

ANNUAL STATEMENT

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

OF THE CONDITION AND AFFAIRS OF THE Horizon Healthcare of New Jersey, Inc.

			(Nar	ne)				
NAIC Group Code	1202 ,	1202 (Prior Period)	NAIC Compar	ny Code	95529	Employer's ID	Number	22-2651245
Organized under the Laws of	of	New Jersey		, State o	f Domicile or	Port of Entry	Ne	w Jersey
Country of Domicile				United S	States			
Licensed as business type:	•	it & Health []		asualty []		ospital, Medical &		ice or Indemnity []
	Other []		Is HMO, I	ederally Qua	alified? Yes [] No[X]	-	
		40/04/400=	,				00/01/100	_
Incorporated/Organized		10/24/1985	(Commenced	Business _		06/01/198	6
Statutory Home Office		3 Penn Plaza East S (Street and Nun		,		Newark, NJ (City or Town, Sta	, US 07105-2 te, Country and 2	
Main Administrative Office					za East Ste P et and Number)	P-15D		
	rk, NJ, US 07' wn, State, Country				(Δ	973-803-044 rea Code) (Telephone		_
Mail Address		. ,	D		(^	, , , ,	,	
		Plaza East Ste PP-15 and Number or P.O. Box)	D		(1	Newark, NJ, US City or Town, State, Co	untry and Zip Co	de)
Primary Location of Books a	ind Records			3	Penn Plaza E	ast Ste PP-15D		
Maura	-l. N.I. IIC 07/	05 0040			(Street an	d Number)	4	
	rk, NJ, US 07′ wn, State, Country	· · · · · · · · · · · · · · · · · · ·			(Area Co	973-803-044 ode) (Telephone Numb		
Internet Web Site Address				www.horiz	onblue.com			
Statutory Statement Contac	t	Jordan Greenl	perg	,		973-80	03-0441	
iordan gre	eenberg@hori	(Name)				(Area Code) (Telepho 973-466-711		ension)
jordan_gre	(E-Mail Address					(Fax Number)	<u>, </u>	
			OFFIC	EDG				
Name		Title	OFFIC	EKS	Name			Title
Gary Dean St. Hilair	e,	Chair & CE		Nichol	las Herbert P	eterson,	S	ecretary
David Jeffrey Rosenbe	erg,	CFO and Treas		-	ark Leon Barr	nard,	P	resident
			OTHER O				- "	\" B : I :
Joshua S. Ardise		Chief Medical O	fficer	Christ	opher Michae	el Lepre,	Executive	Vice President
		NIDE	CTORS O	D TDIIQ	TEEQ			
Mark Leon Barnard		Gary Dean St. F			nnifer Gail Ve	elez	And	Irea Harris
Christopher Michael Le		Joshua S. Ard		David	Jeffrey Rose	enberg		
State of	New Jersey							
County of	Essex	SS						
The officers of this reporting en above, all of the herein describ that this statement, together wi liabilities and of the condition and have been completed in acmay differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional control of the cont	tity being duly sed assets were the related exhibiting and affairs of the cordance with the sor regulations ely. Furthermor copy (except for the sed of th	worn, each depose and the absolute property of its, schedules and explisaid reporting entity as the NAIC Annual Statemeter require differences in reading the scope of this attestor formatting differences	the said reporting anations thereing of the reporting part instructions are porting not relates tation by the des	g entity, free a contained, anrieriod stated alid Accounting I ed to accountiiscribed officers	nd clear from a nexed or referr pove, and of its Practices and F ng practices ar also includes	any liens or claims to ed to, is a full and is income and deduce procedures manual of procedures, according to related corresponding to the related to the related corresponding to the related	hereon, except true statementions therefror except to the eording to the bonding electror	t as herein stated, and it of all the assets and in for the period ended, ixtent that: (1) state law est of their information, ic filing with the NAIC,
			Nicholas Her	bert Peterson	<u> </u>		/id Jeffrey Ro	osenberg
			Secr				CFO and Tre	
					a. Is this	s an original filing	?	Yes [X] No []
Subscribed and sworn to b					b. If no:			•
day of						ate the amendmer te filed	ıı numper	
						mber of pages att	ached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

