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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.....

ss

County of .....Essex.....

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	680,406					680,406
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	70,899			6,984	6,984	70,899
0299999 Total group	70,899	0	0	6,984	6,984	70,899
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	751,305	0	0	6,984	6,984	751,305

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	19,384,400	1,800,000				21,184,400
0199999 - Pharmaceutical Rebate Receivables	19,384,400	1,800,000	0	0	0	21,184,400
0699998 - Aggregate of amounts not individually listed above.	32,339					32,339
0699999 - Other Health Care Receivables	32,339	0	0	0	0	32,339
0799999 Gross Health Care Receivables	19,416,739	1,800,000	0	0	0	21,216,739

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	13,150,000			21,184,400	13,150,000	13,150,000
2. Claim overpayment receivables				0	0	
3. Loans and advances to providers				0	0	
4. Capitation arrangement receivables				0	0	
5. Risk sharing receivables				0	0	
6. Other health care receivables	37,677			32,339	37,677	37,677
7. Totals (Lines 1 through 6)	13,187,677	0	0	21,216,739	13,187,677	13,187,677

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
Claims unpaid (Reported)	23,947,493	3,682,091	324,092	29,624	13,410	27,996,710
0199999 Individually listed claims unpaid	23,947,493	3,682,091	324,092	29,624	13,410	27,996,710
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	23,947,493	3,682,091	324,092	29,624	13,410	27,996,710
0599999 Unreported claims and other claim reserves						79,264,256
0699999 Total amounts withheld						
0799999 Total claims unpaid						107,260,966
0899999 Accrued medical incentive pool and bonus amounts						4,026,046

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Horizon Healthcare of New Jersey, Inc.	383,944	0	0	0	0	383,944	0
0199999 Individually listed receivables	383,944	0	0	0	0	383,944	0
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	383,944	0	0	0	0	383,944	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Insurance Company		5,699,522	5,699,522	0
Horizon Healthcare Services, Inc.		1,636,100	1,636,100	0
0199999 Individually listed payables		7,335,622	7,335,622	0
0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		7,335,622	7,335,622	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	2,277,587	0.3	0	0.0	0	2,277,587
2. Intermediaries	121,893,768	13.7	0	0.0	0	121,893,768
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	124,171,355	14.0	0	0.0	0	124,171,355
Other Payments:						
5. Fee-for-service	45,551,833	5.1	XXX	XXX		45,551,833
6. Contractual fee payments	717,640,380	80.9	XXX	XXX		717,640,380
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		0
9. Non-contingent salaries	0	0.0	XXX	XXX		0
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	763,192,213	86.0	XXX	XXX	0	763,192,213
13. Total (Line 4 plus Line 12)	887,363,568	100 %	XXX	XXX	0	887,363,568

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Home Care Services	6,121,972	510,164		
	Radiology	18,365,731	1,530,478		
	Hearx	1,047,391	87,283		
	Radiology Spine	6,818,674	568,223		
	TP-Ortho	14,128,005	1,177,334		
	TP-Cardio	12,223,105	1,018,592		
	Post-Acute Care	45,403,882	3,783,657		
	Horizon Healthcare Services, Inc.	8,517,180	709,765		
	Harmony Cares	6,885,493	573,791		
	Braven Vision	2,382,335	198,528		
9999999 Totals		121,893,768	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Healthier New Jersey Insurance Company 2. _____ (LOCATION)

NAIC Group Code 01202 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 16714

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	49,394							49,394						
2 First quarter	56,598							56,598						
3 Second quarter	57,315							57,315						
4. Third quarter	58,222							58,222						
5. Current year	58,349							58,349						
6 Current year member months	688,376							688,376						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,186,286							1,186,286						
8. Non-physician	764,452							764,452						
9. Total	1,950,738	0	0	0	0	0	0	1,950,738	0	0	0	0	0	0
10. Hospital patient days incurred	98,581							98,581						
11. Number of inpatient admissions	11,299							11,299						
12. Health premiums written (b)	832,711,347							832,711,347						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	814,101,245							814,101,245						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	887,363,568							887,363,568						
18. Amount incurred for provision of health care services	920,353,743							920,353,743						

(a) For health business: number of persons insured under PPO managed care products 58,349 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 832,711,347

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Healthier New Jersey Insurance Company 2. _____ (LOCATION)

NAIC Group Code 01202 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2025 NAIC Company Code 16714

