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

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202 (Current Period) , 1202 (Prior Period) NAIC Company Code 95529 Employer's ID Number 22-2651245

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 [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

Statutory Home Office 3 Penn Plaza East Ste 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 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 Plaza East 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 Plaza East 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	Chair & CEO	Nicholas Herbert Peterson	Secretary
David Jeffrey Rosenberg	CFO and Treasurer	Debra Ann Rittenour	President

OTHER OFFICERS

Joshua S. Ardise	Chief Medical Officer	Christopher Michael Lepre	Executive Vice President

DIRECTORS OR TRUSTEES

Debra Ann Rittenour	Gary Dean St. Hilaire	Jennifer Gail Velez	Andrea Harris
Christopher Michael Lepre	Joshua S. Ardise	David Jeffrey Rosenberg	

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 [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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[illegible]

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	1,044,455			137,531	1,044,455	1,044,455
2. Claim overpayment receivables	2,114,400			2,357,179	2,114,400	2,114,400
3. Loans and advances to providers					.0	
4. Capitation arrangement receivables					.0	
5. Risk sharing receivables					.0	
6. Other health care receivables	12,078			2,184	12,078	12,078
7. Totals (Lines 1 through 6)	3,170,933	0	0	2,496,894	3,170,933	3,170,933

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)

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	3,874,159		3,874,159			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,107,033	2,564,588	7,671,621			
6. Total	8,981,192	2,564,588	11,545,780	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2025								NAIC Company Code		95529
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	991,181		75					20,989	970,117					
2 First quarter	1,008,879		77					21,931	986,871					
3 Second quarter	1,017,964		78					22,450	995,436					
4. Third quarter	1,006,737		61					22,761	983,915					
5. Current year	1,003,790		62					23,397	980,331					
6 Current year member months	12,132,426		862					270,009	11,861,555					
Total Member Ambulatory Encounters for Year:														
7. Physician	19,943,372	807	857						19,941,708					
8. Non-physician	5,037,907	432	458						5,037,017					
9. Total	24,981,279	1,239	1,315	0	0	0	0	0	24,978,725	0	0	0	0	0
10. Hospital patient days incurred	453,311							36,575	416,736					
11. Number of inpatient admissions	81,921							4,277	77,644					
12. Health premiums written (b).....	10,591,814,803	7,015	838,126					958,771,533	9,632,198,128					
13. Life premiums direct	0													
14. Property/casualty premiums written.....	0													
15. Health premiums earned.....	10,593,940,703	7,015	848,489					943,387,071	9,649,698,128					
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	9,786,365,422	2,561	5,665,959	104				798,957,074	8,981,739,724					
18. Amount incurred for provision of health care services	9,512,911,589	2	5,266,924	104				818,533,330	8,689,111,229					

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$522,307,318



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	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	991,181	.0	.75	.0	.0	.0	.0	20,989	970,117	.0	.0	.0	.0	.0
2 First quarter	1,008,879	.0	.77	.0	.0	.0	.0	21,931	986,871	.0	.0	.0	.0	.0
3 Second quarter	1,017,964	.0	.78	.0	.0	.0	.0	22,450	995,436	.0	.0	.0	.0	.0
4. Third quarter	1,006,737	.0	.61	.0	.0	.0	.0	22,761	983,915	.0	.0	.0	.0	.0
5. Current year	1,003,790	0	62	0	0	0	0	23,397	980,331	0	0	0	0	0
6 Current year member months	12,132,426	0	862	0	0	0	0	270,009	11,861,555	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	19,943,372	.807	.857	.0	.0	.0	.0	.0	19,941,708	.0	.0	.0	.0	.0
8. Non-physician	5,037,907	.432	.458	.0	.0	.0	.0	.0	5,037,017	.0	.0	.0	.0	.0
9. Total	24,981,279	1,239	1,315	0	0	0	0	0	24,978,725	0	0	0	0	0
10. Hospital patient days incurred	453,311	0	0	0	0	0	0	36,575	416,736	0	0	0	0	0
11. Number of inpatient admissions	81,921	0	0	0	0	0	0	4,277	77,644	0	0	0	0	0
12. Health premiums written (b).....	10,591,814,803	7,015	.838,126	.0	.0	.0	.0	958,771,533	9,632,198,128	.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.....	10,593,940,703	7,015	.848,489	.0	.0	.0	.0	943,387,071	9,649,698,128	.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	9,786,365,422	2,561	5,665,959	104	.0	.0	.0	798,957,074	8,981,739,724	.0	.0	.0	.0	.0
18. Amount incurred for provision of health care services	9,512,911,589	2	5,266,924	104	0	0	0	818,533,330	8,689,111,229	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$522,307,318

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums.....	761	144	5,079	7,508	15,873
2. Title XVIII-Medicare.....	862,894	678,702	593,936	339,824	372,740
3. Title XIX-Medicaid.....	8,668,978	7,752,805	7,990,186	5,369,622	6,540,770
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	951,276	861,008	816,982	2,590,283	655,353
B. BALANCE SHEET ITEMS					
6. Premiums receivable	177,114	180,003	182,526	103,990	112,016
7. Claims payable.....	859,863	1,107,297	1,079,338	765,758	716,954
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	665,098,006		665,098,006
2. Accident and health premiums due and unpaid (Line 15).....	9,888,257		9,888,257
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	859,863,239	859,863,239
5. All other admitted assets (Balance).....	18,975,952		18,975,952
6. Total assets (Line 28)	693,962,215	859,863,239	1,553,825,454
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	95,540,360	859,863,239	955,403,599
8. Accrued medical incentive pool and bonus payments (Line 2).....	371,233		371,233
9. Premiums received in advance (Line 8).....	701,136		701,136
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	28,336,342		28,336,342
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).....	365,117,709		365,117,709
15. Total liabilities (Line 24).....	490,066,780	859,863,239	1,349,930,019
16. Total capital and surplus (Line 33).....	203,895,432	XXX	203,895,432
17. Total liabilities, capital and surplus (Line 34)	693,962,212	859,863,239	1,553,825,451
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	859,863,239		
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	859,863,239		
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	859,863,239		

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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

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

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

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

Asterisk	Explanation

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

- | | |
|---|---------------|
| 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..... |

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.....

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.....

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.

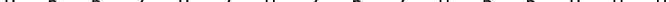
0.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO.....
1.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO.....
2.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO.....
3.	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?	NO.....
4.	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?	NO.....
5.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO.....
6.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO.....
7.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO.....
8.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO.....
9.	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.....

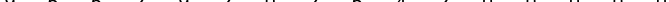
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO.....
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO.....
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES.....
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES.....

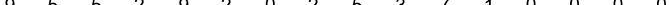
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

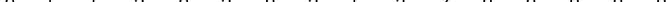
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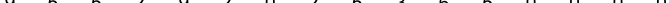
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.



17.



18.



20.



21.



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