HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Partners Insurance Company of New Jersey, Inc.

NAIC Group Code 5041 (Current) ____ (Prior) NAIC Company Code 17603 Employer's ID Number 99-0925330

Organized under the Laws of State of New Jersey, State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 11/28/2023 Commenced Business 02/06/2024

Statutory Home Office 500 Marlboro Avenue (Street and Number), Cherry Hill, NJ, US 08002 (City or Town, State, Country and Zip Code)

Main Administrative Office 1101 Market Street, Suite 3000 (Street and Number)

Philadelphia, PA, US 19107 (City or Town, State, Country and Zip Code), ____ (Area Code) (Telephone Number)

Mail Address 1101 Market Street, Suite 3000 (Street and Number or P.O. Box), Philadelphia, PA, US 19107 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1101 Market Street, Suite 3000 (Street and Number)

Philadelphia, PA, US 19107 (City or Town, State, Country and Zip Code), 215-849-9606 (Area Code) (Telephone Number)

Internet Website Address

Statutory Statement Contact Christopher John Buel (Name), 215-849-9606 (Area Code) (Telephone Number)

christopher.buel@jeffersonhealthplans.com (E-mail Address), 215-849-3421 (FAX Number)

OFFICERS

Chairman and Chief Executive Officer	Brian Allen Nester #	Treasurer	Michael Paul Harrington #
President	Krista Marie Hoglund #	Secretary	James Robert Engler #

OTHER

Alfred Salvato, Chief Investment Officer; Gregory John Czar #, Chief Financial Officer

DIRECTORS OR TRUSTEES

Michael Paul Harrington #	Krista Marie Hoglund #	Ramona Lynn Rogers-Windsor
Matthew Sean Levitties	Timothy Patrick O'Rourke	Joseph Gerald Cacchione
Brian Allen Nester #		

State of Pennsylvania
County of Philadelphia 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.

Krista Marie Hoglund
President

Gregory John Czar
Chief Financial Officer

James Robert Engler
Secretary

Subscribed and sworn to before me this 26th day of February 2026

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.....

Commonwealth of Pennsylvania - Notary Seal
George F Courtnye, Notary Public
Philadelphia County
My Commission Expires August 17, 2027
Commission Number 1433274

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	0	0	0	0	0	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	13,669	0	0	0	0	13,669
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	13,669	0	0	0	0	13,669

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
CVS	323,274	280,481	20,588	28,253	0	652,596
0199998. Aggregate pharmaceutical rebate receivables not individually listed	0	0	0	0	0	0
0199999. Total pharmaceutical rebate receivables	323,274	280,481	20,588	28,253	0	652,596
0299998. Aggregate claim overpayment receivables not individually listed	0	0	0	0	0	0
0299999. Total claim overpayment receivables	0	0	0	0	0	0
0399998. Aggregate loans and advances to providers not individually listed	0	0	0	0	0	0
0399999. Total loans and advances to providers	0	0	0	0	0	0
0499998. Aggregate capitation arrangement receivables not individually listed	0	0	0	0	0	0
0499999. Total capitation arrangement receivables	0	0	0	0	0	0
0599998. Aggregate risk sharing receivables not individually listed	0	0	0	0	0	0
0599999. Total risk sharing receivables	0	0	0	0	0	0
0699998. Aggregate other health care receivables not individually listed	0	0	0	0	0	0
0699999. Total other health care receivables	0	0	0	0	0	0
0799999 Gross health care receivables	323,274	280,481	20,588	28,253	0	652,596

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 (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	0	495,425	0	652,596	0	0
2. Claim overpayment receivables	0	0	0	0	0	0
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	0	495,425	0	652,596	0	0

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)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	148,964	0	0	0	0	148,964
0499999. Subtotals	148,964	0	0	0	0	148,964
0599999. Unreported claims and other claim reserves						1,417,369
0699999. Total amounts withheld						0
0799999. Total claims unpaid						1,566,333
0899999 Accrued medical incentive pool and bonus amounts						0

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
0399999 Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Health Partners Plans, Inc		2,416,902	2,416,902	0
0199999. Individually listed payables		2,416,902	2,416,902	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		2,416,902	2,416,902	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	0	0.0	0	0.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	253,618	2.6	0	0.0	0	253,618
4. Total capitation payments	253,618	2.6	0	0.0	0	253,618
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	0
6. Contractual fee payments	9,408,022	97.4	XXX	XXX	0	9,408,022
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	9,408,022	97.4	XXX	XXX	0	9,408,022
13. TOTAL (Line 4 plus Line 12)	9,661,640	100%	XXX	XXX	0	9,661,640

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
	NONE				
9999999 Totals			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						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Partners Insurance Company of New Jersey, Inc. 2. Cherry Hill, NJ (LOCATION)