				-		_
1 Name of Debtor	2 1 20 Davis	3 31 - 60 Days	61 00 Dave	5 Over 90 Days	ნ Nonadmitted	/ Admitted
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmilled	Admitted
0199999 Total individuals						
Group subscribers:						
		·				
		·				
						<u> </u>
0299997 Group subscriber subtotal	L	l0	0	0	0	L0
0299998 Premiums due and unpaid not individually listed	2,775,490	2,440,950	212,966	4 , 177 , 742		9,599,174
0299999 Total group	2,775,490	2,440,950	212,966	4,177,742	7.973	9,599,174
0399999 Premiums due and unpaid from Medicare entities					, , , ,	
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,775,490	2,440,950	212,966	4,177,742	7,973	9,599,174
0000000 / Novident and median premiums add and unpaid (1 age 2, Line 10)	2,110,400	2,440,000	212,000	7,111,172	1,010	0,000,114

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Name of Debtor Name of Debtor 1-30 Days 31-60 Days 4-70 Days 0-70	EXIIIBIT 0 - I	<u> </u>	<u> </u>				
0199998 - Aggregate of amounts not individually listed above. 1,039,709 4,745 1,044,455 0199999 - Pharmaceutical Rebate Receivables 0 4,745 0 0 1,044,455 0299998 - Aggregate of amounts not individually listed above. 1,220,700 494,181 271,784 127,734 0 2,114,400 0299999 - Claim Overpayment Receivables 1,220,700 494,181 271,784 127,734 0 2,114,400 0699998 - Aggregate of amounts not individually listed above. 12,078 494,181 271,784 127,734 0 2,114,400	1 Name of Debtor	2 1 - 30 Davs	3 31 - 60 Davs	4 61 - 90 Davs	5 Over 90 Davs		
0199999 - Pharmaceutical Rebate Receivables 1,039,709 0 4,745 0 0 1,044,455 0299998 - Aggregate of amounts not individually listed above. 1,220,700 494,181 271,784 127,734 0 2,114,400 0699998 - Aggregate of amounts not individually listed above. 12,078 494,181 271,784 127,734 0 2,114,400 0699998 - Aggregate of amounts not individually listed above. 12,078 12,078 12,078	0199998 - Aggregate of amounts not individually listed above.	1.039.709	1	4.745	,		1.044.455
0299998 - Aggregate of amounts not individually listed above. 1,220,700 494,181 271,784 127,734 0 2,114,400 0299999 - Claim Overpayment Receivables 1,220,700 494,181 271,784 127,734 0 2,114,400 0699998 - Aggregate of amounts not individually listed above. 12,078 12,078 12,078	0199999 - Pharmaceutical Rehate Receivables	1 039 709	0	4 745	0	0	1 044 455
120,700	0299998 - Aggregate of amounts not individually listed above.					0	2.114.400
12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 12.078 1	0299999 - Claim Overnayment Receivables					0	2 114 400
989999 - Offer Heal th Care Receivables 9 0 0 0 0 12,078	(0699998 - Aggregate of amounts not individually listed above		101,101	2.1,101	121,101	· ·	12 078
	0 0699999 - Other Health Care Receivables		0	0	0	0	12 078
	Constitution of the consti	12,010	Ŭ.	Ů	Ů,	,	12,010
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			†	†			
99999 Gross Health Care Receivables 2,272,488 494,181 276,529 127,734 0 3,170,933	0799999 Gross Health Care Receivables	2 272 488	494 181	276 529	127 734	0	3 170 933

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	1,189,025			1,044,455	1 , 189 , 025	1 , 189 , 025
Claim overpayment receivables	4,389,051			2,114,400	4,389,051	4,389,051
Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	3,395			12,078	3,395	3,395
7. Totals (Lines 1 through 6)	5,581,471	0	0	3,170,933	5,581,471	5,581,471

