



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

Horizon Healthcare Services, Inc.

(Name)

NAIC Group Code 1202 (Current Period) , 1202 (Prior Period) NAIC Company Code 55069 Employer's ID Number 22-0999690

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

Country of Domicile United States

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

Incorporated/Organized 12/07/1932 Commenced Business 12/07/1932

Statutory Home Office 3 Penn Plaza East Ste 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 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 Plaza East 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 Plaza East 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 ,	CEO & President	Nicholas Herbert Peterson ,	EVP, General Counsel and Secretary
David Jeffrey Rosenberg ,	EVP and CFO	Jennifer Gail Velez ,	EVP, Health and Network Solutions

OTHER OFFICERS

Patrick Shawn Aylward ,	SVP, Strategy, Marketing & Communications	Mark Leon Barnard ,	EVP, Government Programs & Operations
Heather Marie Lavoie ,	EVP, EBTS & Operations	Ulises Esteban Diaz ,	SVP Government and Community Affairs
Timothy Scott Susanin ,	SVP, Audit, Risk and Compliance	Aisha Nicole Thomas-Petit ,	SVP & Chief Human Resources Officer
Christopher Michael Lepre ,	EVP, Commercial		

DIRECTORS OR TRUSTEES

Gary Dean St. Hilaire	Mark Leon Barnard	Jennifer Gail Velez	Christopher Michael Lepre

State of New Jersey

ss

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  
EVP, General Counsel and Secretary

David Jeffrey Rosenberg  
EVP and CFO

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

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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 .....	94,610,820			152,060,400	94,610,820	94,610,820
2. Claim overpayment receivables .....	56,304,928		580,020	57,421,980	56,884,948	56,884,948
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....	48,257,725		30,297,030	21,312,462	78,554,755	78,554,755
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	199,173,473	0	30,877,050	230,794,842	230,050,523	230,050,523

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)**

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## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.

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

[illegible]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.**

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

[illegible]

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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 .....	70,833,613		(70,883,066)	49,453	49,453	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	1,090,752,692	26,759,599	(908,932,256)	208,580,035	208,580,035	
6. Total	1,161,586,305	26,759,599	(979,815,323)	208,629,489	208,629,489	0



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare Services, Inc. 2. (LOCATION)

NAIC Group Code 1202		BUSINESS IN THE STATE OF New Jersey			DURING THE YEAR 2024								NAIC Company Code		55069
	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 .....	1,077,318	215,719	364,757	0	0	373,075	123,767								
2 First Quarter .....	1,106,077	237,008	357,142	0	0	388,836	123,091								
3 Second Quarter .....	1,108,681	238,958	358,717	0	0	388,297	122,709								
4. Third Quarter .....	1,118,195	240,487	363,847	0	0	391,373	122,488								
5. Current Year	1,113,524	238,316	360,148	0	0	392,783	122,277								
6 Current Year Member Months	13,331,992	2,857,475	4,322,414	0	0	4,681,182	1,470,921								
Total Member Ambulatory Encounters for Year:															
7. Physician .....	11,470,288	3,298,478	5,838,845				2,332,965								
8. Non-Physician .....	11,094,194	2,254,703	5,080,789				3,758,702								
9. Total	22,564,482	5,553,181	10,919,634	0	0	0	6,091,667	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	276,319	99,588	99,187				77,544								
11. Number of Inpatient Admissions	52,751	20,917	21,013				10,821								
12. Health Premiums Written (b).....	7,116,552,496	2,262,251,537	3,388,809,604			142,358,031	1,232,328,089						90,805,235		
13. Life Premiums Direct.....	0														
14. Property/Casualty Premiums Written.....	0														
15. Health Premiums Earned.....	7,114,621,391	2,262,297,975	3,384,007,634			145,182,458	1,232,328,089						90,805,235		
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services .....	6,553,710,254	2,191,303,318	2,937,654,726			121,718,117	1,155,444,943		0				147,589,150		
18. Amount Incurred for Provision of Health Care Services	6,598,201,657	2,084,601,563	3,068,487,075			121,862,263	1,163,356,302		0				159,894,454		

(a) For health business: number of persons insured under PPO managed care products .....585,148 and number of persons insured under indemnity only products .....762

