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ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

Healthier New Jersey Insurance Company

(Name)

NAIC Group Code 01202 (Current Period) , 01202 (Prior Period) NAIC Company Code 16714 Employer's ID Number 84-3673030

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

Country of Domicile United States

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

Incorporated/Organized 10/17/2019 Commenced Business 01/13/2020

Statutory Home Office 3 Penn Plaza East PP-15D (Street and Number) , Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plaza East 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 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 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 N/A

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             |
|-----------------------|---------------------------------------|----------------------|-------------------|
| Deborah Ann Rittenour | Vice Chair                            | Audrey Mahoney       | President and CEO |
| James Dalessio        | Chief Financial Officer and Treasurer | Patrick Rodney Young | Chair             |

OTHER OFFICERS

|                     |                     |              |                     |
|---------------------|---------------------|--------------|---------------------|
| John William Doll   | Secretary           | Daniel Perez | Assistant Treasurer |
| Jacqueline Bonforte | Assistant Secretary |              |                     |

DIRECTORS OR TRUSTEES

|                        |                     |                      |                |
|------------------------|---------------------|----------------------|----------------|
| Debra Ann Rittenour    | Jennifer Gail Velez | Patrick Rodney Young | Annette Catino |
| Kyle Christopher Stern | John William Doll   |                      |                |

State of New Jersey

County of Essex

ss

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.

Daniel Perez  
Assistant Treasurer

James Dalessio  
Chief Financial Officer and Treasurer

Subscribed and sworn to before me this  
day of ,

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

ASSETS

|                                                                                                                                                                              | Current Year |                    |                                      | Prior Year             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|--------------------------------------|------------------------|
|                                                                                                                                                                              | 1            | 2                  | 3                                    | 4                      |
|                                                                                                                                                                              | Assets       | Nonadmitted Assets | Net Admitted Assets<br>(Cols. 1 - 2) | Net Admitted<br>Assets |
| 1. Bonds (Schedule D).....                                                                                                                                                   | 261,066,288  |                    | 261,066,288                          | 110,031,506            |
| 2. Stocks (Schedule D):                                                                                                                                                      |              |                    |                                      |                        |
| 2.1 Preferred stocks .....                                                                                                                                                   | 0            |                    | 0                                    | 0                      |
| 2.2 Common stocks .....                                                                                                                                                      | 0            |                    | 0                                    | 0                      |
| 3. Mortgage loans on real estate (Schedule B):                                                                                                                               |              |                    |                                      |                        |
| 3.1 First liens .....                                                                                                                                                        |              |                    | 0                                    | 0                      |
| 3.2 Other than first liens .....                                                                                                                                             |              |                    | 0                                    | 0                      |
| 4. Real estate (Schedule A):                                                                                                                                                 |              |                    |                                      |                        |
| 4.1 Properties occupied by the company (less<br>\$ .....0 encumbrances).....                                                                                                 |              |                    | 0                                    | 0                      |
| 4.2 Properties held for the production of income<br>(less \$ .....0 encumbrances) .....                                                                                      |              |                    | 0                                    | 0                      |
| 4.3 Properties held for sale (less<br>\$ .....0 encumbrances) .....                                                                                                          |              |                    | 0                                    | 0                      |
| 5. Cash (\$ .....(1,864,327) , Schedule E-Part 1), cash equivalents<br>(\$ .....21,170,784 , Schedule E-Part 2) and short-term<br>investments (\$ .....0 , Schedule DA)..... | 19,306,457   |                    | 19,306,457                           | 93,092,596             |
| 6. Contract loans (including \$ .....premium notes).....                                                                                                                     |              |                    | 0                                    | 0                      |
| 7. Derivatives (Schedule DB).....                                                                                                                                            | 0            |                    | 0                                    | 0                      |
| 8. Other invested assets (Schedule BA) .....                                                                                                                                 | 0            | 0                  | 0                                    | 0                      |
| 9. Receivables for securities .....                                                                                                                                          |              |                    | 0                                    | 0                      |
| 10. Securities lending reinvested collateral assets (Schedule DL).....                                                                                                       |              |                    | 0                                    | 0                      |
| 11. Aggregate write-ins for invested assets .....                                                                                                                            | 0            | 0                  | 0                                    | 0                      |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....                                                                                                                | 280,372,745  | 0                  | 280,372,745                          | 203,124,103            |
| 13. Title plants less \$ .....charged off (for Title insurers<br>only).....                                                                                                  |              |                    | 0                                    | 0                      |
| 14. Investment income due and accrued .....                                                                                                                                  | 2,190,697    |                    | 2,190,697                            | 1,177,045              |
| 15. Premiums and considerations:                                                                                                                                             |              |                    |                                      |                        |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....                                                                                          | 758,289      | 6,984              | 751,305                              | 1,729,502              |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ .....earned<br>but unbilled premiums).....                    |              |                    | 0                                    | 0                      |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....                                                                |              |                    | 0                                    | 0                      |
| 16. Reinsurance:                                                                                                                                                             |              |                    |                                      |                        |
| 16.1 Amounts recoverable from reinsurers .....                                                                                                                               | 0            |                    | 0                                    | 0                      |
| 16.2 Funds held by or deposited with reinsured companies .....                                                                                                               |              |                    | 0                                    | 0                      |
| 16.3 Other amounts receivable under reinsurance contracts .....                                                                                                              |              |                    | 0                                    | 0                      |
| 17. Amounts receivable relating to uninsured plans .....                                                                                                                     |              |                    | 0                                    | 0                      |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....                                                                                           |              |                    | 0                                    | 0                      |
| 18.2 Net deferred tax asset.....                                                                                                                                             |              |                    | 0                                    | 0                      |
| 19. Guaranty funds receivable or on deposit .....                                                                                                                            |              |                    | 0                                    | 0                      |
| 20. Electronic data processing equipment and software.....                                                                                                                   |              |                    | 0                                    | 0                      |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....                                                                                      |              |                    | 0                                    | 0                      |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....                                                                                             |              |                    | 0                                    | 0                      |
| 23. Receivables from parent, subsidiaries and affiliates .....                                                                                                               |              |                    | 0                                    | 0                      |
| 24. Health care (\$ .....21,216,739 ) and other amounts receivable.....                                                                                                      | 38,995,251   |                    | 38,995,251                           | 32,491,644             |
| 25. Aggregate write-ins for other-than-invested assets .....                                                                                                                 | 9,702        | 9,702              | 0                                    | 0                      |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25).....                                                       | 322,326,684  | 16,686             | 322,309,998                          | 238,522,294            |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts.....                                                                                          |              |                    | 0                                    | 0                      |
| 28. Total (Lines 26 and 27)                                                                                                                                                  | 322,326,684  | 16,686             | 322,309,998                          | 238,522,294            |
| DETAILS OF WRITE-INS                                                                                                                                                         |              |                    |                                      |                        |
| 1101. ....                                                                                                                                                                   |              |                    | 0                                    | 0                      |
| 1102. ....                                                                                                                                                                   |              |                    | 0                                    | 0                      |
| 1103. ....                                                                                                                                                                   |              |                    | 0                                    | 0                      |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....                                                                                                    | 0            | 0                  | 0                                    | 0                      |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)                                                                                                             | 0            | 0                  | 0                                    | 0                      |
| 2501. Prepaid expenses.....                                                                                                                                                  | 9,623        | 9,623              | 0                                    | 0                      |
| 2502. NG Checks.....                                                                                                                                                         | 79           | 79                 | 0                                    | 0                      |
| 2503. ....                                                                                                                                                                   |              |                    | 0                                    | 0                      |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....                                                                                                    | 0            | 0                  | 0                                    | 0                      |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)                                                                                                             | 9,702        | 9,702              | 0                                    | 0                      |

LIABILITIES, CAPITAL AND SURPLUS

|                                                                                                                                                                 | Current Year |                |               | Prior Year    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------|---------------|
|                                                                                                                                                                 | 1<br>Covered | 2<br>Uncovered | 3<br>Total    | 4<br>Total    |
| 1. Claims unpaid (less \$ .....0 reinsurance ceded)                                                                                                             | 107,260,967  |                | 107,260,967   | 74,138,284    |
| 2. Accrued medical incentive pool and bonus amounts .....                                                                                                       | 4,026,046    |                | 4,026,046     | 4,158,554     |
| 3. Unpaid claims adjustment expenses .....                                                                                                                      | 818,237      |                | 818,237       | 578,320       |
| 4. Aggregate health policy reserves, including the liability of<br>\$ ..... for medical loss ratio rebate per the Public<br>Health Service Act .....            | 80,396,834   |                | 80,396,834    | 75,554,132    |
| 5. Aggregate life policy reserves .....                                                                                                                         |              |                | 0             | 0             |
| 6. Property/casualty unearned premium reserves .....                                                                                                            |              |                | 0             | 0             |
| 7. Aggregate health claim reserves .....                                                                                                                        |              |                | 0             | 0             |
| 8. Premiums received in advance .....                                                                                                                           | 499,162      |                | 499,162       | 354,141       |
| 9. General expenses due or accrued .....                                                                                                                        | 10,424,088   |                | 10,424,088    | 8,849,056     |
| 10.1 Current federal and foreign income tax payable and interest thereon (including<br>\$ ..... on realized capital gains (losses)) .....                       |              |                | 0             | 0             |
| 10.2 Net deferred tax liability .....                                                                                                                           |              |                | 0             | 0             |
| 11. Ceded reinsurance premiums payable .....                                                                                                                    |              |                | 0             | 0             |
| 12. Amounts withheld or retained for the account of others .....                                                                                                |              |                | 0             | 0             |
| 13. Remittances and items not allocated .....                                                                                                                   |              |                | 0             | 0             |
| 14. Borrowed money (including \$ ..... current) and<br>interest thereon \$ ..... (including<br>\$ ..... current) .....                                          |              |                | 0             | 0             |
| 15. Amounts due to parent, subsidiaries and affiliates .....                                                                                                    | 6,951,678    |                | 6,951,678     | 3,052,998     |
| 16. Derivatives .....                                                                                                                                           |              | 0              | 0             | 0             |
| 17. Payable for securities .....                                                                                                                                |              |                | 0             | 0             |
| 18. Payable for securities lending .....                                                                                                                        |              |                | 0             | 0             |
| 19. Funds held under reinsurance treaties (with \$ .....<br>authorized reinsurers, \$ ..... unauthorized<br>reinsurers and \$ ..... certified reinsurers) ..... |              |                | 0             | 0             |
| 20. Reinsurance in unauthorized and certified (\$ .....)<br>companies .....                                                                                     |              |                | 0             | 0             |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....                                                                               |              |                | 0             | 0             |
| 22. Liability for amounts held under uninsured plans .....                                                                                                      |              |                | 0             | 0             |
| 23. Aggregate write-ins for other liabilities (including \$ .....<br>current) .....                                                                             | 0            | 0              | 0             | 0             |
| 24. Total liabilities (Lines 1 to 23) .....                                                                                                                     | 210,377,012  | 0              | 210,377,012   | 166,685,485   |
| 25. Aggregate write-ins for special surplus funds .....                                                                                                         | XXX          | XXX            | 0             | 0             |
| 26. Common capital stock .....                                                                                                                                  | XXX          | XXX            | 700,000       | 700,000       |
| 27. Preferred capital stock .....                                                                                                                               | XXX          | XXX            |               | 0             |
| 28. Gross paid in and contributed surplus .....                                                                                                                 | XXX          | XXX            | 660,331,708   | 444,190,032   |
| 29. Surplus notes .....                                                                                                                                         | XXX          | XXX            |               | 0             |
| 30. Aggregate write-ins for other-than-special surplus funds .....                                                                                              | XXX          | XXX            | 0             | 0             |
| 31. Unassigned funds (surplus) .....                                                                                                                            | XXX          | XXX            | (549,098,722) | (373,053,224) |
| 32. Less treasury stock, at cost:<br>32.1 ..... shares common (value included in Line 26<br>\$ ..... ) .....                                                    | XXX          | XXX            |               | 0             |
| 32.2 ..... shares preferred (value included in Line 27<br>\$ ..... ) .....                                                                                      | XXX          | XXX            |               | 0             |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....                                                                                              | XXX          | XXX            | 111,932,986   | 71,836,808    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)                                                                                                    | XXX          | XXX            | 322,309,998   | 238,522,293   |
| DETAILS OF WRITE-INS                                                                                                                                            |              |                |               |               |
| 2301. ....                                                                                                                                                      |              |                | 0             | 0             |
| 2302. ....                                                                                                                                                      |              |                | 0             | 0             |
| 2303. ....                                                                                                                                                      |              |                | 0             | 0             |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....                                                                                       | 0            | 0              | 0             | 0             |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)                                                                                                | 0            | 0              | 0             | 0             |
| 2501. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 2502. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 2503. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....                                                                                       | XXX          | XXX            | 0             | 0             |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)                                                                                                | XXX          | XXX            | 0             | 0             |
| 3001. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 3002. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 3003. ....                                                                                                                                                      | XXX          | XXX            |               | 0             |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....                                                                                       | XXX          | XXX            | 0             | 0             |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)                                                                                                | XXX          | XXX            | 0             | 0             |

STATEMENT OF REVENUE AND EXPENSES

|                                                                                                                                            | Current Year   |               | Prior Year    |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|---------------|
|                                                                                                                                            | 1<br>Uncovered | 2<br>Total    | 3<br>Total    |
| 1. Member months.....                                                                                                                      | XXX            | 688,376       | 580,650       |
| 2. Net premium income (including \$ .....0 non-health premium income).....                                                                 | XXX            | 832,711,347   | 644,144,817   |
| 3. Change in unearned premium reserves and reserve for rate credits .....                                                                  | XXX            | (18,610,102)  | (10,493,529)  |
| 4. Fee-for-service (net of \$ ..... medical expenses) .....                                                                                | XXX            |               | 0             |
| 5. Risk revenue .....                                                                                                                      | XXX            |               | 0             |
| 6. Aggregate write-ins for other health care related revenues .....                                                                        | XXX            | 0             | 0             |
| 7. Aggregate write-ins for other non-health revenues .....                                                                                 | XXX            | 0             | 0             |
| 8. Total revenues (Lines 2 to 7) .....                                                                                                     | XXX            | 814,101,245   | 633,651,288   |
| <b>Hospital and Medical:</b>                                                                                                               |                |               |               |
| 9. Hospital/medical benefits .....                                                                                                         |                | 758,138,483   | 579,010,702   |
| 10. Other professional services .....                                                                                                      |                | 8,623,429     | 5,968,635     |
| 11. Outside referrals .....                                                                                                                |                | 14,825,360    | 15,722,728    |
| 12. Emergency room and out-of-area .....                                                                                                   |                | 2,158,893     | 1,843,637     |
| 13. Prescription drugs .....                                                                                                               |                | 132,948,415   | 51,493,430    |
| 14. Aggregate write-ins for other hospital and medical .....                                                                               | 0              | 0             | 0             |
| 15. Incentive pool, withhold adjustments and bonus amounts.....                                                                            |                | 3,659,163     | 2,792,309     |
| 16. Subtotal (Lines 9 to 15) .....                                                                                                         | 0              | 920,353,743   | 656,831,441   |
| <b>Less:</b>                                                                                                                               |                |               |               |
| 17. Net reinsurance recoveries .....                                                                                                       |                |               | 0             |
| 18. Total hospital and medical (Lines 16 minus 17) .....                                                                                   | 0              | 920,353,743   | 656,831,441   |
| 19. Non-health claims (net).....                                                                                                           |                |               | 0             |
| 20. Claims adjustment expenses, including \$ .....32,527,491 cost containment expenses.....                                                |                | 41,290,934    | 33,956,302    |
| 21. General administrative expenses.....                                                                                                   |                | 51,856,647    | 49,675,148    |
| 22. Increase in reserves for life and accident and health contracts (including<br>\$ ..... increase in reserves for life only).....        |                | (12,522,597)  | 23,958,575    |
| 23. Total underwriting deductions (Lines 18 through 22) .....                                                                              | 0              | 1,000,978,727 | 764,421,466   |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....                                                                               | XXX            | (186,877,482) | (130,770,178) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....                                                          |                | 9,623,330     | 7,706,662     |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....(32,586).....                                                    |                | (32,586)      | (66,204)      |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....                                                                                 | 0              | 9,590,744     | 7,640,458     |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered<br>\$ ..... ) (amount charged off \$ ..... )] ..... |                | 0             | 0             |
| 29. Aggregate write-ins for other income or expenses .....                                                                                 | 0              | 0             | 0             |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes<br>(Lines 24 plus 27 plus 28 plus 29).....      | XXX            | (177,286,738) | (123,129,720) |
| 31. Federal and foreign income taxes incurred .....                                                                                        | XXX            |               | 0             |
| 32. Net income (loss) (Lines 30 minus 31) .....                                                                                            | XXX            | (177,286,738) | (123,129,720) |
| <b>DETAILS OF WRITE-INS</b>                                                                                                                |                |               |               |
| 0601. ....                                                                                                                                 | XXX            |               | 0             |
| 0602. ....                                                                                                                                 | XXX            |               | 0             |
| 0603. ....                                                                                                                                 | XXX            |               | 0             |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....                                                                   | XXX            | 0             | 0             |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....                                                                      | XXX            | 0             | 0             |
| 0701. ....                                                                                                                                 | XXX            |               | 0             |
| 0702. ....                                                                                                                                 | XXX            |               | 0             |
| 0703. ....                                                                                                                                 | XXX            |               | 0             |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....                                                                   | XXX            | 0             | 0             |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....                                                                      | XXX            | 0             | 0             |
| 1401. ....                                                                                                                                 |                |               | 0             |
| 1402. ....                                                                                                                                 |                |               | 0             |
| 1403. ....                                                                                                                                 |                |               | 0             |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....                                                                  | 0              | 0             | 0             |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....                                                                     | 0              | 0             | 0             |
| 2901. ....                                                                                                                                 |                |               | 0             |
| 2902. ....                                                                                                                                 |                |               | 0             |
| 2903. ....                                                                                                                                 |                |               | 0             |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....                                                                  | 0              | 0             | 0             |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....                                                                     | 0              | 0             | 0             |

STATEMENT OF REVENUE AND EXPENSES (Continued)

|                                                                                  | 1<br>Current Year | 2<br>Prior Year |
|----------------------------------------------------------------------------------|-------------------|-----------------|
| CAPITAL & SURPLUS ACCOUNT                                                        |                   |                 |
| 33. Capital and surplus prior reporting year                                     | 71,836,807        | 62,444,169      |
| 34. Net income or (loss) from Line 32                                            | (177,286,738)     | (123,129,720)   |
| 35. Change in valuation basis of aggregate policy and claim reserves             |                   | 0               |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | (35,546)          | 0               |
| 37. Change in net unrealized foreign exchange capital gain or (loss)             |                   | 0               |
| 38. Change in net deferred income tax                                            |                   | 0               |
| 39. Change in nonadmitted assets                                                 | 31,982            | (38,917)        |
| 40. Change in unauthorized and certified reinsurance                             | 0                 | 0               |
| 41. Change in treasury stock                                                     | 0                 | 0               |
| 42. Change in surplus notes                                                      | 0                 | 0               |
| 43. Cumulative effect of changes in accounting principles                        |                   | 0               |
| 44. Capital Changes:                                                             |                   |                 |
| 44.1 Paid in                                                                     | 0                 | 0               |
| 44.2 Transferred from surplus (stock dividend)                                   |                   | 0               |
| 44.3 Transferred to surplus                                                      |                   | 0               |
| 45. Surplus adjustments:                                                         |                   |                 |
| 45.1 Paid in                                                                     | 216,141,676       | 127,417,275     |
| 45.2 Transferred to capital (stock dividend)                                     | 0                 | 0               |
| 45.3 Transferred from capital                                                    |                   | 0               |
| 46. Dividends to stockholders                                                    |                   | 0               |
| 47. Aggregate write-ins for gains or (losses) in surplus                         | 1,244,804         | 5,144,000       |
| 48. Net change in capital and surplus (Lines 34 to 47)                           | 40,096,178        | 9,392,638       |
| 49. Capital and surplus end of reporting year (Line 33 plus 48)                  | 111,932,986       | 71,836,807      |
| DETAILS OF WRITE-INS                                                             |                   |                 |
| 4701. PDR adjustment                                                             | 1,244,804         | 5,144,000       |
| 4702.                                                                            |                   | 0               |
| 4703.                                                                            |                   | 0               |
| 4798. Summary of remaining write-ins for Line 47 from overflow page              | 0                 | 0               |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                 | 1,244,804         | 5,144,000       |