NAIC Group Code 5041 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 17603

	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	800	0	0	0	0	0	0	800	0	0	0	0	0	0
3. Second quarter	836	0	0	0	0	0	0	836	0	0	0	0	0	0
4. Third quarter	855	0	0	0	0	0	0	855	0	0	0	0	0	0
5. Current year	931	0	0	0	0	0	0	931	0	0	0	0	0	0
6. Current year member months	10,023	0	0	0	0	0	0	10,023	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	14,002	0	0	0	0	0	0	14,002	0	0	0	0	0	0
8. Non-physician	3,401	0	0	0	0	0	0	3,401	0	0	0	0	0	0
9. Total	17,403	0	0	0	0	0	0	17,403	0	0	0	0	0	0
10. Hospital patient days incurred	603	0	0	0	0	0	0	603	0	0	0	0	0	0
11. Number of inpatient admissions	188	0	0	0	0	0	0	188	0	0	0	0	0	0
12. Health premiums written (b)	10,407,033	0	0	0	0	0	0	10,407,033	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	10,353,208	0	0	0	0	0	0	10,353,208	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	9,661,640	0	0	0	0	0	0	9,661,640	0	0	0	0	0	0
18. Amount incurred for provision of health care services	11,249,088	0	0	0	0	0	0	11,249,088	0	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 $ 0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Partners Insurance Company of New Jersey, Inc. 2. Cherry Hill, NJ (LOCATION)

NAIC Group Code 5041 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 17603

	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	800	0	0	0	0	0	0	800	0	0	0	0	0	0
3. Second quarter	836	0	0	0	0	0	0	836	0	0	0	0	0	0
4. Third quarter	855	0	0	0	0	0	0	855	0	0	0	0	0	0
5. Current year	931	0	0	0	0	0	0	931	0	0	0	0	0	0
6. Current year member months	10,023	0	0	0	0	0	0	10,023	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	14,002	0	0	0	0	0	0	14,002	0	0	0	0	0	0
8. Non-physician	3,401	0	0	0	0	0	0	3,401	0	0	0	0	0	0
9. Total	17,403	0	0	0	0	0	0	17,403	0	0	0	0	0	0
10. Hospital patient days incurred	603	0	0	0	0	0	0	603	0	0	0	0	0	0
11. Number of inpatient admissions	188	0	0	0	0	0	0	188	0	0	0	0	0	0
12. Health premiums written (b)	10,407,033	0	0	0	0	0	0	10,407,033	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	10,353,208	0	0	0	0	0	0	10,353,208	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	9,661,640	0	0	0	0	0	0	9,661,640	0	0	0	0	0	0
18. Amount incurred for provision of health care services	11,249,088	0	0	0	0	0	0	11,249,088	0	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 $ 0

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - authorized U.S. affiliates							0	0	0	0	0	0	0
0699999. Total General Account - authorized non-U.S. affiliates							0	0	0	0	0	0	0
0799999. Total General Account - authorized affiliates							0	0	0	0	0	0	0
16535	36-4233459	01/01/2025	Zurich American Insurance Company	IL	SSL/I	MR	53,825	0	0	0	0	0	0
0899999. General Account - authorized U.S. non-affiliates							53,825	0	0	0	0	0	0
1099999. Total General Account - authorized non-affiliates							53,825	0	0	0	0	0	0
1199999. Total General Account authorized							53,825	0	0	0	0	0	0
1499999. Total General Account - unauthorized U.S. affiliates							0	0	0	0	0	0	0
1799999. Total General Account - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0
1899999. Total General Account - unauthorized affiliates							0	0	0	0	0	0	0
2199999. Total General Account - unauthorized non-affiliates							0	0	0	0	0	0	0
2299999. Total General Account unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - certified U.S. affiliates							0	0	0	0	0	0	0
2899999. Total General Account - certified non-U.S. affiliates							0	0	0	0	0	0	0
2999999. Total General Account - certified affiliates							0	0	0	0	0	0	0
3299999. Total General Account - certified non-affiliates							0	0	0	0	0	0	0
3399999. Total General Account certified							0	0	0	0	0	0	0
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0
4099999. Total General Account - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0
4399999. Total General Account - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0
4499999. Total General Account reciprocal jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							53,825	0	0	0	0	0	0
4899999. Total Separate Accounts - authorized U.S. affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - authorized non-U.S. affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - authorized affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - authorized non-affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - unauthorized U.S. affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - unauthorized affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - unauthorized non-affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - certified U.S. affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - certified non-U.S. affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - certified affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - certified non-affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts reciprocal jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified							0	0	0	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)							53,825	0	0	0	0	0	0
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							53,825	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

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	0	0	0	0	0
2.	Title XVIII - Medicare	54	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	0	0	0	0	0
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid	0	0	0	0	0
10.	Commissions and reinsurance expense allowances due	0	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)	7,436,389	0	7,436,389
2.	Accident and health premiums due and unpaid (Line 15)	274,169	0	274,169
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	1,346,399	0	1,346,399
6.	Total assets (Line 28)	9,056,957	0	9,056,957
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,566,332	0	1,566,332
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	0	0	0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	4,596,097	0	4,596,097
15.	Total liabilities (Line 24)	6,162,429	0	6,162,429
16.	Total capital and surplus (Line 33)	2,894,527	XXX	2,894,527
17.	Total liabilities, capital and surplus (Line 34)	9,056,956	0	9,056,956
	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						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	[illegible]						
29. Nevada	[illegible]						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

