ] Utsion 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 (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cardon Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cardon Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cardon Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cardon Cay or Town. Bale, Country and Zip Code) (Street and Number) (Cardon Cay or Town. Bale, Country and Zip Code) (Street and Number) (Street and	( -	,	, ,	v	State	of Domicile	or Port of Entry	Ν	lew Jersev	
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/Organizad       12/07/1932         Corporated/Organizad       12/07/1932         Statutory Home Office       3 Penn Plaza East Site PP-15D         Newark, NJ, US 07105-2248       (Diver Town, Bake, County and Zip Code)         Main Administrative Office       3 Penn Plaza East Site PP-15D         Newark, NJ, US 07105-2248       (Diver Town, Bake, County and Zip Code)         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, Bake, County and Zip Code)       (Prevark, NJ, US 07105-2248         (Diver Town, B	0			,						
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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 Ste PP-15D       Newark, NJ, US 07105-2248         (Bireet and Number or P.0. Box)       (City or Town, State, Country and Zip Code)       (City or Town, State, Country and Zip Code)         Primary Location of Books and Records       3 Penn Plaza East Ste PP-15D       Newark, NJ, US 07105-2248         (City or Town, State, Country and Zip Code)       (Records)       (Street and Number)         (City or Town, State, Country and Zip Code)       (Were Code) (Telephone Number) (Extension)         Internet Web Site Address       www.horizonblue.com         Statutory Statement Contact       Jordan Greenberg       973-803-0441         (City or Town, State, Country and Zip Code)       (Name)       (Pax Number)         (City or Town, State, Country and Zip Code)       (Name)       (Pax Number)         (City or Town, State, Country and Zip Code)       (Name)       (Pax Address)         Statutory Statement Contact       Jordan Greenberg       973-803-0441         (City or Town, State, Country and Zip Code)       (Name)       (Pax Address)         David Jeffrey Rosenberg       SVP President       Nicholas Herbert Peterson       SVP, General Counsel and Secretary         David Jeffrey Rosenberg </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
Newark, NJ, US 07105-2248     973-803-0441       (City or Town, Static, Country and Zg Code)     (Area Code) (Telephone Number)       Mail Address     3 Penn Plaza East Site PP-15D     (Newark, NJ, US 07105-2248       Primary Location of Books and Records     3 Penn Plaza East Site PP-15D     (Street and Number)       Newark, NJ, US 07105-2248     3 Penn Plaza East Site PP-15D     (Street and Number)       Newark, NJ, US 07105-2248     973-803-0441       (City or Town, State, Country and Zp Code)     (Street and Number)       Newark, NJ, US 07105-2248     973-803-0441       (City or Town, State, Country and Zp Code)     (Area Code) (Telephone Number) (Extension)       Intermet Web Site Address     www.horizonblue.com       Statutory Statement Contact     Jordan Greenberg     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Town, State, Country and Zp Code)     (Mareo)     973-803-0441       (City or Code)	Main Administrative Office				3 Penn Pla	aza East Ste	PP-15D			
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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       (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       www.horizonblue.com         Statutory Statement Contact       Jordan Greenberg         (Jordan greenberg@horizonblue.com       973-803-0441         (E-Mail Address)       (Name)         (E-Mail Address)       (Fax Number) (Extension)         (Jordan Greenberg       973-803-0441         (Jordan Greenberg)       973-406-710         (E-Mail Address)       (Fax Number) (Extension)         (E-Mail Address)       0FFICERS         Name       Title         SVP, Brategy, Marketing &       SVP, General Counsel and Secretary         David Jeffrey Rosenberg       SVP, Strategy, Marketing &         SVP, Strategy, Marketing &       Communications         Mark Leon Barnard       SVP Government and Communit         Nicholas Loukas Coussoule       SVP, Audit, Risk and Compliance         Timothy Scott Susanin       SVP, Audit, Risk and Compliance         State o										
Of the last of the PLOD       Intervent, No., Outry of 2220         (Biter last of the PLOD       (Dity of Tom, State, Country and Zp Code)         Primary Location of Books and Records       3 Penn Plaza East Site PP-15D         Newark, NJ, US 07105-2248       973-803-0441         (Dity of Tom, State, Country and Zp Code)       (Area Code) (Telephone Number)         Internet Web Site Address       www.horizonblue.com         Statutory Statement Contact       Jordan Greenberg         (Name)       (Area Code) (Telephone Number) (Extension)         10 ordan_greenberg@horizonblue.com       973-803-0441         (E-Mail Address)       (Name)         (Park Number)       973-866-7110         (E-Mail Address)       (Park Number)         (E-Mail Address)       OFFICERS         Name       Title         Name       SVP, General Counsel and Compliance         Patric		. ,	,	0						
(Street and Number) 973-803-0441 (City or Town. State, Country and Zip Code) Internet Web Site Address Statutory Statement Contact				, Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)						
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     www.horizonblue.com       Statutory Statement Contact     Jordan Greenberg       (Name)     (Area Code) (Telephone Number) (Extension)       jordan greenberg@horizonblue.com     973-466-7110       (E-Mail Address)     (Fark Number)       OFFICERS     SVP, General Counsel and       Marke     Title       Name     Title       Gary Dean St. Hilaire     CEO & President       David Jeffrey Rosenberg     SVP and CPO       Jordan St. Platiane     SVP, Government Programs & Operations       SVP, Strategy, Marketing & Communications     Mark Leon Barnard       Nicholas Loukas Coussoule     Technology Solutions       Ulises Esteban Diaz     SVP & Chief Human Resources       Timothy Scott Susanin     SVP, Audit, Risk and Compliance       Gary Dean St. Hilaire     DIRECTORS OR TRUSTEES       Gary Dean St. Hilaire     Mark Leon Barnard       Stete of     New Jersey	Primary Location of Books	and Records	s		3	Penn Plaza	a East Ste PP-15D			
(City or Town, State, Country and Zip Code)       (Area Code) (Telephone Number) (Extension)         Internet Web Site Address       www.horizonblue.com         Statutory Statement Contact       Jordan Greenberg						(Stree	,			
Internet Web Site Address www.horizonblue.com Statutory Statement Contact Jordan Greenberg (Name) (Rame) (R				,		(Δro-			N	
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(Name)       (Area Code) (Telephone Number) (Extension)         jordan greenberg@horizonblue.com       973-466-7110         (E-Mail Address)       (Fax Number)         OFFICERS       OFFICERS         Name       Title         Gary Dean St. Hilaire       CEO & President         David Jeffrey Rosenberg       SVP and CFO         Jannifer Gail Velez       EVP, Health and Network Solution         OTHER OFFICERS       SVP, Strategy, Marketing &         Patrick Shawn Aylward       Communications         Nicholas Loukas Coussoule       SVP, Audit, Risk and Compliance         Timothy Scott Susanin       SVP, Audit, Risk and Compliance         Christopher Michael Lepre       EVP, Commercial         DiRECTORS OR TRUSTEES       Christopher Michael Lepre         Gary Dean St. Hilaire       Mark Leon Barnard         Jennifer Gail Velez       Christopher Michael Lepre			Jordan Gree	nbera				3-0441		