CASH FLOW

| Cash from Operations                                                                                      | 1             | 2            |
|-----------------------------------------------------------------------------------------------------------|---------------|--------------|
|                                                                                                           | Current Year  | Prior Year   |
| 1. Premiums collected net of reinsurance                                                                  | 820,098,978   | 669,337,819  |
| 2. Net investment income                                                                                  | 7,566,062     | 6,193,441    |
| 3. Miscellaneous income                                                                                   | 0             | 0            |
| 4. Total (Lines 1 through 3)                                                                              | 827,665,040   | 675,531,260  |
| 5. Benefit and loss related payments                                                                      | 874,840,971   | 670,564,104  |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts                    |               | 0            |
| 7. Commissions, expenses paid and aggregate write-ins for deductions                                      | 91,332,632    | 85,358,771   |
| 8. Dividends paid to policyholders                                                                        |               | 0            |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)              | 0             | 0            |
| 10. Total (Lines 5 through 9)                                                                             | 966,173,603   | 755,922,875  |
| 11. Net cash from operations (Line 4 minus Line 10)                                                       | (138,508,563) | (80,391,615) |
| Cash from Investments                                                                                     |               |              |
| 12. Proceeds from investments sold, matured or repaid:                                                    |               |              |
| 12.1 Bonds                                                                                                | 23,999,633    | 21,762,326   |
| 12.2 Stocks                                                                                               | 0             | 0            |
| 12.3 Mortgage loans                                                                                       | 0             | 0            |
| 12.4 Real estate                                                                                          | 0             | 0            |
| 12.5 Other invested assets                                                                                | 0             | 0            |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments                           | 259           | 4,107        |
| 12.7 Miscellaneous proceeds                                                                               | 0             | 0            |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)                                                       | 23,999,892    | 21,766,433   |
| 13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):    |               |              |
| 13.1 Bonds                                                                                                | 174,059,190   | 98,920,949   |
| 13.2 Stocks                                                                                               | 0             | 0            |
| 13.3 Mortgage loans                                                                                       | 0             | 0            |
| 13.4 Real estate                                                                                          | 0             | 0            |
| 13.5 Other invested assets                                                                                | 0             | 0            |
| 13.6 Miscellaneous applications                                                                           | 0             | 0            |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)                                                      | 174,059,190   | 98,920,949   |
| 14. Net increase/(decrease) in contract loans and premium notes                                           | 0             | 0            |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)                                   | (150,059,298) | (77,154,516) |
| Cash from Financing and Miscellaneous Sources                                                             |               |              |
| 16. Cash provided (applied):                                                                              |               |              |
| 16.1 Surplus notes, capital notes                                                                         | 0             | 0            |
| 16.2 Capital and paid in surplus, less treasury stock                                                     | 216,141,676   | 127,417,275  |
| 16.3 Borrowed funds                                                                                       | 0             | 0            |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities                               |               | 0            |
| 16.5 Dividends to stockholders                                                                            | 0             | 0            |
| 16.6 Other cash provided (applied)                                                                        | (1,359,954)   | 23,210,780   |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 214,781,722   | 150,628,055  |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS                                       |               |              |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)       | (73,786,138)  | (6,918,075)  |
| 19. Cash, cash equivalents and short-term investments:                                                    |               |              |
| 19.1 Beginning of year                                                                                    | 93,092,594    | 100,010,670  |
| 19.2 End of year (Line 18 plus Line 19.1)                                                                 | 19,306,456    | 93,092,594   |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

|                                                                                                | 1             | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5              | 6              | 7                                              | 8                          | 9                        | 10         | 11                   | 12                | 13           | 14                  |
|------------------------------------------------------------------------------------------------|---------------|---------------------------------------|-------|------------------------|----------------|----------------|------------------------------------------------|----------------------------|--------------------------|------------|----------------------|-------------------|--------------|---------------------|
|                                                                                                |               | 2                                     | 3     |                        |                |                |                                                |                            |                          |            |                      |                   |              |                     |
|                                                                                                | Total         | Individual                            | Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal<br>Employees<br>Health<br>Benefit Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other Health | Other<br>Non-Health |
| 1. Net premium income .....                                                                    | 832,711,347   | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | 832,711,347                | .0                       | .0         | .0                   | .0                | .0           | .0                  |
| 2. Change in unearned premium reserves and reserve for rate credit .....                       | (18,610,102)  |                                       |       |                        |                |                |                                                | (18,610,102)               |                          |            |                      |                   |              |                     |
| 3. Fee-for-service (net of \$ .....<br>medical expenses) .....                                 | .0            |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 4. Risk revenue .....                                                                          | .0            |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 5. Aggregate write-ins for other health care related revenues .....                            | .0            | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | .0                         | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 6. Aggregate write-ins for other non-health care related revenues .....                        | .0            | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          | .0                  |
| 7. Total revenues (Lines 1 to 6) .....                                                         | 814,101,245   | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | 814,101,245                | .0                       | .0         | .0                   | .0                | .0           | .0                  |
| 8. Hospital/medical benefits .....                                                             | 758,138,483   |                                       |       |                        |                |                |                                                | 758,138,483                |                          |            |                      |                   |              | XXX                 |
| 9. Other professional services .....                                                           | 8,623,429     |                                       |       |                        |                |                |                                                | 8,623,429                  |                          |            |                      |                   |              | XXX                 |
| 10. Outside referrals .....                                                                    | 14,825,360    |                                       |       |                        |                |                |                                                | 14,825,360                 |                          |            |                      |                   |              | XXX                 |
| 11. Emergency room and out-of-area .....                                                       | 2,158,893     |                                       |       |                        |                |                |                                                | 2,158,893                  |                          |            |                      |                   |              | XXX                 |
| 12. Prescription drugs .....                                                                   | 132,948,415   |                                       |       |                        |                |                |                                                | 132,948,415                |                          |            |                      |                   |              | XXX                 |
| 13. Aggregate write-ins for other hospital and medical .....                                   | .0            | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | .0                         | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 14. Incentive pool, withhold adjustments and bonus amounts .....                               | 3,659,163     |                                       |       |                        |                |                |                                                | 3,659,163                  |                          |            |                      |                   |              | XXX                 |
| 15. Subtotal (Lines 8 to 14) .....                                                             | 920,353,743   | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | 920,353,743                | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 16. Net reinsurance recoveries .....                                                           | .0            |                                       |       |                        |                |                |                                                | .0                         |                          |            |                      |                   |              | XXX                 |
| 17. Total hospital and medical (Lines 15 minus 16) .....                                       | 920,353,743   | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | 920,353,743                | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 18. Non-health claims (net) .....                                                              | .0            | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          | .0                  |
| 19. Claims adjustment expenses including<br>\$ .....32,527,491 cost containment expenses ..... | 41,290,935    |                                       |       |                        |                |                |                                                | 41,290,935                 |                          |            |                      |                   |              |                     |
| 20. General administrative expenses .....                                                      | 51,856,646    |                                       |       |                        |                |                |                                                | 51,856,646                 |                          |            |                      |                   |              |                     |
| 21. Increase in reserves for accident and health contracts .....                               | (12,522,597)  |                                       |       |                        |                |                |                                                | (12,522,597)               |                          |            |                      |                   |              | XXX                 |
| 22. Increase in reserves for life contracts .....                                              | .0            | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          |                     |
| 23. Total underwriting deductions (Lines 17 to 22) .....                                       | 1,000,978,727 | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | 1,000,978,727              | .0                       | .0         | .0                   | .0                | .0           | .0                  |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....                               | (186,877,482) | 0                                     | 0     | 0                      | 0              | 0              | 0                                              | (186,877,482)              | 0                        | 0          | 0                    | 0                 | 0            | 0                   |
| DETAILS OF WRITE-INS                                                                           |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              |                     |
| 0501. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 0502. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 0503. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 0598. Summary of remaining write-ins for Line 5 from overflow page .....                       | .0            | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | .0                         | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....                          | 0             | 0                                     | 0     | 0                      | 0              | 0              | 0                                              | 0                          | 0                        | 0          | 0                    | 0                 | 0            | XXX                 |
| 0601. ....                                                                                     |               | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          |                     |
| 0602. ....                                                                                     |               | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          |                     |
| 0603. ....                                                                                     |               | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          | .0                  |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....                       | .0            | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          | .0                  |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....                          | 0             | XXX                                   | XXX   | XXX                    | XXX            | XXX            | XXX                                            | XXX                        | XXX                      | XXX        | XXX                  | XXX               | XXX          | 0                   |
| 1301. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 1302. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 1303. ....                                                                                     |               |                                       |       |                        |                |                |                                                |                            |                          |            |                      |                   |              | XXX                 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page .....                      | .0            | .0                                    | .0    | .0                     | .0             | .0             | .0                                             | .0                         | .0                       | .0         | .0                   | .0                | .0           | XXX                 |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....                         | 0             | 0                                     | 0     | 0                      | 0              | 0              | 0                                              | 0                          | 0                        | 0          | 0                    | 0                 | 0            | XXX                 |

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

| Line of Business                                         | 1<br>Direct<br>Business | 2<br>Reinsurance<br>Assumed | 3<br>Reinsurance<br>Ceded | 4<br>Net Premium<br>Income<br>(Cols. 1+2-3) |
|----------------------------------------------------------|-------------------------|-----------------------------|---------------------------|---------------------------------------------|
| 1. Comprehensive (hospital and medical) individual ..... |                         |                             |                           | .0                                          |
| 2. Comprehensive (hospital and medical) group .....      |                         |                             |                           | .0                                          |
| 3. Medicare supplement .....                             |                         |                             |                           | .0                                          |
| 4. Vision only .....                                     |                         |                             |                           | .0                                          |
| 5. Dental only .....                                     |                         |                             |                           | .0                                          |
| 6. Federal employees health benefits plan .....          | .0                      | .0                          | .0                        | .0                                          |
| 7. Title XVIII - Medicare .....                          | 832,711,347             | .0                          | .0                        | 832,711,347                                 |
| 8. Title XIX – Medicaid .....                            | .0                      | .0                          | .0                        | .0                                          |
| 9. Credit A&H .....                                      |                         |                             |                           | .0                                          |
| 10. Disability income .....                              |                         |                             |                           | .0                                          |
| 11. Long-term care .....                                 |                         |                             |                           | .0                                          |
| 12. Other health .....                                   |                         |                             |                           | .0                                          |
| 13. Health subtotal (Lines 1 through 12) .....           | 832,711,347             | .0                          | .0                        | 832,711,347                                 |
| 14. Life .....                                           | .0                      |                             |                           | .0                                          |
| 15. Property/casualty .....                              | .0                      |                             |                           | .0                                          |
| 16. Totals (Lines 13 to 15)                              | 832,711,347             | 0                           | 0                         | 832,711,347                                 |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

|                                                                        | 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 |
| 1. Payments during the year:                                           |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 1.1 Direct .....                                                       | 883,571,897 |                                    |       |                     |             |             |                                        | 883,571,897          |                    |            |                   |                |              |                  |
| 1.2 Reinsurance assumed .....                                          | 0           |                                    |       |                     |             |             |                                        | 0                    |                    |            |                   |                |              |                  |
| 1.3 Reinsurance ceded .....                                            | 0           |                                    |       |                     |             |             |                                        | 0                    |                    |            |                   |                |              |                  |
| 1.4 Net .....                                                          | 883,571,897 | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 883,571,897          | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 2. Paid medical incentive pools and bonuses .....                      | 3,791,671   |                                    |       |                     |             |             |                                        | 3,791,671            |                    |            |                   |                |              |                  |
| 3. Claim liability December 31, current year from Part 2A:             |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 3.1 Direct .....                                                       | 107,260,967 | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 107,260,967          | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 3.2 Reinsurance assumed .....                                          | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 3.3 Reinsurance ceded .....                                            | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 3.4 Net .....                                                          | 107,260,967 | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 107,260,967          | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 4. Claim reserve December 31, current year from Part 2D:               |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 4.1 Direct .....                                                       | 0           |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 4.2 Reinsurance assumed .....                                          | 0           |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 4.3 Reinsurance ceded .....                                            | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 4.4 Net .....                                                          | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 5. Accrued medical incentive pools and bonuses, current year .....     | 4,026,046   |                                    |       |                     |             |             |                                        | 4,026,046            |                    |            |                   |                |              |                  |
| 6. Net healthcare receivables (a).....                                 | 0           |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 7. Amounts recoverable from reinsurers December 31, current year ..... | 0           |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 8. Claim liability December 31, prior year from Part 2A:               |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 8.1 Direct .....                                                       | 74,138,284  | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 74,138,284           | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 8.2 Reinsurance assumed .....                                          | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 8.3 Reinsurance ceded .....                                            | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 8.4 Net .....                                                          | 74,138,284  | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 74,138,284           | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 9. Claim reserve December 31, prior year from Part 2D:                 |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 9.1 Direct .....                                                       | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 9.2 Reinsurance assumed .....                                          | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 9.3 Reinsurance ceded .....                                            | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 9.4 Net .....                                                          | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 10. Accrued medical incentive pools and bonuses, prior year.....       | 4,158,554   | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 4,158,554            | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 11. Amounts recoverable from reinsurers December 31, prior year .....  | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 12. Incurred benefits:                                                 |             |                                    |       |                     |             |             |                                        |                      |                    |            |                   |                |              |                  |
| 12.1 Direct .....                                                      | 916,694,580 | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 916,694,580          | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 12.2 Reinsurance assumed .....                                         | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 12.3 Reinsurance ceded .....                                           | 0           | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 12.4 Net .....                                                         | 916,694,580 | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 916,694,580          | 0                  | 0          | 0                 | 0              | 0            | 0                |
| 13. Incurred medical incentive pools and bonuses .....                 | 3,659,163   | 0                                  | 0     | 0                   | 0           | 0           | 0                                      | 3,659,163            | 0                  | 0          | 0                 | 0              | 0            | 0                |

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

|                                                       | 1           | Comprehensive<br>(Hospital and Medical) |       | 4                      | 5              | 6              | 7                                               | 8                       | 9                     | 10         | 11                   | 12                | 13              | 14                  |
|-------------------------------------------------------|-------------|-----------------------------------------|-------|------------------------|----------------|----------------|-------------------------------------------------|-------------------------|-----------------------|------------|----------------------|-------------------|-----------------|---------------------|
|                                                       |             | 2                                       | 3     |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
|                                                       | Total       | Individual                              | Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other<br>Health | Other<br>Non-Health |
| 1. Reported in Process of Adjustment:                 |             |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 1.1. Direct .....                                     | 27,996,711  |                                         |       |                        |                |                |                                                 | 27,996,711              |                       |            |                      |                   |                 |                     |
| 1.2. Reinsurance assumed .....                        | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 1.3. Reinsurance ceded .....                          | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 1.4. Net .....                                        | 27,996,711  | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | 27,996,711              | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 2. Incurred but Unreported:                           |             |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 2.1. Direct .....                                     | 79,264,256  |                                         |       |                        |                |                |                                                 | 79,264,256              |                       |            |                      |                   |                 |                     |
| 2.2. Reinsurance assumed .....                        | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 2.3. Reinsurance ceded .....                          | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 2.4. Net .....                                        | 79,264,256  | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | 79,264,256              | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 3. Amounts Withheld from Paid Claims and Capitations: |             |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 3.1. Direct .....                                     | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 3.2. Reinsurance assumed .....                        | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 3.3. Reinsurance ceded .....                          | .0          |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 3.4. Net .....                                        | .0          | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 4. TOTALS:                                            |             |                                         |       |                        |                |                |                                                 |                         |                       |            |                      |                   |                 |                     |
| 4.1. Direct .....                                     | 107,260,967 | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | 107,260,967             | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 4.2. Reinsurance assumed .....                        | .0          | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 4.3. Reinsurance ceded .....                          | .0          | .0                                      | .0    | .0                     | .0             | .0             | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0              | .0                  |
| 4.4. Net                                              | 107,260,967 | 0                                       | 0     | 0                      | 0              | 0              | 0                                               | 107,260,967             | 0                     | 0          | 0                    | 0                 | 0               | 0                   |

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

| Line of Business                                         | Claims Paid During the Year                                    |                                             | Claim Reserve and Claim Liability December 31 of Current Year |                                             | 5<br><br>Claims Incurred in Prior Years<br>(Columns 1 + 3) | 6<br><br>Estimated Claim Reserve and Claim Liability<br>December 31 of Prior Year |
|----------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                          | 1<br><br>On Claims Incurred Prior to January 1 of Current Year | 2<br><br>On Claims Incurred During the Year | 3<br><br>On Claims Unpaid December 31 of Prior Year           | 4<br><br>On Claims Incurred During the Year |                                                            |                                                                                   |
| 1. Comprehensive (hospital and medical) individual ..... |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 2. Comprehensive (hospital and medical) group .....      |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 3. Medicare supplement .....                             |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 4. Vision only .....                                     |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 5. Dental only .....                                     |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 6. Federal employees health benefits plan .....          |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 7. Title XVIII - Medicare .....                          | 69,152,054                                                     | 814,419,844                                 | 2,597,329                                                     | 104,663,638                                 | 71,749,383                                                 | 74,138,284                                                                        |
| 8. Title XIX - Medicaid .....                            |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 9. Credit A&H .....                                      |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 10. Disability income .....                              |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 11. Long-term care .....                                 |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 12. Other health .....                                   |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 13. Health subtotal (Lines 1 to 12) .....                | 69,152,054                                                     | 814,419,844                                 | 2,597,329                                                     | 104,663,638                                 | 71,749,383                                                 | 74,138,284                                                                        |
| 14. Healthcare receivables (a) .....                     |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 15. Other non-health .....                               |                                                                |                                             |                                                               |                                             | .0                                                         | .0                                                                                |
| 16. Medical incentive pools and bonus amounts .....      | 3,791,670                                                      |                                             |                                                               | 4,026,046                                   | 3,791,670                                                  | 4,158,554                                                                         |
| 17. Totals (Lines 13-14+15+16)                           | 72,943,724                                                     | 814,419,844                                 | 2,597,329                                                     | 108,689,684                                 | 75,541,053                                                 | 78,296,838                                                                        |

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2021                   | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior .....                     | .....0                      | .....0    | .....0    | .....0    | .....0    |
| 2. 2021.....                       | 153,842                     | 177,868   | 178,749   | 178,689   | 178,672   |
| 3. 2022.....                       | XXX                         | 293,710   | 338,854   | 339,963   | 340,265   |
| 4. 2023.....                       | XXX                         | XXX       | 470,961   | 525,355   | 526,247   |
| 5. 2024.....                       | XXX                         | XXX       | XXX       | 591,162   | 662,928   |
| 6. 2025.....                       | XXX                         | XXX       | XXX       | XXX       | 814,420   |

Section B - Incurred Health Claims - Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2021                                                                                                                                 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior .....                     | .....0                                                                                                                                    | .....0    | .....0    | .....0    | .....0    |
| 2. 2021.....                       | 179,105                                                                                                                                   | 177,877   | 178,749   | 178,689   | 178,672   |
| 3. 2022.....                       | XXX                                                                                                                                       | 338,100   | 340,350   | 339,979   | 340,265   |
| 4. 2023.....                       | XXX                                                                                                                                       | XXX       | 537,536   | 527,611   | 526,254   |
| 5. 2024.....                       | XXX                                                                                                                                       | XXX       | XXX       | 667,187   | 665,518   |
| 6. 2025.....                       | XXX                                                                                                                                       | XXX       | XXX       | XXX       | 923,110   |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

| Years in which<br>Premiums were Earned and Claims<br>were Incurred | 1               | 2               | 3                                       | 4                     | 5                                                                  | 6                     | 7             | 8                                       | 9                                                                            | 10                    |
|--------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------|-----------------------|--------------------------------------------------------------------|-----------------------|---------------|-----------------------------------------|------------------------------------------------------------------------------|-----------------------|
|                                                                    | Premiums Earned | Claims Payments | Claim Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims Unpaid | Unpaid Claims<br>Adjustment<br>Expenses | Total Claims and<br>Claims<br>Adjustment<br>Expense Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>Percent |
| 1. 2021.....                                                       | 172,299         | 178,672         | 8,948                                   | 5.0                   | 187,620                                                            | 108.9                 | .....0        | .....0                                  | 187,620                                                                      | 108.9                 |
| 2. 2022.....                                                       | 315,397         | 340,265         | 14,966                                  | 4.4                   | 355,231                                                            | 112.6                 | .....0        | .....0                                  | 355,231                                                                      | 112.6                 |
| 3. 2023.....                                                       | 503,079         | 526,247         | 25,155                                  | 4.8                   | 551,402                                                            | 109.6                 | .....7        | .....0                                  | 551,409                                                                      | 109.6                 |
| 4. 2024.....                                                       | 633,651         | 662,928         | 33,956                                  | 5.1                   | 696,884                                                            | 110.0                 | 2,590         | .....0                                  | 699,474                                                                      | 110.4                 |
| 5. 2025.....                                                       | 814,101         | 814,420         | 41,291                                  | 5.1                   | 855,711                                                            | 105.1                 | 108,690       | 818                                     | 965,219                                                                      | 118.6                 |

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2021                   | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior .....                     | .....0                      | .....0    | .....0    | .....0    | .....0    |
| 2. 2021.....                       | 153,842                     | 177,868   | 178,749   | 178,689   | 178,672   |
| 3. 2022.....                       | XXX                         | 293,710   | 338,854   | 339,963   | 340,265   |
| 4. 2023.....                       | XXX                         | XXX       | 470,961   | 525,355   | 526,247   |
| 5. 2024.....                       | XXX                         | XXX       | XXX       | 591,162   | 662,928   |
| 6. 2025.....                       | XXX                         | XXX       | XXX       | XXX       | 814,420   |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2021                                                                                                                                 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior .....                     | .....0                                                                                                                                    | .....0    | .....0    | .....0    | .....0    |
| 2. 2021.....                       | 179,105                                                                                                                                   | 177,877   | 178,749   | 178,689   | 178,672   |
| 3. 2022.....                       | XXX                                                                                                                                       | 338,100   | 340,350   | 339,979   | 340,265   |
| 4. 2023.....                       | XXX                                                                                                                                       | XXX       | 537,536   | 527,611   | 526,254   |
| 5. 2024.....                       | XXX                                                                                                                                       | XXX       | XXX       | 667,187   | 665,518   |
| 6. 2025.....                       | XXX                                                                                                                                       | XXX       | XXX       | XXX       | 923,110   |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

| Years in which<br>Premiums were Earned and Claims<br>were Incurred | 1               | 2               | 3                                       | 4                     | 5                                                                  | 6                     | 7             | 8                                       | 9                                                                            | 10                    |
|--------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------|-----------------------|--------------------------------------------------------------------|-----------------------|---------------|-----------------------------------------|------------------------------------------------------------------------------|-----------------------|
|                                                                    | Premiums Earned | Claims Payments | Claim Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims Unpaid | Unpaid Claims<br>Adjustment<br>Expenses | Total Claims and<br>Claims<br>Adjustment<br>Expense Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>Percent |
| 1. 2021.....                                                       | 172,299         | 178,672         | 8,948                                   | 5.0                   | 187,620                                                            | 108.9                 | .....0        | .....0                                  | 187,620                                                                      | 108.9                 |
| 2. 2022.....                                                       | 315,397         | 340,265         | 14,966                                  | 4.4                   | 355,231                                                            | 112.6                 | .....0        | .....0                                  | 355,231                                                                      | 112.6                 |
| 3. 2023.....                                                       | 503,079         | 526,247         | 25,155                                  | 4.8                   | 551,402                                                            | 109.6                 | .....7        | .....0                                  | 551,409                                                                      | 109.6                 |
| 4. 2024.....                                                       | 633,651         | 662,928         | 33,956                                  | 5.1                   | 696,884                                                            | 110.0                 | 2,590         | .....0                                  | 699,474                                                                      | 110.4                 |
| 5. 2025.....                                                       | 814,101         | 814,420         | 41,291                                  | 5.1                   | 855,711                                                            | 105.1                 | 108,690       | 818                                     | 965,219                                                                      | 118.6                 |

