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

Horizon Insurance Company

(Name)

NAIC Group Code 01202 (Current Period) , 01202 (Prior Period) NAIC Company Code 14690 Employer's ID Number 46-1362174

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 10/11/2012 Commenced Business 12/31/2012

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 Plz E Ste 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 Plz E Ste 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 Plz E Ste 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 www.horizonblue.com

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
Gary Dean St. Hilaire	Chairman & CEO	Nicholas Herbert Peterson	Secretary
David Jeffrey Rosenberg	CFO and Treasurer	Mark Leon Barnard	President

OTHER OFFICERS

Michael James Considine	Vice President	Christopher Michael Lepre	Executive Vice President

DIRECTORS OR TRUSTEES

Christopher Michael Lepre	Gary Dean St. Hilaire		
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State of New Jersey

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County of Essex

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

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this day of ,

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Healthcare Services, Inc.....		14,297,683	14,297,683	
0199999 Individually listed payables.....		14,297,683	14,297,683	0
0299999 Payables not individually listed				
0399999 Total gross payables		14,297,683	14,297,683	0

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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 Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Insurance Company 2. (LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2024								NAIC Company Code		14690
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	278,972			66,765	186,129	0	0	0	0	0	0	0	26,078	0
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	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.....	0													
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	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products63,991

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$791,558



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Insurance Company 2. (LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2024								NAIC Company Code		14690
	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	278,972	0	0	66,765	186,129	0	0	0	0	0	0	0	26,078	0
2 First Quarter	280,511	0	0	65,799	191,071	0	0	0	0	0	0	0	23,641	0
3 Second Quarter	281,471	0	0	65,163	192,943	0	0	0	0	0	0	0	23,365	0
4. Third Quarter	283,019	0	0	64,723	195,130	0	0	0	0	0	0	0	23,166	0
5. Current Year	283,485	0	0	63,991	197,608	0	0	0	0	0	0	0	21,886	0
6 Current Year Member Months	3,384,763	0	0	782,251	2,322,858	0	0	0	0	0	0	0	279,654	0
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	0
8. Non-Physician	2,578,042	0	0	1,725,973	0	0	0	852,069	0	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	0
10. Hospital Patient Days Incurred	220,547	0	0	220,547	0	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	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	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.....	271,687,193	0	0	218,198,582	15,274,848	0	0	805,034	0	0	0	0	37,408,729	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	240,229,032	0	0	192,704,231	8,370,626	0	0	1,377,370	0	0	0	0	37,776,805	0
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	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products63,991

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$791,558

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$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
5. 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
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....	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	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		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

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

NONE

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	IA	Horizon Operating Holdings, Inc.		100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc.	NJ	UIP		Ownership	0.0			0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, Inc.	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	10000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Operating Holdings, Inc.	Ownership	55.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company, Inc.	NJ	NIA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0815927				NovaWell, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0966618				Horizon Operatting Holdings, Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0996149				Horizon Diversified Holdings, Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-4290405	Enterprise Property Holdings, Inc.		(5,000,000)			(3,199,250)				(8,199,250)	
11146	22-3331515	Horizon Healthcare Dental, Inc.					2,603,014	2,020,223			4,623,237	
	22-2561496	Horizon Healthcare Plan Holding Company									0	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.					91,099,974	(248,953,162)			(157,853,188)	
	22-3346524	Horizon Casualty Services, Inc.					15,113,801				15,113,801	
55069	22-0999690	Horizon Healthcare Services, Inc.		18,000,000			(177,121,539)	234,438,759			75,317,220	
	27-1179993	Three Penn Plaza Property Holdings, LLC		(13,000,000)			(22,585,397)				(35,585,397)	
14690	46-1362174	Horizon Insurance Company					13,763,894	12,494,180			26,258,074	
	47-4428396	Multistate Investment Services, Inc.					3,072,917				3,072,917	
16714	84-3673030	Healthier New Jersey Insurance Company					5,634,323				5,634,323	
	46-2605607	Multistate Professional Services, Inc.					(952)				(952)	
	84-2280217	NJ Collaborative Care, LLC									0	
	86-1229594	Greenwood Insurance Company, Inc.					(1,414,768)				(1,414,768)	
	92-0982986	Horizon Mutual Holdings, Inc.					72,995,874				72,995,874	
	92-0966618	Horizon Operating Holdings, Inc.					29,769				29,769	
	92-0815927	NovaWell, Inc.					498,794				498,794	
	92-0996149	Horizon Diversified Holdings, Inc.					(490,454)				(490,454)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon 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?

.....YES.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....
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?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

11.

Business not written
12.

Business not written
13.

Business not written
14.

Business not written
16.

See Explanation
17.

See Explanation
18.

See Explanation
19.

Business Not Written
20.

Business Not Written
21.

Business Not Written

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11.



12.



13.



14.



19.



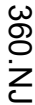
20.



21.



OVERFLOW PAGE FOR WRITE-INS



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).
- 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"



SUPPLEMENT FOR THE YEAR 2024 OF THE Horizon Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

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

NAIC Group Code 01202

NAIC Company Code 14690

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	31,593,358	XXX		XXX	31,593,358
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	2,188,610	XXX		XXX	2,188,610
1.2 Supplemental Benefits.....	8,573,208	XXX		XXX	8,573,208
2. 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.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....	(271,700)	XXX		XXX	
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	201,200	XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....	(61,100)	XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(3,661,123)	XXX		XXX	XXX
4.2 Payable.....	(2,188,610)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	32,830,295	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(3,661,123)	XXX		XXX	XXX
5.2 Supplemental Benefits.....	8,240,408	XXX		XXX	XXX
6. Total Premiums.....	37,409,580	XXX	0	XXX	42,355,176
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	27,384,612	XXX		XXX	27,384,612
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	6,833,079	XXX		XXX	6,833,079
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	784,412	XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....	995,000	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	28,169,024	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	7,828,079	XXX	0	XXX	XXX
11. Total Claims	35,997,103	XXX	0	XXX	34,217,691
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX	(219,876)	XXX		(219,876)
12.3 Reimbursements Receivable-change.....	XXX	10,504,363	XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....	(262,300)				XXX
14. Expenses Paid.....	2,686,607	XXX		XXX	2,686,607
15. Expenses Incurred.....	2,686,607	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	(1,011,830)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	5,231,002