(Fax Number)         OFFICERS         Name       Title       Name       Title         Sary Dean St. Hilaire       CEO & President       Nicholas Herbert Peterson       SVP, General Counsel and Secretary         David Jeffrey Rosenberg       SVP and CFO       Jennifer Gail Velez       EVP, Health and Network Solution         OTHER OFFICERS       SVP, Strategy, Marketing & Communications       Mark Leon Barnard       SVP Government Programs & Operations         Patrick Shawn Aylward       Communications       Mark Leon Barnard       SVP Government and Communit Affairs         Nicholas Loukas Coussoule       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       Officer         DIRECTORS OR TRUSTEES       Strate of       Christopher Michael Lepre       Christopher Michael Lepre         State of       New Jersey       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre			(Name)	5	,		(Area Code) (Telephon	e Number) (E	xtension)	
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Name     Title     Name     Title       Gary Dean St. Hilaire     CEO & President     Nicholas Herbert Peterson     SVP, General Counsel and Secretary       David Jeffrey Rosenberg     SVP and CFO     Jennifer Gail Velez     EVP, Health and Network Solution       OTHER OFFICERS     SVP, Strategy, Marketing & Communications     EVP, Government Programs & Operations     EVP, Government Programs & Operations       Nicholas Loukas Coussoule     Technology Solutions     Ulises Esteban Diaz     SVP & Chief Human Resources       Timothy Scott Susanin     SVP, Audit, Risk and Compliance     Steven John Krupinski     SVP & Chief Human Resources       Gary Dean St. Hilaire     Mark Leon Barnard     Jennifer Gail Velez     Christopher Michael Lepre       State of     New Jersey     Mark Leon Barnard     Jennifer Gail Velez     Christopher Michael Lepre										
Gary Dean St. Hilaire       CEO & President       Nicholas Herbert Peterson       SVP, General Counsel and Secretary         David Jeffrey Rosenberg       SVP and CFO       Jennifer Gail Velez       EVP, Health and Network Solution         OTHER OFFICERS       SVP, Strategy, Marketing & Communications       Mark Leon Barnard       SVP Government Programs & Operations         Nicholas Loukas Coussoule       SVP, Enterprise Business & Technology Solutions       Ulises Esteban Diaz       SVP & Chief Human Resources         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Gary Dean St, Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of       New Jersey       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre				OFF	ICERS					
Gary Dean St. Hilaire       CEO & President       Nicholas Herbert Peterson       Secretary         David Jeffrey Rosenberg       SVP and CFO       Jennifer Gail Velez       EVP, Health and Network Solution         OTHER OFFICERS         SVP, Strategy, Marketing &       EVP, Government Programs &         Patrick Shawn Aylward       Communications       Mark Leon Barnard       Operations         Nicholas Loukas Coussoule       SVP Enterprise Business &       SVP Government and Communit         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Christopher Michael Lepre       EVP, Commercial       Officer       Officer         State of       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre	Name		Title			Name				
David Jeffrey Rosenberg       SVP and CFO       Jennifer Gail Velez       EVP, Health and Network Solution         OTHER OFFICERS       SVP, Strategy, Marketing &       EVP, Government Programs &         Patrick Shawn Aylward       Communications       Mark Leon Barnard       Operations         Nicholas Loukas Coussoule       SVP Enterprise Business &       Ulises Esteban Diaz       SVP Government and Communications         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Christopher Michael Lepre       EVP, Commercial       Officer       Officer         Barnard       Jennifer Gail Velez       Christopher Michael Lepre       Christopher Michael Lepre         State of       New Jersey       State of       State of       State of	Gary Dean St. Hilai	re ,	CEO & Presi	dent	Nich	olas Herber	t Peterson			
SVP, Strategy, Marketing &       EVP, Government Programs &         Patrick Shawn Aylward       Communications       Mark Leon Barnard       Operations         Nicholas Loukas Coussoule       SVP Enterprise Business &       Ulises Esteban Diaz       SVP Government and Communit         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Christopher Michael Lepre       EVP, Commercial       Officer       Officer         Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of       New Jersey       St					J	ennifer Gail	Velez , EV			
Patrick Shawn Aylward       Communications       Mark Leon Barnard       Operations         Nicholas Loukas Coussoule       SVP Enterprise Business & Technology Solutions       Ulises Esteban Diaz       SVP Government and Communit Affairs         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       Officer         Christopher Michael Lepre       EVP, Commercial       Officer       Officer         DIRECTORS OR TRUSTEES       Christopher Michael Lepre       Christopher Michael Lepre       Christopher Michael Lepre         State of       New Jersey       State of       State of       State of       State of				OTHER	OFFICER	S				
SVP Enterprise Business & Technology Solutions       Ulises Esteban Diaz       SVP Government and Communit Affairs         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Christopher Michael Lepre       EVP, Commercial       Officer         Image: Steven St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of       New Jersey       State of       State of       State of									•	
Nicholas Loukas Coussoule       Technology Solutions       Ulises Esteban Diaz       Affairs         Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       SVP & Chief Human Resources         Christopher Michael Lepre       EVP, Commercial       Officer         Gary Dean St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of       New Jersey       State of       State of       State of	Patrick Shawn Aylwa	ard,	_		N	lark Leon B				
Timothy Scott Susanin       SVP, Audit, Risk and Compliance       Steven John Krupinski       Officer         Christopher Michael Lepre       EVP, Commercial       ,       ,       ,         BIRECTORS OR TRUSTEES       ,       ,       ,       ,         Gary Dean St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of	Nicholas Loukas Cous	soule,			U	lises Esteba	an Diaz  , 🔄		Affairs	
Christopher Michael Lepre       EVP, Commercial       ,         DIRECTORS OR TRUSTEES       ,       ,         Gary Dean St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre         State of	Timothy Scott Susar	nin ,	SVP, Audit, Risk and	Compliance	Ste	even John K		VP & Chie		
Gary Dean St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre			EVP, Comme	ercial			,			
Gary Dean St. Hilaire       Mark Leon Barnard       Jennifer Gail Velez       Christopher Michael Lepre		,		CTORS		STEES	,			
SS	Gary Dean St. Hilai	re					Velez	Christop	her Michael Lepre	
SS										
SS					<u> </u>					
SS										
	State of	New Jersey.								
	County of	Essex								