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

|                                                                                                              | 1           | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5           | 6           | 7                                               | 8                       | 9                     | 10         | 11                   | 12                | 13    |
|--------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|-------|------------------------|-------------|-------------|-------------------------------------------------|-------------------------|-----------------------|------------|----------------------|-------------------|-------|
|                                                                                                              |             | 2                                     | 3     |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
|                                                                                                              | Total       | Individual                            | Group | Medicare<br>Supplement | Vision Only | Dental Only | Federal<br>Employees<br>Health Benefits<br>Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other |
| 1. Unearned premium reserves .....                                                                           | .545        |                                       |       |                        |             |             |                                                 | .545                    |                       |            |                      |                   |       |
| 2. Additional policy reserves (a) .....                                                                      | .50,383,674 |                                       |       |                        |             |             |                                                 | .50,383,674             |                       |            |                      |                   |       |
| 3. Reserve for future contingent benefits .....                                                              | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 4. Reserve for rate credits or experience rating refunds (including<br>\$ ..... for investment income) ..... | .30,012,615 |                                       |       |                        |             |             |                                                 | .30,012,615             |                       |            |                      |                   |       |
| 5. Aggregate write-ins for other policy reserves .....                                                       | .0          | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0    |
| 6. Totals (gross) .....                                                                                      | .80,396,834 | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .80,396,834             | .0                    | .0         | .0                   | .0                | .0    |
| 7. Reinsurance ceded .....                                                                                   | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 8. Totals (Net) (Page 3, Line 4)                                                                             | 80,396,834  | 0                                     | 0     | 0                      | 0           | 0           | 0                                               | 80,396,834              | 0                     | 0          | 0                    | 0                 | 0     |
| 9. Present value of amounts not yet due on claims .....                                                      | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 10. Reserve for future contingent benefits .....                                                             | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 11. Aggregate write-ins for other claim reserves .....                                                       | .0          | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0    |
| 12. Totals (gross) .....                                                                                     | .0          | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0    |
| 13. Reinsurance ceded .....                                                                                  | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 14. Totals (Net) (Page 3, Line 7)                                                                            | 0           | 0                                     | 0     | 0                      | 0           | 0           | 0                                               | 0                       | 0                     | 0          | 0                    | 0                 | 0     |
| DETAILS OF WRITE-INS                                                                                         |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 0501. ....                                                                                                   | .0          |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 0502. ....                                                                                                   |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 0503. ....                                                                                                   |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 0598. Summary of remaining write-ins for Line 5 from overflow page .....                                     | .0          | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0    |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)                                              | 0           | 0                                     | 0     | 0                      | 0           | 0           | 0                                               | 0                       | 0                     | 0          | 0                    | 0                 | 0     |
| 1101. ....                                                                                                   |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 1102. ....                                                                                                   |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 1103. ....                                                                                                   |             |                                       |       |                        |             |             |                                                 |                         |                       |            |                      |                   |       |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....                                    | .0          | .0                                    | .0    | .0                     | .0          | .0          | .0                                              | .0                      | .0                    | .0         | .0                   | .0                | .0    |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)                                             | 0           | 0                                     | 0     | 0                      | 0           | 0           | 0                                               | 0                       | 0                     | 0          | 0                    | 0                 | 0     |

(a) Includes \$ .....50,383,674 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

|                                                                           | Claim Adjustment Expenses            |                                            | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total     |
|---------------------------------------------------------------------------|--------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------|----------------|
|                                                                           | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses |                                            |                             |                |
| 1. Rent (\$ .....for occupancy of own building) .....                     |                                      |                                            | 0                                          |                             | 0              |
| 2. Salaries, wages and other benefits .....                               |                                      |                                            | 2,831,465                                  |                             | 2,831,465      |
| 3. Commissions (less \$ .....ceded plus<br>\$ .....assumed) .....         |                                      |                                            | 19,252,390                                 |                             | 19,252,390     |
| 4. Legal fees and expenses .....                                          |                                      |                                            | 101,297                                    |                             | 101,297        |
| 5. Certifications and accreditation fees .....                            |                                      |                                            | 0                                          |                             | 0              |
| 6. Auditing, actuarial and other consulting services .....                |                                      |                                            | 2,892,409                                  |                             | 2,892,409      |
| 7. Traveling expenses .....                                               |                                      |                                            | 26,856                                     |                             | 26,856         |
| 8. Marketing and advertising .....                                        |                                      |                                            | 692,137                                    |                             | 692,137        |
| 9. Postage, express and telephone .....                                   |                                      |                                            | 506,242                                    |                             | 506,242        |
| 10. Printing and office supplies .....                                    |                                      |                                            | 1,380,451                                  |                             | 1,380,451      |
| 11. Occupancy, depreciation and amortization .....                        |                                      |                                            |                                            |                             | 0              |
| 12. Equipment .....                                                       |                                      |                                            |                                            |                             | 0              |
| 13. Cost or depreciation of EDP equipment and software .....              |                                      |                                            | 245,734                                    |                             | 245,734        |
| 14. Outsourced services including EDP, claims, and other services .....   | 32,527,491                           | 8,716,899                                  | 23,298,624                                 |                             | 64,543,014     |
| 15. Boards, bureaus and association fees .....                            |                                      |                                            | 102,457                                    |                             | 102,457        |
| 16. Insurance, except on real estate .....                                |                                      |                                            | 115,727                                    |                             | 115,727        |
| 17. Collection and bank service charges .....                             |                                      |                                            |                                            |                             | 0              |
| 18. Group service and administration fees .....                           |                                      |                                            |                                            |                             | 0              |
| 19. Reimbursements by uninsured plans .....                               |                                      |                                            |                                            |                             | 0              |
| 20. Reimbursements from fiscal intermediaries .....                       |                                      |                                            |                                            |                             | 0              |
| 21. Real estate expenses .....                                            |                                      |                                            |                                            |                             | 0              |
| 22. Real estate taxes .....                                               |                                      |                                            |                                            |                             | 0              |
| 23. Taxes, licenses and fees:                                             |                                      |                                            |                                            |                             |                |
| 23.1 State and local insurance taxes .....                                |                                      |                                            |                                            |                             | 0              |
| 23.2 State premium taxes .....                                            |                                      |                                            |                                            |                             | 0              |
| 23.3 Regulatory authority licenses and fees .....                         |                                      |                                            |                                            |                             | 0              |
| 23.4 Payroll taxes .....                                                  |                                      |                                            | 88,931                                     |                             | 88,931         |
| 23.5 Other (excluding federal income and real estate taxes) .....         |                                      |                                            |                                            |                             | 0              |
| 24. Investment expenses not included elsewhere .....                      |                                      |                                            |                                            |                             | 0              |
| 25. Aggregate write-ins for expenses .....                                | 0                                    | 46,544                                     | 321,927                                    | 0                           | 368,471        |
| 26. Total expenses incurred (Lines 1 to 25) .....                         | 32,527,491                           | 8,763,443                                  | 51,856,647                                 | 0                           | (a) 93,147,581 |
| 27. Less expenses unpaid December 31, current year .....                  |                                      | 818,237                                    | 10,424,088                                 |                             | 11,242,325     |
| 28. Add expenses unpaid December 31, prior year .....                     | 0                                    | 578,320                                    | 8,849,056                                  | 0                           | 9,427,376      |
| 29. Amounts receivable relating to uninsured plans, prior year .....      | 0                                    | 0                                          | 0                                          | 0                           | 0              |
| 30. Amounts receivable relating to uninsured plans, current year .....    |                                      |                                            |                                            |                             | 0              |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)      | 32,527,491                           | 8,523,526                                  | 50,281,615                                 | 0                           | 91,332,632     |
| DETAILS OF WRITE-INS                                                      |                                      |                                            |                                            |                             |                |
| 2501. Prompt Pay Interest.....                                            |                                      |                                            | 321,927                                    |                             | 321,927        |
| 2502. Provision for Claims Processing.....                                |                                      | 46,544                                     |                                            |                             | 46,544         |
| 2503. ....                                                                |                                      |                                            |                                            |                             | 0              |
| 2598. Summary of remaining write-ins for Line 25 from overflow page ..... | 0                                    | 0                                          | 0                                          | 0                           | 0              |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)           | 0                                    | 46,544                                     | 321,927                                    | 0                           | 368,471        |

(a) Includes management fees of \$ .....to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

|                      |                                                                           | 1                        | 2                     |
|----------------------|---------------------------------------------------------------------------|--------------------------|-----------------------|
|                      |                                                                           | Collected<br>During Year | Earned<br>During Year |
| 1.                   | U.S. Government bonds .....                                               | (a).....4,820,261        | .....5,780,748        |
| 1.1                  | Bonds exempt from U.S. tax .....                                          | (a).....0                | .....0                |
| 1.2                  | Other bonds (unaffiliated) .....                                          | (a).....279,874          | .....371,039          |
| 1.3                  | Bonds of affiliates .....                                                 | (a).....0                | .....0                |
| 2.1                  | Preferred stocks (unaffiliated) .....                                     | (b).....0                | .....0                |
| 2.11                 | Preferred stocks of affiliates .....                                      | (b).....0                | .....0                |
| 2.2                  | Common stocks (unaffiliated) .....                                        | .....0                   | .....0                |
| 2.21                 | Common stocks of affiliates .....                                         | .....0                   | .....0                |
| 3.                   | Mortgage loans .....                                                      | (c).....0                | .....0                |
| 4.                   | Real estate .....                                                         | (d).....0                | .....0                |
| 5.                   | Contract loans .....                                                      | .....0                   | .....0                |
| 6.                   | Cash, cash equivalents and short-term investments .....                   | (e).....3,509,544        | .....3,471,543        |
| 7.                   | Derivative instruments .....                                              | (f).....0                | .....0                |
| 8.                   | Other invested assets .....                                               | .....0                   | .....0                |
| 9.                   | Aggregate write-ins for investment income .....                           | .....0                   | .....0                |
| 10.                  | Total gross investment income .....                                       | 8,609,678                | 9,623,331             |
| 11.                  | Investment expenses .....                                                 |                          | (g).....1             |
| 12.                  | Investment taxes, licenses and fees, excluding federal income taxes ..... |                          | (g).....0             |
| 13.                  | Interest expense .....                                                    |                          | (h).....0             |
| 14.                  | Depreciation on real estate and other invested assets .....               |                          | (i).....0             |
| 15.                  | Aggregate write-ins for deductions from investment income .....           |                          | .....0                |
| 16.                  | Total deductions (Lines 11 through 15) .....                              |                          | .....1                |
| 17.                  | Net investment income (Line 10 minus Line 16) .....                       |                          | 9,623,330             |
| DETAILS OF WRITE-INS |                                                                           |                          |                       |
| 0901.                | Other investment income .....                                             |                          |                       |
| 0902.                | .....                                                                     |                          |                       |
| 0903.                | .....                                                                     |                          |                       |
| 0998.                | Summary of remaining write-ins for Line 9 from overflow page .....        | 0                        | 0                     |
| 0999.                | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....           | 0                        | 0                     |
| 1501.                | .....                                                                     |                          |                       |
| 1502.                | .....                                                                     |                          |                       |
| 1503.                | .....                                                                     |                          |                       |
| 1598.                | Summary of remaining write-ins for Line 15 from overflow page .....       |                          | 0                     |
| 1599.                | Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....          |                          | 0                     |

(a) Includes \$ .....1,218,101 accrual of discount less \$ .....174,486 amortization of premium and less \$ .....1,177,673 paid for accrued interest on purchases.  
(b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.  
(e) Includes \$ .....249,741 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.  
(g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.  
(i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

|                      |                                                                    | 1                                                  | 2                                | 3                                                        | 4                                              | 5                                                                  |
|----------------------|--------------------------------------------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
|                      |                                                                    | Realized<br>Gain (Loss)<br>On Sales or<br>Maturity | Other<br>Realized<br>Adjustments | Total Realized Capital<br>Gain (Loss)<br>(Columns 1 + 2) | Change in<br>Unrealized Capital<br>Gain (Loss) | Change in<br>Unrealized Foreign<br>Exchange Capital<br>Gain (Loss) |
| 1.                   | U.S. Government bonds .....                                        | (32,845)                                           | 0                                | (32,845)                                                 | 0                                              | 0                                                                  |
| 1.1                  | Bonds exempt from U.S. tax .....                                   | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 1.2                  | Other bonds (unaffiliated) .....                                   | 0                                                  | 0                                | 0                                                        | (35,546)                                       | 0                                                                  |
| 1.3                  | Bonds of affiliates .....                                          | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 2.1                  | Preferred stocks (unaffiliated) .....                              | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 2.11                 | Preferred stocks of affiliates .....                               | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 2.2                  | Common stocks (unaffiliated) .....                                 | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 2.21                 | Common stocks of affiliates .....                                  | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 3.                   | Mortgage loans .....                                               | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 4.                   | Real estate .....                                                  | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 5.                   | Contract loans .....                                               | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 6.                   | Cash, cash equivalents and short-term investments .....            | 259                                                | 0                                | 259                                                      | 0                                              | 0                                                                  |
| 7.                   | Derivative instruments .....                                       | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 8.                   | Other invested assets .....                                        | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 9.                   | Aggregate write-ins for capital gains (losses) .....               | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 10.                  | Total capital gains (losses) .....                                 | (32,586)                                           | 0                                | (32,586)                                                 | (35,546)                                       | 0                                                                  |
| DETAILS OF WRITE-INS |                                                                    |                                                    |                                  |                                                          |                                                |                                                                    |
| 0901.                | .....                                                              |                                                    |                                  | 0                                                        |                                                |                                                                    |
| 0902.                | .....                                                              |                                                    |                                  | 0                                                        |                                                |                                                                    |
| 0903.                | .....                                                              |                                                    |                                  | 0                                                        |                                                |                                                                    |
| 0998.                | Summary of remaining write-ins for Line 9 from overflow page ..... | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |
| 0999.                | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....    | 0                                                  | 0                                | 0                                                        | 0                                              | 0                                                                  |

EXHIBIT OF NONADMITTED ASSETS

|                                                                                                                        | 1                                        | 2                                      | 3                                                          |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------------------------|
|                                                                                                                        | Current Year Total<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(Col. 2 - Col. 1) |
| 1. Bonds (Schedule D).....                                                                                             | 0                                        | 0                                      | 0                                                          |
| 2. Stocks (Schedule D):                                                                                                |                                          |                                        |                                                            |
| 2.1 Preferred stocks .....                                                                                             | 0                                        | 0                                      | 0                                                          |
| 2.2 Common stocks .....                                                                                                | 0                                        | 0                                      | 0                                                          |
| 3. Mortgage loans on real estate (Schedule B):                                                                         |                                          |                                        |                                                            |
| 3.1 First liens .....                                                                                                  | 0                                        | 0                                      | 0                                                          |
| 3.2 Other than first liens .....                                                                                       | 0                                        | 0                                      | 0                                                          |
| 4. Real estate (Schedule A):                                                                                           |                                          |                                        |                                                            |
| 4.1 Properties occupied by the company .....                                                                           | 0                                        | 0                                      | 0                                                          |
| 4.2 Properties held for the production of income.....                                                                  | 0                                        | 0                                      | 0                                                          |
| 4.3 Properties held for sale .....                                                                                     | 0                                        | 0                                      | 0                                                          |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and<br>short-term investments (Schedule DA).....     | 0                                        | 0                                      | 0                                                          |
| 6. Contract loans .....                                                                                                | 0                                        | 0                                      | 0                                                          |
| 7. Derivatives (Schedule DB).....                                                                                      | 0                                        | 0                                      | 0                                                          |
| 8. Other invested assets (Schedule BA) .....                                                                           | 0                                        | 0                                      | 0                                                          |
| 9. Receivables for securities .....                                                                                    | 0                                        | 0                                      | 0                                                          |
| 10. Securities lending reinvested collateral assets (Schedule DL).....                                                 | 0                                        | 0                                      | 0                                                          |
| 11. Aggregate write-ins for invested assets .....                                                                      | 0                                        | 0                                      | 0                                                          |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....                                                          | 0                                        | 0                                      | 0                                                          |
| 13. Title plants (for Title insurers only).....                                                                        | 0                                        | 0                                      | 0                                                          |
| 14. Investment income due and accrued .....                                                                            | 0                                        | 0                                      | 0                                                          |
| 15. Premiums and considerations:                                                                                       |                                          |                                        |                                                            |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection.....                                     | 6,984                                    | 38,797                                 | 31,813                                                     |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred<br>and not yet due.....                  | 0                                        | 0                                      | 0                                                          |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination .....                                     | 0                                        | 0                                      | 0                                                          |
| 16. Reinsurance:                                                                                                       |                                          |                                        |                                                            |
| 16.1 Amounts recoverable from reinsurers .....                                                                         | 0                                        | 0                                      | 0                                                          |
| 16.2 Funds held by or deposited with reinsured companies .....                                                         | 0                                        | 0                                      | 0                                                          |
| 16.3 Other amounts receivable under reinsurance contracts .....                                                        | 0                                        | 0                                      | 0                                                          |
| 17. Amounts receivable relating to uninsured plans .....                                                               | 0                                        | 0                                      | 0                                                          |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....                                     | 0                                        | 0                                      | 0                                                          |
| 18.2 Net deferred tax asset.....                                                                                       | 0                                        | 0                                      | 0                                                          |
| 19. Guaranty funds receivable or on deposit .....                                                                      | 0                                        | 0                                      | 0                                                          |
| 20. Electronic data processing equipment and software.....                                                             | 0                                        | 0                                      | 0                                                          |
| 21. Furniture and equipment, including health care delivery assets .....                                               | 0                                        | 0                                      | 0                                                          |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....                                       | 0                                        | 0                                      | 0                                                          |
| 23. Receivables from parent, subsidiaries and affiliates .....                                                         | 0                                        | 0                                      | 0                                                          |
| 24. Health care and other amounts receivable.....                                                                      | 0                                        | 0                                      | 0                                                          |
| 25. Aggregate write-ins for other-than-invested assets .....                                                           | 9,702                                    | 9,871                                  | 169                                                        |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25)..... | 16,686                                   | 48,668                                 | 31,982                                                     |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                       | 0                                        | 0                                      | 0                                                          |
| 28. Total (Lines 26 and 27)                                                                                            | 16,686                                   | 48,668                                 | 31,982                                                     |
| DETAILS OF WRITE-INS                                                                                                   |                                          |                                        |                                                            |
| 1101. ....                                                                                                             |                                          | 0                                      | 0                                                          |
| 1102. ....                                                                                                             |                                          | 0                                      | 0                                                          |
| 1103. ....                                                                                                             |                                          | 0                                      | 0                                                          |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....                                              | 0                                        | 0                                      | 0                                                          |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)                                                       | 0                                        | 0                                      | 0                                                          |
| 2501. Prepaid expenses.....                                                                                            | 9,623                                    | 9,871                                  | 248                                                        |
| 2502. NG Checks.....                                                                                                   | 79                                       | 0                                      | (79)                                                       |
| 2503. ....                                                                                                             |                                          | 0                                      | 0                                                          |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....                                              | 0                                        | 0                                      | 0                                                          |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)                                                       | 9,702                                    | 9,871                                  | 169                                                        |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment                                                     | Total Members at End of |                    |                     |                    |                   | 6<br>Current Year<br>Member Months |
|--------------------------------------------------------------------------|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
|                                                                          | 1<br>Prior Year         | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year |                                    |
| 1. Health Maintenance Organizations.....                                 | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 2. Provider Service Organizations.....                                   | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 3. Preferred Provider Organizations.....                                 | 49,394                  | 56,598             | 57,315              | 58,222             | 58,349            | 688,376                            |
| 4. Point of Service.....                                                 | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 5. Indemnity Only.....                                                   | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 6. Aggregate write-ins for other lines of business.....                  | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 7. Total                                                                 | 49,394                  | 56,598             | 57,315              | 58,222             | 58,349            | 688,376                            |
| DETAILS OF WRITE-INS                                                     |                         |                    |                     |                    |                   |                                    |
| 0601. ....                                                               |                         |                    |                     |                    |                   |                                    |
| 0602. ....                                                               |                         |                    |                     |                    |                   |                                    |
| 0603. ....                                                               |                         |                    |                     |                    |                   |                                    |
| 0698. Summary of remaining write-ins for Line 6 from overflow page ..... | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)          | 0                       | 0                  | 0                   | 0                  | 0                 | 0                                  |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies and Going Concern

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                 |                 |                        |                        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|------------------------|------------------------|
| A. | Accounting Practices                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |                 |                        |                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                            | SSAP #          | F/S Page        | F/S Line #      | 2025                   | 2024                   |
|    | NET INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                        |                        |
|    | (1) Company state basis (Page 4, Line 32, Columns 2 & 3)                                                                                                                                                                                                                                                                                                                                                                                   | .... XXX .....  | .... XXX .....  | .... XXX .....  | \$ ..... (177,286,738) | \$ ..... (123,129,720) |
|    | (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:                                                                                                                                                                                                                                                                                                                                                              |                 |                 |                 |                        |                        |
|    | (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:                                                                                                                                                                                                                                                                                                                                                               |                 |                 |                 |                        |                        |
|    | (4) NAIC SAP (1-2-3=4)                                                                                                                                                                                                                                                                                                                                                                                                                     | .... XXX .....  | .... XXX .....  | .... XXX .....  | \$ ..... (177,286,738) | \$ ..... (123,129,720) |
|    | SURPLUS                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 |                 |                        |                        |
|    | (5) Company state basis (Page 3, Line 33, Columns 3 & 4)                                                                                                                                                                                                                                                                                                                                                                                   | .... XXX .....  | .... XXX .....  | .... XXX .....  | \$ ..... 111,932,986   | \$ ..... 71,836,808    |
|    | (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:                                                                                                                                                                                                                                                                                                                                                              |                 |                 |                 |                        |                        |
|    | (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:                                                                                                                                                                                                                                                                                                                                                               |                 |                 |                 |                        |                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                            | ..... XXX ..... | ..... XXX ..... | ..... XXX ..... | \$ ..... 111,932,986   | \$ ..... 71,836,808    |
|    | (8) NAIC SAP (5-6-7=8)                                                                                                                                                                                                                                                                                                                                                                                                                     | ..... XXX ..... | ..... XXX ..... | ..... XXX ..... | \$ ..... 111,932,986   | \$ ..... 71,836,808    |
| B. | Use of Estimates in the Preparation of the Financial Statements                                                                                                                                                                                                                                                                                                                                                                            |                 |                 |                 |                        |                        |
|    | The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates |                 |                 |                 |                        |                        |
| C. | Accounting Policy                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                 |                 |                        |                        |
|    | (1) Short-term investments are carried at market value                                                                                                                                                                                                                                                                                                                                                                                     |                 |                 |                 |                        |                        |
|    | (2) Long-term bond investments are carried at amortized cost                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |                 |                        |                        |
|    | (3)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (4)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (5)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (6)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (7)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (8)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (9)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (10) The Company factors investment income into the premium deficiency reserve calculation                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                        |                        |
|    | (11) The liability for claims incurred but unpaid for current year is estimated based upon certain actuarial assumptions which consider such factors as average enrollment, utilization, and claims paid in the current and preceding years. In addition, a provision is made for claim processing costs. Adjustments to these estimates are reflected in the year the actual results are known.                                           |                 |                 |                 |                        |                        |
|    | (12) Capitalization policy and resultant predefined thresholds have not changed from the prior period.                                                                                                                                                                                                                                                                                                                                     |                 |                 |                 |                        |                        |
|    | (13) Pharmacy rebate estimates are accrued for in accordance with SSAP No. 84, Certain Healthcare Receivables and Receivables Under Government Insured Plans.                                                                                                                                                                                                                                                                              |                 |                 |                 |                        |                        |
| D. | Going Concern                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                 |                 |                        |                        |
|    | The Management has assessed the Company’s ability as a going concern and noted no such risk exists. There are no conditions or events that raise any concerns.                                                                                                                                                                                                                                                                             |                 |                 |                 |                        |                        |
|    | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                 |                 |                        |                        |
|    | b.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                 |                 |                        |                        |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                 |                 |                        |                        |
|    | (2)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (3)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |
|    | (4)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                        |                        |

Note 2 - Accounting Changes and Corrections of Errors  
There were no accounting changes or correction of errors in year-end 2025 or 2024

Note 3 - Business Combinations and Goodwill

|    |                                                                                                                |                                                       |                          |  |  |
|----|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|--|--|
| A. | Statutory Purchase Method                                                                                      |                                                       |                          |  |  |
|    | The transaction was accounted for as a statutory purchase, and reflects the following:                         |                                                       |                          |  |  |
| B. | Statutory Merger                                                                                               |                                                       |                          |  |  |
|    | (1)                                                                                                            |                                                       |                          |  |  |
|    | (2)                                                                                                            |                                                       |                          |  |  |
|    | (3)                                                                                                            |                                                       |                          |  |  |
|    | (4)                                                                                                            |                                                       |                          |  |  |
|    | (5)                                                                                                            |                                                       |                          |  |  |
| C. | Assumption Reinsurance                                                                                         |                                                       |                          |  |  |
|    | (1)                                                                                                            |                                                       |                          |  |  |
|    | (2)                                                                                                            |                                                       |                          |  |  |
|    | (3)                                                                                                            |                                                       |                          |  |  |
|    | (4)                                                                                                            |                                                       |                          |  |  |
| D. | Impairment Loss                                                                                                |                                                       |                          |  |  |
|    | (1)                                                                                                            |                                                       |                          |  |  |
|    | (2)                                                                                                            |                                                       |                          |  |  |
| E. | Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill                                  |                                                       |                          |  |  |
|    |                                                                                                                | Calculation of Limitation Using Prior Quarter Numbers | Current Reporting Period |  |  |
|    | (1) Capital & Surplus                                                                                          | .....                                                 | XXX .....                |  |  |
|    | Less:                                                                                                          |                                                       |                          |  |  |
|    | (2) Admitted Positive Goodwill                                                                                 | .....                                                 | XXX .....                |  |  |
|    | (3) Admitted EDP Equipment & Operating System Software                                                         | .....                                                 | XXX .....                |  |  |
|    | (4) Admitted Net Deferred Taxes                                                                                | .....                                                 | XXX .....                |  |  |
|    | (5) Adjusted Capital and Surplus (Line 1-2-3-4)                                                                | ..... 0                                               | XXX .....                |  |  |
|    | (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%]) | ..... 0                                               | XXX .....                |  |  |
|    | (7) Current period reported Admitted Goodwill                                                                  | ..... XXX .....                                       |                          |  |  |
|    | (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)       | ..... XXX .....                                       | 0.000 %                  |  |  |

Note 4 - Discontinued Operations

|    |                                                                   |
|----|-------------------------------------------------------------------|
| A. | Discontinued Operation Disposed of or Classified as Held for Sale |
|----|-------------------------------------------------------------------|

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

- (2)
- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income
- B. Change in Plan of Sale of Discontinued Operation
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal
- D. Equity Interest Retained in the Discontinued Operation After Disposal

Note 5 - Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans

(1)

(2)

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total: \$ ..... 