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	Claims				
1	2	3	4	5 04 400 B	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Claims unpaid (Reported)	124,215,166					124,215,166
Grafilis dilpard (Neported)	124,213,100					124,213,100
0199999 Individually listed claims unpaid.	124,215,166	0	0	0	0	124,215,166
0299999 Aggregate accounts not individually listed-uncovered						 0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	124,215,166	0	0	0	0	124,215,166
0599999 Unreported claims and other claim reserves						1,106,115,171
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,230,330,337
0899999 Accrued medical incentive pool and bonus amounts						223,943

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
			1				
			·				
			<u> </u>	····			
			<u> </u>	<u> </u>			
		 	ļ				
			ļ				
0199999 Individually listed receivables	0	0	ļ0	0	0	0	ļ0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	1 0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Horizon Healthcare Services, Inc		45 , 121 , 987	45 , 121 , 987	
Horizon Insurance Company.		128,064	128,064	
Healthier New Jersey Insurance Company		380,960	380,960	
0199999 Individually listed payables		45,631,011	45,631,011	0
0199999 Individually listed payables 0299999 Payables not individually listed				-
0399999 Total gross payables		45,631,011	45,631,011	0

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:						
1. Medical groups	51,848,265	0.6		0.0		51,848,265
2. Intermediaries	155,004,419	1.8				155,004,419
3. All other providers	0	0.0		0.0		
4. Total capitation payments	206,852,684	2.4	0	0.0	0	206,852,684
Other Payments:						
5. Fee-for-service		6.6	XXX	xxx		563,761,535
6. Contractual fee payments	7,807,849,771	91.0	XXX	XXX	•	7,807,849,771
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	Lxxx		
9. Non-contingent salaries	0	0.0	XXX	Lxxx		
10. Aggregate cost arrangements	0	0.0	XXX	Lxxx		
11. All other payments	0	0.0	XXX	Lxxx		
12. Total other payments	8,371,611,306	97.6	XXX	XXX	0	8,371,611,306
13. Total (Line 4 plus Line 12)	8,578,463,990	100 %	XXX	XXX	0	8,578,463,990

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7-1 AIXT 2-30 MIMARY OF TRANSACTIONS	· · · · · · · · · · · · · · · · · · ·			
1	2	3	4	5	6
			Average		Intermediary's
			Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
147410 0000	CareCentrix.	24,786,754	2,065,563	Total / tajustea Capital	CONTROL EGVENTED
		24,700,734	2,000,303		
	LabCorp	12, 181, 686	1,015,141		
	Turning Point	. 35 , 180 , 157	2,931,680		
	[Evicore	35,180,157 94,993,420	7,916,118		
İ	Quest Diagnostics	44.088	3,674		<u> </u>
			, , , ,		
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		407 400 405			1004
9999999 Totals		167, 186, 105	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	3,874,159		3,874,159			
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment	7,671,621		7,671,621			
6. Total	11,545,780	0	11,545,780	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare of New Jersey, Inc. 2.

											(LOCATI			
AIC Group Code 1202 BUSINESS IN THE STAT	E OF New Jersey	T		I	DURING	THE YEAR 20)24					NAIC Company	y Code	95529
	1	Compre Hospital 8		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 Nor Health
Total Members at end of:														
1. Prior Year	1 , 160 , 378		76					20 , 132	1,140,170					
2 First Quarter	1,240,671		962					19,793	1,219,916					
3 Second Quarter	1,606,949		855					355,044	1,251,050					
4. Third Quarter	1,232,346		164					20,411	1,211,771					-
5. Current Year	991,181		75					20,989	970,117					
6 Current Year Member Months	12,410,235		853					248,259	12,161,123					
Total Member Ambulatory Encounters for Year:														
7. Physician	16,593,786	5	1,262						16,592,519					
8. Non-Physician	4,929,377		618						4,928,759					
9. Total	21,523,163	5	1,880	0	0	0	0	0	21,521,278	0	0	0	0	
10. Hospital Patient Days Incurred	440,935		3					34,532	406,400					
11. Number of Inpatient Admissions	79,733		1					3,840	75,892					
12. Health Premiums Written (b)	9,408,053,371		269,536					778 , 555 , 542	.8,629,228,293					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0							1						
15. Health Premiums Earned	9,354,936,281		173,788					758,534,200	.8,596,228,293					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,578,463,990	91,807	4,838,558					620,342,287	.7,953,191,338					
18. Amount Incurred for Provision of Health Care Services	8,610,210,831	94,377	4,745,906					618,690,835	7,986,679,713					



