

ANNUAL STATEMENT

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

Horizon Healthcare Services, Inc.

		(N	ame)			
	1202 , , (Prior Pe		any Code55069	Employer's I	O Number	22-0999690
Organized under the Laws of	. Ne	ew Jersey	, State of Domicile	or Port of Entry _	Nev	v Jersey
Country of Domicile			United States			
Licensed as business type:	Life, Accident & Health [Dental Service Corporat Other []	ion [] Vision Se	,	Health Maintenanc		ee or Indemnity [X]
Incorporated/Organized	12/07/19	932	Commenced Business		12/07/1932	
Statutory Home Office		aza East Ste PP-15D	,		J, US 07105-22 ate, Country and Zip	
Main Administrative Office	,	,	3 Penn Plaza East Ste	, ,		,
	- N.I. I.IO 07405 0040		(Street and Number	r)		
	r, State, Country and Zip Code)			973-803-044 (Area Code) (Telephone		
Mail Address	3 Penn Plaza East S		,	Newark, NJ, US		
Primary Location of Books ar	(Street and Number or	P.O. Box)	2 Ponn Plaza	(City or Town, State, Co a East Ste PP-15D	ountry and Zip Code	e)
Filliary Location of Books at	id Records			and Number)		
	k, NJ, US 07105-2248 n, State, Country and Zip Code)	, _	(Area	973-803-044 Code) (Telephone Num		
Internet Web Site Address	n, ctate, country and zip code)		www.horizonblue.cor	, , ,	ber) (Externsion)	
Statutory Statement Contact	Jord	an Greenberg			03-0441	
•	enberg@horizonblue.cor	(Name)	,	(Area Code) (Telepho 973-466-711	one Number) (Exter	nsion)
jordan_gre	(E-Mail Address)			(Fax Number)		
		OFF	ICERS			
Name		Title	Name			Title ral Counsel and
Gary Dean St. Hilaire David Jeffrey Rosenbe		0 & President P and CFO	Nicholas Herbert Jennifer Gail			cretary d Network Solutions
David definely reasonable	<u> </u>		OFFICERS	<u>voicz</u> , <u>L</u>	vi , i icaliii aili	d Network Colutions
Patrick Shawn Aylward		ategy, Marketing & nmunications	Mark Leon Ba		Оре	ment Programs & erations
Heather Marie Lavoie	,EVP, EB	STS & Operations	Ulises Esteba	n Diaz , _	Α	ent and Community ffairs
Timothy Scott Susanir Christopher Michael Lep		Risk and Compliance , Commercial	Aisha Nicole Tho			Human Resources officer
Gary Dean St. Hilaire	Mark	DIRECTORS Leon Barnard	OR TRUSTEES Jennifer Gail	Voloz	Christopho	r Michael Lepre
Gary Dearr St. Filialite	IVIAIN	Leon Bamaru	Jerinier Gair	<u> </u>	Chilistophiei	I WIIGHAEH LEPTE
State of	New Jersey	 SS				
County of	Essex					
The officers of this reporting entiabove, all of the herein describe that this statement, together with liabilities and of the condition and have been completed in accompay differ; or, (2) that state rules knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	d assets were the absolute in related exhibits, scheduled affairs of the said reporting ordance with the NAIC Annus or regulations require differly. Furthermore, the scope copy (except for formatting	property of the said reports and explanations thereing entity as of the reporting all Statement Instructions rences in reporting not reloof this attestation by the d	ring entity, free and clear from n contained, annexed or refi period stated above, and of and Accounting Practices and ated to accounting practices escribed officers also include	m any liens or claims erred to, is a full and its income and deduct d <i>Procedures</i> manual and procedures, acces the related corresp	thereon, except I true statement ctions therefrom except to the ext ording to the best conding electronic	as herein stated, and of all the assets and for the period ended, tent that: (1) state law st of their information, or filing with the NAIC,
			erbert Peterson ounsel and Secretary	Da	vid Jeffrey Ros EVP and CF	
Subscribed and sworn to beday of	efore me this ,		b. If n 1. S 2. [his an original filing to: State the amendme Date filed Number of pages at	nt 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	1,329,436	(525,645)	(3,907,015)			6,941,896
Group subscribers:	·	, , ,	` ' ' '			1
·						
	ļ					
						ł
	 					