Current Year

 \$ ..... 

Prior Year

 0

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

|                                                                                                                                                                  | Residential             |                       |           | Commercial |           |           |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------|------------|-----------|-----------|-----------|
|                                                                                                                                                                  | Farm                    | Insured               | All Other | Insured    | All Other | Mezzanine | Total     |
| a. Current Year                                                                                                                                                  |                         |                       |           |            |           |           |           |
| 1. Recorded Investment (All)                                                                                                                                     |                         |                       |           |            |           |           |           |
| (a) Current                                                                                                                                                      | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| (b) 30-59 Days Past Due                                                                                                                                          | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (c) 60-89 Days Past Due                                                                                                                                          | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (d) 90-179 Days Past Due                                                                                                                                         | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (e) 180+ Days Past Due                                                                                                                                           | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 2. Accruing Interest 90-179 Days Past Due                                                                                                                        |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| (b) Interest Accrued                                                                                                                                             | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Accruing Interest 180+ Days Past Due                                                                                                                          |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| (b) Interest Accrued                                                                                                                                             | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Interest Reduced                                                                                                                                              |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| (b) Number of Loans                                                                                                                                              | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (c) Percent Reduced                                                                                                                                              | .....%                  | .....%                | .....%    | .....%     | .....%    | .....%    | .....%    |
| 5. Participant or Co-lender in a Mortgage Loan Agreement                                                                                                         |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| b. Prior Year                                                                                                                                                    |                         |                       |           |            |           |           |           |
| 1. Recorded Investment                                                                                                                                           |                         |                       |           |            |           |           |           |
| (a) Current                                                                                                                                                      | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| (b) 30-59 Days Past Due                                                                                                                                          | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (c) 60-89 Days Past Due                                                                                                                                          | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (d) 90-179 Days Past Due                                                                                                                                         | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (e) 180+ Days Past Due                                                                                                                                           | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 2. Accruing Interest 90-179 Days Past Due                                                                                                                        |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| (b) Interest Accrued                                                                                                                                             | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Accruing Interest 180+ Days Past Due                                                                                                                          |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| (b) Interest Accrued                                                                                                                                             | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Interest Reduced                                                                                                                                              |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| (b) Number of Loans                                                                                                                                              | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| (c) Percent Reduced                                                                                                                                              | .....0.0%               | .....0.0%             | .....0.0% | .....0.0%  | .....0.0% | .....0.0% | .....0.0% |
| 5. Participant or Co-lender in a Mortgage Loan Agreement                                                                                                         |                         |                       |           |            |           |           |           |
| (a) Recorded Investment                                                                                                                                          | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
|                                                                                                                                                                  | Residential             |                       |           | Commercial |           |           |           |
|                                                                                                                                                                  | Farm                    | Insured               | All Other | Insured    | All Other | Mezzanine | Total     |
| a. Current Year                                                                                                                                                  |                         |                       |           |            |           |           |           |
| 1. With Allowance for Credit Losses                                                                                                                              | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| 2. No Allowance for Credit Losses                                                                                                                                | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Total (1+2)                                                                                                                                                   | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| b. Prior Year                                                                                                                                                    |                         |                       |           |            |           |           |           |
| 1. With Allowance for Credit Losses                                                                                                                              | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| 2. No Allowance for Credit Losses                                                                                                                                | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Total (1+2)                                                                                                                                                   | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
|                                                                                                                                                                  | Residential             |                       |           | Commercial |           |           |           |
|                                                                                                                                                                  | Farm                    | Insured               | All Other | Insured    | All Other | Mezzanine | Total     |
| a. Current Year                                                                                                                                                  |                         |                       |           |            |           |           |           |
| 1. Average Recorded Investment                                                                                                                                   | \$ .....                | \$ .....              | \$ .....  | \$ .....   | \$ .....  | \$ .....  | \$ .....0 |
| 2. Interest Income Recognized                                                                                                                                    | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Recorded Investments on Nonaccrual Status                                                                                                                     | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting                                                                                  | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| b. Prior Year                                                                                                                                                    |                         |                       |           |            |           |           |           |
| 1. Average Recorded Investment                                                                                                                                   | \$ .....0               | \$ .....0             | \$ .....0 | \$ .....0  | \$ .....0 | \$ .....0 | \$ .....0 |
| 2. Interest Income Recognized                                                                                                                                    | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 3. Recorded Investments on Nonaccrual Status                                                                                                                     | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
| 4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting                                                                                  | .....0                  | .....0                | .....0    | .....0     | .....0    | .....0    | .....0    |
|                                                                                                                                                                  | <div>Current Year</div> | <div>Prior Year</div> |           |            |           |           |           |
| a. Balance at beginning of period                                                                                                                                | \$ .....0               | \$ .....0             |           |            |           |           |           |
| b. Additions charged to operations                                                                                                                               | \$ .....                | \$ .....              |           |            |           |           |           |
| c. Direct write-downs charged against the allowances                                                                                                             | \$ .....                | \$ .....0             |           |            |           |           |           |
| d. Recoveries of amounts previously charged off                                                                                                                  | \$ .....                | \$ .....              |           |            |           |           |           |
| e. Balance at end of period (a+b-c-d)                                                                                                                            | \$ .....0               | \$ .....0             |           |            |           |           |           |
|                                                                                                                                                                  | <div>Current Year</div> |                       |           |            |           |           |           |
| a. Aggregate amount of mortgage loans derecognized                                                                                                               | \$ .....                |                       |           |            |           |           |           |
| b. Real estate collateral recognized                                                                                                                             | \$ .....                |                       |           |            |           |           |           |
| c. Other collateral recognized                                                                                                                                   | \$ .....                |                       |           |            |           |           |           |
| d. Receivables recognized from a government guarantee of the foreclosed mortgage loan                                                                            | \$ .....                |                       |           |            |           |           |           |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

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# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

- a. Bilateral (YES/NO)
- b. Tri-Party (YES/NO)

### (3) Original (Flow) & Residual Maturity

a. Maximum Amount

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

b. Ending Balance

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

(4)

(5) Securities "Sold" Under Repo – Secured Borrowing

- a. Maximum Amount
  1. BACV
  2. Nonadmitted – Subset of BACV
  3. Fair Value
- b. Ending Balance
  1. BACV
  2. Nonadmitted – Subset of BACV
  3. Fair Value

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation  
ENDING BALANCE

- a. ICO – BACV
- b. ICO – FV
- c. ABS – BACV
- d. ABS – FV
- e. Preferred Stock – BACV
- f. Preferred Stock – FV
- g. Common Stock
- h. Mortgage Loans – BACV
- i. Mortgage Loans – FV
- j. Real Estate – BACV
- k. Real Estate – FV
- l. Derivatives – BACV
- m. Derivatives – FV
- n. Other Invested Assets – BACV
- o. Other Invested Assets – FV
- p. Total Assets – BACV
- q. Total Assets – FV

**ENDING BALANCE**

|    |                              |  |
|----|------------------------------|--|
| a. | ICO – BACV                   |  |
| b. | ICO – FV                     |  |
| c. | ABS – BACV                   |  |
| d. | ABS – FV                     |  |
| e. | Preferred Stock – BACV       |  |
| f. | Preferred Stock – FV         |  |
| g. | Common Stock                 |  |
| h. | Mortgage Loans – BACV        |  |
| i. | Mortgage Loans – FV          |  |
| j. | Real Estate – BACV           |  |
| k. | Real Estate – FV             |  |
| l. | Derivatives – BACV           |  |
| m. | Derivatives – FV             |  |
| n. | Other Invested Assets – BACV |  |
| o. | Other Invested Assets – FV   |  |
| p. | Total Assets – BACV          |  |
| q. | Total Assets – FV            |  |

$p = a + c + e + g + i + l + n$ 
 $q = b + d + f + h + j + k + m + o$

(7) Collateral Received – Secured Borrowing

- a. Maximum Amount
  1. Cash
  2. Securities (FV)
- b. Ending Balance
  1. Cash
  2. Securities (FV)

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation  
ENDING BALANCE

- a. Cash
- b. ICO – FV
- c. ABS – FV
- d. Preferred Stock – FV
- e. Common Stock
- f. Mortgage Loans – FV
- g. Real Estate – FV
- h. Derivatives – FV
- i. Other Invested Assets – FV
- j. Total Collateral Assets – FV (Sum of a through i)

ENDING BALANCE

- Cash
- ICO – FV
- ABS – FV
- Preferred Stock – FV
- Common Stock
- Mortgage Loans – FV
- Real Estate – FV
- Derivatives – FV
- Other Invested Assets – FV
- Total Collateral Assets – FV (Sum of a through i)

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

- Overnight and Continuous
- 30 Days or Less
- 31 to 90 Days
- > 90 Days

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

[illegible]







ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

- (5)
- a.

b.
- K. Investments in Tax Credit Structures (tax credit investments)

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- L. Restricted Assets

(1) Restricted Assets (Including Pledged)

|                                                                                    | 1                                                                 | 2                                                               | 3                                | 4                                         | 5                                                  | 6                                                             | 7                                                | 8                                          | 9                           | 10            |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|-----------------------------|---------------|
| Restricted Asset Category                                                          | Total Gross (Admitted & Nonadmitted) Restricted from Current Year | Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Nonadmitted Restricted | Total Current Year Admitted Restricted (1 minus 4) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | Admitted Restricted to Total Admitted Assets (b) | Amount Reported in General Interrogatories | Difference from Note and GI | GI Ref        |
| a. Subject to contractual obligation for which liability is not shown              | \$                                                                | \$ 0                                                            | \$ 0                             | \$                                        | \$ 0                                               | 0.0 %                                                         | 0.0 %                                            | XXX                                        | XXX                         | XXX           |
| b. Collateral held under security lending agreements                               |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 25.04 + 25.05 |
| c. Subject to repurchase agreements                                                |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.21         |
| d. Subject to reverse repurchase agreements                                        |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.22         |
| e. Subject to dollar repurchase agreements                                         |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.23         |
| f. Subject to dollar reverse repurchase agreements                                 |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.24         |
| g. Placed under option contracts                                                   |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.25         |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.26         |
| i. FHLB capital stock                                                              |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.27         |
| j. On deposit with states                                                          | 121,247                                                           | 116,515                                                         | 4,732                            |                                           | 121,247                                            | 0.0                                                           | 0.0                                              | 121,247                                    | 0                           | 26.28         |
| k. On deposit with other regulatory bodies                                         |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.29         |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     |                                                                   | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.31         |
| m. Pledged as collateral not captured in other categories                          | 0                                                                 | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.30         |
| n. Other restricted assets                                                         | 0                                                                 | 0                                                               | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | 0                                          | 0                           | 26.32         |
| o. Collateral assets received and on balance sheet                                 |                                                                   |                                                                 | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | XXX                                        | XXX                         | XXX           |
| p. Assets held under modco reinsurance agreements                                  |                                                                   |                                                                 | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | XXX                                        | XXX                         | XXX           |
| q. Assets held under funds withheld reinsurance agreements                         |                                                                   |                                                                 | 0                                |                                           | 0                                                  | 0.0                                                           | 0.0                                              | XXX                                        | XXX                         | XXX           |
| r. Total restricted assets (Sum of a through q)                                    | \$ 121,247                                                        | \$ 116,515                                                      | \$ 4,732                         | \$ 0                                      | \$ 121,247                                         | 0.0 %                                                         | 0.0 %                                            | XXX                                        | XXX                         | XXX           |

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28  
Reporting entities shall explain the differences between amounts reported in Note 5L(1) and the general interrogatories. This shall include all instances in which an amount is reported in column 9 above.

| GI Reference  | Difference between Note and GI (Per Column 9 above) | Explanation |
|---------------|-----------------------------------------------------|-------------|
| 25.04 + 25.05 | 0                                                   |             |
| 26.21         | 0                                                   |             |
| 26.22         | 0                                                   |             |
| 26.23         | 0                                                   |             |
| 26.24         | 0                                                   |             |
| 26.25         | 0                                                   |             |
| 26.26         | 0                                                   |             |
| 26.27         | 0                                                   |             |
| 26.28         | 0                                                   |             |
| 26.29         | 0                                                   |             |
| 26.31         | 0                                                   |             |
| 26.30         | 0                                                   |             |
| 26.32         | 0                                                   |             |

(4) Collateral Received and Assets Held under Modco/Funds Withheld (FWH) Reinsurance Agreements Reflected as Assets Within the Reporting Entity's Financial Statements

|                                                      | 1                   | 2               | 3              | 4                     | 5                | 6              | 7                                                      | 8                                     |
|------------------------------------------------------|---------------------|-----------------|----------------|-----------------------|------------------|----------------|--------------------------------------------------------|---------------------------------------|
| Assets                                               | BACV Collateral *** | BACV Modco **** | BACV FWH ***** | Fair Value Collateral | Fair Value Modco | Fair Value FWH | % of BACV to Total Assets (Admitted and Nonadmitted) * | % of BACV to Total Admitted Assets ** |
| a. Cash, Cash Equivalents and Short-Term Investments | \$                  | \$              | \$             | \$                    | \$               | \$             | 0.0 %                                                  | 0.0 %                                 |
| b. Schedule D, Part 1, Section 1                     |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| c. Schedule D, Part 1, Section 2                     |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| d. Schedule D, Part 2, Section 1                     |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| e. Schedule D, Part 2, Section 2                     |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| f. Schedule B                                        |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| g. Schedule A                                        |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| h. Schedule BA, Part 1                               |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| i. Schedule DL, Part 1                               |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| j. Other                                             |                     |                 |                |                       |                  |                | 0.0 %                                                  | 0.0 %                                 |
| k. Total Assets                                      |                     |                 |                |                       |                  |                |                                                        |                                       |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

|                                                  |    |     |    |     |    |     |    |     |    |     |    |     |     |     |     |     |
|--------------------------------------------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|-----|-----|-----|-----|
| (a+b+c+d+e+f+g+h+i+j)                            | \$ | 0   | \$ | 0   | \$ | 0   | \$ | 0   | \$ | 0   | \$ | 0   | 0.0 | %   | 0.0 | %   |
| Percentage to Total FWH Assets (including Modco) |    | XXX |    | XXX |    | XXX |    | XXX |    | XXX |    | XXX |     | XXX |     | XXX |

\* Sum of Column 1, 2 and 3 (Total of Collateral, Modco, FWH) divided by Asset Page, Line 26 (Column 1)  
\*\* Sum of Column 1, 2 and 3 (Total of Collateral, Modco, FWH) divided by Asset Page, Line 26 (Column 3)  
\*\*\* k (Collateral BACV) should equal Note 5L(1) Column 1, Line o.  
\*\*\*\* k (Modco BACV) should equal Note 5L(1) Column 1, Line p.  
\*\*\*\*\* k (FWH BACV) should equal Note 5L(1) Column 1, Line q.

| Assets                                               | 9<br>Book/Adjusted<br>Carrying Value<br>(BACV) | 10                 | 11       | 12       | 13       | 14       | 15       |
|------------------------------------------------------|------------------------------------------------|--------------------|----------|----------|----------|----------|----------|
|                                                      |                                                | Related Party Code |          |          |          |          |          |
|                                                      | FWH Including<br>Modco                         | 1                  | 2        | 3        | 4        | 5        | 6        |
| a. Cash, Cash Equivalents and Short-Term Investments | \$ .....                                       | \$ .....           | \$ ..... | \$ ..... | \$ ..... | \$ ..... | \$ ..... |
| b. Schedule D, Part 1, Section 1                     | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| c. Schedule D, Part 1, Section 2                     | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| d. Schedule D, Part 2, Section 1                     | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| e. Schedule D, Part 2, Section 2                     | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| f. Schedule B                                        | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| g. Schedule A                                        | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| h. Schedule BA, Part 1                               | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| i. Schedule DL, Part 1                               | .....                                          | .....              | .....    | .....    | .....    | .....    | .....    |
| j. Other                                             | \$ .....                                       | \$ .....           | \$ ..... | \$ ..... | \$ ..... | \$ ..... | \$ ..... |
| k. Total Assets (a+b+c+d+e+f+g+h+i+j)                | \$ 0                                           | \$ 0               | \$ 0     | \$ 0     | \$ 0     | \$ 0     | \$ 0     |
| l. Percentage to Total FWH Assets (including Modco)  | 0.0 %                                          | 0.0 %              | 0.0 %    | 0.0 %    | 0.0 %    | 0.0 %    | 0.0 %    |

|                                                                      | 1<br>Amount | 2<br>% of Liability to<br>Total Liabilities # |
|----------------------------------------------------------------------|-------------|-----------------------------------------------|
| m. Recognized Obligation to Return Collateral Asset                  | \$ .....    | 0.0 %                                         |
| n. Recognized Obligation for Modco assets                            | \$ .....    | 0.0 %                                         |
| o. Recognized Obligation for FWH (excluding Modco) assets            | \$ .....    | 0.0 %                                         |
| # m + n + o = Column 1 divided by Liability Page, Line 24 (Column 3) |             |                                               |

(5) Disclose whether any of the asset held a collateral or under modified coinsurance (Modco) or funds withheld reinsurance (FWH) agreements have been pledged for another purpose specific to the insurance reporting entity (not for the benefit of the reinsurer). For example, if the insurance reporting entity has used these assets as the collateral in a securities lending agreement, a repo transaction, pledged as collateral to the FHLB, etc. (For Modco/FWH assets, items pledged on behalf of the reinsurer shall not be captured.)

|                                                                                | Collateral Held | Modco | FWH |
|--------------------------------------------------------------------------------|-----------------|-------|-----|
| a. Securities Lending                                                          |                 |       |     |
| b. Repo / repurchase Agreements                                                |                 |       |     |
| c. Placed under option contracts                                               |                 |       |     |
| d. On deposit with states                                                      |                 |       |     |
| e. On deposit with other regulatory bodies                                     |                 |       |     |
| f. Pledged as collateral to FHLB (including assets backing funding agreements) |                 |       |     |
| g. Pledged as collateral not captured in other categories                      |                 |       |     |
| h. Total (a+b+c+d+e+f+g)                                                       | 0               | 0     | 0   |

M. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

|                        | Gross Asset CY | Non-admitted<br>Asset CY | Net Admitted<br>Asset CY |
|------------------------|----------------|--------------------------|--------------------------|
| a. WCFI Designation 1  | \$ .....       | \$ .....                 | 0                        |
| b. WCFI Designation 2  | .....          | .....                    | 0                        |
| c. WCFI Designation 3  | .....          | .....                    | 0                        |
| d. WCFI Designation 4  | .....          | .....                    | 0                        |
| e. WCFI Designation 5  | .....          | .....                    | 0                        |
| f. WCFI Designation 6  | .....          | .....                    | 0                        |
| g. Total (a+b+c+d+e+f) | \$ 0           | \$ 0                     | 0                        |

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs:

|                         | Book/Adjusted<br>Carrying Value |
|-------------------------|---------------------------------|
| a. Up to 180 Days       | .....                           |
| b. 181 Days to 365 Days | .....                           |
| c. Total (a+b)          | \$ 0                            |

(3)

N. Offsetting and Netting of Assets and Liabilities

O. 5GI Securities

| Investment               | Number of 5GI Securities |            | Aggregate BACV |            | Aggregate Fair Value |            |
|--------------------------|--------------------------|------------|----------------|------------|----------------------|------------|
|                          | Current Year             | Prior Year | Current Year   | Prior Year | Current Year         | Prior Year |
| (1) ICO – AC             | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (2) ICO – FV             | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (3) ABS – AC             | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (4) ABS – FV             | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (5) Preferred Stock – AC | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (6) Preferred Stock – FV | .....                    | 0          | \$ .....       | \$ 0       | \$ .....             | \$ 0       |
| (7) Total (1+2+3+4+5+6)  | 0                        | 0          | \$ 0           | \$ 0       | \$ 0                 | \$ 0       |