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

	Nicholas Herbert Peterson SVP, General Counsel and Secretary	David Jeffrey SVP and	•
Subscribed and sworn to before me thisday of,	b. If no: 	n original filing? the amendment number filed ver of pages attached	Yes [ X ] No [ ]

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal		0	0		.0	0
0299998 Premiums due and unpaid not individually listed				(10,947,396)	1,973,356	
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities		· · ·		· · · · /		· · ·
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	310,348,465	3,570,745	241,399	(10,947,396)	1,973,356	301,239,858

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 – Aggregate of amounts not individually listed above. 0199999 – Pharmaceutical Rebate Receivables	69,684,374		6,494,146			94,610,820
0199999 - Pharmaceutical Rebate Receivables	69,684,374	18,432,300	6,494,146	0	0	94,610,820
0299998 - Aggregate of amounts not individually listed above.	56,304,928					56,304,928
0299999 - Claim Overpayment Receivables	56,304,928	0	0	0	0	56, 304, 928
0599998 - Aggregate of amounts not individually listed above.	48,257,725					48,257,725
0299999 - Claim Overpayment Receivables 0599998 - Aggregate of amounts not individually listed above. 0599999 - Risk sharing Receivables	48,257,725	0	0	0	0	48,257,725
			·····			
0799999 Gross Health Care Receivables	174,247,027	18,432,300	6,494,146	0	0	199,173,473
		,	5,, 10	Ű	ů	

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables				94,610,820	174 , 007 , 004	
2. Claim overpayment receivables				55,741,879	50,835,007	50 , 835 , 007
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables			15,028,248			
6. Other health care receivables					0	
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.

# 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)		j				
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · ·
0199999 Individually listed claims unpaid				.239.674		
0299999 Aggregate accounts not individually listed-uncovered		· · ·		<i>.</i>	· · · · · ·	
0399999 Aggregate accounts not individually listed-covered						(
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

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Horizon Mutual Holdings, Inc			0	0			
Horizon Healthcare Dental, Inc				0		1,243,512	
Horizon Operating Holdings. Inc.		0	0	0			
Enterprise Property Holding, LLC Horizon Healthcare of New Jersey, Inc				0			
Horizon Healthcare of New Jersey, Inc				0			
Horizon Casualty Services, Inc				0			
Horizon Casualty Services, Inc Multistate Professional Services, Inc		0	0	0			
Horizon Charitable Foundation. Inc				0		197.598	
Healthier New Jersey Insurance Co		0	0	0		1,703,794	
Three Penn Plaza Property Holdings				0			
Three Penn Plaza Property Holdings Loan			· · · · · · · · · · · · · · · · · · ·				
HCR Interco - break out							
	· · ·					· · ·	
0199999 Individually listed receivables	134,528,884		108.648.004	0	0	294.717.537	0
0299999 Receivables not individually listed						201,111,000	
0399999 Total gross amounts receivable	134,528,884	51,540,649	108,648,004	0	0	294,717,537	0

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

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

## **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.4				
2. Intermediaries						
3. All other providers						0
4. Total capitation payments			0		0	
Other Payments:						
5. Fee-for-service		0.4				
6. Contractual fee payments				XXX		
7. Bonus/withhold arrangements - fee-for-service				XXX		
8. Bonus/withhold arrangements - contractual fee payments				XXX		
9. Non-contingent salaries				XXX		
10. Aggregate cost arrangements				XXX		
11. All other payments				XXX		
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	2	3	4	5	6
			Average		Intermediary's
			Monthly Capitation	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	I otal Adjusted Capital	Control Level RBC
	Care Centrix			0	0
	Turning Point			0	0
	Cot i vi Ťy			0	0
	Care Core National			0	0
	Lab Corp			0	0
	Quest Diagnostics	1,780,853		0	0
					l
					l
9999999 Totals		123,861,899	XXX	XXX	XXX

# EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment			(70,806,284)			
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



