

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company __ Employer's ID Number NAIC Group Code 01202 01202 NAIC Company Code _ 16714 84-3673030 (Prior Period) Organized under the Laws of , State of Domicile or Port of Entry New Jersey New Jersey Country of Domicile **United States** Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Other [] Is HMO, Federally Qualified? Yes [] No [] Incorporated/Organized 10/17/2019 Commenced Business 01/13/2020 Statutory Home Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) Main Administrative Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248 973-803-0441 Mail Address 3 Penn Plaza East PP-15D (Street and Number or P.O. Box) Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) Primary Location of Books and Records 3 Penn Plaza East PP-15D (Street and Number) Newark, NJ, US 07105-2248 973-803-0441 (Area Code) (Telephone Number) (Extension) Internet Web Site Address N/A Statutory Statement Contact Jordan Greenberg 973-803-0441 (Area Code) (Telephone Number) (Extension) (Name) jordan_greenberg@horizonblue.com 973-466-7110 (Fax Number) **OFFICERS** Name Title Name Title John William Doll Deborah Rittenour # President and CEO Secretary Mark Leon Barnard Frank Anthony Melaccio Interim Treasurer OTHER OFFICERS Patrick Rodney Young Vice Chair **DIRECTORS OR TRUSTEES** Mark Leon Barnard Jennifer Gail Velez Patrick Rodney Young Kyle Christopher Stern John William Doll State ofNew Jersey... County of ... 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 filling with the NAIC, when required that is an exact conv. (event for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Jacqueline Bonforte Frank Anthony Melaccio Assistant Secretary Interim Treasurer Yes [X] No [] a. Is this an original filing? Subscribed and sworn to before me this h If no: 1. State the amendment number day of

2. Date filed

3. Number of pages attached

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	1,036,129					1,036,129
Group subscribers:						
0299997 Group subscriber subtotal	ļ0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	693,373			38,797	38,797	693,373
0299999 Total group	693,373	ļ0	0	38,797	38,797	693,373
U39999 Premiums due and unpaid from Medicare entities	 	 				
0499999 Premiums due and unpaid from Medicaid entities	4 700 500			20.707	20.707	4 700 500
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,729,502	0	0	38,797	38,797	1,729,502

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	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.	11,850,000	1,300,000	,	•		13.150.000
0199999 - Pharmaceutical Rebate Receivables	11,850,000	1,300,000	0	0	0	13 150 000
0699998 - Agregate of amounts not individually listed above	37,677	1,000,000	Ů		, i	37 677
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables 0699998 - Aggregate of amounts not individually listed above. 0699999 - Other Health Care Receivables	37,677	0	0	0	0	13,150,000 13,150,000 37,677 37,677
0000000 - Other hearth care necessages	31,011	Ů	0	0	0	31,011
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0799999 Gross Health Care Receivables	11,887,677	1,300,000	0	0	0	13,187,677

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

	Health Care Receivables Collected or Offset During 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	
Pharmaceutical rebate receivables	20,687,500			13,150,000	20,687,500	20,687,500	
Claim overpayment receivables					0		
Loans and advances to providers					0		
Capitation arrangement receivables					0		
5. Risk sharing receivables					0		
6. Other health care receivables	2,389			37,677	2,389	2,389	
7. Totals (Lines 1 through 6)	20,689,889	0	0	13,187,677	20,689,889	20,689,889	

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				
	1 - 30 Days	31 - 60 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported) Claims unpaid (Reported)		1,545,980	335,838	244,018	460,481	21,593,664				
oraniis unpara (noportoa)	10,007,047	1,040,000		244,010		I				
0199999 Individually listed claims unpaid		1,545,980	335,838	244,018	460 , 481	21,593,664				
0299999 Aggregate accounts not individually listed-uncovered						L0				
0399999 Aggregate accounts not individually listed-covered						0				
0499999 Subtotals	19,007,347	1,545,980	335,838	244,018	460,481	21,593,664				
0599999 Unreported claims and other claim reserves					·	52,544,619				
0699999 Total amounts withheld	<u> </u>	·	·	·	·					
0799999 Total claims unpaid						74,138,283				
0899999 Accrued medical incentive pool and bonus amounts		·				4,158,554				