AC – Amortized Cost                      FV – Fair Value

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

|                     | Proceeds<br>Received | Current Fair<br>Value of<br>Securities Sold<br>Short | Unrealized Gain<br>or (Loss) | Expected<br>Settlement<br>(# of Days) | Fair Value of<br>Short Sales<br>Exceeding (or<br>expected to<br>exceed) 3<br>Settlement Days | Fair Value of<br>Short Sales<br>Expected to be<br>Settled by<br>Secured<br>Borrowing |
|---------------------|----------------------|------------------------------------------------------|------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| a. ICO              | \$ .....             | .....                                                | .....                        | .....                                 | .....                                                                                        | .....                                                                                |
| b. ABS              | .....                | .....                                                | .....                        | .....                                 | .....                                                                                        | .....                                                                                |
| c. Preferred Stock  | .....                | .....                                                | .....                        | .....                                 | .....                                                                                        | .....                                                                                |
| d. Common Stock     | .....                | .....                                                | .....                        | .....                                 | .....                                                                                        | .....                                                                                |
| d. Totals (a+b+c+d) | \$ 0                 | \$ 0                                                 | \$ 0                         | XXX                                   | \$ 0                                                                                         | \$ 0                                                                                 |

(2) Settled Short Sale Transactions

|                     | Proceeds<br>Received | Current Fair<br>Value of<br>Securities Sold<br>Short | Realized Gain<br>or (Loss) on<br>Transaction | Fair Value of<br>Short Sales that<br>Exceeded 3<br>Settlement Days | Fair Value of<br>Short Sales<br>Settled by<br>Secured<br>Borrowing |
|---------------------|----------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
| a. ICO              | \$ .....             | \$ .....                                             | \$ .....                                     | \$ .....                                                           | \$ .....                                                           |
| b. ABS              | .....                | .....                                                | .....                                        | .....                                                              | .....                                                              |
| c. Preferred Stock  | .....                | .....                                                | .....                                        | .....                                                              | .....                                                              |
| d. Common Stock     | .....                | .....                                                | .....                                        | .....                                                              | .....                                                              |
| e. Totals (a+b+c+d) | \$ 0                 | \$ 0                                                 | \$ 0                                         | \$ 0                                                               | \$ 0                                                               |

Q. Prepayment Penalty and Acceleration Fees

|                                           | General Account |
|-------------------------------------------|-----------------|
| (1) Number of CUSIPs                      | .....           |
| (2) Aggregate Amount of Investment Income | 0               |

R. Reporting Entity's Share of Cash Pool by Asset type.

| Asset Type | Percent Share |
|------------|---------------|
| (1) Cash   | ..... %       |

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|                             |       |   |
|-----------------------------|-------|---|
| (2) Cash Equivalents        | ..... | % |
| (3) Short-Term Investments  | ..... | % |
| (4) Total (Must equal 100%) | 0.000 | % |

S. Aggregate Collateral Loans by Qualifying Investment Collateral

| Collateral Type                                   | Aggregate Collateral Loan* | Admitted | Nonadmitted |
|---------------------------------------------------|----------------------------|----------|-------------|
| (1) Cash, Cash Equivalent & ST Investments        |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (2) Issuer Credit Obligations                     |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (3) Asset-Backed Securities                       |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (4) Preferred Stocks                              |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (5) Common Stocks                                 |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (6) Real Estate                                   |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (7) Mortgage Loans                                |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (8) Joint Ventures, Partnerships, LLC             |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (9) Other Qualifying Investments                  |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (10) Collateral Does not Qualify as an Investment |                            |          |             |
| a. Affiliated .....                               |                            | 0        |             |
| b. Unaffiliated .....                             |                            | 0        |             |
| (11) Total                                        | 0                          | 0        | 0           |

\* Aggregate Collateral Loan Total Line should equal Schedule BA, Part 1, Column 12, Book Adjusted Carrying Value

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of its admitted assets
- B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies in the year of the Impairment Write-Down

Note 7 - Investment Income

- A. Due and Accrued Income that was Excluded from Surplus on the following basis
- B. Total Amount Excluded

C. Gross, nonadmitted and admitted amounts for interest income due and accrued.

| Interest Income Due and Accrued | Amount       |
|---------------------------------|--------------|
| 1. Gross .....                  | \$ 2,190,697 |
| 2. Nonadmitted .....            | \$ 0         |
| 3. Admitted .....               | \$ 2,190,697 |

D. Aggregate deferred interest.

|                             | Amount |
|-----------------------------|--------|
| Aggregate Deferred Interest | \$ 0   |

E. Cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

|                                                                              | Amount |
|------------------------------------------------------------------------------|--------|
| Cumulative amounts of PIK interest included in the current principal balance | \$ 0   |

Note 8 - Derivative Instruments

A. Derivatives under SSAP No. 86 – Derivatives

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- a.
- b.
- (9)
- a.

| Fiscal Year                                      | Derivative Premium Payments Due |
|--------------------------------------------------|---------------------------------|
| 1. 2026                                          | \$ .....                        |
| 2. 2027                                          | .....                           |
| 3. 2028                                          | .....                           |
| 4. 2029                                          | .....                           |
| 5. Thereafter                                    | .....                           |
| 6. Total Financing Premiums (Sum of 1 through 5) | \$ 0                            |

b.

|                 | Undiscounted Future Premium Commitments | Derivative Fair Value With Premium Commitments (Reported on DB) | Derivative Fair Value Excluding Impact of Financing Premiums |
|-----------------|-----------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
| 1. Prior Year   | \$ .....0                               | \$ .....0                                                       | \$ .....0                                                    |
| 2. Current Year | \$ .....                                | \$ .....                                                        | \$ .....                                                     |

(10) Information on the aggregate excluded components by category

| Type of Excluded Component          | Current Fair Value | Recognized Unrealized Gain (Loss) | Fair Value Reflected in BACV | Aggregate Amount Owed at Maturity | Current Year Amortization | Remaining Amortization |
|-------------------------------------|--------------------|-----------------------------------|------------------------------|-----------------------------------|---------------------------|------------------------|
| a. Time Value .....                 | \$ .....           | \$ .....                          | \$ .....                     | XXX                               | XXX                       | XXX                    |
| b. Volatility Value .....           | \$ .....           | \$ .....                          | \$ .....                     | XXX                               | XXX                       | XXX                    |
| c. Cross Current Basis Spread ..... | \$ .....           | \$ .....                          | XXX                          | XXX                               | XXX                       | XXX                    |
| d. Forward Points                   | \$ .....           | \$ .....                          | XXX                          | \$ .....                          | \$ .....                  | \$ .....               |

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

- (1)
- (2) Recognition of gains/losses and deferred assets and liabilities
- a. Scheduled Amortization

| Amortization Year | Deferred Assets | Deferred Liabilities |
|-------------------|-----------------|----------------------|
| 1. 2026           | .....           | .....                |
| 2. 2027           | .....           | .....                |
| 3. 2028           | .....           | .....                |

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|                                                    |                                                                                             |          |          |
|----------------------------------------------------|---------------------------------------------------------------------------------------------|----------|----------|
| 4.                                                 | 2029                                                                                        | .....    | .....    |
| 5.                                                 | 2030                                                                                        | .....    | .....    |
| 6.                                                 | 2031                                                                                        | .....    | .....    |
| 7.                                                 | 2032                                                                                        | .....    | .....    |
| 8.                                                 | 2033                                                                                        | .....    | .....    |
| 9.                                                 | 2034                                                                                        | .....    | .....    |
| 10.                                                | 2035                                                                                        | .....    | .....    |
| 11.                                                | Total (Sum of 1 through 10)                                                                 | <u>0</u> | <u>0</u> |
| b.                                                 | Total Deferred Balance*                                                                     | .....    | 0        |
| * Should agree to Column 19 of Schedule DB, Part E |                                                                                             |          |          |
| c.                                                 | Reconciliation of Amortization:                                                             |          |          |
| 1.                                                 | Prior Year Total Deferred Balance                                                           | \$ ..... | 0        |
| 2.                                                 | Current Year Amortization                                                                   | \$ ..... |          |
| 3.                                                 | Current Year Deferred Recognition                                                           | \$ ..... |          |
| 4.                                                 | Ending Deferred Balance [1-(2+3)]                                                           | \$ ..... | 0        |
| d.                                                 | Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86              |          |          |
| 1.                                                 | Total Derivative Fair Value Change                                                          | \$ ..... |          |
| 2.                                                 | Change in Fair Value Reflected as a Natural Offset to VM21 Liability Under SSAP No. 108     | \$ ..... |          |
| 3.                                                 | Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108           | \$ ..... |          |
| 4.                                                 | Other Changes                                                                               | \$ ..... |          |
| 5.                                                 | Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)] | \$ ..... | 0        |
| e.                                                 | Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108              |          |          |
| 1.                                                 | Total Derivative Fair Value Change                                                          | \$ ..... |          |
| 2.                                                 | Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108             | \$ ..... |          |
| 3.                                                 | Other Changes                                                                               | \$ ..... |          |
| 4.                                                 | Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]                    | \$ ..... | 0        |

(3)

|    |                             |                            |                                 |                          |
|----|-----------------------------|----------------------------|---------------------------------|--------------------------|
| a. |                             |                            |                                 |                          |
| c. | Amortization                |                            |                                 |                          |
|    | Amortization Year           | Recognized Deferred Assets | Recognized Deferred Liabilities | Accelerated Amortization |
| 1. | 2026                        | .....                      | .....                           | .....                    |
| 2. | 2027                        | .....                      | .....                           | .....                    |
| 3. | 2028                        | .....                      | .....                           | .....                    |
| 4. | 2029                        | .....                      | .....                           | .....                    |
| 5. | 2030                        | .....                      | .....                           | .....                    |
| 6. | Total Adjusted Amortization | .....                      | .....                           | .....                    |

d.

(4)

|    |                             |                            |                                 |                          |
|----|-----------------------------|----------------------------|---------------------------------|--------------------------|
| a. |                             |                            |                                 |                          |
| c. | Amortization                |                            |                                 |                          |
|    | Amortization Year           | Recognized Deferred Assets | Recognized Deferred Liabilities | Accelerated Amortization |
| 1. | 2026                        | .....                      | .....                           | .....                    |
| 2. | 2027                        | .....                      | .....                           | .....                    |
| 3. | 2028                        | .....                      | .....                           | .....                    |
| 4. | 2029                        | .....                      | .....                           | .....                    |
| 5. | 2030                        | .....                      | .....                           | .....                    |
| 6. | Total Adjusted Amortization | .....                      | .....                           | .....                    |

d.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

- (a)

Gross Deferred Tax Assets
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross Deferred Tax Assets  
(1a - 1b)
- (d)

Deferred Tax Assets Nonadmitted
- (e)

Subtotal Net Admitted Deferred Tax Asset  
(1c -1d )
- (f)

Deferred Tax Liabilities
- (g)

Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)  
(1e - 1f)

| 12/31/2025           |                 |                      |
|----------------------|-----------------|----------------------|
| (1)                  | (2)             | (3)                  |
| Ordinary             | Capital         | (Col 1+2)<br>Total   |
| \$ ..... 115,656,527 | \$ ..... 35,007 | \$ ..... 115,691,534 |
| \$ ..... 115,271,181 | \$ ..... 35,007 | \$ ..... 115,306,188 |
| \$ ..... 385,346     | \$ ..... 0      | \$ ..... 385,346     |
| \$ ..... 0           | \$ ..... 0      | \$ ..... 0           |
| \$ ..... 385,346     | \$ ..... 0      | \$ ..... 385,346     |
| \$ ..... 385,346     | \$ ..... 0      | \$ ..... 385,346     |
| \$ ..... 0           | \$ ..... 0      | \$ ..... 0           |

- (a)

Gross Deferred Tax Assets
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross Deferred Tax Assets  
(1a - 1b)
- (d)

Deferred Tax Assets Nonadmitted
- (e)

Subtotal Net Admitted Deferred Tax Asset  
(1c -1d )
- (f)

Deferred Tax Liabilities
- (g)

Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)  
(1e - 1f)

| 12/31/2024          |                 |                     |
|---------------------|-----------------|---------------------|
| (4)                 | (5)             | (6)                 |
| Ordinary            | Capital         | (Col 4+5)<br>Total  |
| \$ ..... 78,201,594 | \$ ..... 32,359 | \$ ..... 78,233,953 |
| \$ ..... 78,037,375 | \$ ..... 32,359 | \$ ..... 78,069,734 |
| \$ ..... 164,219    | \$ ..... 0      | \$ ..... 164,219    |
| \$ ..... 0          | \$ ..... 0      | \$ ..... 0          |
| \$ ..... 164,219    | \$ ..... 0      | \$ ..... 164,219    |
| \$ ..... 164,219    | \$ ..... 0      | \$ ..... 164,219    |
| \$ ..... 0          | \$ ..... 0      | \$ ..... 0          |

- (a)

Gross Deferred Tax Assets
- (b)

Statutory Valuation Allowance Adjustments
- (c)

Adjusted Gross Deferred Tax Assets  
(1a - 1b)
- (d)

Deferred Tax Assets Nonadmitted
- (e)

Subtotal Net Admitted Deferred Tax Asset  
(1c -1d )
- (f)

Deferred Tax Liabilities
- (g)

Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)  
(1e - 1f)

| Change                |                      |                     |
|-----------------------|----------------------|---------------------|
| (7)                   | (8)                  | (9)                 |
| (Col 1-4)<br>Ordinary | (Col 2-5)<br>Capital | (Col 7+8)<br>Total  |
| \$ ..... 37,454,933   | \$ ..... 2,648       | \$ ..... 37,457,581 |
| \$ ..... 37,233,806   | \$ ..... 2,648       | \$ ..... 37,236,454 |
| \$ ..... 221,127      | \$ ..... 0           | \$ ..... 221,127    |
| \$ ..... 0            | \$ ..... 0           | \$ ..... 0          |
| \$ ..... 221,127      | \$ ..... 0           | \$ ..... 221,127    |
| \$ ..... 221,127      | \$ ..... 0           | \$ ..... 221,127    |
| \$ ..... 0            | \$ ..... 0           | \$ ..... 0          |

2.

| 12/31/2025 |         |                    |
|------------|---------|--------------------|
| (1)        | (2)     | (3)                |
| Ordinary   | Capital | (Col 1+2)<br>Total |

Admission Calculation Components SSAP No. 101

- (a)

Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.

\$ .....

\$ .....

\$ ..... 0
- (b)

Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)

\$ .....

\$ .....

\$ ..... 0

1.

Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.

\$ .....

\$ .....

\$ ..... 0

2.

Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.

XXX

XXX

\$ ..... 16,789,948

(c)

Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax

\$ ..... 385,346

\$ .....

\$ ..... 385,346
- 26.10

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

|                                                                            |                                                                                                                                                                                                               |                                                              |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. |                                                                                                                                                                                                               |                                                              |
| (d)                                                                        | Deferred Tax Assets Admitted as the result of application of SSAP No. 101.                                                                                                                                    |                                                              |
| Total                                                                      | (2(a) + 2(b) + 2(c))                                                                                                                                                                                          | \$ ..... 385,346 \$ ..... 0 \$ ..... 385,346                 |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| 12/31/2024                                                                 |                                                                                                                                                                                                               |                                                              |
| (4)                                                                        | (5)                                                                                                                                                                                                           | (6)                                                          |
| Ordinary                                                                   | Capital                                                                                                                                                                                                       | (Col 4+5)<br>Total                                           |
| (a)                                                                        | Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.                                                                                                                                 | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (b)                                                                        | Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| 1.                                                                         | Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.                                                                                                                  | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| 2.                                                                         | Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.                                                                                                                                          | XXX XXX \$ ..... 10,962,242                                  |
| (c)                                                                        | Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.                                                           | \$ ..... 164,219 \$ ..... 0 \$ ..... 164,219                 |
| (d)                                                                        | Deferred Tax Assets Admitted as the result of application of SSAP No. 101.                                                                                                                                    |                                                              |
| Total                                                                      | (2(a) + 2(b) + 2(c))                                                                                                                                                                                          | \$ ..... 164,219 \$ ..... 0 \$ ..... 164,219                 |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| Change                                                                     |                                                                                                                                                                                                               |                                                              |
| (7)                                                                        | (8)                                                                                                                                                                                                           | (9)                                                          |
| (Col 1-4)<br>Ordinary                                                      | (Col 2-5)<br>Capital                                                                                                                                                                                          | (Col 7+8)<br>Total                                           |
| (a)                                                                        | Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.                                                                                                                                 | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (b)                                                                        | Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| 1.                                                                         | Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.                                                                                                                  | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| 2.                                                                         | Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.                                                                                                                                          | XXX XXX \$ ..... 5,827,706                                   |
| (c)                                                                        | Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.                                                           | \$ ..... 221,127 \$ ..... 0 \$ ..... 221,127                 |
| (d)                                                                        | Deferred Tax Assets Admitted as the result of application of SSAP No. 101.                                                                                                                                    |                                                              |
| Total                                                                      | (2(a) + 2(b) + 2(c))                                                                                                                                                                                          | \$ ..... 221,127 \$ ..... 0 \$ ..... 221,127                 |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| 3.                                                                         |                                                                                                                                                                                                               |                                                              |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| (a)                                                                        | Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.                                                                                                                           | ..... 341.000 ..... 319.000                                  |
| (b)                                                                        | Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.                                                                                             | \$ .... 111,932,986.000 \$ .... 73,081,612.000               |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| 4.                                                                         |                                                                                                                                                                                                               |                                                              |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| Impact of Tax-Planning Strategies                                          |                                                                                                                                                                                                               |                                                              |
| (a)                                                                        | Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.                                                                                   |                                                              |
| 1.                                                                         | Adjusted Gross DTAs Amount From Note 9A1(c)                                                                                                                                                                   | ..... 385,346 ..... 0                                        |
| 2.                                                                         | Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies                                                                                                      | ..... 0.0 ..... 0.0                                          |
| 3.                                                                         | Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)                                                                                                                                                      | ..... 385,346 ..... 0                                        |
| 4.                                                                         | Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies                                                                                     | ..... 0.0 ..... 0.0                                          |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| 12/31/2024                                                                 |                                                                                                                                                                                                               |                                                              |
| (3)                                                                        | (4)                                                                                                                                                                                                           |                                                              |
| Ordinary                                                                   | Capital                                                                                                                                                                                                       |                                                              |
| (a)                                                                        | Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.                                                                                   |                                                              |
| 1.                                                                         | Adjusted Gross DTAs Amount From Note 9A1(c)                                                                                                                                                                   | ..... 164,219 ..... 0                                        |
| 2.                                                                         | Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies                                                                                                      | ..... 0.0 ..... 0.0                                          |
| 3.                                                                         | Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)                                                                                                                                                      | ..... 164,219 ..... 0                                        |
| 4.                                                                         | Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies                                                                                     | ..... 0.0 ..... 0.0                                          |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| Change                                                                     |                                                                                                                                                                                                               |                                                              |
| (5)                                                                        | (6)                                                                                                                                                                                                           |                                                              |
| (Col 1-3)<br>Ordinary                                                      | (Col 2-4)<br>Capital                                                                                                                                                                                          |                                                              |
| (a)                                                                        | Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.                                                                                   |                                                              |
| 1.                                                                         | Adjusted Gross DTAs Amount From Note 9A1(c)                                                                                                                                                                   | ..... 221,127 ..... 0                                        |
| 2.                                                                         | Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies                                                                                                      | ..... 0.0 ..... 0.0                                          |
| 3.                                                                         | Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)                                                                                                                                                      | ..... 221,127 ..... 0                                        |
| 4.                                                                         | Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies                                                                                     | ..... 0.0 ..... 0.0                                          |
| (b)                                                                        | Does the Company's tax-planning strategies include the use of reinsurance?                                                                                                                                    | Yes ..... No .....                                           |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| B.                                                                         | Deferred Tax Liabilities Not Recognized                                                                                                                                                                       |                                                              |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| (1)                                                                        |                                                                                                                                                                                                               |                                                              |
| (2)                                                                        |                                                                                                                                                                                                               |                                                              |
| (3)                                                                        |                                                                                                                                                                                                               |                                                              |
| C.                                                                         | Current income taxes incurred consist of the following major components                                                                                                                                       |                                                              |
|                                                                            |                                                                                                                                                                                                               |                                                              |
| 1.                                                                         | Current Income Tax                                                                                                                                                                                            |                                                              |
| (a)                                                                        | Federal                                                                                                                                                                                                       | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (b)                                                                        | Foreign                                                                                                                                                                                                       | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (c)                                                                        | Subtotal (1a+1b)                                                                                                                                                                                              | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (d)                                                                        | Federal income tax on net capital gains                                                                                                                                                                       | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (e)                                                                        | Utilization of capital loss carry-forwards                                                                                                                                                                    | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (f)                                                                        | Other                                                                                                                                                                                                         | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| (g)                                                                        | Federal and foreign income taxes incurred (1c+1d+1e+1f)                                                                                                                                                       | \$ ..... 0 \$ ..... 0 \$ ..... 0                             |
| 2.                                                                         | Deferred Tax Assets:                                                                                                                                                                                          |                                                              |
| (a)                                                                        | Ordinary                                                                                                                                                                                                      |                                                              |
| (1)                                                                        | Discounting of unpaid losses                                                                                                                                                                                  | \$ ..... 12,302,155 \$ ..... 14,404,753 \$ ..... (2,102,598) |
| (2)                                                                        | Unearned premium reserve                                                                                                                                                                                      | \$ ..... 20,987 \$ ..... 14,887 \$ ..... 6,100               |
| (3)                                                                        | Policyholder reserves                                                                                                                                                                                         | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (4)                                                                        | Investments                                                                                                                                                                                                   | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (5)                                                                        | Deferred acquisition costs                                                                                                                                                                                    | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (6)                                                                        | Policyholder dividends accrual                                                                                                                                                                                | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (7)                                                                        | Fixed assets                                                                                                                                                                                                  | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (8)                                                                        | Compensation and benefits accrual                                                                                                                                                                             | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (9)                                                                        | Pension accrual                                                                                                                                                                                               | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (10)                                                                       | Receivables - nonadmitted                                                                                                                                                                                     | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (11)                                                                       | Net operating loss carry-forward                                                                                                                                                                              | \$ ..... 103,329,881 \$ ..... 63,771,733 \$ ..... 39,558,148 |
| (12)                                                                       | Tax credit carry-forward                                                                                                                                                                                      | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (13)                                                                       | Other                                                                                                                                                                                                         | \$ ..... \$ ..... 0 \$ ..... 0                               |
| (99)                                                                       | Subtotal (sum of 2a1 through 2a13)                                                                                                                                                                            | \$ ..... 115,653,023 \$ ..... 78,191,373 \$ ..... 37,461,650 |
| (b)                                                                        | Statutory valuation allowance adjustment                                                                                                                                                                      | \$ ..... 115,271,181 \$ ..... 78,037,375 \$ ..... 37,233,806 |
| (c)                                                                        | Nonadmitted                                                                                                                                                                                                   | \$ ..... (3,504) \$ ..... (10,220) \$ ..... 6,716            |
| (d)                                                                        | Admitted ordinary deferred tax assets (2a99 - 2b - 2c)                                                                                                                                                        | \$ ..... 385,346 \$ ..... 164,218 \$ ..... 221,128           |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|
| (e)  | Capital:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |
| (1)  | Investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....        | \$ .....0       | \$ .....0       |
| (2)  | Net capital loss carry-forward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ .....35,007  | \$ .....32,359  | \$ .....2,648   |
| (3)  | Real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....0       | \$ .....0       | \$ .....0       |
| (4)  | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ .....0       | \$ .....0       | \$ .....0       |
| (99) | Subtotal (2e1+2e2+2e3+2e4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ .....35,007  | \$ .....32,359  | \$ .....2,648   |
| (f)  | Statutory valuation allowance adjustment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ .....35,007  | \$ .....32,359  | \$ .....2,648   |
| (g)  | Nonadmitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....0       | \$ .....0       | \$ .....0       |
| (h)  | Admitted capital deferred tax assets (2e99 - 2f - 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ .....0       | \$ .....0       | \$ .....0       |
| (i)  | Admitted deferred tax assets (2d + 2h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ .....385,346 | \$ .....164,218 | \$ .....221,128 |
| 3.   | Deferred Tax Liabilities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                 |                 |
| (a)  | Ordinary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |
| (1)  | Investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....366,201 | \$ .....164,218 | \$ .....201,983 |
| (2)  | Fixed assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$ .....0       | \$ .....0       | \$ .....0       |
| (3)  | Deferred and uncollected premium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ .....0       | \$ .....0       | \$ .....0       |
| (4)  | Policyholder reserves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ .....0       | \$ .....0       | \$ .....0       |
| (5)  | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ .....19,145  | \$ .....0       | \$ .....19,145  |
| (99) | Subtotal (3a1+3a2+3a3+3a4+3a5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ .....385,346 | \$ .....164,218 | \$ .....221,128 |
| (b)  | Capital:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |
| (1)  | Investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....0       | \$ .....0       | \$ .....0       |
| (2)  | Real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ .....0       | \$ .....0       | \$ .....0       |
| (3)  | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ .....0       | \$ .....0       | \$ .....0       |
| (99) | Subtotal (3b1+3b2+3b3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ .....0       | \$ .....0       | \$ .....0       |
| (c)  | Deferred tax liabilities (3a99 + 3b99)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ .....385,346 | \$ .....164,218 | \$ .....221,128 |
| 4.   | Net deferred tax assets/liabilities (2i - 3c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ .....0       | \$ .....0       | \$ .....0       |
| D.   | Among the more significant book to tax adjustments were the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |                 |
| E.   | Operating Loss and Tax Credit Carryforwards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                 |                 |
| (1)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |
| (2)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |
| (3)  | At December 31, 2025 the Company had operating loss carryforwards available to offset future taxable income totaling \$492,047,051: \$8,818,265 expiring in 2040, \$33,936,738 expiring in 2041, \$70,530,331 expiring in 2042, 96,914,515 expiring 2043, \$93,392,977 expiring 2044 and \$188,454,225 expiring 2045<br>At December 31, 2025, the Company has capital loss carryforwards totaling \$143,890: \$111,304 expiring in 2026 and \$32,586 in 2028.<br>At December 31, 2025, the Company did not have any AMT credit carryforwards.<br>At December 31, 2025, the Company did not have any foreign tax credit carryforwards |                 |                 |                 |
| F.   | Consolidated Federal Income Tax Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |                 |
| (1)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |
| (2)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |
| G.   | Federal or Foreign Income Tax Loss Contingencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                 |                 |
|      | At December 31, 2025, the Company did not have any income tax loss contingencies as described under SSAP 101, paragraph 27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                 |                 |
| H.   | Repatriation Transition Tax (RTT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 |                 |
| I.   | Alternative Minimum Tax Credit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |                 |
| (1)  | Gross AMT Credit Recognized as:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <u>Amount</u>   |                 |
| a.   | Current year recoverable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | \$ .....        |                 |
| b.   | Deferred tax asset (DTA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | \$ .....        |                 |
| (2)  | Beginning Balance of AMT Credit Carryforward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | \$ .....0       |                 |
| (3)  | Amounts Recovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | \$ .....        |                 |
| (4)  | Adjustments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | \$ .....        |                 |
| (5)  | Ending Balance of AMT Credit Carryforward (5=2-3-4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | \$ .....0       |                 |
| (6)  | Reduction for Sequestration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | \$ .....        |                 |
| (7)  | Nonadmitted by Reporting Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | \$ .....        |                 |
| (8)  | Reporting Entity Ending Balance (8=5-6-7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | \$ .....0       |                 |