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	49,394	0	0	0	0	0	0	49,394	0	0	0	0	0	0
2 First quarter	56,598	0	0	0	0	0	0	56,598	0	0	0	0	0	0
3 Second quarter	57,315	0	0	0	0	0	0	57,315	0	0	0	0	0	0
4. Third quarter	58,222	0	0	0	0	0	0	58,222	0	0	0	0	0	0
5. Current year	58,349	0	0	0	0	0	0	58,349	0	0	0	0	0	0
6 Current year member months	688,376	0	0	0	0	0	0	688,376	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	1,186,286	0	0	0	0	0	0	1,186,286	0	0	0	0	0	0
8. Non-physician	764,452	0	0	0	0	0	0	764,452	0	0	0	0	0	0
9. Total	1,950,738	0	0	0	0	0	0	1,950,738	0	0	0	0	0	0
10. Hospital patient days incurred	98,581	0	0	0	0	0	0	98,581	0	0	0	0	0	0
11. Number of inpatient admissions	11,299	0	0	0	0	0	0	11,299	0	0	0	0	0	0
12. Health premiums written (b)	832,711,347	0	0	0	0	0	0	832,711,347	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	814,101,245	0	0	0	0	0	0	814,101,245	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	887,363,568	0	0	0	0	0	0	887,363,568	0	0	0	0	0	0
18. Amount incurred for provision of health care services	920,353,743	0	0	0	0	0	0	920,353,743	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 58,349 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 832,711,347

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	280,372,745		280,372,745
2.	Accident and health premiums due and unpaid (Line 15)	751,305		751,305
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	41,185,948		41,185,948
6.	Total assets (Line 28)	322,309,998	0	322,309,998
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	107,260,967	0	107,260,967
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,026,046		4,026,046
9.	Premiums received in advance (Line 8)	499,162		499,162
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	98,590,837		98,590,837
15.	Total liabilities (Line 24)	210,377,012	0	210,377,012
16.	Total capital and surplus (Line 33)	111,932,986	XXX	111,932,986
17.	Total liabilities, capital and surplus (Line 34)	322,309,998	0	322,309,998
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. U.S. Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate other alien OT						0
59. Totals	0	0	0	0	0	0

NONE

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01202	BCBS of NJ Group	00000	92-0966618				Horizon Operating Holdings, Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	92-0815927				NovaOne Inc. f/k/a NovaWell, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	92-0982986				Horizon Mutual Holdings, Inc.	NJ	UIP			0.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	92-0996149				Horizon Diversified Holdings, Inc.	NJ	UDP	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	22-0999690				HMH Administrators LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc.	NJ	NIA	Horizon Mutual Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Operating Holdings, Inc.	Ownership	55.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance Company	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company	NJ	NIA	Horizon Operating Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	85-1404186				HealthEZ Group Holdings LLC	NJ	NIA	HMH Administrators LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	85-1423229				Health EZ Intermediate Holdings LLC	NJ	NIA	HMH Administrators LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	85-1591524				Araz Group DE, LLC	NJ	NIA	HMH Administrators LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	85-1596607				America's TPA, LLC	NJ	NIA	HMH Administrators LLC	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0
01202	BCBS of NJ Group	00000	39-2394445				1932 Investment Management, LLC	NJ	NIA	Horizon Diversified Holdings, Inc.	Ownership	100.0	Horizon Mutual Holdings, Inc.	NO	0

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

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.					1,321,632	1,066,736			2,388,368	
14690	46-1362174	Horizon Insurance Company					(14,099,172)	(12,680,530)			(26,779,702)	
16714	84-3673030	Healthier New Jersey Insurance Company					8,517,180				8,517,180	
55069	22-0999690	Horizon Healthcare Services, Inc.		365,000,000			(379,556,588)	88,917,102			74,360,514	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.		(350,000,000)			292,644,583	(77,303,308)			(134,658,725)	
	27-1179993	3 Penn Plaza Property Holdings Urban Ren		(15,000,000)			(22,247,459)				(37,247,459)	
	13-4290405	Enterprise Property Holdings, LLC					(1,091,060)				(1,091,060)	
	22-3346524	Horizon Casualty Services, Inc.		(22,000,000)			15,879,285				(6,120,715)	
	22-2561496	NJ Collaborative Care, LLC					0				0	
	47-4428396	Multistate Investment Services, Inc.					(218,576)				(218,576)	
	46-2605607	Multistate Professional Services, Inc.					(1,500)				(1,500)	
	86-1229594	Greenwood Insurance Company, Inc.					(1,187,627)				(1,187,627)	
	92-0982986	Horizon Mutual Holdings, Inc.		22,000,000			102,994,190				124,994,190	
	92-0966618	Horizon Operating Holdings, Inc.					(43,810)				(43,810)	
	92-0996149	Horizon Diversified Holdings, Inc.					(843,891)				(843,891)	
	92-0815927	NovaWell, Inc.					(2,067,187)				(2,067,187)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	8 Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
		%				%	
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		%				%	

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an Actuarial Opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an Audited Financial Report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

10. Business not written

11. Business not written

12. See explanation

13. See explanation

14. See explanation

15. Business not written

16. See explanation

17. See explanation

18. See explanation

20. See explanation

21. See explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

10. 

11. 

15. 

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