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Health

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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** Horizon Healthcare Services. Inc. 2. (LOCATION) DURING THE YEAR 2023 NAIC Group Code 1202 BUSINESS IN THE STATE OF New Jersey NAIC Company Code 55069 Comprehensive 4 6 7 8 9 10 11 12 13 5 Hospital & Medical) 2 Federal 3 Employees Medicare Vision Dental Health Benefits Title XVIII Title XIX Disability Long-Term Other Other Non-Total Individual Medicaid Credit A&H Health Group Supplement Only Only Plan Medicare Income Care Total Members at end of: ...1, 128, 247 .228,493 387.191 .388,229 .124,334 Λ 1. Prior Year ...1, 120, 934 .233,359 ...372,341 .391,311 .123,923 2 First Quarter 3 Second Quarter ....1, 104, 129 .224,255 ..372,247 .383,842 .. 123 , 785 ...1,088,665 .222,629 ..365,841 .376.383 .123,812 4. Third Quarter 1,077,318 215,719 364,757 373,075 123,767 5. Current Year 13.255.430 6 Current Year Member Months 2,710,501 4.436.075 4.624.103 1.484.751 Total Member Ambulatory Encounters for Year: ...3.241.710 ...5.714.905 .2.197.822 7. Physician. 10.620.896 2.153.288 4.810.261 3.657.347 8. Non-Physician 9. Total 21.775.333 5.394.998 10.525.166 0 Ω 0 5.855.169 Ω Λ Λ 0 Ω 0 288,005 102,287 108,909 76,809 10. Hospital Patient Days Incurred 50,643 22,174 11,112 17,357 11. Number of Inpatient Admissions 6,612,635,285 .137,938,329 1,166,196,440 12. Health Premiums Written (b). 2,028,133,184 3,211,027,977 13. Life Premiums Direct. 0 14. Property/Casualty Premiums Written 0 0 Λ 0 0 15. Health Premiums Earned. 0 16. Property/Casualty Premiums Earned 0 6.015,869,217 17. Amount Paid for Provision of Health Care Services . 1,894,395,300 2,856,493,734 ...112,222,751 1,083,213,161 ...69,544,271 6,054,103,286 1,883,386,465 2,888,729,124 113,081,151 1,096,994,274 71,912,272 18. Amount Incurred for Provision of Health Care Services

.897 (a) For health business; number of persons insured under PPO managed care products 

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



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

**REPORT FOR: 1. CORPORATION** 

Horizon Healthcare Services, Inc.

2.

NAIC Group Code 1202 BUSINESS IN THE STATI		d			DURIN	G THE YEAR 20		Z			(LOCATIO	ON) NAIC Company	Codo	55069
	1			4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year				0	0			0	0	0	0	0	0	0
2 First Quarter		233,359		0	0			0	0	0	0	0	0	0
3 Second Quarter	1 , 104 , 129	224 , 255		0	0			0	0	0	0	0	0	0
4. Third Quarter				0	0			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		3,241,710	5,714,905	0	0	0	2 , 197 , 822	0	0	0	0	0	0	0
8. Non-Physician		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)		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	C
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	C

.897

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

# **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 Type	7 Туре	8	9	10 Reserve Liability	11	12	13
NAIC					Öf	Öf			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates - 14690	46-1362174	01/01/3000	LIODIZON INC CO	N.I	QA/1	MC	100 171 605					1
14690	46-1362174	01/01/3000	HORIZON INS CO HORIZON INS CO	N.I	QA/1 QA/1	MS MD						
14690	46-1362174	01/01/3000	HORIZON INS CO	N.I	QA/1			2,704 0				
14690 95529 95529 95529	22-2651245	01/01/3000 01/01/3000 01/01/3000	HORIZON HITHCARE OF NJ INC	NJ	QA/1	MC	7,989,059,699	0		1,019,581,582		
95529	22-2651245	01/01/3000	HORIZON HLTHCARE OF NJ INC	NJ	QA/1	MR	594.984.767	0				
95529	22-2651245	01/01/3000	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM						
	otal Affiliates						8,824,851,433	7,395,330	0		0	0
		s – U.S. – Total					8,824,851,433	7,395,330	0		0	*
0799999 - A	Affiliates - Tot	al Affiliates					8,824,851,433	7,395,330	0		0	
1199999 - T	otal U.S. (Sum	of 0399999 and 0	399999)				8,824,851,433	7,395,330	0	1,114,202,618	0	0
										<u>+</u>		
		1										
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	- , ,						0.004.054.400	7 005 000	^	4 444 000 010	^	
9999999 T	otals						8,824,851,433	7,395,330	0	1,114,202,618	0	0

# SCHEDINES DART 2

	D1		SCHEDULE S -	PART 2		
	2 Rei	ansurance Recover 3	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current 5	Year 6	7
1 NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
00000	00-0000000		New Jersey Reinsurance Program	USA		
Accident and Hea	lth – Non-Affili	- Non-Affiliates - L ates - Non-U.S. Non 11/01/2010	-Affiliates	I DM I	315,174,163	0
2099999 - Acci 2199999 - Acci 2299999 - Acci 2399999 - Tota	dent and Health dent and Health dent and Health IU.S. (Sum of O	- Non-Affiliates - Non-Affiliates - T - Non-Affiliates - T - Total Accident and 399999, 0899999, 149	99999 and 1999999)	BMU	1, 120,646 1,120,646 316,294,809 316,294,809 315,174,163	0 0 0 0
2499999 - 1018	I NON-U.S. (SUM (		, 1799999 and 2099999)		1,120,646	0
				·····		
9999999 Tot	tals—Life, Annu	ity and Accident ar	nd Health		316,294,809	0

