

## **ANNUAL STATEMENT**

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

**Horizon Insurance Company** (Name)

	01202 , _	01202 (Prior Period)	NAIC Comp	any Code	14690	Employer's ID	Number _	46-1362174
Organized under the Laws o	f	New Jersey	/	, State of	Domicile	or Port of Entry	N	lew Jersey
Country of Domicile				United St	tates			
Licensed as business type:	Life, Accident & Dental Service Other [ ]	k Health [ X ] Corporation [ ]	Vision S	/Casualty [ ] ervice Corporation ), Federally Qua	on [ ]	Hospital, Medical & I Health Maintenance s [ ] No [ ]		,
Incorporated/Organized		10/11/2012		Commenced E	Business		12/31/20	12
Statutory Home Office		3 Penn Plaza Eas (Street and Nur		,		Newark, NJ, (City or Town, State		
Main Administrative Office				3 Penn Pl				
Newar	k, NJ, US 07105	5-2248		(Street	t and Numbe	973-803-0441		
	vn, State, Country and					(Area Code) (Telephone N		
Mail Address		Plz E Ste PP-15D		,		Newark, NJ, US		
	,	d Number or P.O. Box)				(City or Town, State, Cou	ntry and Zip C	ode)
Primary Location of Books a	nd Records	-		;		z E Ste PP-15D t and Number)		
Newar	k, NJ, US 07105	5-2248			(Olice	973-803-0441		
(City or Tov	vn, State, Country and	d Zip Code)			(Area	a Code) (Telephone Numbe	r) (Extension)	
Internet Web Site Address				www.horizo	onblue.co	m		
Statutory Statement Contact		Jordan Green	berg			973-803 (Area Code) (Telephon		
jordan_gre	eenberg@horizo					973-466-7110		xtension)
	(E-Mail Address)					(Fax Number)		
Name Gary Dean St. Hilaire David Jeffrey Rosenbe		Title Chairman & C	CEO .		Name as Herber rk Leon B	t Peterson,		Title Secretary President
				OFFICERS		,	,	
Michael James Consid	ine,	Vice Preside				nael Lepre,	Executiv	ve Vice President
Christopher Michael Le	pre	<b>DIRE</b> Gary Dean St. H		OR TRUS	TEES			
State of	New Jersey							
County of	Essex							
The officers of this reporting entabove, all of the herein describe that this statement, together with itabilities and of the condition ar and have been completed in act may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	ed assets were the th related exhibits and affairs of the sa cordance with the less or regulations re- ely. Furthermore, the copy (except for the	absolute property of schedules and exp id reporting entity as NAIC Annual Stateme quire differences in in the scope of this atte ormatting differences	f the said report lanations there of the reporting ent Instructions reporting not re station by the of	ting entity, free an in contained, anno g period stated abounting Polated to accounting described officers a	nd clear from exed or refleave, and of tractices and g practices also includ	m any liens or claims the ferred to, is a full and to fits income and deduction of the function of the fits income and deduction of the function of the fits and procedures, accordes the related correspondant.	ereon, exce rue stateme ions therefro xcept to the ding to the b nding electro	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
				erbert Peterson			d Jeffrey R	
Subscribed and sworn to b	efore me this		Se	ecretary	b. If r 1. 3 2. 1	this an original filing?	t number	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		0	0	0	0	226,764
Group subscribers:						
						<b></b>
0299997 Group subscriber subtotal		0	0	0	0	0
0299998 Premiums due and unpaid not individually listed				53,884	53,884	1,071,745
0299999 Total group		0	0	53,884	53,884	1,071,745
0399999 Premiums due and unpaid from Medicare entities						<b> </b>
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,298,509	0	0	53,884	53,884	1,298,509

# Exhibit 3 - Health Care Receivables NONE

Exhibit 3A - Analysis of HC Receivables NONE

## 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)	1 - 50 Days	31 - 00 Days	01 - 90 Days	31 - 120 Days	Over 120 Days	Total
Claims Oripaid (Reported)	12,906,505	4.426	46		2,373	12,913,350
	12,800,500	4,420			2,373	12,913,330
	40,000,505				0.070	40.040.050
0199999 Individually listed claims unpaid	12,906,505	4,426	46	0	2,373	12,913,350
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	12,906,505	4,426	46	0	2,373	12,913,350
0599999 Unreported claims and other claim reserves						23,769,609
0699999 Total amounts withheld						
0799999 Total claims unpaid						36,682,959
0899999 Accrued medical incentive pool and bonus amounts	·	•	•			(