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 *
0000		00000	31-1674587				Health Partners Foundation	PA	DS	Health Partners Plans, Inc.	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	85-3872142				Health Partners Solutions, LLC	PA	DS	Health Partners Plans, Inc.	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000					SelectBenefits, LLC	DE	DS	Health Partners Plans, Inc.	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	65-1235663				SelectScripts, LLC	DE	DS	SelectBenefits, LLC	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	23-2290323				Jefferson Health Corporation	PA	UDP	Thomas Jefferson University	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	23-1396794				Albert Einstein Medical Center	PA	UDP	Jefferson Health Corporation	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	23-0596940				Jefferson Health-Northeast (f/k/a Aria Health)	PA	UDP	Jefferson Health Corporation	Ownership	100.000	Thomas Jefferson University	NO	
0000		00000	88-3537397				Jefferson Partners Holding, LLC	DE	UDP	Thomas Jefferson University	Ownership	100.000	Thomas Jefferson University	NO	
5041	T J University Grp	17603	99-0925330				Partners Insurance Company of New Jersey, Inc.	NJ	UDP	Jefferson Partners Holding, LLC	Ownership	100.000	Thomas Jefferson University	NO	
5041	T J University Grp	17416	88-3557817				Partners Insurance Company, Inc.	PA	UDP	Jefferson Partners Holding, LLC	Ownership	100.000	Thomas Jefferson University	NO	
5041	T J University Grp	95066	23-2379751				Health Partners Plans, Inc.	PA	UDP	Albert Einstein Medical Center	Ownership	25.000	Thomas Jefferson University	NO	
5041	T J University Grp	95066	23-2379751				Health Partners Plans, Inc.	PA	UDP	Jefferson Health-Northeast (f/k/a Aria Health)	Ownership	75.000	Thomas Jefferson University	NO	

NONE

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)
.....	23-1396794	Albert Einstein Medical Center	0	0	0	0	333	0		0	333	0
.....	23-2664784	Einstein Practice Plan, Inc.	0	0	0	0	739	0		0	739	0
.....	23-2829095	Thomas Jefferson University Hospitals, Inc.	0	0	0	0	481,470	0		0	481,470	0
.....	27-0260289	Rothman Orthopaedic Specialty Hospital	0	0	0	0	12,871	0		0	12,871	0
.....	23-2622006	Walnut Home Therapeutics, Inc.	0	0	0	0	707	0		0	707	0
.....	46-1420853	Kennedy Medical Group, Practice, PC	0	0	0	0	316,800	0		0	316,800	0
.....	46-0779942	Aria Health Orthopaedics	0	0	0	0	97	0		0	97	0
.....	23-2678055	Methodist Associates in Healthcare, Inc. (d/b/a Jefferson Community Physicians)	0	0	0	0	12,478	0		0	12,478	0
.....	22-3537847	Methodist Associates in Healthcare of New Jersey, PC (d/b/aJefferson Community Physicians of NJ)	0	0	0	0	13,056	0		0	13,056	0
.....	23-2809585	Jefferson University Physicians	0	0	0	0	85,618	0		0	85,618	0
.....	46-4855345	Jefferson University Physicians of New Jersey	0	0	0	0	54,040	0		0	54,040	0
.....	47-2639286	Jefferson Acute Care Physicians, PC	0	0	0	0	862	0		0	862	0
.....	23-2691968	Aria Health Physician Services	0	0	0	0	4,456	0		0	4,456	0
.....	23-0596940	Jefferson Health Northeast (formerly Aria Health)	0	0	0	0	32,104	0		0	32,104	0
.....	22-1773439	Kennedy University Hospitals, Inc	0	0	0	0	1,437,764	0		0	1,437,764	0
.....	23-1476328	Magee Memorial Hospital fro Convalescents	0	0	0	0	34,404	0		0	34,404	0
.....	99-0925330	Partners Insurance Company of New Jersey, Inc.	0	0	0	0	(2,487,799)	0		0	(2,487,799)	0
.....												
.....												
.....												
.....												
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 (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Health Partner Plans, Inc	Jefferson Health-Northeast (f/k/a Aria Health)	75.000	NO	Thomas Jefferson University	T J University Grp	100.000	
Health Partner Plans, Inc	Albert Einstein Medical Center	25.000	NO	Thomas Jefferson University	T J University Grp	100.000	
Partners Insurance Company, Inc.	Jefferson Partners Holding, LLC	100.000	NO	Thomas Jefferson University	T J University Grp	100.000	
Partners Insurance Company of New Jersey, Inc.	Jefferson Partners Holding, LLC	100.000	NO	Thomas Jefferson University	T J University Grp	100.000	

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 Accountant's 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 annual 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 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?	NO
	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

Explanations:

10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

15. Medicare Part D Coverage Supplement [Document Identifier 365]

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]