0299997 Group subscriber subtotal	<u> </u>	0	L0	0	0	0
0299998 Premiums due and unpaid not individually listed	352,534,906	7 ,815 ,697	63,587	(2,056,800)	4,495,924	353,861,466
0299999 Total group	352,534,906	7 ,815 ,697	63,587	(2,056,800)	4,495,924	353,861,466
0399999 Premiums due and unpaid from Medicare entities						ļ
0499999 Premiums due and unpaid from Medicaid entities			(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	353,864,342	7,290,052	(3,843,428)	7,988,320	4,495,924	360,803,362

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	113,268,900	9,848,500	28,943,000			152,060,400
019999 - Pharmaceutical Rebate Receivables	113,268,900	9,848,500	28,943,000	0	0	152,060,400
029998 - Aggregate of amounts not individually listed shove	58,002,000	0,010,000	20,010,000	Ü	-	58,002,000
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	58,002,000	0	0	0	0	58,002,000
0500008 - Angreyate of amounts not individually listed shows	51,609,491	0		0	0	51,609,491
0599998 - Aggregate of amounts not individually listed above. 0599999 - Risk sharing Receivables	51,609,491	0	0	0	0	51,609,491
0000000 - Krisk Sharing Necervatives	31,003,431	0			0	31,003,431
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		<u> </u>	·····		·····	
0799999 Gross Health Care Receivables	222,880,391	9,848,500	28,943,000	0	0	261,671,891

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	94,610,820			152,060,400	94,610,820	94,610,820
Claim overpayment receivables	56,304,928		580,020	57,421,980	56,884,948	56,884,948
Loans and advances to providers					0	
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)

	Aging Analysis of Unpaid	Ciairiis				
_ 1 _	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
	259,937,218	18,047,104	2,565,229	1 ,097 ,584	679,379	282,326,514
0199999 Individually listed claims unpaid	259,937,218		2,565,229	1,097,584	679,379	282,326,514
)299999 Aggregate accounts not individually listed-uncovered	200,007,210			1,007,007		0
0399999 Aggregate accounts not individually listed-covered						0
1499999 Subtotals	259,937,218	18,047,104	2,565,229	1,097,584	679,379	282,326,514
J599999 Unreported claims and other claim reserves	200,000,1210	10,011,101	2,000,220	1,001,001	0.0,0.0	1,861,771,224
0699999 Total amounts withheld						.,00.,,
0799999 Total claims unpaid						2,144,097,738
0899999 Accrued medical incentive pool and bonus amounts						2,015,483

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
110 Horizon Mutual Holdings, Inc	436,105	573,910	79,262			1,089,277	
185 Horizon Healthcare Dental, Inc	(56,271)	804,612	1,016,093			1,764,434	
250 Enterprise Property Holding, LLC. 300 Horizon Healthcare of New Jersey. 380 Horizon Casualty Services, Inc	1,694	2,750	2,750			7 , 194	
300 Horizon Healthcare of New Jersey	(119, 188, 747)		97 , 170 , 977			45,122,035	
380 Horizon Casualty Services, Inc.	2,197,141	2,458,156	2,247,337			6,902,635	
460 Multistate Professional Services,	168,839					168,839	
14/5 Horizon Insurance Company.	(9,418,849)	11,172,881	12,031,651			13,785,683	
1650 Horizon Charitable Foundation. Inc	109,950	94 , 833	96,837				
750 Healthier New Jersey Insurance Co.	66,391						
800 Three Penn Plaza Property Holdings.		391,637	92,009		<u> </u>		
Three Penn Plaza Property Holdings Loan	31,589,084				<u> </u>	31,589,084	
HCR Interco - break out	26,882,600					26,882,600	
					<u> </u>		
0199999 Individually listed receivables	(66, 817, 114)	82,638,586	112,736,916	l0	l 0	128,558,413	0
0299999 Receivables not individually listed	1 ' ' '	, ,	, ,			, ,	
0399999 Total gross amounts receivable	(66,817,114)	82,638,586	112,736,916	0	0	128,558,413	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
450 Multistate Investment Services, Inc.		1,176	1,176	0
			 	