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

1	2	3	1 4	5	T 6	Adm	itted
	_	_	i i		1	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Horizon Healthcare Services, Inc.	512,000	0	0			512,000	
Horizon Healthcare of New Jersey, Inc		108,992	11,542			128,016	
Horizon Healthcare of New Jersey, Inc	146,806					146,806	
					ł		
					· · · · · · · · · · · · · · · · · · ·		
					<u> </u>		
					<b>†</b>		
0199999 Individually listed receivables		108,992	11,542	0	0		0
0299999 Receivables not individually listed	0					, , , , , , , , , , , , , , , , , , , ,	
0399999 Total gross amounts receivable	666,288	108,992	11,542	0	0	786,822	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.		14,297,683	14,297,683	
0199999 Individually listed payables		14,297,683	14,297,683	0
0199999 Individually listed payables 0299999 Payables not individually listed		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
0399999 Total gross payables		14,297,683	14,297,683	0

N
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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	19	0.0		0.0		<b> </b> 19
2. Intermediaries	0	0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments		0.0	L0	0.0	0	<b>L</b> 19
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		L0
Contractual fee payments	240,229,013	100.0	XXX	XXX	,	240,229,013
Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
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	xxx	XXX		ļ
12. Total other payments	240,229,013	100.0	xxx	XXX	0	240,229,013
13. Total (Line 4 plus Line 12)	240,229,032	100 %	XXX	XXX	0	240,229,032

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2 Name of laborated in a	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	Lab Corp	(1)	0		
	Lab Cap Quest Insured.	0	0		
					<u> </u>
999999 Totals		(1)	XXX	XXX	l 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						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

AIC Group Code 01202 BUSINESS IN THE STAT	E OE Now Jorgov				DUBING	THE YEAR 20	124				(LOCATIO	ON) NAIC Compan <sup>,</sup>	v Codo	14690
NO GROUP COURT UTZUZ BUSHYESS IN THE STAT	1	Compre Hospital &		4	5	6 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 No Health
Total Members at end of:			- '		- 1									
1. Prior Year	278,972			66 , 765	186 , 129	0	0	0	0	0	0	0	26,078	
2 First Quarter	280,511			65,799	191,071								23,641	
3 Second Quarter	281,471			65 , 163	192,943								23,365	
4. Third Quarter	283,019			64,723	195,130								23 , 166	
5. Current Year	283,485			63,991	197,608								21,886	
6 Current Year Member Months	3,384,763			782,251	2,322,858								279,654	
Total Member Ambulatory Encounters for Year:														
7. Physician	3,857,609			2,403,295				1,454,314						
8. Non-Physician	2,578,042			1,725,973				852,069						
9. Total	6,435,651	0	0	4,129,268	0	0	0	2,306,383	0	0	0	0	0	
10. Hospital Patient Days Incurred	220,547			220,547										
11. Number of Inpatient Admissions	24,211			24,211										
12. Health Premiums Written (b)	271,351,838			217 , 887 , 286	15 , 265 , 597			791,558					37 , 407 , 397	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	271,687,193			218,198,582	15 , 274 , 848			805,034					37,408,729	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	240,229,032			192,704,231	8,370,626			1,377,370					37 , 776 , 805	
18. Amount Incurred for Provision of Health Care Services	237,083,645			191,147,288	8,439,954			1,499,299					35,997,104	



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2. (LOCATION)