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

Reinsurance Ceded	Accident and Healt	h Insurance Listed	by Reinsuring Cor	mpany as of Decem	ber 31, Current Year

						in moundinoo Elotot	a by Reinsuring Com						
1	2	3	4	5	6	7	8	9	10	Outstanding S		13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code		Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count - Authorize	d - Non-Affiliates	- U.S. Non-Affiliates					· · · ·					•
		01/01/2023Ha	annover Life Reassurance COA Ltd	USA		CMM	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 - Tota	al General Account Authorized				2,889,915,456	0	0	0	0	0	0
4599999	- General Account	- Total General Acc	count Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		2,889,915,456	0	0	0	0	0	0
9199999	- Total U.S. (Sum	of 0399999, 0899999	9, 1499999, 1999999, 2599999, 3099999, 3699999	, 4199999, 4899999,	5399999, 5999999, 64	99999, 7099999,	, , ,						
7599999,	8199999 and 8699	999)				, ,	2,889,915,456	0	0	0	0	0	0
				•••••									
				••••••	••••••								
	•••••	••••••		••••••									
													-
999999	9 Totals						2,889,915,456	0	0	0	0	0	0

# **SCHEDULE S - PART 4**

#### Reinsurance Ceded To Unauthorized Companies

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					<b>B</b>									
					Paid				Issuing or Confirming					
					and				Confirming		Funds Deposited by and Withheld from			Sum of Cols
NAIC				Reserve	Unpaid Losses			Letters	Bank		by and		Miscellaneous	9+11+12+13+14
Company	ID	Effective		Credit	Recoverable	Other	Total	of	Reference	Trust	Withheld from		Balances	but not in
Company Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number (a)	Agreemente	Reinsurers	Other	(Credit)	Excess of Col. 8
Code	number	Date	Name of Reinsurer	Taken	(Debit)	Debits	(Cois. 5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other		Excess of Col. 6
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9999999 T	otals			0	0	0	0	0	ХХХ	0	0	0	0	0
3333333	01010			0	0	0	· · · · · · · · · · · · · · · · · · ·	0		0	0	0	0	

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

# **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	Q	10	11	12	13	14	15				Collateral				23	24	25	26
' '	2	5	-	J J	Ŭ	· ·	0	5	10		12	10	14	15	16	17	18	19	20	21	22	20	27	25	20
															10	1 17	10	19	20	21	22				1 '
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary	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	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Aareements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Collateral Provided for Net Obligation Subject to	Net	Credit Allowed for Net Obligation Subject to	Reinsurers Due to Collateral Deficiency
		d Annuity - N	on-Affiliates - U.S. Non-	Affiliates	1				(=====)			(0.22.0)	((***** <u>*</u> ***)			1	1.12.1.2.2. (2)		1				,		
		a Annuity - N	Happover Life				1					1				1	1		1	1	1	· · · · ·		r	·
0	0-0000000	01/01/2023	Hannover Life Reassurance COA Ltd	USA.	2	03/19/2018					0		0	Λ			1		0		0			0	0
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9999999 T	otals							0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0

(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)

		Omitted)	i		
	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	2,889,915	2,032,631	40,030		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			254,817		
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					
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		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)			
2.	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	xxx		
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)		0	2,074,539,970
8.	Accrued medical incentive pool and bonus payments (Line 2)			1,402,905
9.	Premiums received in advance (Line 8)			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		
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)		0	
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			
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		

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

			ed By States and Territ				
		1	2	Direct Bus 3	iness Only 4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	ст						
8. Delaware	DE						
9. District of Columbia							
10. Florida	FL						
11. Georgia							
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IL IN						
15. Indiana 16. Iowa							
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
	ME						
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	МО						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania	PA 						
40. Rhode Island							
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	VA						
48. Washington							
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands						[	
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							