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare Services, Inc. 2. (LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2024								NAIC Company Code		55069
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	1,077,318	215,719	364,757	0	0	373,075	123,767	0	0	0	0	0	0	0
2 First Quarter .....	1,106,077	237,008	357,142	0	0	388,836	123,091	0	0	0	0	0	0	0
3 Second Quarter .....	1,108,681	238,958	358,717	0	0	388,297	122,709	0	0	0	0	0	0	0
4. Third Quarter .....	1,118,195	240,487	363,847	0	0	391,373	122,488	0	0	0	0	0	0	0
5. Current Year	1,113,524	238,316	360,148	0	0	392,783	122,277	0	0	0	0	0	0	0
6 Current Year Member Months	13,331,992	2,857,475	4,322,414	0	0	4,681,182	1,470,921	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....	11,470,288	3,298,478	5,838,845	0	0	0	2,332,965	0	0	0	0	0	0	0
8. Non-Physician .....	11,094,194	2,254,703	5,080,789	0	0	0	3,758,702	0	0	0	0	0	0	0
9. Total	22,564,482	5,553,181	10,919,634	0	0	0	6,091,667	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	276,319	99,588	99,187	0	0	0	77,544	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	52,751	20,917	21,013	0	0	0	10,821	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	7,116,552,496	2,262,251,537	3,388,809,604	0	0	142,358,031	1,232,328,089	0	0	0	0	0	90,805,235	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.....	7,114,621,391	2,262,297,975	3,384,007,634	0	0	145,182,458	1,232,328,089	0	0	0	0	0	90,805,235	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 .....	6,553,710,254	2,191,303,318	2,937,654,726	0	0	121,718,117	1,155,444,943	0	0	0	0	0	147,589,150	0
18. Amount Incurred for Provision of Health Care Services	6,598,201,657	2,084,601,563	3,068,487,075	0	0	121,862,263	1,163,356,302	0	0	0	0	0	159,894,454	0

(a) For health business: number of persons insured under PPO managed care products .....585,148 and number of persons insured under indemnity only products .....762

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.

## 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 Healthcare Services, Inc.

## 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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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....

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SCHEDULE S – PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	3,112,970	2,889,915	2,032,631	40,030	33,507
2. Title XVIII-Medicare.....	0	0	0	0	0
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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	357,122	316,295	299,731	254,817	172,000
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	316,042	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,437,833,607		3,437,833,607
2. Accident and health premiums due and unpaid (Line 15).....	360,803,362		360,803,362
3. Amounts recoverable from reinsurers (Line 16.1).....	357,121,866		357,121,866
4. Net credit for ceded reinsurance.....	XXX	357,121,866	357,121,866
5. All other admitted assets (Balance).....	1,306,778,275		1,306,778,275
6. Total assets (Line 28)	5,462,537,110	357,121,866	5,819,658,976
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	2,144,097,737	0	2,144,097,737
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,015,483		2,015,483
9. Premiums received in advance (Line 8).....	89,215,244		89,215,244
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	67,357,344		67,357,344
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).....	1,464,132,960		1,464,132,960
15. Total liabilities (Line 24).....	3,766,818,768	0	3,766,818,768
16. Total capital and surplus (Line 33).....	1,695,718,340	XXX	1,695,718,340
17. Total liabilities, capital and surplus (Line 34)	5,462,537,108	0	5,462,537,108
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	357,121,866		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	357,121,866		
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	357,121,866		

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	00000	92-0966618				Horizon Operating Holdings, Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0815927				NovalWell, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc.	NJ	UIP			0.0	Horizon Mutual Holdings, Inc.		0
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthacre Services, Inc.	NJ	IA	Horizon Operating 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			0
01202	BCBS of NJ Group	00000	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	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	22-2651245				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, LLC	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	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	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	00000	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 Company	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	NJ	NIA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.		0

Asterisk	Explanation

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## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare Services, Inc.

## 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?

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

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

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

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

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

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

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....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?

.....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:

10.

Business not written
11.

Business not written
12.

Business not written
13.

Business not written
14.

Business not written
15.

Business not written
16.

N/A, no request for relief.
17.

N/A, no request for relief.
18.

N/A, no request for relief.
20.

Business not written
21.

Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

10.   
5 5 0 6 9 2 0 2 4 3 6 0 5 9 0 0 0

11.   
5 5 0 6 9 2 0 2 4 2 0 5 5 9 0 0 0

12.   
5 5 0 6 9 2 0 2 4 4 2 0 0 0 0 0 0

13.   
5 5 0 6 9 2 0 2 4 3 7 1 0 0 0 0 0

14.   
5 5 0 6 9 2 0 2 4 3 7 0 0 0 0 0 0

15.   
5 5 0 6 9 2 0 2 4 3 6 5 0 0 0 0 0

20.   
5 5 0 6 9 2 0 2 4 3 0 6 0 0 0 0 0

21.   
5 5 0 6 9 2 0 2 4 2 1 1 0 0 0 0 0



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.  
\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	228,384,823		228,384,823	152,762,788
2505. Prepaid Pension.....	51,646,084	51,646,084	0	0
2506. ....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	280,030,907	51,646,084	228,384,823	152,762,788

M015 Additional Aggregate Lines for Page 15 Line 9.  
\*EXNETINVT - Exhibit of Net Investment Income

	1	2
	Collected During Year	Earned During Year
0904. Miscellaneous adjustment.....		487,814
0905. Subsidiary Dividends.....		
0906. Interest on tax refunds.....		0
0907. Inv income.....		
0997. Summary of remaining write-ins for Line 9 from page 15	0	487,814