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A.  | Nature of the Relationship Involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | <p>HNJIC is a wholly-owned subsidiary of NJ Collaborative Care, LLC (NJCC), which is a joint venture among Horizon Healthcare Services, Inc. (HHSI) d/b/a Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), Hackensack Meridian Health (HMH) and Robert Wood Johnson Barnabas Health Inc. HNJIC is an independent licensee of the Blue Cross Blue Shield Association. HNJIC began offering its Medicare Advantage products to the residents of eight counties in New Jersey beginning on January 1, 2021 and then expanded the business to rest of thirteen counties in New Jersey in 2023. The Horizon Group reorganized into a not-for-profit mutual holding company system effective 11/1/2022, at which time Horizon Healthcare Services, Inc., the former ultimate parent of the Horizon Group, became a stock subsidiary within the not-for-profit mutual holding company system.</p> |
| B.  | Detail of Transactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| C.  | Transactions with related party who are not reported on Schedule Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (3) | Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| D.  | Amounts Due From or To Related Parties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | <p>The company reported \$1,636,100 and \$5,699,522 in payables to Horizon Healthcare Services, Inc. and Horizon Insurance Company, respectively, and \$383,944 in receivables from Horizon Healthcare of New Jersey, Inc. at December 31, 2025. The company reported \$3,287,152 and \$146,806 in payables to Horizon Healthcare Services, Inc. and Horizon Insurance Company, respectively, and \$380,960 in receivables from Horizon Healthcare of New Jersey, Inc. at December 31, 2024. The Company looks to settle these transactions typically within ninety days of month end.</p>                                                                                                                                                                                                                                                                                                               |
| E.  | Material Management or Service Contracts and Cost-Sharing Arrangements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | <p>Horizon BCBSNJ acts as a third-party administrator to the Company. The Company is charged for this service at cost and paid \$44,824,934 and \$39,661,434 to Horizon BCBSNJ in 2025 and 2024, respectively.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| F.  | Guarantees or Undertakings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| G.  | Nature of the Control Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| H.  | Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I.  | Investments in SCA that Exceed 10% of Admitted Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| J.  | Investments in Impaired SCAs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| K.  | Investment in Foreign Insurance Subsidiary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| L.  | Investment in Downstream Noninsurance Holding Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

| SCA Entity | Percentage of SCA Ownership | Gross Amount | Admitted Amount | Nonadmitted Amount |
|------------|-----------------------------|--------------|-----------------|--------------------|
|------------|-----------------------------|--------------|-----------------|--------------------|

(2) NAIC Filing Response Information

| SCA Entity<br>(Should be same entities as shown in M(1) above.) | Type of NAIC Filing* | Date of Filing to the NAIC | NAIC Valuation Amount | NAIC Response Received Yes/No | NAIC Disallowed Entities Valuation Method, Resubmission Required Yes/No | Code** |
|-----------------------------------------------------------------|----------------------|----------------------------|-----------------------|-------------------------------|-------------------------------------------------------------------------|--------|
| e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)  | XXX                  | XXX                        | \$ 0                  | XXX                           | XXX                                                                     | XXX    |
| f. Aggregate Total (a+e)                                        | XXX                  | XXX                        | \$ 0                  | XXX                           | XXX                                                                     | XXX    |

\*S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing  
\*\* I – Immaterial or M - Material

N. Investment in Insurance SCAs

(1)  
(3)

Note 11 - Debt

A. All Other Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1)  
(2) FHLB Capital Stock

a. Aggregate Totals

|                                                                         |       |
|-------------------------------------------------------------------------|-------|
|                                                                         | Total |
| 1. Current Year                                                         |       |
| (a) Membership Stock – Class A                                          | 0     |
| (b) Membership Stock – Class B                                          | 0     |
| (c) Activity Stock                                                      |       |
| (d) Excess Stock                                                        |       |
| (e) Aggregate Total (a+b+c+d)                                           | 0     |
| (f) Actual or estimated Borrowing Capacity as Determined by the Insurer |       |
|                                                                         | Total |
| 2. Prior Year-end                                                       |       |
| (a) Membership Stock – Class A                                          | 0     |
| (b) Membership Stock – Class B                                          | 0     |
| (c) Activity Stock                                                      | 0     |
| (d) Excess Stock                                                        | 0     |
| (e) Aggregate Total (a+b+c+d)                                           | 0     |
| (f) Actual or estimated Borrowing Capacity as Determined by the Insurer | 0     |

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)  
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

| Membership Stock | 1<br>Current Year Total<br>(2+3+4+5+6) | 2<br>Not Eligible for Redemption | Eligible for Redemption |                                   |                             |                   |
|------------------|----------------------------------------|----------------------------------|-------------------------|-----------------------------------|-----------------------------|-------------------|
|                  |                                        |                                  | 3<br>Less Than 6 Months | 4<br>6 months to Less Than 1 year | 5<br>1 to Less Than 3 Years | 6<br>3 to 5 Years |
| 1. Class A       | 0                                      |                                  |                         |                                   |                             |                   |
| 2. Class B       | 0                                      |                                  |                         |                                   |                             |                   |

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)  
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

|                                            |                 |                     |                                |
|--------------------------------------------|-----------------|---------------------|--------------------------------|
|                                            | 1<br>Fair Value | 2<br>Carrying Value | 3<br>Aggregate Total Borrowing |
| 1. Current Year Total Collateral Pledged   |                 |                     |                                |
| 2. Prior Year-end Total Collateral Pledged | 0               | 0                   | 0                              |

11B(3)a1 (Column 2) should be equal to or less than 11B(3)b1 (Column 2 respectively)  
11B(3)a2 (Column 2) should be equal to or less than 11B(3)b2 (Column 2 respectively)

b. Maximum Amount Pledged During Reporting Period

|                                                    |                 |                     |                                                    |
|----------------------------------------------------|-----------------|---------------------|----------------------------------------------------|
|                                                    | 1<br>Fair Value | 2<br>Carrying Value | 3<br>Amount Borrowed at Time of Maximum Collateral |
| 1. Current Year Total Maximum Collateral Pledged   |                 |                     |                                                    |
| 2. Prior Year-end Total Maximum Collateral Pledged | 0               | 0                   | 0                                                  |

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

|                             |       |                                         |
|-----------------------------|-------|-----------------------------------------|
| 1. Current Year             | Total | Funding Agreements Reserves Established |
| (a) Debt                    |       | XXX                                     |
| (b) Funding Agreements      |       |                                         |
| (c) Other                   |       | XXX                                     |
| (d) Aggregate Total (a+b+c) | 0     | 0                                       |
| 2. Prior Year-end           | Total | Funding Agreements Reserves Established |
| (a) Debt                    | 0     | XXX                                     |
| (b) Funding Agreements      | 0     | 0                                       |
| (c) Other                   | 0     | XXX                                     |
| (d) Aggregate Total (a+b+c) | 0     | 0                                       |

b. Maximum Amount during Reporting Period (Current Year)

|                                  |       |
|----------------------------------|-------|
|                                  | Total |
| 1. Debt                          |       |
| 2. Funding Agreements            |       |
| 3. Other                         |       |
| 4. Aggregate Total (Lines 1+2+3) | 0     |

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt

2. Funding Agreements

3. Other

C. Unused commitments and lines of credit for financing arrangements:

|                                                          | Current Year       |                        | Prior Year         |                        |
|----------------------------------------------------------|--------------------|------------------------|--------------------|------------------------|
|                                                          | Unused Commitments | Unused Lines Of Credit | Unused Commitments | Unused Lines Of Credit |
| Short-Term (contracts terminating in 12 months or less)  | \$ .....           | \$ .....               | \$ .....           | \$ .....               |
| Long-Term (contracts terminating in more than 12 months) | \$ .....           | \$ .....               | \$ .....           | \$ .....               |
| Total                                                    | \$ .....0          | \$ .....0              | \$ .....0          | \$ .....0              |

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) Change in benefit obligation

a. Pension Benefits

|                                                                                                    | Overfunded |           | Underfunded |           |
|----------------------------------------------------------------------------------------------------|------------|-----------|-------------|-----------|
|                                                                                                    | 2025       | 2024      | 2025        | 2024      |
| 1. Benefit obligation at beginning of year                                                         | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |
| 2. Service cost                                                                                    | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 3. Interest cost                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 4. Contribution by plan participants                                                               | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 5. Actuarial gain/loss                                                                             | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 6. Foreign currency exchange rate changes                                                          | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 7. Benefits paid                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 8. Plan amendments                                                                                 | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 9. Business combinations, divestitures, curtailments, settlements and special termination benefits | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 10. Benefit obligation at end of year                                                              | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |

b. Postretirement Benefits

|                                                                                                    | Overfunded |           | Underfunded |           |
|----------------------------------------------------------------------------------------------------|------------|-----------|-------------|-----------|
|                                                                                                    | 2025       | 2024      | 2025        | 2024      |
| 1. Benefit obligation at beginning of year                                                         | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |
| 2. Service cost                                                                                    | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 3. Interest cost                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 4. Contribution by plan participants                                                               | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 5. Actuarial gain/loss                                                                             | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 6. Foreign currency exchange rate changes                                                          | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 7. Benefits paid                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 8. Plan amendments                                                                                 | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 9. Business combinations, divestitures, curtailments, settlements and special termination benefits | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 10. Benefit obligation at end of year                                                              | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |

c. Special or Contractual Benefits Per SSAP No. 11

|                                                                                                    | Overfunded |           | Underfunded |           |
|----------------------------------------------------------------------------------------------------|------------|-----------|-------------|-----------|
|                                                                                                    | 2025       | 2024      | 2025        | 2024      |
| 1. Benefit obligation at beginning of year                                                         | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |
| 2. Service cost                                                                                    | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 3. Interest cost                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 4. Contribution by plan participants                                                               | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 5. Actuarial gain/loss                                                                             | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 6. Foreign currency exchange rate changes                                                          | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 7. Benefits paid                                                                                   | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 8. Plan amendments                                                                                 | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 9. Business combinations, divestitures, curtailments, settlements and special termination benefits | \$ .....   | \$ .....0 | \$ .....    | \$ .....0 |
| 10. Benefit obligation at end of year                                                              | \$ .....0  | \$ .....0 | \$ .....0   | \$ .....0 |

(2) Change in plan assets

|                                                        | Pension Benefits |           | Postretirement Benefits |           | Special or Contractual Benefits Per SSAP No. 11 |           |
|--------------------------------------------------------|------------------|-----------|-------------------------|-----------|-------------------------------------------------|-----------|
|                                                        | 2025             | 2024      | 2025                    | 2024      | 2025                                            | 2024      |
| a. Fair value of plan assets at beginning of year      | \$ .....0        | \$ .....0 | \$ .....0               | \$ .....0 | \$ .....0                                       | \$ .....0 |
| b. Actual return on plan assets                        | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| c. Foreign currency exchange rate changes              | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| d. Reporting entity contribution                       | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| e. Plan participants' contributions                    | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| f. Benefits paid                                       | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| g. Business combinations, divestitures and settlements | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| h. Fair value of plan assets at end of year            | \$ .....0        | \$ .....0 | \$ .....0               | \$ .....0 | \$ .....0                                       | \$ .....0 |

(3) Funded status

|                                      | Pension Benefits |           | Postretirement Benefits |           |
|--------------------------------------|------------------|-----------|-------------------------|-----------|
|                                      | 2025             | 2024      | 2025                    | 2024      |
| a. Components                        |                  |           |                         |           |
| 1. Prepaid benefit costs             | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| 2. Overfunded plan assets            | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| 3. Accrued benefit costs             | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| 4. Liability for pension benefits    | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| b. Assets and liabilities recognized |                  |           |                         |           |
| 1. Assets (nonadmitted)              | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| 2. Liabilities recognized            | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| c. Unrecognized liabilities          | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |

(4) Components of net periodic benefit cost

|                                                               | Pension Benefits |           | Postretirement Benefits |           | Special or Contractual Benefits Per SSAP No. 11 |           |
|---------------------------------------------------------------|------------------|-----------|-------------------------|-----------|-------------------------------------------------|-----------|
|                                                               | 2025             | 2024      | 2025                    | 2024      | 2025                                            | 2024      |
| a. Service cost                                               | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| b. Interest cost                                              | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| c. Expected return on plan assets                             | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| d. Transition asset or obligation                             | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| e. Gains and losses                                           | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| f. Prior service cost or credit                               | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| g. Gain or loss recognized due to a settlement or curtailment | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 | \$ .....                                        | \$ .....0 |
| h. Total net periodic benefit cost                            | \$ .....0        | \$ .....0 | \$ .....0               | \$ .....0 | \$ .....0                                       | \$ .....0 |

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

|                                                                                | Pension Benefits |           | Postretirement Benefits |           |
|--------------------------------------------------------------------------------|------------------|-----------|-------------------------|-----------|
|                                                                                | 2025             | 2024      | 2025                    | 2024      |
| a. Items not yet recognized as a component of net periodic cost - prior year   | \$ .....0        | \$ .....0 | \$ .....0               | \$ .....0 |
| b. Net transition asset or obligation recognized                               | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| c. Net prior service cost or credit arising during the period                  | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| d. Net prior service cost or credit recognized                                 | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| e. Net gain and loss arising during the period                                 | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| f. Net gain and loss recognized                                                | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| g. Items not yet recognized as a component of net periodic cost - current year | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

|                                       | Pension Benefits |           | Postretirement Benefits |           |
|---------------------------------------|------------------|-----------|-------------------------|-----------|
|                                       | 2025             | 2024      | 2025                    | 2024      |
| a. Net transition asset or obligation | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| b. Net prior service cost or credit   | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |
| c. Net recognized gains and losses    | \$ .....         | \$ .....0 | \$ .....                | \$ .....0 |

(7) Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31:

|                                                     | 2025  | 2024       |
|-----------------------------------------------------|-------|------------|
| a. Weighted-average discount rate                   | ..... | .....0.000 |
| b. Expected long-term rate of return on plan assets | ..... | .....0.000 |
| c. Rate of compensation increase                    | ..... | .....0.000 |

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|    |                                                                                                          |       |       |       |
|----|----------------------------------------------------------------------------------------------------------|-------|-------|-------|
| d. | Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates) | ..... | ..... | 0.000 |
|    | Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31 :             |       |       |       |
|    |                                                                                                          | 2025  | 2024  |       |
| e. | Weighted-average discount rate                                                                           | ..... | ..... | 0.000 |
| f. | Rate of compensation increase                                                                            | ..... | ..... | 0.000 |
| g. | Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates) | ..... | ..... | 0.000 |

(8)

(9)

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

|    |                  |               |
|----|------------------|---------------|
|    | <u>Year(s)</u>   | <u>Amount</u> |
| a. | 2026             | \$.....       |
| b. | 2027             | \$.....       |
| c. | 2028             | \$.....       |
| d. | 2029             | \$.....       |
| e. | 2030             | \$.....       |
| f. | Thereafter Total | \$.....       |

(11)

(12)

(13)

(14)

(15)

(16)

(17)

B. Investment Policies and Strategies

C. Fair Value of Plan Assets

(2)

D. Basis Used to Determine Expected Long-Term Rate-of-Return

E. Defined Contribution Plans

Employees of the Company participate in the Horizon BCBSNJ retirement programs. These programs provide retirement benefits, as well as health and life insurance coverage for former employees, based upon employee compensation and years of service. Under the existing arrangements with Horizon BCBSNJ, all pension and post retirement liabilities and funding are recorded by Horizon BCBSNJ, which is responsible for all pension and post retirement liabilities accrued by the Company’s employees. The Company’s share of these pension and post-retirement expenses for 2025 and 2024 was \$4,275 and \$3,765, respectively. These amounts have been included in operating expenses.

In addition, eligible employees of the Company can participate in Horizon BCBSNJ’s Management and Union Employees’ Savings and Investment Plans, which are contributory savings’ plans for management and union employees. All management and union employees with 30 days of service are eligible for membership. For the years ended December 31, 2025 and 2024, the Company’s contributions were approximately \$44,983 and \$38,937, respectively.

F. Multiemployer Plans

G. Consolidated/Holding Company Plans

H. Postemployment Benefits and Compensated Absences

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

(1)

(2)

(3)

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Number of Shares of Each Class of Capital Stock, Authorized, Issued and Outstanding and the Par or Stated Value of Each Class

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

C. Dividend Restrictions

The Company is required to maintain minimum amounts of paid-in capital and paid-in surplus, as specified under New Jersey Insurance Law. The Company’s capital and surplus currently exceed those requirements. The Company may not distribute any dividend unless notice of its intention to declare the dividend has been filed with the DOBI and the DOBI has not disapproved the distribution within 30 days of the notice.

D. Dates and Amounts of Dividends Paid

E. Profits that may be Paid as Ordinary Dividends to Stockholders

F. Restrictions on Unassigned Funds (Surplus)

G. Mutual Reciprocal Amounts of Advances to Surplus not Repaid

H. Amount of Stock Held for Special Purposes

I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ ..... 0

K. The Company issued the following surplus debentures or similar obligations:

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Total SSAP No. 97 - Investments in Subsidiary, Controlled, and Affiliated Entities, and SSAP No. 48 – Joint Ventures, Partnerships and Limited Liability Companies contingent liabilities: \$ .....

