To amend pages erroneously reporting commercial business, now reclassed to the vision sector.

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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

Horizon Insurance Company

(Name)

NAIC Group Code 01202 (Current Period), 01202 (Prior Period) NAIC Company Code 14690 Employer's ID Number 46-1362174

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 10/11/2012 Commenced Business 12/31/2012

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 Plz E Ste PP-15D (Street and Number)

Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-803-0441 (Area Code) (Telephone Number)

Mail Address 3 Penn Plz E Ste PP-15D (Street and Number or P.O. Box), Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Penn Plz E Ste PP-15D (Street and Number)

Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code), 973-803-0441 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg (Name), 973-803-0441 (Area Code) (Telephone Number) (Extension)

jordan_greenberg@horizonblue.com (E-Mail Address) 973-466-7110 (Fax Number)

OFFICERS

Name	Title	Name	Title
Gary Dean St. Hilaire	Chairman & CEO	Nicholas Herbert Peterson	Secretary
David Jeffrey Rosenberg	CFO and Treasurer	Debra Ann Rittenour	President

OTHER OFFICERS

Jared Ferguson	Vice President	Christopher Michael Lepre	Executive Vice President

DIRECTORS OR TRUSTEES

Christopher Michael Lepre	Gary Dean St. Hilaire		

State of New Jersey

County of Essex

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

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this
_____ day of _____,

a. Is this an original filing? Yes [ ] No [X]
b. If no:
1. State the amendment number 1
2. Date filed 03/17/2026
3. Number of pages attached 7

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	4,385,251	3,384,763
2.	Net premium income (including $ 0 non-health premium income)	XXX	52,095,632	39,308,603
3.	Change in unearned premium reserves and reserve for rate credits	XXX	19,093	53,989
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	52,114,725	39,362,592
Hospital and Medical:				
9.	Hospital/medical benefits		164,627,916	160,172,327
10.	Other professional services		23,251,130	21,176,369
11.	Outside referrals		23,213,235	20,798,598
12.	Emergency room and out-of-area			0
13.	Prescription drugs		168,841,398	34,936,351
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			0
16.	Subtotal (Lines 9 to 15)	0	379,933,679	237,083,645
Less:				
17.	Net reinsurance recoveries		334,447,140	205,779,322
18.	Total hospital and medical (Lines 16 minus 17)	0	45,486,539	31,304,323
19.	Non-health claims (net)			0
20.	Claims adjustment expenses, including $ 699,544 cost containment expenses		894,282	176,498
21.	General administrative expenses		2,316,349	2,100,528
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	48,697,170	33,581,349
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,417,555	5,781,243
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,056,805	1,447,043
26.	Net realized capital gains (losses) less capital gains tax of $			0
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,056,805	1,447,043
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29.	Aggregate write-ins for other income or expenses	0	2,871,126	2,705,571
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	7,345,486	9,933,857
31.	Federal and foreign income taxes incurred	XXX	1,435,826	1,363,388
32.	Net income (loss) (Lines 30 minus 31)	XXX	5,909,660	8,570,469
DETAILS OF WRITE-INS				
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.	Net Commission income		2,871,126	2,705,571
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	2,871,126	2,705,571

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	52,095,632	0	0	22,304,791	14,328,310	0	0	138,848	0	0	0	0	15,323,683	0
2. Change in unearned premium reserves and reserve for rate credit	19,094			6,692	12,497								(95)	0
3. Fee-for-service (net of $ ..... 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)	52,114,726	0	0	22,311,483	14,340,807	0	0	138,848	0	0	0	0	15,323,588	0
8. Hospital/medical benefits	164,627,917			169,196,305	(225,064)			1,981,664					(6,324,988)	XXX
9. Other professional services	23,251,129			14,923,141	8,327,988									XXX
10. Outside referrals	23,213,235			23,213,235										XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	168,841,398			30,205	225,064			(2,994,240)					171,580,369	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	0													XXX
15. Subtotal (Lines 8 to 14)	379,933,679	0	0	207,362,886	8,327,988	0	0	(1,012,576)	0	0	0	0	165,255,381	XXX
16. Net reinsurance recoveries	334,447,140			186,628,616				(911,319)					148,729,843	XXX
17. Total hospital and medical (Lines 15 minus 16)	45,486,539	0	0	20,734,270	8,327,988	0	0	(101,257)	0	0	0	0	16,525,538	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 $ 699,544 cost containment expenses	894,282			382,862	286,967			(38,513)					262,966	
20. General administrative expenses	2,316,348			991,681	743,295			(99,757)					681,129	
21. Increase in reserves for accident and health contracts	0													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)	48,697,169	0	0	22,108,813	9,358,250	0	0	(239,527)	0	0	0	0	17,469,633	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	3,417,557	0	0	202,670	4,982,557	0	0	378,375	0	0	0	0	(2,146,045)	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	
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 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	371,338,603			202,904,209	9,141,629			(978,204)					160,270,969	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	325,979,938			182,616,450				(880,384)					144,243,872	
1.4 Net	45,358,665	0	0	20,287,759	9,141,629	0	0	(97,820)	0	0	0	0	16,027,097	0
2. Paid medical incentive pools and bonuses	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	45,278,035	0	0	38,567,778	345,201	0	0	173,345	0	0	0	0	6,191,711	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	40,439,551	0	0	34,711,000	0	0	0	156,011	0	0	0	0	5,572,540	0
3.4 Net	4,838,484	0	0	3,856,778	345,201	0	0	17,334	0	0	0	0	619,171	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	
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	0													
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	36,682,960	0	0	34,109,101	1,158,842	0	0	207,718	0	0	0	0	1,207,299	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	31,972,349	0	0	30,698,834	0	0	0	186,946	0	0	0	0	1,086,569	0
8.4 Net	4,710,611	0	0	3,410,267	1,158,842	0	0	20,772	0	0	0	0	120,730	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	0	0	0	0	0	0	0	0	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	379,933,678	0	0	207,362,886	8,327,988	0	0	(1,012,577)	0	0	0	0	165,255,381	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	334,447,140	0	0	186,628,616	0	0	0	(911,319)	0	0	0	0	148,729,843	0
12.4 Net	45,486,538	0	0	20,734,270	8,327,988	0	0	(101,258)	0	0	0	0	16,525,538	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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