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

AIC Group Code 1202 BUSINESS IN THE STATE	F OF Consolidate	4			DURING	G THE YEAR 20	24				(LOCATIO	ON) NAIC Compan	v Code	95529
1202 2001 1202 2001 14 THE 017112	1	Compre Hospital 8		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 Healt
otal Members at end of:														
1. Prior Year	1,160,378	0	76	0	0	0	0	20 , 132	1 , 140 , 170	0	0	0	0	
2 First Quarter	1,240,671	0	962	0	0	0	0	19,793	1,219,916	0	0	0	0	
3 Second Quarter	1,606,949	0	855	0	0	0	0	355,044	1,251,050	0	0	0	0	
4. Third Quarter	1,232,346	0	164	0	0	0	0	20 , 411	1,211,771	0	0	0	0	
5. Current Year	991,181	0	75	0	0	0	0	20,989	970,117	0	0	0	0	
6 Current Year Member Months	12,410,235	0	853	0	0	0	0	248,259	12,161,123	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	16,593,786	5	1,262	0	0	0	0	0	16,592,519	0	0	0	0	
8. Non-Physician	4,929,377	0	618	0	0	0	0	0	4,928,759	0	0	0	0	
9. Total	21,523,163	5	1,880	0	0	0	0	0	21,521,278	0	0	0	0	
Hospital Patient Days Incurred	440,935	0	3	0	0	0	0	34,532	406,400	0	0	0	0	
Number of Inpatient Admissions	79,733	0	1	0	0	0	0	3,840	75,892	0	0	0	0	
Health Premiums Written (b)	9,408,053,371	0	269,536	0	0	0	0	778 , 555 , 542	8,629,228,293	0	0	0	0	
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	
Health Premiums Earned	9,354,936,281	0	173,788	0	0	0	0	758,534,200	8,596,228,293	0	0	0	0	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	. 8,578,463,990	91,807	4,838,558	0	0	0	0	620,342,287	7,953,191,338	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	8,610,210,831	94,377	4,745,906	0	0	0	0	618.690.835	7,986,679,713	0	0	0	0	

SCHEDULE S - PART 1 - SECTION 2

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

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

SCHEDULE S - PART 2

1	Rei 2	insurance Recover I จ	rable on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year 6	7
'	2	3	4	3	0	,
NAIC			Name			
Company Code	ID	Effective	of	Domiciliary Jurisdiction	Paid	Unpaid
Code Accident and Hea	Number alth - Affiliates	Date - U.S Other	Company	Jurisdiction	Losses	Losses
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ		1, 107, 297, 304
1399999 - Acci	ident and Health	- Affiliates - U.S. - Affiliates - U.S.	- Uther - Total		0	1,107,297,304 1,107,297,304
1899999 - Acci	ident and Health	- Affiliates - Tota	l Affiliates		0	1,107,297,304
2399999 - ACCT	al U.S. (Sum of 0	- Total Accident and 399999, 0899999, 149	99999 and 1999999)		0	1,107,297,304 1,107,297,304
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9999999 To	tals—Life, Annu	ity and Accident ar	nd Health		0	1,107,297,304