0199999 Individually listed payables		1,176	1.176	0
0199999 Individually listed payables 0299999 Payables not individually listed				
0399999 Total gross payables		1,176	1,176	0

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EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:		j				
1. Medical groups	28,480,631	0.4		1		28,480,631
2. Intermediaries		3.0		0.0		197,625,652
3. All other providers		0.0		0.0		
4. Total capitation payments		3.5	<u> </u> 0	0.0	0	226, 106, 283
Other Payments:						
5. Fee-for-service		5.1	XXX	ļxxx		333,572,248
6. Contractual fee payments	5,994,032,397	91.5	XXX	xxx		5,994,032,397
Bonus/withhold arrangements - fee-for-service		0.0	XXX	xxx		
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	ļXXX		
9. Non-contingent salaries		0.0	XXX	XXX		
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	XXX	XXX		ļ
12. Total other payments	6,327,604,645	96.5	XXX	XXX	0	6,327,604,645
13. Total (Line 4 plus Line 12)	6,553,710,928	100 %	XXX	XXX	0	6,553,710,928

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	EXHIBIT 1-1 AIXT 2-30MMAXT OF TRANSACTIONS	· • · · · · · · · · · · · · · · · · · ·		·	
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
	CareCentrix Capitation	20,528,770	1,710,731	, ,	
	CareCentrix Capitation.	16,957,719	1,413,143		
	Turning Point	2,450,633	204,219		
	Evicore	79,646,377	6,637,198		
	Cativity	1 001 447			
	Cotivity	1,001,447 75,220,618	6,268,385		
	Lab Level Funding	40.433	3.369		
	Quest Diagnostics.	1,749,587	145.799		
	333				
					!
					L
					L
					
		407 FOF FOA		200/	2007
9999999 Totals		197 , 595 , 584	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	70,833,613		(70,883,066)	49,453	49,453	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

AIC Group Code 1202 BUSINESS IN THE STAT	T OF New Jersey				DUDIN	G THE YEAR 20	24				(LOCATI	ON) NAIC Compan	v Codo	55069
ile Group Code 1202 BUSINESS IN THE STAT	1	Compre	ehensive & Medical)	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 N Health
otal 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							<u>_</u>
4. Third Quarter	1, 118, 195	240,487	363,847	0	0	391,373	122,488							<u>_</u>
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							
otal 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							ļ
9. Total	22,564,482	5,553,181	10,919,634	0	0	0	6,091,667	0	0	0	0	0	0	
Hospital Patient Days Incurred	276,319	99,588	99,187				77,544							
1. Number of Inpatient Admissions	52,751	20,917	21,013				10,821							
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	
3. Life Premiums Direct	0													
Property/Casualty Premiums Written	0													
5. 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	
6. Property/Casualty Premiums Earned	0													
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	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