AIC Group Code 01202 BUSINESS IN THE STATE	OF Consolidated	d			DURING	THE YEAR 20	24				(LOCATIO	NAIC Compan	y Code	14690
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2	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	278,972	0	0	66,765	186 , 129	0	0	0	0	0	0	0	26,078	
2 First Quarter	280 ,511	0	0	65,799	191,071	0	0	0	0	0	0	0	23,641	
3 Second Quarter	281,471	0	0	65 , 163	192,943	0	0	0	0	0	0	0	23,365	
4. Third Quarter	283,019	0	0	64,723	195 , 130	0	0	0	0	0	0	0	23 , 166	
5. Current Year	283,485	0	0	63,991	197,608	0	0	0	0	0	0	0	21,886	
6 Current Year Member Months	3,384,763	0	0	782,251	2,322,858	0	0	0	0	0	0	0	279,654	
Total Member Ambulatory Encounters for Year:														
7. Physician	3,857,609	0	0	2,403,295	0	0	0	1,454,314	0	0	0	0	0	
8. Non-Physician	2,578,042	0	0	1,725,973	0	0	0	852,069	0	0	0	0	0	
9. Total	6,435,651	0	0	4,129,268	0	0	0	2,306,383	0	0	0	0	0	
10. Hospital Patient Days Incurred	220,547	0	0	220,547	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	24,211	0	0	24,211	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	271,351,838	0	0	217 ,887 ,286	15,265,597	0	0	791,558	0	0	0	0	37,407,397	
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	271,687,193	0	0	218,198,582	15,274,848	0	0	805,034	0	0	0	0	37,408,729	
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	240,229,032	0	0	192,704,231	8,370,626	0	0	1,377,370	0	0	0	0	37 ,776 ,805	
18. Amount Incurred for Provision of Health Care Services	237,083,645	0	0	191,147,288	8,439,954	0	0	1,499,299	0	0	0	0	35,997,104	

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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	2	3	4	5	6	7	8	9	10	11	12	13
NAIG					Type Of	Type Of			Reserve Liability Other Than For	<b>D</b> .	NA 110 1	
NAIC	ID.			D :- ::: :					Other Than For	Reinsurance	Modified	
Company Code	ID	F# # D #	N (D)	Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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9999999 T	otals						0	0	0	0	0	0

	Rei	insurance Recover	SCHEDULE S -		Year	
1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Affiliates 22-0999690	- U.S Other	HORIZON HLTHCARE SERV INC	NJ		31,972,349
1499999 - ACC	ident and Health	- Affiliates - U.S.	- lotal		0	31,972,349 31,972,349
2299999 - Acc	ident and Health	<ul> <li>Affiliates - Tota</li> <li>Total Accident and</li> <li>399999, 0899999, 149</li> </ul>	d Health		0 0	31,972,349 31,972,349 31,972,349
2399999 - 1018	ai 0.5. (50m 01 0.	399999, 00999999, 14	99999 and 1999999)			31,972,349
		• • • • • • • • • • • • • • • • • • • •				
0000000 T-	tale Life Asset	ity and Assidant -	and Health		^	24 072 240
aaaaaaa 10	nais—Life, Annu	ity and Accident ar	іц пеаціі		0	31,972,349

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### ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

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

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			, Re			insurance Listed	by Reinsuring Com		<del>-</del>				
1	2	3	4	5	6	7	8	9	10		Surplus Relief	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	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count – Authorize												
55069 55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MR	2,277,256						
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MD	33,667,422	1,505	1,086,569				
55069 55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MS	196,098,557	7,077,833	30,698,191				
	22-0999690		HORIZON HLTHCARE SERV INC.	NJ		0H							
			Affiliates - U.S Other				232,043,235	7,079,338		0	0	0	0
			Affiliates - U.S Total				232,043,235	7,079,338		0	0	0	*
			Affiliates – Total Authorized Affiliates				232,043,235	7,079,338		0	0	0	*
			Total General Account Authorized				232,043,235	7,079,338		0	0	0	
			Account Authorized, Unauthorized, Reciprocal Jur				232,043,235	7,079,338	31,972,404	0	0	0	0
			9999, 1499999, 1999999, 2599999, 3099999, 3699999	, 4199999, 4899 <del>9</del> 99,	5399999, 5999999 <del>, 64</del> 9	9999, 7099999,							
7599999,	8199999 and 8699	999)					232,043,235	7,079,338	31,972,404	0	0	0	0
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9999999	9 Totals						232,043,235	7,079,338	31,972,404	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

## SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000 (	Omitted)			
	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	231,318	223,098	231,523	236,943	254,407
2. Title XVIII-Medicare	725	10,679	92,531	165,478	246,450
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	6,712,199	4,651,896	(6,508,766)	22,955,947	21,468,230
7. Claims payable	31,972,349	34,864,186	47,805,025	54,286,777	68,975,071
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.	21,676,508	29,291,803	25,713,580	32,472,842	30,465,710
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
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)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	75,037,488		75,037,488
2.	Accident and health premiums due and unpaid (Line 15)	1,298,509		1,298,509
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	31,972,349	31,972,349
5.	All other admitted assets (Balance)	4,499,873		4,499,873
6.	Total assets (Line 28)	80,835,870	31,972,349	112,808,219
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	4,710,610	31,972,349	36,682,959
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	1,171,452		1, 171, 452
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)	20,185,409		20,185,409
15.	Total liabilities (Line 24)	26,067,471	31,972,349	58,039,820
16.	Total capital and surplus (Line 33)	54,768,400	XXX	54,768,400
17.	Total liabilities, capital and surplus (Line 34)	80,835,871	31,972,349	112,808,220
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	31,972,349		
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	31,972,349		
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	31,972,349		

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

			ted By States and Territ		siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
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							
13. Idaho	ID				-	····	
14. Illinois	IL		-		-	····	
15. Indiana	IN		-		-	ļ	
16. lowa			ļ			ļ	
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME		L				
21. Maryland							
22. Massachusetts							
	MI						
ŭ							
24. Minnesota	MN		-		-	·	
25. Mississippi					-		
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey							
32. New Mexico							
	NY						
34. North Carolina							
			-			·	
35. North Dakota	ND		-		-		
	HO		-		-		
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	sc						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas							
45. Utah			1		T		
			1		1		
46. Vermont	VT		-		-		
47. Virginia					-		
48. Washington					-		
49. West Virginia						ļ	
50. Wisconsin							
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
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

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	·					•	Horizon Healthcare Services,			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group		22-0999690				Inc.	NJ	IA UIP	Inc		100.0	Holdings, Inc		0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP		Ownership	0.0		l	0
										Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	I A	Inc	Ownership	100.0	Holdings, Inc	l	0
										Horizon Diversified Holdings,	1		Horizon Mutual		
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
	·									Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	14690	46 - 1362174				Horizon Insurance Company	NJ	I A	Inc	Ownership	100.0	Holdings, Inc	ļ	0
							Multistate Professional			Horizon Diversified Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	00000	46 - 2605607				Services, Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
							Horizon Healthcare of New			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	95529	22-2651245				Jersey, Inc	NJ	I A	Inc	Ownership	100.0	Holdings, Inc		0
							Enterprise Property Holdings,			Horizon Healthcare Services			Horizon Mutual		
01202	BCBS of NJ Group	00000	13-4290405				Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
							Three Penn Plaza Property			Horizon Healthcare Services			Horizon Mutual		
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
							Horizon Charitable Foundation,						Horizon Mutual		
01202	BCBS of NJ Group	00000	20-0522405				Inc	NJ		Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc		0
							Multistate Investment Services,			Horizon Diversified Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	00000	47 - 4428396				Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
										Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	10000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Inc	Ownership	55.0	Holdings, Inc		0
													Horizon Mutual		
01202	BCBS of NJ Group	16714	84-3673030	[			Healthier New Jersey Insurance	NJ		NJ Collaborative Care, LLC	Ownership	100.0	Holdings, Inc	{	0
1							Greenwood Insurance Company,			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	00000	86 - 1229594				Inc.	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc	{	0
1			l <b>.</b>				l	l		Horizon Diversified Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	00000	92-0815927				NovaWell, Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
1							Horizon Operatting Holdings,	l		l			Horizon Mutual		
01202	BCBS of NJ Group	00000	92-0966618				Inc	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc	{	0
	DODO 6 444 0						Horizon Diversified Holdings,			l.,			Horizon Mutual		_
01202	BCBS of NJ Group	00000	92-0996149				Inc	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc	{	0
				{					-					[]-	
				Į					-					Į	
				l										I	