(3)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

|                                                                                                                                                           |                                                                                                                                                                                           |                      |                |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|----------------------|
| a.                                                                                                                                                        | Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.) | \$                   | .....          | 0                    |
| b.                                                                                                                                                        | Current Liability Recognized in F/S:                                                                                                                                                      |                      |                |                      |
| 1.                                                                                                                                                        | Noncontingent Liabilities                                                                                                                                                                 | \$                   | .....          |                      |
| 2.                                                                                                                                                        | Contingent Liabilities                                                                                                                                                                    | \$                   | .....          |                      |
| c.                                                                                                                                                        | Ultimate Financial Statement Impact if action under the guarantee is required.                                                                                                            |                      |                |                      |
| 1.                                                                                                                                                        | Investments in SCA                                                                                                                                                                        | \$                   | .....          |                      |
| 2.                                                                                                                                                        | Joint Venture                                                                                                                                                                             | \$                   | .....          |                      |
| 3.                                                                                                                                                        | Dividends to Stockholders (capital contribution)                                                                                                                                          | \$                   | .....          |                      |
| 4.                                                                                                                                                        | Expense                                                                                                                                                                                   | \$                   | .....          |                      |
| 5.                                                                                                                                                        | Other                                                                                                                                                                                     | \$                   | .....          |                      |
| 6.                                                                                                                                                        | Total (1+2+3+4+5) (Should equal (3)a.)                                                                                                                                                    | \$                   | .....          | 0                    |
| B.                                                                                                                                                        | Assessments                                                                                                                                                                               |                      |                |                      |
| (1)                                                                                                                                                       |                                                                                                                                                                                           |                      |                |                      |
| (2)                                                                                                                                                       |                                                                                                                                                                                           |                      |                |                      |
| a.                                                                                                                                                        | Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end                                                                                          | \$                   | .....          | 0                    |
| d.                                                                                                                                                        | Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end                                                                                        | \$                   | .....          | 0                    |
| (3)                                                                                                                                                       |                                                                                                                                                                                           |                      |                |                      |
| a.                                                                                                                                                        | Discount Rate Applied                                                                                                                                                                     |                      | .....          | %                    |
| C.                                                                                                                                                        | Gain Contingencies                                                                                                                                                                        |                      |                |                      |
| D.                                                                                                                                                        | Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits                                                                                                   |                      |                |                      |
| The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from   |                                                                                                                                                                                           |                      |                |                      |
|                                                                                                                                                           |                                                                                                                                                                                           | Direct               |                |                      |
| Claims related ECO and bad faith losses paid during the reporting period                                                                                  |                                                                                                                                                                                           | \$                   |                |                      |
| Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the re |                                                                                                                                                                                           |                      |                |                      |
| (a)                                                                                                                                                       | (b)                                                                                                                                                                                       | (c)                  | (d)            | (e)                  |
| 0-25 Claims                                                                                                                                               | 26-50 Claims                                                                                                                                                                              | 51-100 Claims        | 101-500 Claims | More than 500 Claims |
|                                                                                                                                                           |                                                                                                                                                                                           |                      |                |                      |
| Indicate whether claim count information is disclosed per claim or per claimant.                                                                          |                                                                                                                                                                                           |                      |                |                      |
| (f) Per Claim [ ]                                                                                                                                         |                                                                                                                                                                                           | (g) Per Claimant [ ] |                |                      |
| E.                                                                                                                                                        | Joint and Several Liabilities                                                                                                                                                             |                      |                |                      |
| F.                                                                                                                                                        | All Other Contingencies                                                                                                                                                                   |                      |                |                      |

Note 15 - Leases

|     |                        |                                                                                                                                                                                                                                       |      |                  |   |
|-----|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------|---|
| A.  | Lessee Operating Lease |                                                                                                                                                                                                                                       |      |                  |   |
| (1) |                        |                                                                                                                                                                                                                                       |      |                  |   |
| a.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| b.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| c.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| d.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| e.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| (2) | a.                     | At December 31, the minimum aggregate rental commitments are as follows:                                                                                                                                                              |      |                  |   |
|     |                        | Year Ending                                                                                                                                                                                                                           |      | Operating Leases |   |
|     |                        | December 31                                                                                                                                                                                                                           |      |                  |   |
|     | 1.                     | 2026                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 2.                     | 2027                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 3.                     | 2028                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 4.                     | 2029                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 5.                     | 2030                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 6.                     | Thereafter                                                                                                                                                                                                                            | \$   | .....            |   |
|     | 7.                     | Total (sum of 1 through 6)                                                                                                                                                                                                            | \$   | .....            | 0 |
|     | b.                     |                                                                                                                                                                                                                                       |      |                  |   |
| (3) |                        |                                                                                                                                                                                                                                       |      |                  |   |
| a.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| b.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| B.  | Lessor Leases          |                                                                                                                                                                                                                                       |      |                  |   |
| (1) |                        |                                                                                                                                                                                                                                       |      |                  |   |
| a.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| b.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| c.  |                        | Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, are as follows:                                                                                                                  |      |                  |   |
|     |                        | Year Ending                                                                                                                                                                                                                           |      | Operating Leases |   |
|     |                        | December 31                                                                                                                                                                                                                           |      |                  |   |
|     | 1.                     | 2026                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 2.                     | 2027                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 3.                     | 2028                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 4.                     | 2029                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 5.                     | 2030                                                                                                                                                                                                                                  | \$   | .....            |   |
|     | 6.                     | Thereafter                                                                                                                                                                                                                            | \$   | .....            |   |
|     | 7.                     | Total (sum of 1 through 6)                                                                                                                                                                                                            | \$   | .....            | 0 |
|     | d.                     |                                                                                                                                                                                                                                       |      |                  |   |
| (2) |                        |                                                                                                                                                                                                                                       |      |                  |   |
| a.  |                        |                                                                                                                                                                                                                                       |      |                  |   |
| b.  |                        | The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, current year and prior year were as shown below: |      |                  |   |
|     |                        |                                                                                                                                                                                                                                       | 2025 | 2024             |   |
|     | 1.                     | Income from leveraged leases before income tax including investment tax credit                                                                                                                                                        | \$   | .....            | 0 |
|     | 2.                     | Less current income tax                                                                                                                                                                                                               | \$   | .....            | 0 |
|     | 3.                     | Net income from leveraged leases (1-2)                                                                                                                                                                                                | \$   | .....            | 0 |
|     | c.                     | The components of the investment in leveraged leases at December 31, current year and prior year were as shown below:                                                                                                                 |      |                  |   |
|     |                        |                                                                                                                                                                                                                                       | 2025 | 2024             |   |
|     | 1.                     | Lease contracts receivable (net of principal and interest on non-recourse financing)                                                                                                                                                  | \$   | .....            | 0 |
|     | 2.                     | Estimated residual value of leased assets                                                                                                                                                                                             | \$   | .....            | 0 |
|     | 3.                     | Unearned and deferred income                                                                                                                                                                                                          | \$   | .....            | 0 |
|     | 4.                     | Investment in leveraged leases                                                                                                                                                                                                        | \$   | .....            | 0 |
|     | 5.                     | Deferred income taxes related to leveraged leases                                                                                                                                                                                     | \$   | .....            | 0 |
|     | 6.                     | Net investment in leveraged leases                                                                                                                                                                                                    | \$   | .....            | 0 |

Note 16 - Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

|     |                                                                                                                |               |        |       |             |       |
|-----|----------------------------------------------------------------------------------------------------------------|---------------|--------|-------|-------------|-------|
| (1) | The table below summarizes the face amount of the Company's financial instruments with off-balance-sheet risk. |               |        |       |             |       |
|     |                                                                                                                |               | Assets |       | Liabilities |       |
|     |                                                                                                                |               | 2025   | 2024  | 2025        | 2024  |
|     | a.                                                                                                             | Swaps         | \$     | ..... | \$          | ..... |
|     | b.                                                                                                             | Futures       | \$     | ..... | \$          | ..... |
|     | c.                                                                                                             | Options       | \$     | ..... | \$          | ..... |
|     | d.                                                                                                             | Total (a+b+c) | \$     | ..... | \$          | ..... |
| (2) |                                                                                                                |               |        |       |             |       |
| (3) |                                                                                                                |               |        |       |             |       |
| (4) |                                                                                                                |               |        |       |             |       |

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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A. Transfers of Receivables Reported as Sales

(1)  
(2)

B. Transfer and Servicing of Financial Assets

(1)  
(2)

a.  
b.  
c.

(3)  
(4)

a.

1.

(a)  
(b)

2.

b.

1.

(b)  
(c)  
(d)

2.

3.

4.

5.

(5)  
(6)  
(7)

C. Wash Sales

(1)

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025 :

|                                                                                                               | ASO<br>Uninsured Plans | Uninsured Portion<br>of Partially<br>Insured Plans | Total<br>ASO |
|---------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------|--------------|
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| b. Total net other income or expenses (including interest paid to or received from plans)                     | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| c. Net gain or (loss) from operations (a+b)                                                                   | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| d. Total claim payment volume                                                                                 | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025 :

|                                                                                 | ASC<br>Uninsured Plans | Uninsured Portion<br>of Partially<br>Insured Plans | Total<br>ASC |
|---------------------------------------------------------------------------------|------------------------|----------------------------------------------------|--------------|
| a. Gross reimbursement for medical cost incurred                                | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| b. Gross administrative fees accrued                                            | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| c. Other income or expenses (including interest paid to or received from plans) | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| d. Gross expenses incurred (claims and administrative) (a+b+c)                  | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |
| e. Total net gain or loss from operations                                       | \$ ..... 0             | \$ ..... 0                                         | \$ ..... 0   |

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:

(1)  
(2)  
(3)  
(4)

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators

Note 20 - Fair Value Measurements

A. Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurements at Reporting Date

| Description for each class of asset or liability | (Level 1)         | (Level 2)  | (Level 3)  | Net Asset Value<br>(NAV) | Total             |
|--------------------------------------------------|-------------------|------------|------------|--------------------------|-------------------|
| a. Assets at fair value                          |                   |            |            |                          |                   |
| Issuer Credit Obligations .....                  | \$ ... 25,689,602 | \$ ..... 0 | \$ ..... 0 | \$ ..... 0               | \$ ... 25,689,602 |
| Other MM Mutual Fund .....                       | \$ ... 21,170,784 | \$ ..... 0 | \$ ..... 0 | \$ ..... 0               | \$ ... 21,170,784 |
| Total assets at fair value/NAV                   | \$ ... 46,860,386 | \$ ..... 0 | \$ ..... 0 | \$ ..... 0               | \$ ... 46,860,386 |

(3)  
(4)  
(5)

B. Other Fair Value Disclosures

C. Fair Value of Financial Instruments

| Type of Financial Instrument  | Aggregate Fair Value | Admitted Assets    | (Level 1)         | (Level 2)          | (Level 3)  | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|-------------------------------|----------------------|--------------------|-------------------|--------------------|------------|-----------------------|----------------------------------|
| Issuer Credit Obligations ... | \$ ... 262,124,412   | \$ ... 261,066,288 | \$ ... 25,689,602 | \$ ... 236,434,810 | \$ ..... 0 | \$ ..... 0            | \$ ..... 0                       |
| Money Market Fund.....        | \$ ... 21,170,784    | \$ ... 21,170,784  | \$ ... 21,170,784 | \$ ..... 0         | \$ ..... 0 | \$ ..... 0            | \$ ..... 0                       |

E. Investments Measured using the NAV as Practical Expedient

Note 21 - Other Items

A. Unusual or Infrequent Items

B. Troubled Debt Restructuring: Debtors

(1)  
(2)  
(3)  
(4)

C. Other Disclosures

D. Business Interruption Insurance Recoveries

E. State and Federal Tax Credits

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- (3)
- (4)
- (5) State and Federal Tax Credits Admitted and Nonadmitted disaggregated by Transferable/Certificated and Non-transferable

Total Admitted

Total Nonadmitted

a. State

1. Transferable

2. Non-transferable

b. Federal

1. Transferable

2. Non-transferable
- (6)
- F. Subprime-Mortgage-Related Risk Exposure

- (1)
- (2) Direct exposure through investments in subprime mortgage loans.

|                                            |                                                   |            |                             |                                                   |              |
|--------------------------------------------|---------------------------------------------------|------------|-----------------------------|---------------------------------------------------|--------------|
|                                            | Book/Adjusted Carrying Value (excluding interest) | Fair Value | Value of Land and Buildings | Other-Than-Temporary Impairment Losses Recognized | Default Rate |
| a. Mortgages in the process of foreclosure |                                                   |            |                             |                                                   |              |
| b. Mortgages in good standing              |                                                   |            |                             |                                                   |              |
| c. Mortgages with restructured terms       |                                                   |            |                             |                                                   |              |
| d. Total (a+b+c)                           | 0                                                 | 0          | 0                           | 0                                                 | XXX          |
- (3) Direct exposure through other investments.

|                                    |             |                                                   |            |                                                   |
|------------------------------------|-------------|---------------------------------------------------|------------|---------------------------------------------------|
|                                    | Actual Cost | Book/Adjusted Carrying Value (excluding interest) | Fair Value | Other-Than-Temporary Impairment Losses Recognized |
| a. Asset-backed securities         |             |                                                   |            |                                                   |
| b. Collateralized loan obligations |             |                                                   |            |                                                   |
| c. Equity investment in SCAs *     | 0           | 0                                                 | 0          | 0                                                 |
| d. Other assets                    |             |                                                   |            |                                                   |
| e. Total (a+b+c+d)                 | 0           | 0                                                 | 0          | 0                                                 |

\* Company's subsidiary Company has investments in subprime mortgages. These investments comprise \_ % of the companies invested assets.
- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

|                                |                                 |                                     |                                        |                                        |
|--------------------------------|---------------------------------|-------------------------------------|----------------------------------------|----------------------------------------|
|                                | Losses Paid in the Current Year | Losses Incurred in the Current Year | Case Reserves at End of Current Period | IBNR Reserves at End of Current Period |
| a. Mortgage guaranty coverage  |                                 |                                     |                                        |                                        |
| b. Financial guaranty coverage |                                 |                                     |                                        |                                        |

G. Retained Assets

- (1)
- (2)

|                                  |                           |         |                         |         |
|----------------------------------|---------------------------|---------|-------------------------|---------|
|                                  | In Force                  |         |                         |         |
|                                  | As of End of Current Year |         | As of End of Prior Year |         |
|                                  | Number                    | Balance | Number                  | Balance |
| a. Up to and including 12 months |                           | \$      | 0                       | \$      |
| b. 13 to 24 months               |                           | \$      | 0                       | \$      |
| c. 25 to 36 months               |                           | \$      | 0                       | \$      |
| d. 37 to 48 months               |                           | \$      | 0                       | \$      |
| e. 49 to 60 months               |                           | \$      | 0                       | \$      |
| f. Over 60 months                |                           | \$      | 0                       | \$      |
| g. Total (a+b+c+d+e+f)           | 0                         | \$      | 0                       | \$      |
- (3)

|                                                                                                           |            |                |        |                |
|-----------------------------------------------------------------------------------------------------------|------------|----------------|--------|----------------|
|                                                                                                           | Individual |                | Group  |                |
|                                                                                                           | Number     | Balance/Amount | Number | Balance/Amount |
| a. Number/balance of retained asset accounts at the beginning of the year                                 | 0          | \$             | 0      | \$             |
| b. Number/amount of retained asset accounts issued/added during the year                                  |            | \$             |        | \$             |
| c. Investment earnings credited to retained asset accounts during the year                                | N/A        | \$             | N/A    | \$             |
| d. Fees and other charges assessed to retained asset accounts during the year                             | NA         | \$             | NA     | \$             |
| e. Number/amount of retained asset accounts transferred to state unclaimed property funds during the year |            | \$             |        | \$             |
| f. Number/amount of retained asset accounts closed/withdrawn during the year                              |            | \$             |        | \$             |
| g. Number/balance of retained asset accounts at the end of the year                                       | 0          | \$             | 0      | \$             |
| g=a+b+c-d-e-f                                                                                             | 0          | \$             | 0      | \$             |

H. Insurance–Linked Securities (ILS) Contracts

- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | Number of Outstanding ILS Contracts | Aggregate Maximum Proceeds |
|--|-------------------------------------|----------------------------|
- Management of Risk Related To:
- (1) Directly-Written Insurance Risks

a. ILS Contracts as Issuer

b. ILS Contracts as Ceding Insurer

c. ILS Contracts as Counterparty
- (2) Assumed Insurance Risks

a. ILS Contracts as Issuer

b. ILS Contracts as Ceding Insurer

c. ILS Contracts as Counterparty
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1) Amount of admitted balance that could be realized from an investment vehicle

(2) Percentage Bonds

(3) Percentage Stocks

(4) Percentage Mortgage Loans

(5) Percentage Real Estate

(6) Percentage Cash and Short-Term Investments

(7) Percentage Derivatives

(8) Percentage Other Invested Assets

Note 22 - Events Subsequent

The Company follows established guidelines for accounting and disclosure of events that occur after the balance sheet date but before financial statements are issued. The Company has evaluated subsequent events for recognition or disclosure in these financial statements through the date of their issuance on March 1, 2026.

Note 23 - Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- (1)
- (2)
- Section 2 - Ceded Reinsurance Report - Part A

- (1)
- a.
- b.

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(2)  
Section 3 - Ceded Reinsurance Report - Part B

(1)  
(2)  
B. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due from the companies listed below, the amount of: \$\_  
That is reflected as:

- a. Losses incurred\$ .....
- b. Loss adjustment expenses incurred\$ .....
- c. Premiums earned\$ .....
- d. Other\$ .....

C. Commutation of Reinsurance Reflected in Income and Expenses

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

- (1) Losses incurred\$ .....
- (2) Loss adjustment expenses incurred\$ .....
- (3) Premiums earned\$ .....
- (4) Other\$ .....

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

b.  
b.

E. Reinsurance Credit

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

C. Amount of Net Premiums Written Subject to Retrospective Rating Features

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

|                                         | 1          | 2                    | 3                    | 4                             | 5     |
|-----------------------------------------|------------|----------------------|----------------------|-------------------------------|-------|
|                                         | Individual | Small Group Employer | Large Group Employer | Other Categories with Rebates | Total |
| Prior Reporting Year                    |            |                      |                      |                               |       |
| (1) Medical loss ratio rebates incurred | 0          | 0                    | 0                    | 0                             | 0     |
| (2) Medical loss ratio rebates paid     | 0          | 0                    | 0                    | 0                             | 0     |
| (3) Medical loss ratio rebates unpaid   | 0          | 0                    | 0                    | 0                             | 0     |
| (4) Plus reinsurance assumed amounts    | XXX        | XXX                  | XXX                  | XXX                           | 0     |
| (5) Less reinsurance ceded amounts      | XXX        | XXX                  | XXX                  | XXX                           | 0     |
| (6) Rebates unpaid net of reinsurance   | XXX        | XXX                  | XXX                  | XXX                           | 0     |
| Current Reporting Year-to-Date          |            |                      |                      |                               |       |
| (7) Medical loss ratio rebates incurred | 0          | 0                    | 0                    | 0                             | 0     |
| (8) Medical loss ratio rebates paid     |            |                      |                      |                               | 0     |
| (9) Medical loss ratio rebates unpaid   |            |                      |                      |                               | 0     |
| (10) Plus reinsurance assumed amounts   | XXX        | XXX                  | XXX                  | XXX                           |       |
| (11) Less reinsurance ceded amounts     | XXX        | XXX                  | XXX                  | XXX                           |       |
| (12) Rebates unpaid net of reinsurance  | XXX        | XXX                  | XXX                  | XXX                           | 0     |

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [ ] No [ X ]

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

AMOUNT

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments) \$ .....

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ .....

3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) \$ .....

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ .....

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ .....

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

|                                                                        | Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year |           | Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year |           | Differences                                  |                                              | Adjustments           |                        |     | Unsettled Balances as of the Reporting Date         |                                                      |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|-----------|----------------------------------------------|----------------------------------------------|-----------------------|------------------------|-----|-----------------------------------------------------|------------------------------------------------------|
|                                                                        |                                                                                   |           |                                                                                             |           | Prior Year Accrued Less Payments (Col 1 – 3) | Prior Year Accrued Less Payments (Col 2 – 4) | To Prior Year Balance | To Prior Year Balances |     | Cumulative Balance from Prior Years (Col 1 – 3 + 7) | Cumulative Balances from Prior Years (Col 2 – 4 + 8) |
|                                                                        | 1                                                                                 | 2         | 3                                                                                           | 4         | 5                                            | 6                                            | 7                     | 8                      |     | 9                                                   | 10                                                   |
|                                                                        | Receivable                                                                        | (Payable) | Receivable                                                                                  | (Payable) | Receivable                                   | (Payable)                                    | Receivable            | (Payable)              | Ref | Receivable                                          | (Payable)                                            |
| a. Permanent ACA Risk Adjustment Program                               |                                                                                   |           |                                                                                             |           |                                              |                                              |                       |                        |     |                                                     |                                                      |
| 1. Premiums adjustments receivable (including high-risk pool payments) | \$                                                                                | \$        | \$                                                                                          | \$        | \$ 0                                         | \$ 0                                         | \$                    | \$                     | A   | \$ 0                                                | \$ 0                                                 |
| 2. Premium adjustments (payable) (including high-risk pool premium)    | \$                                                                                | \$        | \$                                                                                          | \$        | \$ 0                                         | \$ 0                                         | \$                    | \$                     | B   | \$ 0                                                | \$ 0                                                 |
| 3. Subtotal ACA Permanent Risk Adjustment Program                      | \$ 0                                                                              | \$ 0      | \$ 0                                                                                        | \$ 0      | \$ 0                                         | \$ 0                                         | \$ 0                  | \$ 0                   |     | \$ 0                                                | \$ 0                                                 |

Explanations of Adjustments

A

B

Note 25 - Changes in Incurred Claims and Claim Adjustment Expenses

A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

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The Company establishes a liability for claims on hand and claims incurred and not reported. The amount of the liability is determined by following a detailed process that entails using both historical claim payment patterns as well as emerging cost trends to project claim liabilities. Reserves for incurred claims attributable to insured events of prior years of \$1,919,352 unfavorably impacted the results of operations at December 31, 2025 as a result of re-estimation of unpaid claims. The unfavorable impact is the result of ongoing analysis of recent loss development trends. Original estimates are revised as additional information becomes available.

B. Information about Significant Changes in Methodologies and Assumptions

Note 26 - Intercompany Pooling Arrangements

- A. Lead Entity and Affiliated Entities Participating in the Intercompany Pool
- B. Lines and Types of Business Subject to the Pooling Agreement
- C. Cessions to Non-Affiliated Reinsurance Business Subject to the Pooling Agreement
- D. Identification of all Pool Members that are Parties to the Reinsurance Agreements with Non-Affiliated Reinsurers
- E. Discrepancies Between Entries Regarding Pooled Business
- F. Intercompany Sharing of the Provision for Reinsurance
- G. Amounts due to/from the Lead Entity and Affiliated Entities Participating in the Intercompany Pool

Note 27 - Structured Settlements

Health Entities should not complete this Note.

Note 28 - Health Care Receivables

- C. Medicare Prescription Payment Plan Receivables
- (1) Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period \$ .....
- (2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan.

| 1                                               | 2                     | 3         | 4          | 5          | 6            | 7           | 8        |
|-------------------------------------------------|-----------------------|-----------|------------|------------|--------------|-------------|----------|
| Name of Plan                                    | Current Period Gross* | 1-30 Days | 31-60 Days | 61-90 Days | Over 90 Days | Nonadmitted | Admitted |
| Medicare Prescription Payment Plan Recoverables | \$                    | \$        | \$         | \$         | \$           | \$          | \$       |

\* represents the Assets Page Column, included within Line 24 before nonadmission.

- (3) Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables of \$ ..... for [current year] and \$ ..... for [prior year].

Note 29 - Participating Policies

Note 30 - Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves \$..... 50,383,674
- 2. Date of the most recent evaluation of this liability ..... 12/31/2025 .....
- 3. Was anticipated investment income utilized in the calculation? Yes [ X ] No [ ]

Note 31 - Anticipated Salvage and Subrogation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [ X ] No [ ]
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]
- 1.3

State Regulating? New Jersey.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [ X ]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2020
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/06/2022
- 3.4

By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
|                     |                        |                        |
|                     |                        |                        |

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]
- 7.2

If yes,  
7.21 State the percentage of foreign control .....0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
|                  |                     |
|                  |                     |
|                  |                     |

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
|                     |                                |          |          |           |          |

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [ ] No [ X ]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to theFederal Reserve Board's capital rule?

Yes [ ] No [ X ] N/A [ ]
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Ernst & Young, LLP, One Manhattan West, New York, NY 10001.....
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ ] N/A [ X ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
The Audit Committee of Horizon Mutual Holdings, Inc., the reporting entity's ultimate parent, is designated as the Audit Committee for the reporting entity.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Kenny Kan (Vice President and Chief Actuary), Horizon BCBSNJ, 3 Penn Plaza East, Newark, NJ 07105-2248.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]
- 14.1.1 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1.1 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1.1 c. Compliance with applicable governmental laws, rules and regulations;
- 14.1.1 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- 14.1.1 e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1                                                 | 2                               | 3                                                   | 4      |
|---------------------------------------------------|---------------------------------|-----------------------------------------------------|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
| .....                                             | .....                           | .....                                               | .....  |
| .....                                             | .....                           | .....                                               | .....  |
| .....                                             | .....                           | .....                                               | .....  |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....

20.12 To stockholders not officers \$.....

20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....

20.22 To stockholders not officers \$.....

20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \$.....

21.22 Borrowed from others \$.....

21.23 Leased from others \$.....

21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....

22.22 Amount paid as expenses \$.....

22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

| 1                   | 2                                                 |
|---------------------|---------------------------------------------------|
| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
|                     |                                                   |

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

|                     |                                                   |
|---------------------|---------------------------------------------------|
| 1                   | 2                                                 |
| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes ☒ No ☐
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ☐ No ☐ NA ☒
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ NA ☒
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ☐ No ☐ NA ☒
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes ☒ No ☐
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....121,247

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

|                       |             |        |
|-----------------------|-------------|--------|
| 1                     | 2           | 3      |
| Nature of Restriction | Description | Amount |
| .....                 | .....       | .....  |

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☐
- If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes ☐ No ☐
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes ☐ No ☐

27.42 Permitted accounting practice Yes ☐ No ☐

27.43 Other accounting guidance Yes ☐ No ☐
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:
- The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

Yes ☐ No ☐
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☒
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....
29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes ☒ No ☐
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

|                      |                      |
|----------------------|----------------------|
| 1                    | 2                    |
| Name of Custodian(s) | Custodian's Address  |
| BNY Mellon, NA.....  | New York, NY.....    |
| TD Bank NA.....      | Cherry Hill, NJ..... |
| PNC Bank, NA.....    | Pittsburgh, PA.....  |

29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

|         |             |                         |
|---------|-------------|-------------------------|
| 1       | 2           | 3                       |
| Name(s) | Location(s) | Complete Explanation(s) |
| .....   | .....       | .....                   |

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes ☐ No ☒
- 29.04 If yes, give full and complete information relating thereto:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Healthier New Jersey Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

| 1             | 2             | 3              | 4      |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
|               |               |                |        |

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1                            | 2           |
|------------------------------|-------------|
| Name of Firm or Individual   | Affiliation |
| Horizon Investment Team..... |             |
|                              |             |
|                              |             |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [ X ] NA [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ] NA [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1                                      | 2                          | 3               | 4                                           |
|----------------------------------------|----------------------------|-----------------|---------------------------------------------|
| Central Registration Depository Number | Name of Firm or Individual | Registered With | Investment Management Agreement (IMA) Filed |
|                                        |                            |                 |                                             |
|                                        |                            |                 |                                             |
|                                        |                            |                 |                                             |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

| 1             | 2                   | 3                            |
|---------------|---------------------|------------------------------|
| CUSIP #       | Name of Mutual Fund | Book/Adjusted Carrying Value |
|               |                     |                              |
|               |                     |                              |
|               |                     |                              |
| 30.2999 TOTAL |                     | 0                            |

30.3 For each mutual fund listed in the table above, complete the following schedule:

| 1                                      | 2                                              | 3                                                                                | 4                 |
|----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------|-------------------|
| Name of Mutual Fund (from above table) | Name of Significant Holding of the Mutual Fund | Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | Date of Valuation |
|                                        |                                                |                                                                                  |                   |
|                                        |                                                |                                                                                  |                   |
|                                        |                                                |                                                                                  |                   |

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

|                                     | 1                          | 2           | 3                                                                         |
|-------------------------------------|----------------------------|-------------|---------------------------------------------------------------------------|
|                                     | Statement (Admitted) Value | Fair Value  | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 31.1 Issuer Credit Obligations..... | 261,066,288                | 262,124,412 | 1,058,124                                                                 |
| 31.2 Asset-Backed Securities.....   | 0                          | 0           | 0                                                                         |
| 31.3 Preferred Stocks.....          | 0                          | 0           | 0                                                                         |
| 31.4 Totals                         | 261,066,288                | 262,124,412 | 1,058,124                                                                 |

31.5 Describe the sources or methods utilized in determining the fair values: Reuters.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ X ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: Reuters.....

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b.Issuer or obligor is current on all contracted interest and principal payments.  
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:  
a. The security was either:  
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or  
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").  
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.  
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.  
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

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GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [ X ] No [ ] NA [ ]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

39.22 Immediately converted to U.S. dollars

Yes [ ] No [ ]

Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

| 1<br>Name of Cryptocurrency | 2<br>Immediately Converted to USD,<br>Directly Held, or Both | 3<br>Accepted for Payment<br>of Premiums |
|-----------------------------|--------------------------------------------------------------|------------------------------------------|
|                             |                                                              |                                          |

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ .....102,457

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

| 1<br>Name                               | 2<br>Amount Paid |
|-----------------------------------------|------------------|
| Blue Cross Blue Shield Association..... | \$.....68,373    |

41.1 Amount of payments for legal expenses, if any?

\$ .....101,297

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

27.4

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only.

\$.....

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

\$.....

1.31

Reason for excluding .....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$.....

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ .....0

1.62

Total incurred claims

\$ .....0

1.63

Number of covered lives

.....0

All years prior to most current three years:

1.64

Total premium earned

\$ .....0

1.65

Total incurred claims

\$ .....0

1.66

Number of covered lives

.....0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ .....0

1.72

Total incurred claims

\$ .....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$ .....0

1.75

Total incurred claims

\$ .....0

1.76

Number of covered lives

.....0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

\$ .....832,711,348

\$ .....644,144,817

2.2

Premium Denominator

\$ .....814,101,245

\$ .....633,651,288

2.3

Premium Ratio (2.1/2.2)

.....1.023

.....1.017

2.4

Reserve Numerator

\$ .....107,260,967

\$ .....74,138,284

2.5

Reserve Denominator

\$ .....191,683,847

\$ .....153,850,970

2.6

Reserve Ratio (2.4/2.5)

.....0.560

.....0.482

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ X ]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [ ] No [ X ]

5.2

If no, explain:  
Contracts with participating providers conventional hold harmless and completion of treatment provisions.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$.....

5.32

Medical Only

\$.....

5.33

Medicare Supplement

\$.....

5.34

Dental and Vision

\$.....

5.35

Other Limited Benefit Plan

\$.....

5.36

Other

\$.....

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ ] No [ X ]

7.2

If no, give details  
The reporting entity utilizes actuarial triangles

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

.....26,534

8.2

Number of providers at end of reporting year

.....26,589

9.1

Does the reporting entity have business subject to premium rate guarantees? .....

Yes [ ] No [ X ]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

.....

9.22

Business with rate guarantees over 36 months

.....

28

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]

Yes [ X ] No [ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

New Jersey.....
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

\$.....65,127,974
- 11.4 If yes, show the amount required.
- 11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

|                                                 |
|-------------------------------------------------|
| 1                                               |
| Name of Service Area                            |
| All 21 counties in the state of New Jersey..... |

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

| 1            | 2                 | 3                        | 4              | Assets Supporting Reserve Credit |                  |       |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
|              |                   |                          |                | 5                                | 6                | 7     |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit                | Trust Agreements | Other |
|              |                   |                          |                |                                  |                  |       |

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written

\$.....

15.2 Total Incurred Claims

\$.....

15.3 Number of Covered Lives

.....

| *Ordinary Life Insurance Includes                                                         |
|-------------------------------------------------------------------------------------------|
| Term (whether full underwriting, limited underwriting, jet issue, "short form app")       |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee)                                       |
| Universal Life (with or without secondary guarantee)                                      |
| Variable Universal Life (with or without secondary guarantee)                             |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ ] No [ X ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ X ]

FIVE - YEAR HISTORICAL DATA

|                                                                                    | 1<br>2025     | 2<br>2024     | 3<br>2023     | 4<br>2022    | 5<br>2021    |
|------------------------------------------------------------------------------------|---------------|---------------|---------------|--------------|--------------|
| <b>Balance Sheet</b> (Pages 2 and 3)                                               |               |               |               |              |              |
| 1. Total admitted assets (Page 2, Line 28) .....                                   | 322,309,998   | 238,522,294   | 186,669,416   | 125,978,296  | 54,612,679   |
| 2. Total liabilities (Page 3, Line 24) .....                                       | 210,377,012   | 166,685,485   | 124,225,248   | 79,810,747   | 31,953,846   |
| 3. Statutory minimum capital and surplus requirement .....                         | 65,127,974    | 45,873,574    | 38,081,430    | 26,507,360   | 15,063,232   |
| 4. Total capital and surplus (Page 3, Line 33) .....                               | 111,932,986   | 71,836,808    | 62,444,168    | 46,167,549   | 22,658,833   |
| <b>Income Statement</b> (Page 4)                                                   |               |               |               |              |              |
| 5. Total revenues (Line 8) .....                                                   | 814,101,245   | 633,651,288   | 503,079,557   | 315,397,309  | 172,299,068  |
| 6. Total medical and hospital expenses (Line 18) .....                             | 920,353,743   | 656,831,441   | 536,669,979   | 337,631,706  | 179,104,755  |
| 7. Claims adjustment expenses (Line 20) .....                                      | 41,290,934    | 33,956,302    | 25,155,327    | 14,966,920   | 8,947,951    |
| 8. Total administrative expenses (Line 21) .....                                   | 51,856,647    | 49,675,148    | 44,050,361    | 35,140,653   | 20,271,269   |
| 9. Net underwriting gain (loss) (Line 24) .....                                    | (186,877,482) | (130,770,178) | (117,688,610) | (95,541,970) | (38,124,907) |
| 10. Net investment gain (loss) (Line 27) .....                                     | 9,590,744     | 7,640,458     | 4,308,154     | 754,871      | 92,482       |
| 11. Total other income (Lines 28 plus 29) .....                                    | 0             | 0             | 0             | 0            | 0            |
| 12. Net income or (loss) (Line 32) .....                                           | (177,286,738) | (123,129,720) | (113,380,456) | (94,787,099) | (38,032,425) |
| <b>Cash Flow</b> (Page 6)                                                          |               |               |               |              |              |
| 13. Net cash from operations (Line 11).....                                        | (138,508,563) | (80,391,615)  | (68,919,123)  | (53,064,197) | (6,978,887)  |
| <b>Risk-Based Capital Analysis</b>                                                 |               |               |               |              |              |
| 14. Total adjusted capital.....                                                    | 111,932,986   | 71,836,808    | 62,444,168    | 46,167,549   | 22,658,833   |
| 15. Authorized control level risk-based capital .....                              | 32,563,987    | 22,943,354    | 19,040,715    | 13,253,680   | 7,531,616    |
| <b>Enrollment</b> (Exhibit 1)                                                      |               |               |               |              |              |
| 16. Total members at end of period (Column 5, Line 7) .....                        | 58,349        | 49,394        | 43,549        | 27,942       | 17,890       |
| 17. Total members months (Column 6, Line 7) .....                                  | 688,376       | 580,650       | 508,020       | 325,368      | 193,697      |
| <b>Operating Percentage</b> (Page 4)                                               |               |               |               |              |              |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0                         |               |               |               |              |              |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....            | 100.0         | 100.0         | 100.0         | 100.0        | 100.0        |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) ..... | 113.1         | 103.7         | 106.7         | 107.0        | 103.9        |
| 20. Cost containment expenses .....                                                | 4.0           | 4.1           | 3.7           | 3.3          | 3.7          |
| 21. Other claims adjustment expenses .....                                         | 1.1           | 1.2           | 1.3           | 1.4          | 1.5          |
| 22. Total underwriting deductions (Line 23) .....                                  | 123.0         | 120.6         | 123.4         | 130.3        | 122.1        |
| 23. Total underwriting gain (loss) (Line 24) .....                                 | (23.0)        | (20.6)        | (23.4)        | (30.3)       | (22.1)       |
| <b>Unpaid Claims Analysis</b>                                                      |               |               |               |              |              |
| (U&I Exhibit, Part 2B)                                                             |               |               |               |              |              |
| 24. Total claims incurred for prior years (Line 17, Col. 5) .....                  | 75,541,053    | 57,715,802    | 44,292,245    | 28,308,862   | 0            |
| 25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] .....    | 78,296,838    | 68,070,925    | 45,157,789    | 25,263,091   | 0            |
| <b>Investments in Parent, Subsidiaries and Affiliates</b>                          |               |               |               |              |              |
| 26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) .....                   | 0             | 0             | 0             | 0            | 0            |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) .....            | 0             | 0             | 0             | 0            | 0            |
| 28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) .....               | 0             | 0             | 0             | 0            | 0            |
| 29. Affiliated mortgage loans on real estate .....                                 |               | 0             | 0             | 0            | 0            |
| 30. All other affiliated .....                                                     |               | 0             | 0             | 0            | 0            |
| 31. Total of above Lines 26 to 30.....                                             | 0             | 0             | 0             | 0            | 0            |
| 32. Total investment in parent included in Lines 26 to 30 above                    |               |               |               |              |              |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Corrections of Errors?.....Yes [ ] No [ ]

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

|                      |                                                                        |     | 1                    | Direct Business Only             |                         |                       |                   |                                                             |                                                         |                                   |                                 |                           |
|----------------------|------------------------------------------------------------------------|-----|----------------------|----------------------------------|-------------------------|-----------------------|-------------------|-------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|---------------------------------|---------------------------|
|                      |                                                                        |     | 2                    | 3                                | 4                       | 5                     | 6                 | 7                                                           | 8                                                       | 9                                 | 10                              |                           |
| State, Etc.          |                                                                        |     | Active<br>Status (a) | Accident &<br>Health<br>Premiums | Medicare<br>Title XVIII | Medicaid<br>Title XIX | CHIP<br>Title XXI | Federal<br>Employees<br>Health<br>Benefits Plan<br>Premiums | Life & Annuity<br>Premiums &<br>Other<br>Considerations | Property/<br>Casualty<br>Premiums | Total<br>Columns<br>2 Through 8 | Deposit-Type<br>Contracts |
| 1.                   | Alabama .....                                                          | AL  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 2.                   | Alaska .....                                                           | AK  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 3.                   | Arizona .....                                                          | AZ  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 4.                   | Arkansas .....                                                         | AR  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 5.                   | California .....                                                       | CA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 6.                   | Colorado .....                                                         | CO  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 7.                   | Connecticut .....                                                      | CT  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 8.                   | Delaware .....                                                         | DE  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 9.                   | District of Columbia .....                                             | DC  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 10.                  | Florida .....                                                          | FL  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 11.                  | Georgia .....                                                          | GA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 12.                  | Hawaii .....                                                           | HI  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 13.                  | Idaho .....                                                            | ID  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 14.                  | Illinois .....                                                         | IL  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 15.                  | Indiana .....                                                          | IN  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 16.                  | Iowa .....                                                             | IA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 17.                  | Kansas .....                                                           | KS  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 18.                  | Kentucky .....                                                         | KY  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 19.                  | Louisiana .....                                                        | LA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 20.                  | Maine .....                                                            | ME  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 21.                  | Maryland .....                                                         | MD  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 22.                  | Massachusetts .....                                                    | MA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 23.                  | Michigan .....                                                         | MI  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 24.                  | Minnesota .....                                                        | MN  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 25.                  | Mississippi .....                                                      | MS  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 26.                  | Missouri .....                                                         | MO  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 27.                  | Montana .....                                                          | MT  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 28.                  | Nebraska .....                                                         | NE  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 29.                  | Nevada .....                                                           | NV  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 30.                  | New Hampshire .....                                                    | NH  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 31.                  | New Jersey .....                                                       | NJ  | L                    | .0                               | .832,711,347            | .0                    | .0                | .0                                                          | .0                                                      | .0                                | .832,711,347                    | .0                        |
| 32.                  | New Mexico .....                                                       | NM  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 33.                  | New York .....                                                         | NY  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 34.                  | North Carolina .....                                                   | NC  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 35.                  | North Dakota .....                                                     | ND  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 36.                  | Ohio .....                                                             | OH  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 37.                  | Oklahoma .....                                                         | OK  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 38.                  | Oregon .....                                                           | OR  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 39.                  | Pennsylvania .....                                                     | PA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 40.                  | Rhode Island .....                                                     | RI  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 41.                  | South Carolina .....                                                   | SC  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 42.                  | South Dakota .....                                                     | SD  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 43.                  | Tennessee .....                                                        | TN  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 44.                  | Texas .....                                                            | TX  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 45.                  | Utah .....                                                             | UT  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 46.                  | Vermont .....                                                          | VT  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 47.                  | Virginia .....                                                         | VA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 48.                  | Washington .....                                                       | WA  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 49.                  | West Virginia .....                                                    | WV  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 50.                  | Wisconsin .....                                                        | WI  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 51.                  | Wyoming .....                                                          | WY  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 52.                  | American Samoa .....                                                   | AS  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 53.                  | Guam .....                                                             | GU  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 54.                  | Puerto Rico .....                                                      | PR  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 55.                  | U.S. Virgin Islands .....                                              | VI  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 56.                  | Northern Mariana Islands .....                                         | MP  | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 57.                  | Canada .....                                                           | CAN | N                    |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              | .0                        |
| 58.                  | Aggregate other alien .....                                            | OT  | XXX                  | .0                               | .0                      | .0                    | .0                | .0                                                          | .0                                                      | .0                                | .0                              | .0                        |
| 59.                  | Subtotal .....                                                         |     | XXX                  | .0                               | .832,711,347            | .0                    | .0                | .0                                                          | .0                                                      | .0                                | .832,711,347                    | .0                        |
| 60.                  | Reporting entity contributions for<br>employee benefit plans .....     |     | XXX                  |                                  |                         |                       |                   |                                                             |                                                         |                                   | .0                              |                           |
| 61.                  | Total (direct business)                                                |     | XXX                  | 0                                | .832,711,347            | 0                     | 0                 | 0                                                           | 0                                                       | 0                                 | .832,711,347                    | 0                         |
| DETAILS OF WRITE-INS |                                                                        |     |                      |                                  |                         |                       |                   |                                                             |                                                         |                                   |                                 |                           |
| 58001.               | .....                                                                  |     | XXX                  |                                  |                         |                       |                   |                                                             |                                                         |                                   |                                 |                           |
| 58002.               | .....                                                                  |     | XXX                  |                                  |                         |                       |                   |                                                             |                                                         |                                   |                                 |                           |
| 58003.               | .....                                                                  |     | XXX                  |                                  |                         |                       |                   |                                                             |                                                         |                                   |                                 |                           |
| 58998.               | Summary of remaining write-ins<br>for Line 58 from overflow page ..... |     | XXX                  | .0                               | .0                      | .0                    | .0                | .0                                                          | .0                                                      | .0                                | .0                              | .0                        |
| 58999.               | Totals (Lines 58001 through<br>58003 plus 58998) (Line 58<br>above)    |     | XXX                  | 0                                | 0                       | 0                     | 0                 | 0                                                           | 0                                                       | 0                                 | 0                               |                           |

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1

2. R – Registered – Non-domiciled RRGs .....0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0

4. Q – Qualified – Qualified or accredited reinsurer .....0

5. N – None of the above – Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by states, etc.

Situs of contract

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

| NAIC#      | Federal Employee # |                                                                    |
|------------|--------------------|--------------------------------------------------------------------|
| -----      |                    |                                                                    |
| 92-0982986 |                    | A. Horizon Mutual Holdings, Inc.                                   |
| 92-0966618 |                    | B. Horizon Operating Holdings, Inc.                                |
| 55069      | 22-0999690         | 1. Horizon Healthcare Services, Inc. (1)                           |
|            | 27-1179993         | a. Three Penn Plaza Property Holdings Urban Renewal, LLC           |
|            | 33-5028782         | b. HMM Administrators LLC                                          |
|            | 85-1404186         | 1b. HealthEZ Group Holdings LLC                                    |
|            | 85-1423229         | 2b. Health EZ Intermediate Holdings LLC                            |
|            | 85-1591524         | 3b. Araz Group DE, LLC                                             |
|            | 85-1596607         | 4b. America's TPA, LLC                                             |
| 95529      | 22-2651245         | 2. Horizon Healthcare of New Jersey, Inc. (2)                      |
| 11146      | 22-3331515         | 3. Horizon Healthcare Dental, Inc. (3)                             |
| 14690      | 46-1362174         | 4. Horizon Insurance Company (4)                                   |
|            | 86-1229594         | 5. Greenwood Insurance Company, Inc. (5)                           |
|            | 84-2280217         | 6. NJ Collaborative Care, LLC (55.00%)                             |
| 16714      | 84-3673030         | a. Healthier New Jersey Insurance Company, d/b/a Braven Health (6) |
| 92-0996149 |                    | C. Horizon Diversified Holdings, Inc.                              |
|            | 22-3346524         | 1. Horizon Casualty Services, Inc.                                 |
|            | 92-0815927         | 2. NovaOne, Inc. f/k/a NovaWell, Inc. (7)                          |
|            | 46-2605607         | 3. Multistate Professional Services, Inc.                          |
|            | 47-4428396         | 4. Multistate Investment Services, Inc.                            |
|            | 39-2394445         | 5. 1932 Investment Management, LLC (8)                             |
| 20-0252405 |                    | D. Horizon Charitable Foundation, Inc.                             |

(1) Horizon Healthcare Services, Inc., d/b/a Horizon Blue Cross Blue Shield of New Jersey, a New Jersey for profit stock insurer.  
(2) Horizon Healthcare of New Jersey, Inc., a New Jersey domestic health maintenance organization.  
(3) Horizon Healthcare Dental, Inc., a New Jersey domestic dental plan organization.  
(4) Horizon Insurance Company, a New Jersey domestic Life, Accident and Health Organization.  
(5) Greenwood Insurance Company, Inc. is a New Jersey captive insurance company.  
(6) Healthier New Jersey Insurance Company, d/b/a/ Braven Health, a New Jersey a domestic Life, Accident and Health Organization.  
(7) NovaOne, Inc. f/k/a NovaWell, Inc is a Delaware corporation that provides behavioral health managed care products and services.  
(8) 1932 Investment Management, LLC provides investment management and advisory services.