AIC Group Code 1202 BUSINESS IN THE STA	TE OF Consolidate	d			DURING	G THE YEAR 20	24				(LOCATIO	ON) NAIC Compan	v Code	55069
TO STORE STORE STORE THE STATE STORE	1	Compre	hensive k Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Healtl
otal 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	
2 First Quarter	1 , 106 , 077	237,008	357 , 142	0	0	388,836	123,091	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	
4. Third Quarter	1,118,195	240 , 487	363,847	0	0	391,373	122,488	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	
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	
otal 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	
3. Non-Physician	11,094,194	2,254,703	5,080,789	0	0	0	3,758,702	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	
Hospital Patient Days Incurred	276,319	99,588	99,187	0	0	0	77,544	0	0	0	0	0	0	
Number of Inpatient Admissions	52,751	20,917	21,013	0	0	0	10,821	0	0	0	0	0	0	
2. 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	
3. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 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	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. 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	
8. 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	

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
·	-	Ĭ	·		Туре	Type	· ·		Reserve Liability			
NAIC					Öf	Öf			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -												
14690	46 - 1362174	01/01/3000	HORIZON INS CO.	NJ	QA/I	MS	196,378,723	7,065,705		30,698,191		
14690	46 - 1362174	01/01/3000	LHORTZON INS CO	NJ	QA/I		33,667,422	1,505		1,086,569		
14690	40 - 1302174		HUKIZUN INS CU.	NJ N.I	QA/IQA/I	MR MC	7 750 502 515	22,987,052				
95529	22-2651245	01/01/3000	HOR LYON HE THOUGHT OF N.C. INC.	NJ	QA/IQA/I	MR	1,984,962 7,759,592,515 682,680,780	22,501,032		62,077,500		
14690 95529 95529 95529	46 - 1362174 22 - 2651245 22 - 2651245 22 - 2651245	01/01/3000	HORIZON INS CO HORIZON INS CO HORIZON INS CO HORIZON HORIZON OF NJ INC HORIZON HLTHCARE OF NJ INC HORIZON HLTHCARE OF NJ INC HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM	2,142,006	(34,627)		127,800		
0299999 -	Total Affiliates	- U.S. Other		•	•		8,676,446,408	30,019,635	0	1,080,828,578	0	0
	Total Affiliates						8,676,446,408	30,019,635	0		0	0
	Affiliates - Tota						8,676,446,408	30,019,635	0	.,,	0	0
1199999 -	Total U.S. (Sum o	of 0399999 and 08	99999)		_		8,676,446,408	30,019,635	0	1,080,828,578	0	0
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9999999	Totals						8,676,446,408	30,019,635	0	1,080,828,578	0	0

SCHEDULE S - PART 2

1	Re 2	insurance Recover	rable on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Current 5	Year 6	7
	-	Ŭ	·			•
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
0000	00-0000000	ates - U.S. Non-Aff	New Jersey Reinsurance Program	NJ	350,919,580	
1999999 - Acci	00-00000000 dent and Health	01/01/2024 - Non-Affiliates - U	New Jersey Reinsurance Program BCS Reinsurance J.S. Non-Affiliates	FL	6,202,286 357,121,866	0
ccident and Hea	alth - Non-Affili	ates - Non-U.S. Non	-Affiliates	I		
2199999 - Acci	dent and Health	- Non-Affiliates -	Total Non-Affiliates		357,121,866	0
2299999 - Acci 2399999 - Tota	dent and Health al U.S. (Sum of 0	- Total Accident and 399999, 0899999, 149	d Health 99999 and 1999999)		357,121,866 357,121,866	0
	· · · · · · · · · · · · · · · · · · ·					
	••••••					
				-		
				-		
				-		
				-		
0000000 T-	tale Life Assert	ity and Assident	L		357 101 000	
9999999 IO	ıaıs—Life, Annu	ity and Accident ar	iu nealtii		357,121,866	

