



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

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202, 1202 NAIC Company Code 95529 Employer's ID Number 22-2651245

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

Country of Domicile United States

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

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

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, 973-466-5607

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, 973-466-5607

Internet Web Site Address www.horizonblue.com

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

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Gary Dean St. Hilaire (Chair & CEO), Nicholas Herbert Peterson (Secretary), David Jeffrey Rosenberg (CFO and Treasurer), Mark Leon Barnard (President).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Jamie Lynne Reedy (Chief Medical Officer), Christopher Michael Lepre (Executive Vice President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Includes Mark Leon Barnard, Gary Dean St. Hilaire, Jennifer Gail Velez, Suzanne Kunis, Christopher Michael Lepre, Jamie Lynne Reedy, David Jeffrey Rosenberg.

State of New Jersey

County of Essex

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

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this
day of

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
Group subscribers:						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....	2,580,928	2,266,240	503,996	5,830,405	30,087	11,151,480
0299999 Total group .....	2,580,928	2,266,240	503,996	5,830,405	30,087	11,151,480
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,580,928	2,266,240	503,996	5,830,405	30,087	11,151,480

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Table with 7 columns: Name of Debtor, 1 - 30 Days, 31 - 60 Days, 61 - 90 Days, Over 90 Days, Nonadmitted, Admitted. Rows include categories like 'Aggregate of amounts not individually listed above', 'Pharmaceutical Rebate Receivables', 'Claim Overpayment Receivables', and 'Other Health Care Receivables'.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.**

**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	6
	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 .....	1,759,196			1,189,025	1,759,196	1,759,196
2. Claim overpayment receivables .....	2,311,643			4,389,051	2,311,643	2,311,643
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....	(2,442)			3,395	(2,442)	(2,442)
7. Totals (Lines 1 through 6)	4,068,397	0	0	5,581,471	4,068,397	4,068,397

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.

**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)	85,513,283					85,513,283
0199999 Individually listed claims unpaid	85,513,283	0	0	0	0	85,513,283
0299999 Aggregate accounts not individually listed-uncovered	0					0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	85,513,283	0	0	0	0	85,513,283
0599999 Unreported claims and other claim reserves						1,113,751,642
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,199,264,925
0899999 Accrued medical incentive pool and bonus amounts						155,799

**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
<b>NONE</b>							
0199999 Individually listed receivables .....	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Healthcare Services, Inc.....		171,446,700	171,446,700	
Horizon Insurance Company.....		97,695	97,695	
Healthier New Jersey Insurance Company.....		(66,475)	(66,475)	
0199999 Individually listed payables.....		171,477,920	171,477,920	0
0299999 Payables not individually listed				
0399999 Total gross payables		171,477,920	171,477,920	0

**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
<b>Capitation Payments:</b>						
1. Medical groups	48,277,399	0.6		0.0		48,277,399
2. Intermediaries	108,047,397	1.4		0.0		108,047,397
3. All other providers	0	0.0		0.0		
4. Total capitation payments	156,324,796	2.0	0	0.0	0	156,324,796
<b>Other Payments:</b>						
5. Fee-for-service	368,552,461	4.6	XXX	XXX		368,552,461
6. Contractual fee payments	7,465,613,150	93.4	XXX	XXX		7,465,613,150
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	7,834,165,611	98.0	XXX	XXX	0	7,834,165,611
13. Total (Line 4 plus Line 12)	7,990,490,407	100 %	XXX	XXX	0	7,990,490,407

**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
9999999 Totals		0	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 .....	3,874,159		3,874,159			
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	5,107,033	2,564,588	7,671,621			
6. Total	8,981,192	2,564,588	11,545,780	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2023										NAIC Company Code	95529
	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	1,221,279		1,103					19,051	1,201,125						
2. First Quarter	1,240,671		962					19,793	1,219,916						
3. Second Quarter	1,606,949		855					355,044	1,251,050						
4. Third Quarter	1,232,346		164					20,411	1,211,771						
5. Current Year	1,160,378		76					20,132	1,140,170						
6. Current Year Member Months	14,790,968		6,523					240,813	14,543,632						
Total Member Ambulatory Encounters for Year:															
7. Physician	17,389,046	140	7,888						17,381,018						
8. Non-Physician	4,791,292	46	4,698						4,786,548						
9. Total	22,180,338	186	12,586	0	0	0	0	0	22,167,566	0	0	0	0	0	
10. Hospital Patient Days Incurred	482,566		135					33,266	449,165						
11. Number of Inpatient Admissions	86,971		24					3,654	83,293						
12. Health Premiums Written (b)	9,547,242,015	(79,969)	5,738,069					661,094,185	8,880,489,730						
13. Life Premiums Direct	0														
14. Property/Casualty Premiums Written	0														
15. Health Premiums Earned	9,547,242,015	(79,969)	5,738,069					661,094,185	8,880,489,730						
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services	7,990,490,407	96,129	6,196,303					496,575,436	7,487,622,539						
18. Amount Incurred for Provision of Health Care Services	8,170,391,703	(11,692)	4,976,824					511,790,845	7,653,635,726						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....388,581,472