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

	SCHEDULE 3 - FAILT 3 - SECTION 2												
				Reinsurance Ceded A	Accident and Healt	h Insurance Liste	d by Reinsuring Com	pany as of Decemb	er 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	count - Authorize	d - Affiliates -	U.S Other	<u> </u>	-							•	
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM	242,584	37,052	395,116				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MR	700,699,988	7,020,000	62,046,645				
55069	22-0999690		HORIZON HLTHCARE SERV INC	NJ	QA/I	MC	7 ,766 ,305 ,463	22,950,000	1,044,855,543				
			Affiliates - U.S Other				8,467,248,035	30,007,052		0	0	0	0
			Affiliates - U.S Total				8,467,248,035	30,007,052	1,107,297,304	0	0	0	0
			Affiliates - Total Authorized Affiliates				8,467,248,035	30,007,052	1,107,297,304	0	0	0	0
			Total General Account Authorized				8,467,248,035	30,007,052	1,107,297,304	0	0	0	0
4599999 -	· General Account	- Total General	Account Authorized, Unauthorized, Recipro	ocal Jurisdiction and Certif	ied		8,467,248,035	30,007,052	1,107,297,304	0	0	0	0
9199999 -	· Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999,	3699999, 4199999, 4899999,	5399999, 5999999, 649	99999, 7099999,							
7599999,	8199999 and 8699	999)					8,467,248,035	30,007,052	1,107,297,304	0	0	0	0
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30,007,052

8,467,248,035

1,107,297,304

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S - PART 6

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

	(\$000	Omitted) 2	3	4	5
	2024	2023	2022	2021	2020
A. OPERATIONS ITEMS					
1. Premiums	243	5,079	7 ,508	15,873	17,555
Title XVIII-Medicare	700,700	593,936	339,824	372,740	326,881
Title XIX-Medicaid	7 ,766 ,305	7 ,990 , 186	5,369,622	6,540,770	5,094,547
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	861,008,697	816,982,382	2,590,283,215	655,353,673	505,904,266
B. BALANCE SHEET ITEMS					
6. Premiums receivable	180,003,553	182 , 526 , 626	103,990,777	112,016,641	105,232,087
7. Claims payable	1 , 107 , 297 , 304	1,079,338,432	765,758,939	716,954,276	550,285,080
Reinsurance recoverable on paid losses	0	0	0	0	0
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	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)			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)	892,440,226		892,440,226
2.	Accident and health premiums due and unpaid (Line 15)	9 , 599 , 174		9,599,174
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	1, 107, 297, 304	1 , 107 , 297 , 304
5.	All other admitted assets (Balance)	85,337,297		85,337,297
6.	Total assets (Line 28)	987,376,697	1,107,297,304	2,094,674,001
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	123,033,034	1 , 107 , 297 , 304	1,230,330,338
8.	Accrued medical incentive pool and bonus payments (Line 2)	223,943		223,943
9.	Premiums received in advance (Line 8)	18,392		18,392
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)			329,151,627
15.	Total liabilities (Line 24)	452 , 426 , 996	1 , 107 , 297 , 304	1 , 559 , 724 , 300
16.	Total capital and surplus (Line 33)	534,949,700	XXX	534,949,700
17.	Total liabilities, capital and surplus (Line 34)	987,376,696	1,107,297,304	2,094,674,000
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	1 , 107 , 297 , 304		
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	1,107,297,304		
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	1,107,297,304		

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

				Direct Bu	siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL		-				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
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							
17. Kansas	KS						[
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME		†			T	<u> </u>
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							ļ
30. New Hampshire							ļ
31. New Jersey							
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island						L	L
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX	•					
45. Utah							İ
46. Vermont	VT					<u> </u>	İ
47. Virginia						<u> </u>	İ
•							·
48. Washington							
49. West Virginia						ł	l
50. Wisconsin						<u> </u>	<u> </u>
51. Wyoming							·
52. American Samoa							
53. Guam						ļ	ļ
54. Puerto Rico						ļ	ļ
55. U.S. Virgin Islands							ļ
56. Northern Mariana Islands						ļ	ļ
57. Canada	CAN						ļ
58. Aggregate Other Alien	TO						
59. Totals		0	0	0	0	0	İ