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

1 2 3 4 5 6 7 8 9 10 Outstanding Surplus Relief 13 14 Name Type of Company ID Effective Of Domicillary Reinsurance Business Premiums Taken Other than for Code Number Code Number Code Number Date Company USA OA/I CMM 3.885,746 O O O O O O O O O								4IX I 3 - 3						
NAIC Company ID Effective Of Domiciliary Type of Reinsurance Business Ceded Premiums Taken Other than for Unearned Premiums Current Year Prior Year Reserve Under Coinsurance General Account - Authorized - Non-Affiliates - U.S. Von-Affiliates - Von-Affiliates - U.S. Von-Af					Reinsurance Ceded /	Accident and Heal	th Insurance Lister	by Reinsuring Com	pany as of Decemb	er 31, Current Year				
Company ID Effective Oate Company ID Cole Number Date Company Jurisdiction Ceded Ced	1	2	3	4	5		7	8	9		Outstanding S	Surplus Relief		14
Code Number Date Company Jurisdiction Ceded Ceded Premiums (Estimated) Unearned Premiums Current Year Prior Year Reserve Under Coinsurance General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates - V.S.				Name							11	12		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates - V.S. Non-Affilia				of										
					Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates - U.S. Non-Affiliates - U.S. Non-Affiliates - U.S. Non-Affiliates - V.S. Non-Affiliates -	General Ac	count - Authorize												
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates Non-Affiliates Non-U.S. Non-Affiliates Non					USA	QA/I	CMM							
								3,885,746	0	0	0	0	0	0
0999999 - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates 3,109,084,704 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<	General Acc	count - Authorize			DMII	OA / I	CMM	2 400 004 704 [1	
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates - Total Authorized Non-Affiliates - Total Authorized Non-Affiliates - Total General Account Authorized - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified - 3,112,970,450	0000000	Conoral Account			DIVIU		UNIN		Λ	0	Λ	Λ	Λ	Λ
119999 - General Account - Authorized - Total General Account Authorized (Account Authorized Account Authorized Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified (Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified (Account - Total U.S. (Sum of 039999, 0899999, 1499999, 2599999, 3699999, 4899999, 5399999, 6499999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999, 7099999,					atos				0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 3,112,970,450 0 0 0 0 0 0 0 0 0 0 0 0 9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 2599999, 3699999, 4199999, 4899999, 5399999, 6499999, 7099999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 0999999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999, 099999,					ates				0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 2599999, 3099999, 3699999, 4199999, 5399999, 6499999, 7099999,					I Jurisdiction and Certif	hai			0	0	0		0	0
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9299999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4299999, 5199999, 6299999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 7399999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 739999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 739999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 73999, 7399, 7399, 73999, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399, 7399				0999999, 1799999, 2099999, 2899999, 3199999	, 3999999, 4299999, 51999	99, 5499999, 6299999	, 6599999, 7399999,	0,000,	<u> </u>	·	,	<u> </u>		
7699999, 8499999 and 8799999) 0 0 0 0 0 0 0				,,,,	,,,	,,	,,	3,109,084,704	0	0	0	0	0	0
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3,112,970,450

SCHEDULE S - PART 4 Reinsurance Ceded To Unauthorized Companies

					Remsuranc	e Ceded 10 Ullau	thorized Companies	>						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
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9999999 T	otals			0	0	0	0	0	XXX	0	0	0	0	0

(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 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	,		•	Collateral				23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction		Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)		Dollar Amount of Collateral Required for Full Credit (Col. 14 x) Col.8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)
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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
			-	v v	
					1
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SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000 Oı			4	-
	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	3,112,970	2,889,915	2,032,631	40,030	
Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
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		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	357 , 122	316,295	299,731	254,817	172,000
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
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	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)
	ASSETS (Page 2, Col. 3)			
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
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	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