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

Brance of Corcup Name         Federal Corports         Federal Discussion         Name of Securing Exchange if Tradad (U.S.         Name of Securing Exchange if Tradad (U.S.         Relationship Discussion         Protects Discussion         Control is Discussion         Brance of Base of NJ Federal           01202         855 of NJ Srop.         0000.         92-068038	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group         Names of Code         Readinmarping Factor         Readinmarping Factor         Readinmarping Code         Base of NJ For US         Ba			-			-	Name of			-		Type of Control	-		-	
Group Code         NAUC Companie         NAUC Code         Publicity memational         Names of Particity         Names of Particity         Poincipart (Location)         Poincipart Feature         Poincipart Particity         Poincipart Particy         Poincipart Particy         Poincipa							Securities					(Ownership,				
Group         Company         D         Federal         Traded (U.S. or ResD         Parent, Subsidiaries         Omolitary         Reporting         Directly controlled by         Altorney-in-Fact.         Provide         Utimate Controlling, Reventing, International           01202         BX8 of NJ Group         00000.         92-0615927.         N         NU         NJ         DP         Normer Ship.         500.         Horizon (hurst file)         Morreship.         500.         Horizon (hurst file)         Horizon (hurst file) <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>Exchange if</th><th></th><th></th><th>Relationship</th><th></th><th>Board,</th><th>If Control is</th><th></th><th>Is an SCA</th><th></th></td<>							Exchange if			Relationship		Board,	If Control is		Is an SCA	
Code         Grup Name         Colk         International         Or.Amiliates         Location         Entity         Name         Entity         Influence, Other         Percentage         Entity         Percentage         <			NAIC				Publicly			to						
D1202         BCRS of NJ Group.         00000         92-096618         Autor (and fight (and f	Group		Company	/ ID			Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
D1202         BCBS of NJ Grup.         D0000         92-0815927         Novale II, Inc.         NJ.         NIA         Horizon Diversified Höldings.         Horizon Butual Höldings. <td></td> <td></td> <td></td> <td></td> <td>RSSD</td> <td>CIK</td> <td>International)</td> <td></td> <td></td> <td></td> <td></td> <td>Influence, Other)</td> <td>Percentage</td> <td>Entity(ies)/Person(s)</td> <td>(Yes/No)</td> <td>*</td>					RSSD	CIK	International)					Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
01202         BCBS of NJ Group         00000         92-0815927         Novale II, Inc.         NJ         NIA         Inc.         Ownership         Oti 00.         Holdings, Inc.           01202         BCBS of NJ Group         00000         92-082596         Horizon Mutual Holdings, Inc.         NJ         UIP         Horizon Mutual Holdings, Inc.         Horizon Mutual Ho	01202	BCBS of NJ Group	00000	. 92-0966618				.Horizon Operating Holdings,	ncNJ	UDP		.Ownership				0
01202         BCBS of NJ Group         00000         92-0982986         Horizon Mutual Holdings, Inc.         NJ         UIP         Doci Operating Holdings, Inc.         D.O.         Horizon Mutual Holdings, Inc.           01202         BCBS of NJ Group         00000         92-0986980         Horizon Nutual Holdings, Inc.         NJ         I.A.         Inc.         NJ         I.A.         Inc.         Horizon Mutual Holdings, Inc. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Horizon Diversified Holdings,</td><td></td><td></td><td></td><td></td><td></td></td<>											Horizon Diversified Holdings,					
D1202         BCBS of NJ Group.         00000.         92-082386.         Horizon Wurual Holdings, Inc.         N.L.         UP-         Horizon Operating Holdings, Inc.         Horizon Operating Holdings, Inc.         Horizon Operating Holdings, Inc.         Horizon Murual Holdings, Inc.         Horizon Halthere Services, Inc.	01202	BCBS of NJ Group		. 92-0815927				NovaWell, Inc	NJ	NIA	Inc	Ownership				0
01202         6CBS of NJ Group         55069         22-0999690         Horizon Mutual																
01202         BGS of NJ Group         5508         22-0999690         Inc.         NJ         IA         Inc.         Wmership         100.0         Holdings, Inc.           01202         8GS of NJ Group         00000         92-0996149         Horizon Diversified Holdings, Inc.         NJ         UP         Horizon Mutual Holdings, Inc.         Moreship         100.0         Horizon Mutual Holdings, Inc.         100.0         Horizon Mutual Holdings, Inc.         Moreship         100.0         Horizon Mutual Holdings, Inc.         100.0         Horizon Mutual Holdings, Inc.         100.0         Holdings, Inc.         1	01202	BCBS of NJ Group	00000	. 92-0982986					NJ	UIP			0.0			0
01202BCBS of NJ Group.00000.92-0996149.Horizon Diversified Holdings. Inc.NJUDPHorizon Mutual Holdings. Horizon Diversified Holdings.100.001202BCBS of NJ Group.00000.22-3346524.Horizon Casualty Services, Inc.NJNIA.Inc.Omership.100.001202BCBS of NJ Group.11146.22-3331515.Horizon Healthcare Of New Lorson Healthcare Of New Lorson Healthcare Of New Lorson Healthcare Of New Lic.JA.Inc.Omership.100.0Horizon Mutual Holdings, Inc.01202BCBS of NJ Group.9552922-2651245.Enterprise Property Holdings, Lic.NJ.JA.Inc.Omership.100.0Holdings, Inc.01202BCBS of NJ Group.00000.27-1179933.Three Perm Plaza Property Holdings Urban Renewal, Lic.NJ.NIA.Inc.Omership.100.0Holdings, Inc.01202BCBS of NJ Group.00000.27-1179933.Holdings Urban Renewal, Lic.NJ.NIA.Inc.Omership.100.0Holdings, Inc.01202BCBS of NJ Group.00000.27-1179933.Holdings Urban Renewal, Lic.NJ.NIA.Inc.NJ.NIA.Inc.01202BCBS of NJ Group.00000.27-1179933.Holdings.Horizon MutualHoldings.Horizon Mutual01202BCBS of NJ Group.00000.46-2605607Services, Inc.NJ.NIA.Inc.Omership.100.0Holdings.01202BCBS of NJ Group.00000.<								Horizon Healthacre Services,			Horizon Operating Holdings,					
01202         BCBS of NJ Group         00000         92-0996149         Inc.         NJ         UDP         Horizon Mutual Holdings, Inc.         Ownership         100.0         Horizon Mutual           01202         BCBS of NJ Group         00000.22-3346524         Horizon Casual ty Services, Inc.         NJ         NIA         Horizon Querating Holdings, Inc.         Horizon Mutual	01202	BCBS of NJ Group	55069	. 22-0999690				. Inc		I A	Inc	Ownership		Holdings, Inc		0
01202       BCBS of NJ Group       00000       22-3346524       Horizon Casualty Services, Inc.       NJ       NIA       Inc.       NIA       Horizon Operating Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group       11146       22-3331515       Horizon Healthcare Of New       NJ       I.A       Inc.       NJ       I.A       Horizon Operating Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group       95529       22-2651245       Horizon Toperating Holdings, Inc.       Horizon Mutual       Horizon Mutual         01202       BCBS of NJ Group       00000       13-4290405       Enterprise Property Holdings, Inc.       NJ       Inc.       NJ       Inc.       Ownership       000.0       Horizon Mutual         01202       BCBS of NJ Group       00000       27-1179993       Three Penn Plaze Property       NIA       Inc.       Inc.       Ownership       0100.0       Horizon Mutual         01202       BCBS of NJ Group       00000       27-1179993       Horizon Insurance Company       NJ       Inc.       NJ       Inc.       NJ       Horizon Mutual         01202       BCBS of NJ Group       00000       46-6362174       Horizon Insurance Company       NJ       Inc.       NJ       Inc.       Horizon Mutual <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Horizon Diversified Holdings</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>								Horizon Diversified Holdings						-		