Asterisk	Explanation

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## **SCHEDULE Y**

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

NAIC Company Code Multiple Nemoe of Insurers and Parent, Subsidiaries or Affiliates Poisson of Security Contracts and Parent, Subsidiaries or Affiliates Poisson of Security Contracts and Parent, Subsidiaries or Affiliates Poisson of Security Contracts Poisson of Security Cont			PART 2 - SUMMARY	I OL III9	UKEK 3	IKANSA	CHONS	MII LA	NI AFFIL	IAIES		
NAC Company   D	1	2	3	4	5	6		8	9	10 11	12	13
NAIC Company   Code   Number of Insurers and Parent, Subsidiaries or Affiliates   Capital Confedence or Capi												ı
NAC Company ID Nate of Incurrence and Parent, Subsidiaries or Affiliation 13-20946. Incurrence Property Historian, Inc. 2-20946. Inc. 2-20												Reinsurance
NAC Company Code Number Code Code Number Code Code Code Code Code Code Code Code												Recoverable/
NAC Company   D										Any Other Material		(Payable) on
NAC Corporaty Under Code Variety Code Variet									(Disbursements)	Activity Not in the		Losses and/or
Coc    Number   Names of Insurers and Parents, Stabelshares or Affiliates   Dividends   Contributions   (5,100,000)   (3,199,200)   (3,199,200)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,201)   (4,903,2							Undertakings for the	Management		Ordinary Course of		Reserve
13-420405			15 15 15 15								<b>-</b>	Credit
1146	Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends		Investments	Affiliate(s)	Service Contracts	Agreements	* Business	l otals	Taken/(Liability)
22-254186	11116	13-4290403	Lenterprise Property Holdings, Inc.		[(0,000,000)			2 602 044	2 020 222	<del>    </del>	(0, 199,200)	 I
95239 22:2651248. Hor zon heal theare of New Jersey, Inc.  951090 22:2655248. Hor zon heal theare Services. Inc.  18,000.000 115 113.001  177, 217,538) 224,439,759 7,3,177,229  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,340  18090 24,237,34	11140	22-3331313	Horizon Healtheare Dien Helding Company			·····		2,003,014	2,020,223	ll		 I
22-346524	0.E.20	22-2301490	. Horizon heatthcare Fian hording company,					04 000 074	(240 DE2 462)	ł		
14690   461-192174   Anizon Insurance Company   10.   (13,000,000)   (22,565,397)   (35,565,397)   (43,565,397)   (44,690)   461-422398   Multistate Investment Services Inc.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10	90029	22-2001240	Harizon Cocualty Corvices Inc					15 112 001	(240,933,102)	<del> </del>	(107,000,100)	 I
14690   461-192174   Anizon Insurance Company   10.   (13,000,000)   (22,565,397)   (35,565,397)   (43,565,397)   (44,690)   461-422398   Multistate Investment Services Inc.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10	EE060	22-3340324	Harizan Haalthaara Carviaga Inc.		10 000 000	<b></b>			224 420 750	············	75 217 220	 I
14890   46-192774   for izon Insurance Company     13,763,884   12,494,180   22,283,074   47-42396   Multi Istate Investment Services, Inc.   3,072,917   3,072,917   16714   84-3973030   Heal thier New Jersey Insurance Company   5,534,323   5,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,584,323   6,5	33009	22-0999090	Three Donn Dieze Property Holdings IIC		/12 000 000			(22 505 207)	234,430,739	·····		 I
47-442386	14600	Z1 •	Harizon Incurance Company		(13,000,000)			12 762 004	12 /0/ 100	<del>      </del>	26, 260, 387)	 I
16714	14090	40 - 1302 174 47 4429206	Multietate Investment Services Inc					2 072 017	12,494,100	<del> </del>	2 072 017	 I
46-2805077 Multistate Professional Services, Inc. 84-2805017 N. D. Collaborative Care, LLC. 96-1225944 Greencod Insurance Company, Inc. 92-2982896, Inc. Prizon Multual Foldrings, Inc. 92-2982896, Inc. Prizon Multual Foldrings, Inc. 92-298296, Prizon Multual Foldrings, Inc. 92-29829	16711	04 2672020	Haalthiar New Jargey Ingurence Company		<del> </del>	·		5 624 222		<del> </del>	5 624 222	 I
Set 2299047   N. Col laborative Care, LLC.	107 14	16 2605607	Multistate Professional Corvince Lps		<del> </del>	·····		(052)		<del> </del>		 I
86-129994 Greenwood Insurance Company, Inc. (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768) (1, 414, 768)		40 <b>-</b> 2000007	MU Collaborative Care IIC					(932)		·····		 I
92-989986		96 12200Z17	Groopwood Incurance Company Inc					(1 /1/ 760)		·····		, I
92-096618   Horizon Operating Holdings, Inc.   29,769   29,769   32,769   498,794   498,794   498,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   499,794   49		00-1229394	Horizon Mutual Holdings Inc					72 005 874		·····	72 005 874	 I
92-0815927. Novaliel I inc. 488.794 92-0996149. Horizon Diversified Holdings, Inc. (490,454) (490,454)		02-0902900	Harizon Aperating Holdings Inc		<del> </del>	†		20 760		·····		 I
92-0996149. Horizon Diversified Holdings, Inc			MoveMell Inc		<del> </del>	<del> </del>				<del>   </del>		 I
		02 0006140	Harizan Divargified Holdings Inc		<del> </del>	<del> </del>		(400, 454)		<del>   </del>	490,794 (400,454)	 I
999999 Control Totals		92-0990149	. Horizon Diversified Hordings, Inc		<del> </del>	<del> </del>		(490,434)		<del> </del>	(490,454)	 I
999999 Control Totals					<del> </del>	<del> </del>				<del> </del>		 I
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9999999 Control Totals 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1					†	†				<u> </u>		·
999999 Control Totals					†	†				<u> </u>		 I
999999 Control Totals										<u> </u>		
	9999999 Ca	ontrol Totals		0	0	0	0	0	n	l xxx l o l	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	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage	of Control\Affiliation			Ownership Percentage	of Control\Affiliation
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 2 of Column 1	Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Percentage (Columns 5 of Column 6)	Column 6 (Yes/No)
		%				%	
		%					
		%				%	
		%					
		%					
		%					
		%				%	
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		%					
			1				