	L				isiness 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	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado							
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
•	MN						
25. Mississippi							
• •							
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI					ļ	ļ
41. South Carolina	sc						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	l l						
48. Washington							
49. West Virginia							
50. Wisconsin						<u> </u>	
						<u> </u>	
51. Wyoming						·	
52. American Samoa							
53. Guam						·	
54. Puerto Rico						<u> </u>	····
55. U.S. Virgin Islands						·	
56. Northern Mariana Islands			-				
57. Canada							
58. Aggregate Other Alien	OT I		1		1	1	1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			L		(Ownership,	l. <u>.</u>		ll	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	l ID	F		Publicly	Names of Parent, Subsidiaries	D : -:::	to	Directly Controlled by	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Location	Reporting Entity		Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)		*
	BCBS of NJ Group		92-0966618	KSSD	CIK	international)	. Horizon Operating Holdings, Inc.		UDP	(Name of Entity/Person) Horizon Mutual Holdings, Inc.,		100 0	Entity(les)/Person(s)	(Yes/No)	
0 1202	DCD3 01 NJ 010up	00000	92-09000 10				. Inditizon operating noturnes, the.	JNJ		Horizon Diversified Holdings,	. Ownersiiip	100.0	Horizon Mutual		0
01202	BCBS of NJ Group	00000	92-0815927				NovaWell. Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		٥
01202	Dobb	00000	. 32-00 13321	-						1110	. Owner Sirrp	100.0	Horizon Mutual		
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP			0.0	Holdings, Inc		٥
01202	DODO OT NO OTOUP	00000	. 02-0302300				Horizon Healthacre Services.			Horizon Operating Holdings,			Horizon Mutual	1	
01202	BCBS of NJ Group	55069	22-0999690				Inc	N.I	IA	Inc	Ownership	100 0	Holdings, Inc		0
01202	1 1000 от не отоар	00000	22 0000000				Horizon Diversified Holdings,	1		1110	0 #1101 3111 p		Inoranigo, mo	1	
01202	BCBS of NJ Group	00000	92-0996149				Inc	N.J	UDP	Horizon Mutual Holdings, Inc.,	Ownership	100.0			0
01202	Вово от но отоар	00000	02 0000110	-			1110	1		Horizon Diversified Holdings.	о што тогт р		Horizon Mutual	1	
01202	BCBS of NJ Group	00000	22-3346524					NJ	NIA	Incg,	Ownership	100 0	Holdings, Inc		0
0.202							1			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	.lNJ	IA	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		Inc.	Ownership	100.0	Holdings, Inc		0
	,						Enterprise Property Holdings,			Horizon Healthcare Services,			Horizon Mutual	i i	
01202	BCBS of NJ Group	00000	13-4290405				LLC	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, ĹLC	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		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
0.4000	2020 6 11 6		00 0500405				Horizon Charitable Foundation,			l		400.0	Horizon Mutual		
01202	BCBS of NJ Group	00000	20-0522405				. Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Holdings, Inc		0
0.4000	DODO CALLO	00000	47 4400000				Multistate Investment Services,			Horizon Diversified Holdings,		400.0	Horizon Mutual		
01202	BCBS of NJ Group	00000	47 - 4428396	-			. Inc	NJ	NIA	Inc.	Ownership	100.0	Holdings, Inc		0
04000	DCDC of NI Coour	00000	04 0000047				NI Callabarativa Cara IIIC	N. I	UDP	Horizon Operating Holdings,	O	FF ^	Horizon Mutual		
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UUP	Inc.	Ownership	55.0	Holdings, Inc		0
01202	BCBS of NJ Group.	16714	84-3673030				Healthier New Jersey Insurance	N.I.	IIA	NI Callaborative Care IIC	Ownership	100.0	Horizon Mutual Holdings, Inc.		_
0 1202	DODO OI NJ GLOUP	10/ 14	04-30/3030	-			Company	JNJ	I A		Ownership	100.0	Hordings, inc Horizon Mutual	1	
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company	N I	NIA	Horizon Operating Holdings,	Ownership	100.0	Holdings, Inc.		٥
0 1202	ם פרסים ווא פוסמף	00000	1229094	-			To recommodu inisurance company	J\VJ	N I A	1116	. Owner Sirip	100.0	morumys, mc		
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Asterisk	Explanation