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1	5	6	Adm	itted
' '	2	Ŭ		Ĭ	ľ	7	0
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Name of Allmate	1 - 30 Days	31 - 00 Days	01 - 90 Days	Ovel 90 Days	Nonaumiteu		Non-Current
Horizon Healthcare of New Jersey, Inc.	380,960	U	J	U	ļU	380,960	
			ļ	ļ			
				<u> </u>			
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				1			
			1	1			
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0199999 Individually listed receivables	380,960	0	0	0	0	380,960	0
0199999 Individually listed receivables	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	380,960	0	0	0	0	380,960	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Horizon Healthcare Services, Inc.		3,287,152	3,287,152	0
Horizon Healthcare Services, Inc		146,806	146,806	0
		•		
0199999 Individually listed payables		3,433,958	3,433,958	0
0199999 Individually listed payables 0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		3,433,958	3,433,958	0

24

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:						
Medical groups	1,854,933	0.3		10.0	L0	1,854,933
2. Intermediaries	90,377,826	14 . 1		10.0	L0	90,377,826
3. All other providers		0.0		10.0	0	0
4. Total capitation payments	92,232,759	14.4	0	0.0	0	92,232,759
Other Payments:						
5. Fee-for-service	25 , 150 , 825		xxx	ļxxx	0	25 , 150 , 825
Contractual fee payments		81.7	xxx	xxx	0	524,202,406
Bonus/withhold arrangements - fee-for-service		0.0	xxx	xxx	L0	 0
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	xxx	L0	 0
9. Non-contingent salaries		0.0	xxx	Lxxx	L0	 0
10. Aggregate cost arrangements		0.0	xxx	xxx	L0	0
11. All other payments		0.0	xxx	ļxxx	<u> </u>	 0
12. Total other payments	549,353,231	85.6	xxx	xxx	0	549,353,231
13. Total (Line 4 plus Line 12)	641,585,990	100 %	XXX	XXX	0	641,585,990

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1-1 AKT 2-00 MINAKT OF TRANSACTIONS	, , , , , , , , , , , , , , , , , , , 			
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Home Care Services.	4,957,367	413.114		
	Turning Point	95	Ω		
	Radiology	16,423,612	1,368,634		
		10,423,012	1,300,034		
	Hearx.		69,012		
	Radiology Spine. TP-Ortho	6 , 182 , 246 11 , 724 , 475	515,187		
	IP-Urtho	11,724,475	977 ,040		
	TP-Cardio	10 , 143 , 265	845,272		
	Post-Acute Care	32,759,053	2,729,921		
	Horizon Healthcare Services, Inc	5,634,323	469,527		
	Braven Vision.	1,725,250	143.771		
		, , ,	,		
					L
					ļ
					
9999999 Totals		90,377,824	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
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies	L					
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Healthier New Jersey Insurance Company

2.

											(LOCATI			
NAIC Group Code 01202 BUSINESS IN THE STAT	E OF New Jersey			T	DURING	G THE YEAR 20)24		·	ı	ı	NAIC Compan	y Code	16714
	1	Compre Hospital 8		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	43,549	0	0	0	0	0	0	43,549						-
2 First Quarter	47 ,616	0	0	0	0	0	0	47 ,616						-
3 Second Quarter	48,371	0	0	0	0	0	0	48,371						
4. Third Quarter	49,006	0	0	0	0	0	0	49,006						
5. Current Year	49,394	0	0	0	0	0	0	49,394						
6 Current Year Member Months	580,650	0	0	0	0	0	0	580,650						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,064,272	0	0	0	0	0	0	1,064,272						
8. Non-Physician	645 , 445	0	0	0	0	0	0	645,445						
9. Total	1,709,717	0	0	0	0	0	0	1,709,717	0	0	0	0	0	
10. Hospital Patient Days Incurred	87,792	0	0	0	0	0	0	87,792						
11. Number of Inpatient Admissions	10,159	0	0	0	0	0	0	10,159						
12. Health Premiums Written (b)	644 , 144 ,817	0	0	0	0	0	0	644 , 144 , 817						
13. Life Premiums Direct	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0						-
15. Health Premiums Earned	633,651,288	0	0	0	0	0	0	633,651,288						-
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services	646,605,528	0	0	0	0	0	0	646,605,528						
18. Amount Incurred for Provision of Health Care Services	656,831,441	0	0	0	0	0	0	656,831,441						

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.......644, 144,817



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Healthier New Jersey Insurance Company 2.

(LOCATION)														
AIC Group Code 01202 BUSINESS IN THE STATE	OF Consolidate	d			DURING	G THE YEAR 20)24		-			NAIC Company	y Code	16714
	1		ehensive & Medical)	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 N Healt
Total Members at end of:														
1. Prior Year	43,549	0	0	0	0	0	0	43,549	0	0	0	0	0	
2 First Quarter	47,616	0	0	0	0	0	0	47,616	0	0	0	0	0	
3 Second Quarter	48,371	0	0	0	0	0	0	48,371	0	0	0	0	0	
4. Third Quarter	49,006	0	0	0	0	0	0	49,006	0	0	0	0	0	
5. Current Year	49,394	0	0	0	0	0	0	49,394	0	0	0	0	0	
6 Current Year Member Months	580,650	0	0	0	0	0	0	580,650	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	1,064,272	0	0	0	0	0	0	1,064,272	0	0	0	0	0	
8. Non-Physician	645,445	0	0	0	0	0	0	645,445	0	0	0	0	0	
9. Total	1,709,717	0	0	0	0	0	0	1,709,717	0	0	0	0	0	
10. Hospital Patient Days Incurred	87,792	0	0	0	0	0	0	87,792	0	0	0	0	0	
11. Number of Inpatient Admissions	10,159	0	0	0	0	0	0	10,159	0	0	0	0	0	
12. Health Premiums Written (b)	644 , 144 , 817	0	0	0	0	0	0	644 , 144 , 817	0	0	0	0	0	
13. Life Premiums Direct	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	
15. Health Premiums Earned	633,651,288	0	0	0	0	0	0	633,651,288	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	646 , 605 , 528	0	0	0	0	0	0	646,605,528	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	656,831,441	0	0	0	0	0	0	656,831,441	0	0	0	0	0	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...................644, 144, 81

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

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)	203,124,103		203, 124, 103
2.	Accident and health premiums due and unpaid (Line 15)	1,729,502		1,729,502
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	0	0
5.	All other admitted assets (Balance)	41,790,648		41,790,648
6.	Total assets (Line 28)	246,644,253	0	246,644,253
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	74,138,284	0	74,138,284
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,158,554		4 , 158 , 554
9.	Premiums received in advance (Line 8)	354,141		354 , 141
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	94,911,662		94,911,662
15.	Total liabilities (Line 24)	173,562,641	0	173 , 562 , 641
16.	Total capital and surplus (Line 33)	73,081,612	XXX	73,081,612
17.	Total liabilities, capital and surplus (Line 34)	246,644,253	0	246,644,253
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

	Direct Business Only							
		1	2	3 Disability	4	5	6	
		l ifo		Disability	Long Torm Core			
		Life (Group and	Annuities (Group	Income (Group and	Long-Term Care (Group and	Deposit-Type		
States, Etc.	(Group and Individual)	and Individual)	Individual)	Individual)	Contracts	Totals		
1. Alabama	AL	iliaividuai)	and marriadal)	individual)	marviduar)	Contracto	Totalo	
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas								
			-					
5. California	CA							
6. Colorado	CO		-				-	
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii								
13. Idaho	ID							
14. Illinois	IL		·	·····	-	·	·	
15. Indiana	IN		-	l	-	-		
16. lowa	IA				-	-	· 	
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland								
22. Massachusetts								
			·					
23. Michigan	MI		-					
24. Minnesota								
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE	1 1 1						
29. Nevada		T						
30. New Hampshire		····· ·						
•								
31. New Jersey								
32. New Mexico							-	
33. New York								
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	но							
37. Oklahoma	OK							
38. Oregon								
39. Pennsylvania							1	
			·	l	-	-	·	
40. Rhode Island			·	·	-	-	·}	
41. South Carolina			-		-	-		
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT						<u> </u>	
46. Vermont	VT							
47. Virginia								
48. Washington								
49. West Virginia			-	ł			· 	
50. Wisconsin				ļ				
51. Wyoming	WY							
52. American Samoa	AS						.	
53. Guam							l	
54. Puerto Rico								
55. U.S. Virgin Islands							1	
_			-			-	·	
56. Northern Mariana Islands			-		-	-	·}	
57. Canada								
58. Aggregate Other Alien	TO							
59. Totals		0	0	0	0	0	1	

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
						Name of Securities					Type of Control				
						Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	/ ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
0000	Group Harris	0000		1.002	U		Horizon Healthcare Services.	200411011		(rtains s. Emilyn s.ss.)	minderice, etiner,	. oroomage		(100/110)	
01202	BCBS of NJ Group	55069	22-0999690				Inc.	NJ	UIP			0.0		NO.	0
	,						Horizon Healthcare Plan Holding			Horizon Healthcare Services,			Horizon Healthcare		
01202	BCBS of NJ Group	00000	22-2561496				Company, Inc.	NJ	UDP	Inc	Ownership	100.0	Services, Inc	N0	0
										Horizon Healthcare Plan			Horizon Healthcare		
01202	BCBS of NJ Group	11146	. 22-3331515				.Horizon Healthcare Dental, Inc	NJ		Holding Company, Inc	Ownership	100.0	Services, Inc	N0	0
										Horizon Healthcare Plan			Horizon Healthcare		
01202	BCBS of NJ Group	00000	. 22-3346524				Horizon Casulaty Services, Inc	NJ		Holding Company, Inc	Ownership	100.0	Services, Inc	N0	0
	DODO 6 N. I. O		10 1000171							Horizon Healthcare Plan		400.0	Horizon Healthcare		•
01202	BCBS of NJ Group	14690	46 - 1362174				Horizon Insurance Company	NJ		Holding Company, Inc.	Ownership	100.0	Services, Inc	NO	0
0.4000	DODO (NI O	00000	40.0005007				Multistate Professional			Horizon Healthcare Services,		400.0	Horizon Healthcare	NO	0
01202	BCBS of NJ Group	00000	46 - 260 560 7				Services, Inc	NJ	NIA	Inc Horizon Healthcare Plan	Ownership	100.0	Services, Inc	NU	0
01202	DCDC of N.I. Croup	95529	22-2651245				Horizon Healthcare of New	N. I			Ownership	100.0	Horizon Healthcare	NO	0
01202	BCBS of NJ Group	90029	22 - 203 1243				Jersey, Inc Enterprise Property Holdings,	NJ		Holding Company, Inc Horizon Healthcare Services.	Ownership	100.0	Services, Inc Horizon Healthcare	NU	
01202	BCBS of NJ Group	00000	13-4290405				lic	NJ	NIA	Inc.	Ownership.	100.0	Services. Inc.	NO	0
01202	LDCDS OF NO GLOUP	00000					Three Penn Plaza Property		N I A	Horizon Healthcare Services,	Owner Sirry	100.0	Horizon Healthcare	INO	
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc	Ownership	100.0	Services. Inc	NO	0
01202	. Бово от то отоар	00000					Horizon Charitable Foundation.			Horizon Healthcare Services,	O#1101 3111 p		Horizon Healthcare		
01202	BCBS of NJ Group	00000	20-0522405				Inc	NJ	NIA	Inc	Ownership	100 0	Services. Inc.	NO	0
0.202		00000	20 0022 100				Multistate Investment Services.			Horizon Healthcare Services.	0 0 p		Horizon Healthcare		
01202	BCBS of NJ Group.	00000	47 - 4428396				Inc.	NJ	NIA	Inc.	Ownership.	100.0	Services, Inc.	NO	0
	, '									Horizon Healthcare Services,	İ '		Horizon Healthcare		
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Inc.	Ownership	50.0	Services, Inc	N0	0
	· ·						Healthier New Jersey Insurance						Horizon Healthcare		
01202	BCBS of NJ Group	16714	. 84-3673030				. Company	NJ		NJ Collaborative Care, LLC	Ownership	100.0	Services, Inc	N0	0
							Greenwood Insurance Company,	l		Horizon Healthcare Plan			Horizon Healthcare]	_
01202	BCBS of NJ Group	00000	. 86-1229594				. Inc	NJ		Holding Company, Inc	Ownership	100.0	Services, Inc	N0	0
0.4000	DODO (N. O	00000	00 0045007				N W 11 1	l		Horizon Healthcare Plan		400.0	Horizon Healthcare		•
	BCBS of NJ Group.	00000	92-0815927				NovaWell, Inc	NJ	NIA	Holding Company, Inc	Ownership		Services, Inc	NO	0
01201	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	YUP			0.0	Horizon Mutual		0
01201	BCBS of NJ Group	00000	92-0966618				Horizon Operating Holdings,	NJ	NIA	Horizon Mutual Holdings Inc	Ownership	100.0		NO	0
01201	ו סכסס טו ואט טוטעף	00000					.		N I A	Horizon Mutual Holdings, Inc.	Ownershirp	100.0	Holdings, Inc	INU	0
				1			·					-	-	1	
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Asterisk	Explanation

SCHEDULE Y

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

		PART 2 - SUMMARY	I OF INS	UKEK 3	IKANSA	CHONS	MILLIAN	NI AFFIL	IA I E3		
1	2	3	4	5	6	7	8	9	10 11	12	13
						Income/					
					Purchases, Sales or						Reinsurance
					Exchanges of	Incurred in					Recoverable/
					Loans, Securities,	Connection with		Income/	Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)	Activity Not in the		Losses and/or
LIANO O	ID.		0	0 "	Estate, Mortgage	Undertakings for the Benefit of any		Incurred Under	Ordinary Course of the Insurer's		Reserve
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other Investments	Affiliate(s)	Agreements and	Reinsurance Agreements	* Business	Totala	Credit Taken/(Liability)
	22-3331515	Horizon Healthcare Dental. Inc.	Dividends	Contributions	Investments	Amiliate(s)	Service Contracts	2,020,223	Business	Totals 4,623,237	Taken/(Liability)
		Horizon Insurance Company	u		U	u	13.763.894	12,494,180	ļ	26,258,074	۷
16714	84-3673030	Healthier New Jersey Insurance Company	u	(76,512,258)	J	J	5,634,323	12,494,100		(70,877,935)	
55069	22 0000600	Harizan Haaltheara Carvicas Inc	18.000.000	(10,312,230)	J		(177,121,539)	234,438,759	l	75,317,220	
95529	22-2651245	Horizon Hoaltheare of New Jareay Inc	10,000,000		J		91,099,974	(248, 953, 162)	l	(157 953 199)	
95529	27-1179993	13 Penn Plaza Property Holdings Hrban Ren	(13,000,000)	J	l	 I	(22,585,397)	(240,900,102)	l	(157,853,188) (35,585,397)	
	13-4290405	I Enterprise Property Holdings 110	(5,000,000)	J	l	 I	(3, 199, 250)		l	(8, 199, 250)	
	22-3346524	Horizon Cacualty Services Inc	(0,000,000)	l	l	U	15,113,801	D		15.113.801	ر ۲
	22-2561496	Horizon Healthcare of New Jersey, Inc	n	l	l		13,113,001	0	ļ		۷
	47 - 4428396	Multistate Investment Services, Inc.	0 n	(8,226,000)			3,072,917	n	1	(5, 153, 083)	۷
	46-2605607	Multistate Professional Services, Inc.		(0,220,000)			(952)	n	h	(952)	٠٢
	86-1229594	Greenwood Insurance Company, Inc.	o	n		Ω Λ	(1,414,768)	n	h	(1,414,768)	۷
	92-0982986	Horizon Mutual Holdings, Inc.	1	112,588,258	n	n	72,995,874	n	h	185,584,132	۲
	92-0966618	Horizon Operating Holdings, Inc.	l	(2,850,000)	l	l	29,769	l	1 · · · · · · · · · · · · · · · · · · ·	(2,820,231)	ر ۲
	92-0996149	Horizon Diversified Holdings, Inc.	o	(25,000,000)	l	o	(490,454)	n	10 I	(25,490,454)	ر ۲
	92-0815927	NovaWell. Inc) 1	(20,000,000)	l		498.794	n	1	498.794	٥
	32-0013321	INOVANCTI, 1116	u		J		430,734			430,734	
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9999999 Cd	ontrol Totals		0	0	0	0	0	0	0 XXX	0	0

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	of Column 2 Over	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
misarsis in risianig sampany	Children man Greater anali 1070 Children	0/,	(100,110)	Olamato Consolling Fairty	Controlled by Containing	0, 00, 00,	(1.55/115)
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGS

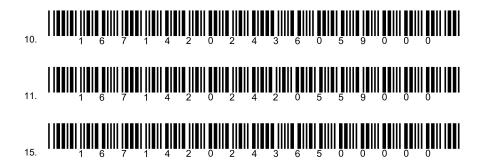
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in 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
low nte	SUPPLEMENTAL FILINGS following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business coverer, in the event that your company does not transact the type of business for which the special report must be filed, your response or rogatory 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 complever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific
	MARCH FILING	
10). Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
1	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12	2. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13		SEE EXPLANATION
14	4. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
1	5. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16	6. 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	7. 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	3. 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	D. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
2	1. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	YES
		YES
_	AUGUST FILING	VEO
24	4. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
=vn	lanation:	
•		
10.	Business not written	
11.	Business not written	
12.	See explanation	
13.	See explanation	
14.	See explanation	
15	Business not written	
	See explanation	
17.	See explanation	
18.	See explanation	
20	See evaluation	

21. See explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



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