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2023										NAIC Company Code	95529
	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	1,221,279	0	1,103	0	0	0	0	19,051	1,201,125	0	0	0	0	0	
2. First Quarter	1,240,671	0	962	0	0	0	0	19,793	1,219,916	0	0	0	0	0	
3. Second Quarter	1,606,949	0	855	0	0	0	0	355,044	1,251,050	0	0	0	0	0	
4. Third Quarter	1,232,346	0	164	0	0	0	0	20,411	1,211,771	0	0	0	0	0	
5. Current Year	1,160,378	0	76	0	0	0	0	20,132	1,140,170	0	0	0	0	0	
6. Current Year Member Months	14,790,968	0	6,523	0	0	0	0	240,813	14,543,632	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	17,389,046	140	7,888	0	0	0	0	0	17,381,018	0	0	0	0	0	
8. Non-Physician	4,791,292	46	4,698	0	0	0	0	0	4,786,548	0	0	0	0	0	
9. Total	22,180,338	186	12,586	0	0	0	0	0	22,167,566	0	0	0	0	0	
10. Hospital Patient Days Incurred	482,566	0	135	0	0	0	0	33,266	449,165	0	0	0	0	0	
11. Number of Inpatient Admissions	86,971	0	24	0	0	0	0	3,654	83,293	0	0	0	0	0	
12. Health Premiums Written (b)	9,547,242,015	(79,969)	5,738,069	0	0	0	0	661,094,185	8,880,489,730	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	9,547,242,015	(79,969)	5,738,069	0	0	0	0	661,094,185	8,880,489,730	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	7,990,490,407	96,129	6,196,303	0	0	0	0	496,575,436	7,487,622,539	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	8,170,391,703	(11,692)	4,976,824	0	0	0	0	511,790,845	7,653,635,726	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....388,581,472

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

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

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



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, 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 - Affiliates - U.S. - Other													
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM	5,020,733	33,016	476,190				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MR	594,984,767	834,952	64,146,240				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MC	7,995,821,816	16,914,255	1,014,716,002				
0299999 - General Account - Authorized - Affiliates - U.S. - Other							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							8,595,827,316	17,782,223	1,079,338,432	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)							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0
9999999 Totals							8,595,827,316	17,782,223	1,079,338,432	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

## SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	5,079	7,508	15,873	17,555	17,478
2. Title XVIII-Medicare.....	593,936	339,824	372,740	326,881	260,674
3. Title XIX-Medicaid.....	7,990,186	5,369,622	6,540,770	5,094,547	4,640,240
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		2,590,283,215	655,353,673	505,904,266	490,367,971
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		103,990,777	112,016,641	105,232,087	92,277,073
7. Claims payable.....		765,758,939	716,954,276	550,285,080	415,988,180
8. Reinsurance recoverable on paid losses.....	.0	.0	.0	.0	.0
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O).....	.0	.0	.0	.0	.0



**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,184,586,213		1,184,586,213
2. Accident and health premiums due and unpaid (Line 15).....	11,151,480		11,151,480
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	1,079,338,432	1,079,338,432
5. All other admitted assets (Balance).....	29,369,689		29,369,689
6. Total assets (Line 28)	1,225,107,382	1,079,338,432	2,304,445,814
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	119,926,494	1,079,338,432	1,199,264,926
8. Accrued medical incentive pool and bonus payments (Line 2).....	155,799		155,799
9. Premiums received in advance (Line 8).....	12,773		12,773
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	130,496,456		130,496,456
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).....	425,640,872		425,640,872
15. Total liabilities (Line 24).....	676,232,394	1,079,338,432	1,755,570,826
16. Total capital and surplus (Line 33).....	548,874,984	XXX	548,874,984
17. Total liabilities, capital and surplus (Line 34)	1,225,107,378	1,079,338,432	2,304,445,810
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	1,079,338,432		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	1,079,338,432		
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	1,079,338,432		

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

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		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	
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	0

NONE

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, 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	55069	22-0999690				Horizon Healthcare Services, Inc	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP			0.0			.0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	IA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, Inc	NJ	NIA	Horizon Healthcare Services Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc	NJ	NIA	Horizon Mutual Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc	NJ	NIA	Horizon Diversified Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	10000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Operating Holdings, Inc	Ownership	55.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Mutual Holdings, Inc		.0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company, Inc	NJ	NIA	Horizon Operating Holdings, Inc	Ownership	100.0	Horizon Mutual Holdings, Inc		.0

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Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, Inc.

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 Company									.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	
	46-2605607	Multistate Professional Services, Inc.					(739,419,772)	(339,986,009)			(1,079,405,781)	
55069	22-0999690	Horizon Healthcare Services, Inc.					(3,190,500)				(3,190,500)	
00000	13-4290405	Enterprise Property Holdings, LLC					(20,770,025)				(20,770,025)	
	27-1179993	3 Penn Plaza Prop. Urban Renewal Holding					31,468,808	28,439,370			59,908,178	
14690	46-1362174	Horizon Insurance Company					(822)				(822)	
	47-4428396	Multistate Investment Services, Inc.									.0	
	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? ..... NO.....
- 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? ..... NO.....
- 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? ..... NO.....
- 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:

### Bar code:



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.   
9 5 5 2 9 2 0 2 3 2 2 4 0 0 0 0 0

17.   
9 5 5 2 9 2 0 2 3 2 2 5 0 0 0 0 0

18.   
9 5 5 2 9 2 0 2 3 2 2 6 0 0 0 0 0

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

21.   
9 5 5 2 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.....	49,877		49,877	180,166
2505. ....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	49,877	0	49,877	180,166





SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Horizon Healthcare of New Jersey, 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 95529.....

Table with 2 columns: MCAS LINE OF BUSINESS and MCAS Reportable Premium/Considerations (YES/NO). Rows include Disability income, Health, Homeowners, Individual annuity, Individual life, Lender-placed home and auto, Long-term care, Other health, Private flood, Private passenger auto, Short-term limited duration health plans, and Travel.