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SCHEDULE Y

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

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16714		46-2605607	Multistate Professional Services, Inc.					(952)		ļ		(952) [
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84-2280217. N. Collaborative Care, LLC. 92-0966818 Priczon Operating Holdings. Inc. (2.850,000) 29,769 92-0986949 Priczon Diversified Holdings, Inc. (25,000,000) 498,794 92-098296. Horizon Mutual Holdings, Inc. (25,000,000) (490,454) 92-098296. Horizon Mutual Holdings, Inc. (25,000,000) (490,454) 92-098296. Horizon Mutual Holdings, Inc. (25,000,000) (490,454) 92-098296. Horizon Mutual Holdings, Inc. (25,000,000) (490,454) 92-098296. Horizon Mutual Holdings, Inc. (25,000,000) (490,454) 92-098296. Horizon Mutual Holdings, Inc.	16/14	84-36/3030	Healthier New Jersey Insuraance Company	/5 000 000	(76,512,258)			5,634,323		ļ		(70,877,935)	
92-0986618 horizon (perating holdings, Inc. (2,850,000) 29,769 (2,802,231) www.left I, Inc. (2,850,000) 488,794 (498,794) 498,794 (2,850,231) www.left I, Inc. (25,600,000) (490,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,600,454) (25,6		. 86 - 1229594	Greenwood Insurance Company, Inc	(5,000,000)				(1,414,768)		ļ			
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92-09862986 Horizon Diversified Holdings, Inc. (25,400,454) 92-0882986 Horizon Mutual Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882986 Horizon Holdings, Inc. (125,400,454) 92-0882		92-0966618	Horizon Operating Holdings, Inc.		(2,850,000)			29,769		ļ		(2,820,231)	
92-0982986 Horizon Mutual Holdings, linc. 112, 588, 258 72, 995, 874 185, 584, 132		. 92 - 0815927	NovaWell, Inc.					498,794		ļ		498,794	
		. 92-0996149	Horizon Diversified Holdings, Inc		(25,000,000)			(490,454)		ļ		(25 , 490 , 454) .	
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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 Crented Disaleiro	5	6	7	8 Granted Disclaimer
		Ownership Percentage				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
		%				%	
		%				%	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGS

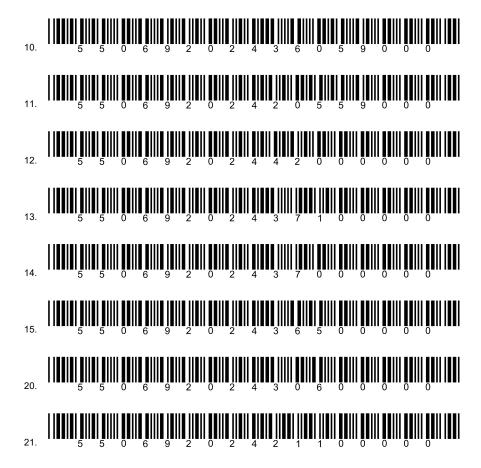
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.		YES
4.		YES
_	APRIL FILING	VEC
5.		YESYES
6. 7.		YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
Howev interro	SUPPLEMENTAL FILINGS Illowing 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 comparer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING	of NO to the specific
10.		N0
11.		N0
12.		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?	N0
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?	N0
16.		SEE EXPLANATION
17.	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.		YES
	APRIL FILING	
20.		NO
21.	·	N0YES
22. 23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	
20.		YES.
0.4	AUGUST FILING	VEC
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Fynlai	nation:	
•	siness not written	
	siness not written	
12. Bu	siness not written	
13. Bu	siness not written	
14. Bu	siness not written	
15. Bu	siness not written	
16. N/	A, no request for relief.	
17. N/	A, no request for relief.	
18. N/	A, no request for relief.	
20. Bu	siness not written	

21. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS

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

	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	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	Earned
		During Year	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