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

**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.

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

# EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payments | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 15 | 0.0 | | 0.0 | | 15 |
| 2. Intermediaries | 1,311 | 0.0 | | 0.0 | | 1,311 |
| 3. All other providers | 0 | 0.0 | | 0.0 | | |
| 4. Total capitation payments | 1,326 | 0.0 | 0 | 0.0 | 0 | 1,326 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | | 0 |
| 6. Contractual fee payments | 371,337,277 | 100.0 | XXX | XXX | | 371,337,277 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | | |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | |
| 12. Total other payments | 371,337,277 | 100.0 | XXX | XXX | 0 | 371,337,277 |
| 13. Total (Line 4 plus Line 12) | 371,338,603 | 100 % | XXX | XXX | 0 | 371,338,603 |

# EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| | HearX | 1,311 | 109 | | |
| 9999999 Totals | | 1,311 | XXX | XXX | XXX |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Insurance Company 2. _____ (LOCATION)

NAIC Group Code 01202 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 14690

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | Federal Employees Health Benefits Plan | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | | 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 | 283,485 | | | 63,991 | 197,608 | | | | | | | | 21,886 | |
| 2 First quarter | 360,665 | | | 63,658 | 254,643 | | | | | | | | 42,364 | |
| 3 Second quarter | 363,008 | | | 63,318 | 255,597 | | | | | | | | 44,093 | |
| 4. Third quarter | 369,862 | | | 63,191 | 260,496 | | | | | | | | 46,175 | |
| 5. Current year | 368,126 | | | 62,737 | 260,147 | | | | | | | | 45,242 | |
| 6 Current year member months | 4,385,251 | | | 760,759 | 3,093,095 | | | | | | | | 531,397 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 4,317,633 | | | 2,478,295 | | | | 1,839,338 | | | | | | |
| 8. Non-physician | 2,982,207 | | | 1,851,431 | | | | 1,130,776 | | | | | | |
| 9. Total | 7,299,840 | 0 | 0 | 4,329,726 | 0 | 0 | 0 | 2,970,114 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 240,290 | | | 240,290 | | | | | | | | | | |
| 11. Number of inpatient admissions | 26,262 | | | 26,262 | | | | | | | | | | |
| 12. Health premiums written (b) | 392,001,534 | | | 223,047,911 | 14,328,310 | | | 1,380,378 | | | | | 153,244,935 | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | | |
| 15. Health premiums earned | 392,079,997 | | | 223,114,832 | 14,340,806 | | | 1,380,378 | | | | | 153,243,981 | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 371,338,603 | | | 202,904,209 | 9,141,629 | | | (978,204) | | | | | 160,270,969 | |
| 18. Amount incurred for provision of health care services | 379,933,678 | | | 207,362,886 | 8,327,988 | | | (1,012,577) | | | | | 165,255,381 | |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 62,737

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 1,380,378

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Insurance Company 2. (LOCATION)

NAIC Group Code 01202 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2025 NAIC Company Code 14690

| | 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 | 283,485 | 0 | 0 | 63,991 | 197,608 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21,886 | 0 |
| 2 First quarter | 360,665 | 0 | 0 | 63,658 | 254,643 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42,364 | 0 |
| 3 Second quarter | 363,008 | 0 | 0 | 63,318 | 255,597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44,093 | 0 |
| 4. Third quarter | 369,862 | 0 | 0 | 63,191 | 260,496 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46,175 | 0 |
| 5. Current year | 368,126 | 0 | 0 | 62,737 | 260,147 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45,242 | 0 |
| 6 Current year member months | 4,385,251 | 0 | 0 | 760,759 | 3,093,095 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 531,397 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 4,317,633 | 0 | 0 | 2,478,295 | 0 | 0 | 0 | 1,839,338 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-physician | 2,982,207 | 0 | 0 | 1,851,431 | 0 | 0 | 0 | 1,130,776 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 7,299,840 | 0 | 0 | 4,329,726 | 0 | 0 | 0 | 2,970,114 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 240,290 | 0 | 0 | 240,290 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of inpatient admissions | 26,262 | 0 | 0 | 26,262 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health premiums written (b) | 392,001,534 | 0 | 0 | 223,047,911 | 14,328,310 | 0 | 0 | 1,380,378 | 0 | 0 | 0 | 0 | 153,244,935 | 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 | 392,079,997 | 0 | 0 | 223,114,832 | 14,340,806 | 0 | 0 | 1,380,378 | 0 | 0 | 0 | 0 | 153,243,981 | 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 | 371,338,603 | 0 | 0 | 202,904,209 | 9,141,629 | 0 | 0 | (978,204) | 0 | 0 | 0 | 0 | 160,270,969 | 0 |
| 18. Amount incurred for provision of health care services | 379,933,678 | 0 | 0 | 207,362,886 | 8,327,988 | 0 | 0 | (1,012,577) | 0 | 0 | 0 | 0 | 165,255,381 | 0 |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 62,737

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 1,380,378