### 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.

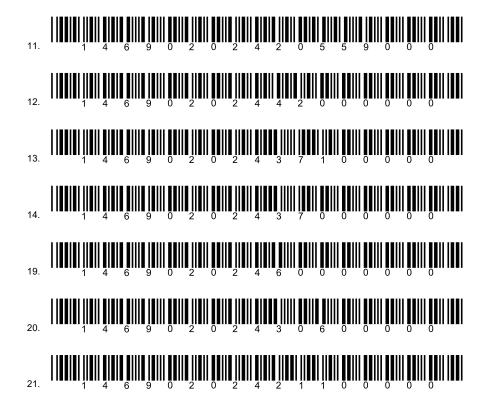
	MARCH EN INC	Doomonoo
1.	MARCH FILING  Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	<u>Responses</u> YES
2.	,	YESYES
3.		YES
4.		YES
•	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
Howe interr	SUPPLEMENTAL FILINGS  bllowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response cogatory 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 report and a provide an explanation following the interrogatory questions.	of NO to the specific
40	MARCH FILING	YES
10.		
11.		NO
12. 13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	
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?	YES
16.		SEE EXPLANATION
17.		SEE EXPLANATION
18.	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?	N0
	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. 23.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?  Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	YES
	NAIC by April 1?	YES
	AUGUST FILING	VEO
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	nation:	
11. Bi	usiness not written	
12. Bi	usiness not written	
13. Bu	usiness not written	
14. Bu	usiness not written	
16. Se	ee Explaination	
17. Se	ee Explaination	
18. Se	ee Explaination	
19. Bi	usiness Not Written	

### Bar code:

20. Business Not Written

21. Business Not Written

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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



NAIC Company Code 14690.

#### **SUPPLEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company**

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2024 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