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>		l	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	l In	Fadanal		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	Domiciliary Location	Reporting Entity	(Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)		*
Code	Group Marrie	Code	Number	KSSD	CIK	international)	Horizon Healthcare Services,	Location	Entity	Horizon Operating Holdings,	miluence, Other)	Percentage	Horizon Mutual	(Yes/No)	
01202	BCBS of NJ Group.	55069	22-0999690				ling.	N I	IA	The.	Ownership.	100.0	Holdings, Inc.		٥
	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc	NJ	UIP	1110	. Owner sirrp	0.0	Inorumgs, mc	1	
01202	вово от но отоар	00000	. 02-0302300				Thor real matual horaligs, the			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.,	NJ	IA	Inc	Ownership	100 0	Holdings, Inc		0
01202	Вово от но отоар		22 0001010				The rear moure borrear, me.			Horizon Diversified Holdings,	0 "1101 0111 p		Horizon Mutual		
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Inc.	Ownership	100.0	Holdings, Inc		0
										Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group.	14690	46 - 1362174				Horizon Insurance Company	NJ	IA	Inc.	Ownership	100.0	Holdings, Inc	l	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	l	0
	•						Horizon Healthcare of New			Horizon Operating Holdings,			Horizon Mutual		
01202	BCBS of NJ Group	95529	22-2651245				Jersey, Inc	NJ	I A	Inc	Ownership	100.0	Holdings, Inc		0
							Enterprise Property Holdings,			Horizon Healthcare Services			Horizon Mutual		
01202	BCBS of NJ Group	00000	13-4290405				Inc.	NJ	NIA	Inc.	Ownership	100.0	Holdings, Inc		0
0.4000	Dono. 6 N. C		07 4470000				Three Penn Plaza Property			Horizon Healthcare Services		400 0	Horizon Mutual		
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc		0
04000	DODO - C N.I. O	00000	00 0500405				Horizon Charitable Foundation,	N. I	NII A	Harden Makard Halden a Lar	O	400.0	Horizon Mutual		0
01202	BCBS of NJ Group	00000	20-0522405	-			INC.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownersnip	100.0	Holdings, Inc	·	U
01202	BCBS of NJ Group	00000	47 - 4428396				Multistate Investment Services,	NJ.	NIA	Horizon Diversified Holdings,	Ownership	100.0	Horizon Mutual Holdings, Inc		0
01202	pros of M2 Group	00000	47 -4420390				IIIG	JNJ	N I A	Horizon Operating Holdings,	. ownership	100.0	Hordings, inc Horizon Mutual		
01202	BCBS of NJ Group.	10000	84-2280217				NJ Collaborative Care. LLC	N.J	UDP	The	Ownership	55.0	Holdings, Inc		٥
01202	DODO 01 NO 010up	10000	. 04-22002 17				ling corraborative care, LLC)\0	וטע	1110	. Owner sirrp		Horizon Mutual	1	
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance	NJ	IA	NJ Collaborative Care. LLC	Ownership	100 0	Holdings, Inc.		0
3.202			1				Greenwood Insurance Company,			Horizon Operating Holdings,	1		Horizon Mutual	1	
01202	BCBS of NJ Group	00000	86 - 1229594				Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc.]	0
										Horizon Diversified Holdings,			Horizon Mutual]	
01202	BCBS of NJ Group	00000	92-0815927				Novawell, Inc	NJ	NIA	Inc	Ownership	100.0	Holdings, Inc	ļ	0
	•						Horizon Operating Holdings,						Horizon Mutual		
01202	BCBS of NJ Group	00000	92-0966618				Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.,	Ownership	100.0	Holdings, Inc	ļ	0
	•						Horizon Diversified Holdings,						Horizon Mutual		
01202	BCBS of NJ Group	00000	92-0996149				Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.,	Ownership	100.0	Holdings, Inc		0
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Asterisk	Explanation

4.