01202.       BCBS of NJ Group.       00000.       22-3346524.       Horizon Casualty Services, Inc.       NJ.       NIA.       Inc.       Morizon Mutual         01202.       BCBS of NJ Group.       11146.       22-3331515.       Horizon Mutual       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       95529.       22-2651245.       Horizon Healthcare OriNew       NJ.       IA.       IA.       IA.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       13-4290405.       Enterprise Property Holdings.       NJ.       NIA.       IA.       NIA.       IA.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       13-4290405.       Enterprise Property Holdings.       NIA.       IA.       NIA.       IA.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       27-1179993.       Horizon Insurance Company.       NIA.       NIA.       Inc.       Horizon Insurance Company.       NIA.       Horizon Mutual       Horizon Mutual       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       46-2606607.       Professional       Professional       Horizon Charitable Foundation. <td< td=""><td>01202</td><td>BCBS of NJ Group</td><td></td><td>92-0996149</td><td></td><td></td><td></td><td>Inc</td><td>NJ</td><td>UDP</td><td>Horizon Mutual Holdings, Inc.</td><td>Ownership</td><td></td><td></td><td></td><td>0</td></td<>	01202	BCBS of NJ Group		92-0996149				Inc	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership				0
01202BCBS of NJ Group.11146.22-3331515.Horizon Healthcare Dental, Inc.NJIA.Horizon Qperating Holdings, Inc.Horizon Mutual01202BCBS of NJ Group.95529.22-2651245.Jersey, Inc.NJI.A.Inc.Horizon MatualHorizon Mutual01202BCBS of NJ Group.00000.13-4290405.Enterprise Property Holdings, Inc.NJI.A.Inc.Horizon Matual01202BCBS of NJ Group.00000.27-1179993.Three Penn Plaza PropertyNJI.A.Inc.Horizon Querating Holdings, Inc.01202BCBS of NJ Group.00000.27-1179993.Three Penn Plaza PropertyNJI.A.Inc.Horizon Querating Holdings, Inc.01202BCBS of NJ Group.00000.46-1362174.Horizon Insurance Company.NJI.A.Inc.Horizon Querating Holdings, Inc.01202BCBS of NJ Group.00000.46-2605607.Ervices, Inc.NINIA.Inc.Horizon Mutual01202BCBS of NJ Group.00000.47-4428396.Inc.NJNIA.Horizon MutualHorizon Mutual01202BCBS of NJ Group.00000.47-4428396.Inc.NJNIA.NIA.Horizon MutualHorizon Mutual01202BCBS of NJ Group.00000.47-4428396.Inc.NJNIA.Horizon MutualHorizon Mutual01202BCBS of NJ Group.00000.47-4428396.Inc.NJNIA.Horizon MutualHorizon Mutual01202 <td></td> <td>Horizon Diversified Holdings,</td> <td></td> <td></td> <td></td> <td></td> <td></td>											Horizon Diversified Holdings,					
01202.       BCBS of NJ Group.       11146.       22-3331515.       Horizon Healthcare Dental, Inc.       NJ.       IA.       Inc.       Ownership.       00.0       Horizon Mutual         01202.       BCBS of NJ Group.       95529.       22-2651245.       Horizon Healthcare Of New       NJ.       IA.       Inc.       Inc.       Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       13-4290405.       Enterprise Property Holdings, Inc.       Horizon Healthcare Services, Inc.       NJ.       Inc.       NJ.       Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       27-1179993.       Three Penn Plaze Property       NJ.       Inc.       Inc.       Horizon Reareas Property       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       27-1179993.       Horizon Insurance Company.       NJ.       IA.       Inc.       NI       Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       46-1362174.       Horizon Insurance Company.       NJ.       IA.       Inc.       NI       Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000. <td>01202</td> <td>BCBS of NJ Group</td> <td> 00000</td> <td>22-3346524</td> <td></td> <td></td> <td></td> <td>. Horizon Casualty Services, Ir</td> <td>ncNJ</td> <td>NIA</td> <td>Inc</td> <td>Ownership</td> <td></td> <td></td> <td></td> <td>0</td>	01202	BCBS of NJ Group	00000	22-3346524				. Horizon Casualty Services, Ir	ncNJ	NIA	Inc	Ownership				0
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01202       BCBS of NJ Group       00000       27-1179993       Three Penn Plaza Property Holdings Urban Renewal, LLC       NIA       Inc.       NIA       Horizon Mutual         01202       BCBS of NJ Group       14690       46-1362174       Horizon Insurance Company. Multistate Professional       NJ       IA       Horizon Diversified Holdings, Inc.       Ownership       100.0       Horizon Mutual         01202       BCBS of NJ Group       00000       46-2605607       Horizon Insurance Company. Multistate Professional       NJ       IA       Horizon Diversified Holdings, Inc.       Ownership       100.0       Horizon Mutual         01202       BCBS of NJ Group       00000       46-2605607       Horizon Charitable Foundation, Inc.       NIA       IA       Horizon Mutual Holdings, Inc.       Ownership       100.0       Holdings, Inc.         01202       BCBS of NJ Group       00000       20-0522405       Inc.       NJ       NIA       Inc.       NIA       Horizon Mutual       Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group       00000       47-4428396       Inc.       NJ       NIA       Inc.       NIA       Horizon Operating Holdings, Inc.       Ownership.       100.0       Holdings, Inc.         01202       BCBS of NJ Group       00000 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Enterprise Property Holdings</td><td></td><td></td><td>Horizon Healthcare Services,</td><td></td><td></td><td></td><td></td><td></td></t<>								Enterprise Property Holdings			Horizon Healthcare Services,					
01202       BCBS of NJ Group.       00000       27-1179993.       Holdings Urban Renewal, LLC.       .NJ.       .NIA.       Inc.       Horizon Operating Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group.       14690.       46-1362174.       Horizon Insurance Company.       .NJ.       .IA.       Inc.       Ownership.       .100.0       Holdings, Inc.         01202       BCBS of NJ Group.       00000.       46-2605607.       Services, Inc.       .NJ.       .IA.       Inc.       Ownership.       .100.0       Holdings, Inc.         01202       BCBS of NJ Group.       00000.       46-2605607.       Services, Inc.       .NJ.       .NIA.       Inc.       Ownership.       .100.0       Horizon Mutual         01202       BCBS of NJ Group.       00000.       20-0522405.       Inc.       NIA.       Horizon Diversified Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group.       00000.       47-4428396.       Inc.       NIA.       Inc.       Ownership.       .100.0       Holdings, Inc.       Horizon Mutual         01202       BCBS of NJ Group.       00000.       44-240217.       NIA       Inc.       NIA.       Inc.       Ownership.       .100.0       Holdings, Inc.       Horizon Mutual <tr< td=""><td>01202</td><td>BCBS of NJ Group</td><td></td><td>. 13-4290405</td><td></td><td></td><td></td><td>LLC</td><td>NJ</td><td>NIA</td><td></td><td>Ownership</td><td></td><td></td><td></td><td>0</td></tr<>	01202	BCBS of NJ Group		. 13-4290405				LLC	NJ	NIA		Ownership				0
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01202.       BCBS of NJ Group.       00000.       46-2605607        NJ.        NJ.        NIA.       Inc.        Horizon Mutual Holdings, Inc.       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       20-0522405         NJ.        NIA.       Horizon Mutual Holdings, Inc.       Horizon Mutual Holdings, Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       47-4428396         NJ.        NIA.       Horizon Operating Holdings, Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       47-4428396         NJ.        NJ.        Horizon Operating Holdings, Inc.       Horizon Mutual       Horizon Mutual         01202.       BCBS of NJ Group.       00000.       84-2280217       NJ.       Oliaborative Care, LLC.        NJ.          Horizon Mutual       Holdings, Inc.       Horizon Mutual         01202.       BCBS of NJ Group.       16714       84-3673030 </td <td>01202</td> <td>BCBS of NJ Group</td> <td> 14690</td> <td>. 46-1362174</td> <td></td> <td></td> <td></td> <td></td> <td>NJ</td> <td>I A</td> <td>Inc</td> <td>.Ownership</td> <td></td> <td></td> <td></td> <td>0</td>	01202	BCBS of NJ Group	14690	. 46-1362174					NJ	I A	Inc	.Ownership				0
01202											Horizon Diversified Holdings,					
01202	01202	BCBS of NJ Group	00000	. 46-2605607				Services, Inc		NIA	Inc	Ownership				0
01202								Horizon Charitable Foundation								
01202	01202	BCBS of NJ Group	00000	. 20-0522405				. Inc		NIA		Ownership				0
01202								Multistate Investment Service			Horizon Diversified Holdings,					
01202	01202	BCBS of NJ Group	00000	. 47 - 4428396				. Inc	NJ	NIA		.Ownership				0
01202 BCBS of NJ Group											Horizon Operating Holdings,			Horizon Mutual		
01202BCBS of NJ Group	01202	BCBS of NJ Group		. 84-2280217						UDP	Inc	.Ownership		Holdings, Inc		0
Horizon Operating Holdings, Horizon Mutual																
	01202	BCBS of NJ Group	16714	. 84-3673030				. Company	NJ			Ownership				0
01202BCBS of NJ Group			1							1	Horizon Operating Holdings,					
	01202	BCBS of NJ Group		. 86 - 1229594				Greenwood Insurance Company	NJ	NIA	Inc	Ownership		Holdings, Inc		0