		Address Person C Title	(City, State an	d Zip Code) s Exhibit	Newark, NJ 07	105-2248						T	elephone Number	r			
1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2021		F	Policies Issued in	2022. 2023. 2024	
•	_		•			,				11	Incurred		14	15	Incurred		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	5297. 5298. MGP-UW. 5317. 5320. 6058. 6059. MGP-UW. MGP-UW. MGP-UW. MGP-UW. 5274. 5274. 5277.  OTAL EXPERIEN	A	No	25 26 26 246 25 24 25 25 24 24 24 24 24 22 2 2 2 3 3	08/01/1992 08/01/1992 01/01/2020 05/01/1995 08/01/1995 08/01/1992 01/01/2006 01/01/2019 01/01/2019 01/01/2019 07/01/1986 01/01/1986		12/31/2005 07/30/1992 07/30/1992		Medigap Plan A Medigap Plan C Medigap Plan C Medigap Plan F Medigap Plan I Medigap Plan I (Basic) Medigap Plan I Medigap Plan G Medigap Plan G Medigap Plan K Medigap Plan K Medigap Plan N "BCBS 66" "Select" "Super 65"			86.3 86.5 153.4 85.2 52.0 76.9 73.4 112.6 114.6 106.5 68.4 87.0 77.6	183 3,299 456 19,712 215 2,436 6,680 5,780 192 13,840 123 53,321				
0299999	TOTAL EXPERIEN	ICE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: 3 Penn Plaza East Newark, NJ 07105
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

NAIC Group Code 01202

- 3.1 Address: 3 Penn Plaza East Newark, NJ 07105
- 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



### MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01202

NAIC Company Code 14690

ļ	Individual Cov		Group Co		5 Total	
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash	
Premiums Collected						
1.1 Standard Coverage						
1.11 With Reinsurance Coverage	31,593,358	XXX		XXX	31,593,35	
1.12 Without Reinsurance Coverage		XXX		XXX		
1.13 Risk-Corridor Payment Adjustments						
1.2 Supplemental Benefits						
Premiums Due and Uncollected-change						
2.1 Standard Coverage						
2.11 With Reinsurance Coverage	1,438,137	XXX		XXX	XXX	
2.12 Without Reinsurance Coverage						
2.2 Supplemental Benefits.						
Unearned Premium and Advance Premium-change						
3.1 Standard Coverage						
3.11 With Reinsurance Coverage	201 200	YYY		YYY	YYY	
3.12 Without Reinsurance Coverage						
3.2 Supplemental Benefits						
	(01,100)[			ΑΛΛ		
Risk-Corridor Payment Adjustments-change	/0.004.400\	VVV		VVV	WWW	
4.1 Receivable						
4.2 Payable	(2,188,610)	XXX		XXX	XXX	
5. Earned Premiums						
5.1 Standard Coverage	00 000 005					
5.11 With Reinsurance Coverage						
5.12 Without Reinsurance Coverage						
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX	
5.2 Supplemental Benefits	8,240,408	XXX		XXX	XXX	
6. Total Premiums	37,409,580	XXX	0	XXX	42,355,17	
7. Claims Paid						
7.1 Standard Coverage						
7.11 With Reinsurance Coverage	27,384,612	XXX		XXX	27 , 384 , 61	
7.12 Without Reinsurance Coverage		XXX		XXX		
7.2 Supplemental Benefits	6,833,079	XXX		XXX	6,833,07	
Claim Reserves and Liabilities-change						
8.1 Standard Coverage						
8.11 With Reinsurance Coverage		XXX		XXX	XXX	
8.12 Without Reinsurance Coverage						
8.2 Supplemental Benefits.					XXX	
Health Care Receivables-change						
9.1 Standard Coverage						
9.11 With Reinsurance Coverage		YXX		XXX	XXX	
9.12 Without Reinsurance Coverage				XXX		
9.2 Supplemental Benefits				XXX		
10 Claims Incurred						
10.1 Standard Coverage	00 400 004	VVV	0	VVV	VVV	
10.11 With Reinsurance Coverage			0	XXX	XXX	
10.12 Without Reinsurance Coverage		XXX	0	XXX	XXX	
10.2 Supplemental Benefits.	7,828,079	XXX	0	XXX	XXX	
11. Total Claims	35,997,103	XXX	0	XXX	34,217,69	
12. Reinsurance Coverage and Low Income Cost Sharing						
12.1 Claims Paid – Net of Reimbursements Applied	XXX		XXX			
					(219,8	
12.3 Reimbursements Receivable-change	XXX	10 , 504 , 363	ХХХ		XXX	
12.4 Health Care Receivables-change			XXX		XXX	
13. Aggregate Policy Reserves-change					XXX	
14. Expenses Paid					2,686,6	
	2,686,607			XXX	XXX	
16. Underwriting Gain/Loss	(1,011,830)	XXX	0	XXX	XXX	
17. Cash Flow Result	XXX	XXX	XXX	XXX	5,231,0	