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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
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 [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						
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	2,876,080	2,516,258	388,758	4,107,161	745	9,888,257
0299999 Total group	2,876,080	2,516,258	388,758	4,107,161	745	9,888,257
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)	2,876,080	2,516,258	388,758	4,107,161	745	9,888,257

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.	137,531					137,531
0199999 - Pharmaceutical Rebate Receivables	137,531	0	0	0	0	137,531
0299998 - Aggregate of amounts not individually listed above.	1,124,008	386,923	78,552	767,695	767,695	1,589,484
0299999 - Claim Overpayment Receivables	1,124,008	386,923	78,552	767,695	767,695	1,589,484
0699998 - Aggregate of amounts not individually listed above.	2,184					2,184
0699999 - Other Health Care Receivables	2,184	0	0	0	0	2,184
0799999 Gross Health Care Receivables	1,263,723	386,923	78,552	767,695	767,695	1,729,199

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)

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)	163,557,254					163,557,254
0199999 Individually listed claims unpaid	163,557,254	0	0	0	0	163,557,254
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	163,557,254	0	0	0	0	163,557,254
0599999 Unreported claims and other claim reserves						791,846,345
0699999 Total amounts withheld						
0799999 Total claims unpaid						955,403,599
0899999 Accrued medical incentive pool and bonus amounts						371,233

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 Services, Inc.						0	
Horizon Mutual Holdings, Inc.							
Horizon Insurance Company							
Healthier New Jersey Insurance Company							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Healthcare Services, Inc.		56,708,978	56,708,978	
Horizon Insurance Company		32,131	32,131	
Healthier New Jersey Insurance Company		383,944	383,944	
0199999 Individually listed payables		57,125,053	57,125,053	0
0299999 Payables not individually listed				
0399999 Total gross payables		57,125,053	57,125,053	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	38,190,079	0.4		0.0		38,190,079
2. Intermediaries	188,926,876	1.9		0.0		188,926,876
3. All other providers	0	0.0		0.0		
4. Total capitation payments	227,116,955	2.3	0	0.0	0	227,116,955
Other Payments:						
5. Fee-for-service	715,912,041	7.3	XXX	XXX		715,912,041
6. Contractual fee payments	8,843,336,424	90.4	XXX	XXX		8,843,336,424
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	9,559,248,465	97.7	XXX	XXX	0	9,559,248,465
13. Total (Line 4 plus Line 12)	9,786,365,420	100 %	XXX	XXX	0	9,786,365,420

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
	CareCentrix	24,286,281	2,023,857		
	LabCorp	11,778,527	981,544		
	Turning Point	35,938,227	2,994,852		
	Evicore	116,890,233	9,740,853		
	Quest Diagnostics	33,608	2,801		
9999999 Totals		188,926,876	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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	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

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	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	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 products 0 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 $ 522,307,318

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 Consolidated DURING THE YEAR 2025 NAIC Company Code 95529

	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	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 products 0 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 $ 522,307,318

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC.	NJ		859,863,239
1399999 - Accident and Health - Affiliates - U.S. - Other					0	859,863,239
1499999 - Accident and Health - Affiliates - U.S. - Total					0	859,863,239
1899999 - Accident and Health - Affiliates - Total Affiliates					0	859,863,239
2299999 - Accident and Health - Total Accident and Health					0	859,863,239
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	859,863,239
9999999 Totals—Life, Annuity and Accident and Health					0	859,863,239

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	Outstanding Surplus Relief 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM	760,625	747,999	27,725				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MR	862,894,380	862,894,380	20,866,017				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MC	8,668,978,315	8,668,978,315	7,200,001				
0299999 - General Account - Authorized - Affiliates - U.S. - Other							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
		01/01/2017											
		01/01/2017											
		01/01/2017											
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0
9999999 Totals							9,532,633,320	9,532,620,694	28,093,743	0	0	0	0

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 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)	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

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	
	22-2561496	Horizon Healthcare Plan Holding Company									0	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc	(350,000,000)			292,644,583	(77,303,308)				(134,658,725)	
	22-3346524	Horizon Casualty Services, Inc	(22,000,000)			15,879,285					(6,120,715)	
	46-2605607	Muitistate Professional Services, Inc				(1,500)					(1,500)	
55069	22-0999690	Horizon Healthcare Services, Inc	365,000,000			(379,556,588)	88,917,102				74,360,514	
00000	13-4290405	Enterprise Property Holdings, LLC				(1,091,060)					(1,091,060)	
	27-1179993	3 Penn Plaza Prop. Urban Renewal Holding	(15,000,000)			(22,247,459)					(37,247,459)	
14690	46-1362174	Horizon Insurance Company				(14,099,172)	(12,680,530)				(26,779,702)	
	47-4428396	Multistate Investment Services, Inc				(218,576)					(218,576)	
	84-3673030	Healthier New Jersey Insurance Company				8,517,180					8,517,180	
	86-1229594	Greenwood Insurance Company, Inc				(1,187,627)					(1,187,627)	
	84-2280217	NJ Collaborative Care, LLC									0	
	92-0966618	Horizon Operating Holdings, Inc				(43,810)					(43,810)	
	92-0815927	NovaWell, Inc				(2,067,187)					(2,067,187)	
	92-0996149	Horizon Diversified Holdings, Inc				(843,891)					(843,891)	
	92-0982986	Horizon Mutual Holdings, Inc	22,000,000			102,994,190					124,994,190	
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)
		%				%	

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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	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
	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:

Bar code:

10. 9 5 5 2 9 2 0 2 5 3 6 0 5 9 0 0 0

11. 9 5 5 2 9 2 0 2 5 2 0 5 5 9 0 0 0

12. 9 5 5 2 9 2 0 2 5 4 2 0 0 0 0 0 0

13. 9 5 5 2 9 2 0 2 5 3 7 1 0 0 0 0 0

14. 9 5 5 2 9 2 0 2 5 3 7 0 0 0 0 0 0

15. 9 5 5 2 9 2 0 2 5 3 6 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16. 9 5 5 2 9 2 0 2 5 2 2 4 0 0 0 0 0

17. 9 5 5 2 9 2 0 2 5 2 2 5 0 0 0 0 0

18. 9 5 5 2 9 2 0 2 5 2 2 6 0 0 0 0 0

20. 9 5 5 2 9 2 0 2 5 3 0 6 0 0 0 0 0

21. 9 5 5 2 9 2 0 2 5 2 1 1 0 0 0 0 0

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