Asterisk Explanation

4

## SCHEDULE Y

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

· · · · · · · · · · · · · · · · · · ·	2	3	4	5	6	7	8	9	10	11	12	13
1 NAIC Company Code	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)	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				
[]	22-2561496	Horizon Healthcare Plan Holding Co., Inc					740.070.040	000 570 450				
95529	22-2651245 22-3346524	Horizon Healthcare of New Jersey, Inc Horizon Casualty Services, Inc					719,070,646 15,896,223				1,028,642,799	
55069	22-3340524	Horizon Casually Services, Inc Horizon Healthcare Services, Inc						(339,986,009)				
00009	13-4290405	Enterprise Property Holdings, LLC.					(3, 190, 500)			-	(1,079,403,781)	
	27 - 1179993	Three Penn Plaza Property Holding, IIC					(20,770,025)				(20,770,025)	
14690	46-1362174	Three Penn Plaza Property Holding, LLC Horizon Insurance Company										
14000	46-2605607	Multistate Professional Services, Inc										
	47-4428396	Multistate Investment Services Inc					(022)				0	
16714	84-3673030	Healthier New Jersey Insuraance Company										
[!	86-1229594	Healthier New Jersey Insurance Company Greenwood Insurance Company, Inc					(1,389,877)					
[]	184-2280217	INJ Collaborative Care, LLC									0	
[]	92-0966618	Horizon Operating Holdings, Inc					1,743,621					
[ <sup>]</sup>	. 92-0815927	NovaWell, Inc									0	
[]	92-0996149	Horizon Diversified Holdings, Inc					(0, 400, 040)					
[]	92-0982980	Horizon Mutual Holdings, Inc.										
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## SCHEDULE Y

## PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	of Column 5 Over Column 6
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# 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	<b>Responses</b>
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?	N0
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	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?	N0
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?	N0
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?	N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
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

10 11 12 13 14. 15 

Bar code:

20

21

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25. \*ASSETS - Assets

	1	2	3	4				
			Net Admitted					
		Nonadmitted	Assets	Net Admitted				
	Assets	Assets	(Cols. 1 – 2)	Assets				
2504. ACA Risk Adjustment Receivable								
2505. Prepaid Pension			0	0				
2506.	í í		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	Earned
		During Year	During Year
0904.	Miscellaneous adjustment	0	
0905.	Subsidiary Dividends	0	0
0906.	Interest on tax refunds	1 0	
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

		1 MCAS Reportable Premium/Considerations
	MCAS LINE OF BUSINESS	(YES/NO)
1.	Disability income	NO
	Health	YES
3.	Homeowners	NO
4.	Individual annuity	NO
5.	Individual life	NO
	Lender-placed home and auto	NO
	Long-term care	NO
8.	Other health	N0
9.	Private flood	NO
10.	Private passenger auto	N0
	Short-term limited duration health plans	NO
12.	Travel	NO