SCHEDULE Y

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

		PART 2 - SUMMAR	t or indi	UKEK 3	I KANSA	CHON2	MII LAL	NT AFFIL	IA I E3		
1	2	3	4	5	6	7	8	9	10 11	12	13
						Income/					
					Purchases, Sales or						Reinsurance
					Exchanges of	Incurred in					Recoverable/
					Loans, Securities,	Connection with		Income/	Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)	Activity Not in the		Losses and/or
				0 ". 1	Estate, Mortgage	Undertakings for the	Management	Incurred Under	Ordinary Course of		Reserve
NAIC Company		N	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	the Insurer's	.	Credit
Code 11146	Number 22-3331515	Names of Insurers and Parent, Subsidiaries or Affiliates Hor i zon Heal thcare Dental, Inc	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements 2,020,223	* Business	Totals 4,623,237	Taken/(Liability)
11140	22-3331313	Horizon Healthcare Plan Holding Company,					2,003,014	2,020,223	 	4,023,237	
95529	22-2651245	Horizon Healthcare of New Jargey Jag					91,099,974	(248,953,162)	†·····	(157 , 853 , 188)	
90029	22-2031245	Horizon Healthcare of New Jersey, Inc.						(240,933,102)	·····	(137,033,100) .	
	46-2605607	Horizon Casualty Services, Inc					(952)		†·····	(952)	
55069	22-0999690	Horizon Healthcare Services, Inc.	18,000,000				(932)	234,438,759	†·····	75,317,220	
00000	13-4290405	Enterprise Property Holdings, LLC	10,000,000				(177,121,009)	234,430,739		(3,199,250)	
00000	27 - 1179993	13 Penn Plaza Pron Ilrhan Renewal Holding	(13,000,000)		·····		(22, 585, 207)		† 	(3, 188,200) (35, 585, 307)	
14690	46-1362174	3 Penn Plaza Prop. Urban Renewal Holding. Horizon Insurance Company	(13,000,000)		 		(3,199,250) (22,585,397) 13,763,894	12,494,180	† 	(35,585,397)	
17000	47 - 4428396	Multistate Investment Services, Inc.		(8,226,000)	·····		3,072,917	12,434,100		(5, 153, 083)	
	84-3673030	Healthier New Jersey Insurance Company		(6,220,000)			5,072,917		†	(70,877,935)	
	86-1229594	Greenwood Insurance Company, Inc.	(5,000,000)	(10,012,200)			(1,414,768)		†·····	(6,414,768)	
	84-2280217	NJ Collaborative Care, LLC.	(0,000,000)				(1,414,700)		1	0,414,700)	
	92-0966618	Horizon Operating Holdings, Inc.		(2,850,000)			.29,769			(2,820,231)	
	92-0815927	NovaWell, Inc.		(2,000,000)			498,794		1	498,794	
	92-0996149	Horizon Diversified Holdings, Inc.		(25,000,000)			(490,454)		1	(25,490,454)	
	92-0982986	Horizon Mutual Holdings, Inc.		112,588,258			72,995,874			185,584,132	
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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 Granted Disclaimer	5	6	7	8 Granted Disclaimer
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	of Column 2 Over	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
		%				%	
		%				%	
		%				%	
						%	
		%		- A		%	·····
		%				%	
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		%				%	

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

	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

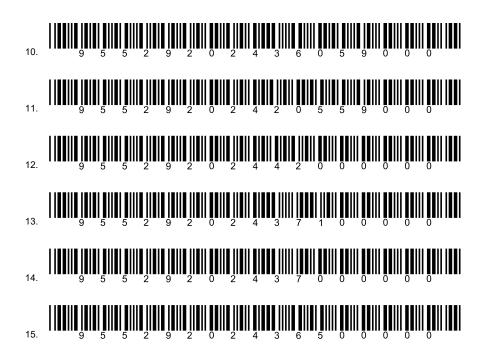
The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement.

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.

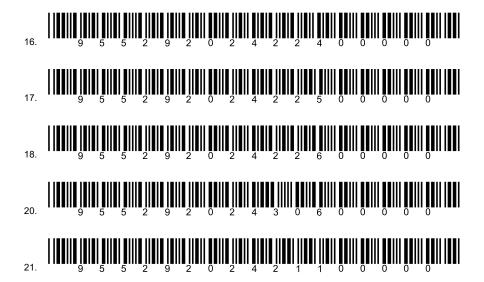
	MARCH FILING										
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0									
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0									
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0									
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.		NO									
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0									
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?	NO									
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?	NO									
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?	NO									
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:

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS