



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company

(Name)

NAIC Group Code 01202 (Current Period) , 01202 (Prior Period) NAIC Company Code 16714 Employer's ID Number 84-3673030

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

Country of Domicile United States

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

Incorporated/Organized 10/17/2019 Commenced Business 01/13/2020

Statutory Home Office 3 Penn Plaza East PP-15D (Street and Number) , Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plaza East PP-15D (Street and Number)

Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-803-0441 (Area Code) (Telephone Number)

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 (City or Town, State, Country and Zip Code) 973-803-0441 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Jordan Greenberg (Name) , 973-803-0441 (Area Code) (Telephone Number) (Extension)

jordan_greenberg@horizonblue.com (E-Mail Address) 973-466-7110 (Fax Number)

OFFICERS

Name	Title	Name	Title
Deborah Rittenour #	President and CEO	John William Doll	Secretary
Frank Anthony Melaccio	Interim Treasurer	Mark Leon Barnard	Chair

OTHER OFFICERS

Patrick Rodney Young	Vice Chair		

DIRECTORS OR TRUSTEES

Mark Leon Barnard	Jennifer Gail Velez	Patrick Rodney Young	Annette Catino
Kyle Christopher Stern	John William Doll		

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.

Jacqueline Bonforte
Assistant Secretary

Frank Anthony Melaccio
Interim 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 2024 OF THE Healthier New Jersey Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

19

19

19

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	20,687,500			13,150,000	20,687,500	20,687,500
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. 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)

21

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

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	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Healthier New Jersey Insurance Company 2. _____ (LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey				DURING THE YEAR 2024				NAIC Company Code				16714
	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	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	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						

(a) For health business: number of persons insured under PPO managed care products49,394 and number of persons insured under indemnity only products0

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



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REPORT FOR: 1. CORPORATION Healthier New Jersey Insurance Company 2. _____ (LOCATION)

NAIC Group Code		01202		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2024										NAIC Company Code		16714	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14				
			2	3															
		Total	Individual	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	.0	.0	.0	.0	.0	.0				
2 First Quarter		47,616	.0	.0	.0	.0	.0	.0	47,616	.0	.0	.0	.0	.0	.0				
3 Second Quarter		48,371	.0	.0	.0	.0	.0	.0	48,371	.0	.0	.0	.0	.0	.0				
4. Third Quarter		49,006	.0	.0	.0	.0	.0	.0	49,006	.0	.0	.0	.0	.0	.0				
5. Current Year		49,394	0	0	0	0	0	0	49,394	0	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	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	.0				
8. Non-Physician		645,445	.0	.0	.0	.0	.0	.0	645,445	.0	.0	.0	.0	.0	.0				
9. Total		1,709,717	0	0	0	0	0	0	1,709,717	0	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	0				
11. Number of Inpatient Admissions		10,159	0	0	0	0	0	0	10,159	0	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	.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.....		633,651,288	.0	.0	.0	.0	.0	.0	633,651,288	.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		646,605,528	.0	.0	.0	.0	.0	.0	646,605,528	.0	.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	0				

(a) For health business: number of persons insured under PPO managed care products49,394 and number of persons insured under indemnity only products0

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

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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	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						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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01202.....	BCBS of NJ Group.....	55069.....	22-0999690.....				Horizon Healthcare Services, Inc.....	NJ.....	UIP.....			0.0.....		NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	22-2561496.....				Horizon Healthcare Plan Holding Company, Inc.....	NJ.....	UDP.....	Horizon Healthcare Services, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	11146.....	22-3331515.....				Horizon Healthcare Dental, Inc.....	NJ.....	IA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	22-3346524.....				Horizon Casulaty Services, Inc.....	NJ.....	NIA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	14690.....	46-1362174.....				Horizon Insurance Company.....	NJ.....	IA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	46-2605607.....				Multistate Professional Services, Inc.....	NJ.....	NIA.....	Horizon Healthcare Services, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	95529.....	22-2651245.....				Horizon Healthcare of New Jersey, Inc.....	NJ.....	IA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	13-4290405.....				Enterprise Property Holdings, LLC.....	NJ.....	NIA.....	Horizon Healthcare Services, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	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 Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	20-0522405.....				Horizon Charitable Foundation, Inc.....	NJ.....	NIA.....	Horizon Healthcare Services, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	47-4428396.....				Multistate Investment Services, Inc.....	NJ.....	NIA.....	Horizon Healthcare Services, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	84-2280217.....				NJ Collaborative Care, LLC.....	NJ.....	UDP.....	Horizon Healthcare Services, Inc.....	Ownership.....	50.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	16714.....	84-3673030.....				Healthier New Jersey Insurance Company.....	NJ.....	IA.....	NJ Collaborative Care, LLC.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	86-1229594.....				Greenwood Insurance Company, Inc.....	NJ.....	IA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01202.....	BCBS of NJ Group.....	00000.....	92-0815927.....				NovaWell, Inc.....	NJ.....	NIA.....	Horizon Healthcare Plan Holding Company, Inc.....	Ownership.....	100.0.....	Horizon Healthcare Services, Inc.....	NO.....	0.....
01201.....	BCBS of NJ Group.....	00000.....	92-0982986.....				Horizon Mutual Holdings, Inc.....	NJ.....	UDP.....			0.0.....		NO.....	0.....
01201.....	BCBS of NJ Group.....	00000.....	92-0966618.....				Horizon Operating Holdings, Inc.....	NJ.....	NIA.....	Horizon Mutual Holdings, Inc.....	Ownership.....	100.0.....	Horizon Mutual Holdings, Inc.....	NO.....	0.....

Asterisk	Explanation

42

42

42

42

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company

SCHEDULE Y

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

[illegible]

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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....SEE EXPLANATION.....
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.....
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Explanation:

10. Business not written
11. Business not written
12. See explanation
13. See explanation
14. See explanation
15. Business not written
16. See explanation
17. See explanation
18. See explanation
20. See explanation
21. See explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS
