



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2019**  
 OF THE CONDITION AND AFFAIRS OF THE

**Horizon Healthcare Services, Inc.**

(Name)

NAIC Group Code 1202 , 1202 NAIC Company Code 55069 Employer's ID Number 22-0999690  
(Current Period) (Prior Period)

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 [ X ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 12/07/1932 Commenced Business 12/07/1932

Statutory Home Office 3 Penn Plaaz East Ste PP-15D , Newark, NJ, US 07105-2248  
(Street and Number) (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 973-466-5607  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3 Penn Plaaz East Ste PP-15D , Newark, NJ, US 07105-2248  
(Street and Number or P.O. Box) (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 973-466-5607  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Thomas D Protentis , 973-466-5607  
(Name) (Area Code) (Telephone Number) (Extension)  
thomas\_protentis@horizonblue.com 973-466-7110  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Kevin Patrick Conlin</u>	<u>Chairman/CEO/President</u>	<u>Linda Anne Willett</u>	<u>Senior Vice President, General Counsel &amp; Secretary</u>
<u>Douglas Richard Simpson</u>	<u>Senior Vice President/CFO</u>		

**OTHER OFFICERS**

<u>Mark Leon Barnard</u>	<u>Executive Vice President</u>	<u>Douglas Eaton Blackwell</u>	<u>Senior Vice President/CIO</u>
<u>Margaret Mary Coons</u>	<u>Senior Vice President</u>	<u>William Delano Georges</u>	<u>Senior Vice President/Chief Strategy Officer</u>
<u>Allen James Karp</u>	<u>Executive Vice President</u>	<u>Christopher Michael Lepre</u>	<u>Executive Vice President</u>

**DIRECTORS OR TRUSTEES**

<u>Kevin Patrick Conlin</u>	<u>John Joyce Ballantyne</u>	<u>Michele Ann Brown</u>	<u>Todd Curtis Brown</u>
<u>Leonard Smith Coleman</u>	<u>Laurence Michael Downes</u>	<u>Leonard Gary Feld MD</u>	<u>Aristides William Georgantas</u>
<u>Michelle Ann Gourdine</u>	<u>Brian Michael Kinkead</u>	<u>Joseph Mansour Kyrillos</u>	<u>Carlos Arturo Medina</u>
<u>Joseph Manuel Muniz</u>	<u>Joanne Pace</u>	<u>Joseph James Roberts</u>	

State of New Jersey

**ss**

County of Essex

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.

Linda Anne Willett  
 Senior Vice President, General Counsel  
 & Secretary

Douglas Richard Simpson  
 Senior Vice President/CFO

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 2019 OF THE Horizon Healthcare Services, Inc.

## 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 .....	720,045	0	0	0	0	720,045
Group subscribers:						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....	238,009,567	8,606,748	1,263,540	9,273,612	4,357,008	252,796,459
0299999 Total group .....	238,009,567	8,606,748	1,263,540	9,273,612	4,357,008	252,796,459
0399999 Premiums due and unpaid from Medicare entities .....	0	0	0	0	0	0
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)	238,729,612	8,606,748	1,263,540	9,273,612	4,357,008	253,516,504



**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivables	Health Care Receivables Collected 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 Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	90,782,999	0	0	95,315,299	90,782,999	90,782,999
2. Claim overpayment receivables .....	37,173,335	0	327,099	32,382,788	37,500,434	37,500,434
3. Loans and advances to providers .....	7,530,616	0	0	0	7,530,616	7,530,616
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	7,124,098	0	909,765	9,392,939	8,033,863	8,033,864
6. Other health care receivables .....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	142,611,048	0	1,236,864	137,091,026	143,847,912	143,847,913

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

**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.....	140,718,166	8,996,119	772,068	142,016	133,909	150,762,278
0199999 Individually listed claims unpaid.....	140,718,166	8,996,119	772,068	142,016	133,909	150,762,278
0299999 Aggregate accounts not individually listed-uncovered.....	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered.....	0	0	0	0	0	0
0499999 Subtotals	140,718,166	8,996,119	772,068	142,016	133,909	150,762,278
0599999 Unreported claims and other claim reserves						858,679,477
0699999 Total amounts withheld						0
0799999 Total claims unpaid						1,009,441,755
0899999 Accrued medical incentive pool and bonus amounts						0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Casualty Services, Inc.....		73,372,051	73,372,051	0
Horizon Healthcare Dental, Inc.....		56,887	56,887	0
Enterprise Property Holding, LLC.....		13,558	13,558	0
Multistate Investment Services, Inc.....		30,000	30,000	0
Multistate Professional Services, Inc.....		27,723	27,723	0
0199999 Individually listed payables.....		73,500,220	73,500,220	0
0299999 Payables not individually listed.....		0	0	0
0399999 Total gross payables.....		73,500,220	73,500,220	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
<b>Capitation Payments:</b>						
1. Medical groups .....	20,916,039	0.4	0	0.0	0	20,916,039
2. Intermediaries .....	116,408,489	2.2	0	0.0	0	116,408,489
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	137,324,528	2.6	0	0.0	0	137,324,528
<b>Other Payments:</b>						
5. Fee-for-service .....	68,174,468	1.3	XXX	XXX	0	68,174,468
6. Contractual fee payments .....	5,134,710,162	96.2	XXX	XXX	0	5,134,710,162
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 .....	5,202,884,630	97.4	XXX	XXX	0	5,202,884,630
13. Total (Line 4 plus Line 12)	5,340,209,158	100 %	XXX	XXX	0	5,340,209,158

### 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
	Care Centrix .....	22,542,128	1,878,511	0	0
	Care Core National .....	83,795,406	6,982,951	0	0
	Lab Corp .....	8,233,428	686,119	0	0
	Turning Point .....	113,036	9,420	0	0
	Beacon .....	107,615	8,968	0	0
	HearX .....	612	51	0	0
	Quest Diagnostics .....	1,616,264	134,689	0	0
9999999 Totals		116,408,489	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 .....	74,168,393	0	69,040,770	5,127,623	5,127,623	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	845,219,940	184,239,003	571,162,294	458,296,649	458,296,649	0
6. Total	919,388,333	184,239,003	640,203,064	463,424,272	463,424,272	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019							NAIC Company Code	55069
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,253,675	176,905	561,998	0	0	390,214	124,558	0	0	0		
2. First Quarter	1,242,148	177,720	537,891	0	0	401,440	125,097	0	0	0		
3. Second Quarter	1,235,165	172,519	538,347	0	0	400,051	124,248	0	0	0		
4. Third Quarter	1,242,474	167,079	549,657	0	0	402,224	123,514	0	0	0		
5. Current Year	1,238,975	161,682	551,510	0	0	401,521	124,262	0	0	0		
6. Current Year Member Months	14,898,941	2,064,197	6,528,645	0	0	4,820,203	1,485,896	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	11,641,038	2,420,207	7,197,704	0	0	0	2,023,127	0	0	0		
8. Non-Physician	9,777,874	1,489,082	5,426,216	0	0	29,528	2,833,048	0	0	0		
9. Total	21,418,912	3,909,289	12,623,920	0	0	29,528	4,856,175	0	0	0		
10. Hospital Patient Days Incurred	252,895	64,589	147,203	0	0	0	41,103	0	0	0		
11. Number of Inpatient Admissions	51,033	11,171	31,732	0	0	0	8,130	0	0	0		
12. Health Premiums Written (b)	6,143,565,490	1,172,126,766	3,930,782,280	0	0	131,563,592	874,954,885	0	0	34,137,967		
13. Life Premiums Direct	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		
15. Health Premiums Earned	6,120,548,599	1,152,590,429	3,927,120,578	0	0	131,371,457	875,328,168	0	0	34,137,967		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	5,340,209,159	1,094,426,344	3,292,849,140	0	0	99,623,813	828,190,551	0	0	25,119,311		
18. Amount Incurred for Provision of Health Care Services	5,404,156,137	1,121,678,736	3,333,582,053	0	0	99,357,813	822,574,224	0	0	26,963,311		

(a) For health business: number of persons insured under PPO managed care products .....627,823 and number of persons insured under indemnity only products .....3,062

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2019				NAIC Company Code 55069		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,253,675	176,905	561,998	0	0	390,214	124,558	0	0	0
2. First Quarter	1,242,148	177,720	537,891	0	0	401,440	125,097	0	0	0
3. Second Quarter	1,235,165	172,519	538,347	0	0	400,051	124,248	0	0	0
4. Third Quarter	1,242,474	167,079	549,657	0	0	402,224	123,514	0	0	0
5. Current Year	1,238,975	161,682	551,510	0	0	401,521	124,262	0	0	0
6. Current Year Member Months	14,898,941	2,064,197	6,528,645	0	0	4,820,203	1,485,896	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,641,038	2,420,207	7,197,704	0	0	0	2,023,127	0	0	0
8. Non-Physician	9,777,874	1,489,082	5,426,216	0	0	29,528	2,833,048	0	0	0
9. Total	21,418,912	3,909,289	12,623,920	0	0	29,528	4,856,175	0	0	0
10. Hospital Patient Days Incurred	252,895	64,589	147,203	0	0	0	41,103	0	0	0
11. Number of Inpatient Admissions	51,033	11,171	31,732	0	0	0	8,130	0	0	0
12. Health Premiums Written (b)	6,143,565,490	1,172,126,766	3,930,782,280	0	0	131,563,592	874,954,885	0	0	34,137,967
13. Life Premiums Direct	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
15. Health Premiums Earned	6,120,548,599	1,152,590,429	3,927,120,578	0	0	131,371,457	875,328,168	0	0	34,137,967
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,340,209,159	1,094,426,344	3,292,849,140	0	0	99,623,813	828,190,551	0	0	25,119,311
18. Amount Incurred for Provision of Health Care Services	5,404,156,137	1,121,678,736	3,333,582,053	0	0	99,357,813	822,574,224	0	0	26,963,311

(a) For health business: number of persons insured under PPO managed care products .....627,823 and number of persons insured under indemnity only products .....3,062

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.**

**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
Affiliates - U.S. Other												
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MS	236,495,020	10,043,645	0	22,984,853	0	0
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MD	29,433,394	2,053	0	765,900	0	0
14690	46-1362174	10/01/2015	HORIZON INS CO	NJ	QA/I	MR	250,402,440	333,932	0	30,480,190	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MC	4,640,240,090	3,159,006	0	391,505,802	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	MR	260,068,869	1,269,033	0	23,210,928	0	0
95529	22-2651245	01/01/2017	HORIZON HLTHCARE OF NJ INC	NJ	QA/I	CMM	16,209,057	80,938	0	1,271,450	0	0
0299999 - Total Affiliates - U.S. Other							5,432,848,870	14,888,607	0	470,219,123	0	0
0399999 - Total Affiliates - U.S. - Total							5,432,848,870	14,888,607	0	470,219,123	0	0
0799999 - Affiliates - Total Affiliates							5,432,848,870	14,888,607	0	470,219,123	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							5,432,848,870	14,888,607	0	470,219,123	0	0
9999999 Totals							5,432,848,870	14,888,607	0	470,219,123	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 - Non-Affiliates - U.S. Non-Affiliates						
00000		01/01/2019	New Jersey Reinsurance Program	USA	145,000,000	0
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					145,000,000	0
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-3191308	11/01/2019	Plymouth Guarantee Ltd	BMU	5,342,090	0
2099999 - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					5,342,090	0
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					150,342,090	0
2299999 - Accident and Health - Total Accident and Health					150,342,090	0
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					145,000,000	0
2499999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					5,342,090	0
9999999 Totals—Life, Annuity and Accident and Health					150,342,090	0

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**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		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-3191308	11/01/2019	Plymouth Guarantee Ltd.	BMU			5,342,090	0	0	0	0	0	0
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							5,342,090	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							5,342,090	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							5,342,090	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							5,342,090	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							5,342,090	0	0	0	0	0	0
9999999 Totals							5,342,090	0	0	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 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	5,342	.0	.0	5,736	7,777
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	150,342	242	8,464	59,990	66,470
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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



**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,707,406,665	0	3,707,406,665
2. Accident and health premiums due and unpaid (Line 15).....	253,516,504	0	253,516,504
3. Amounts recoverable from reinsurers (Line 16.1).....	150,342,090	0	150,342,090
4. Net credit for ceded reinsurance.....	XXX	150,342,090	150,342,090
5. All other admitted assets (Balance).....	1,573,601,313	0	1,573,601,313
6. Total assets (Line 28)	5,684,866,572	150,342,090	5,835,208,662
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	1,009,441,755	0	1,009,441,755
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	87,601,453	0	87,601,453
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).....	1,855,142,986	0	1,855,142,986
15. Total liabilities (Line 24).....	2,952,186,194	0	2,952,186,194
16. Total capital and surplus (Line 33).....	2,732,680,378	XXX	2,732,680,378
17. Total liabilities, capital and surplus (Line 34)	5,684,866,572	0	5,684,866,572
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	150,342,090		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	150,342,090		
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	150,342,090		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

**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. US 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

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.**

**SCHEDULE Y  
PART 1A – DETAIL 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? (Y/N)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthacre Services, Inc	NJ				0.0			0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Horizon Healthcare Plan Holding Company	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	IA	Horizon Healthcare Plan Holding Company	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	IA	Horizon Healthcare Plan Holding Comapny, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		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 Healthcare Services, Inc		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Horizon Healthcare Plan Holding Company, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc	NJ	NIA	Horizon Healthcare Services, Inc	Ownership	100.0	Horizon Healthcare Services, Inc		0
												0.0			0
												0.0			0

41

Asterisk	Explanation

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.	0	0	0	0	3,642,898	0		0	3,642,898	0
	22-2561496	Horizon Healthcare Plan Holding Co., Inc.	0	0	0	0	(849,431)	0		0	(849,431)	0
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	0	0	0	0	227,890,660	0		0	227,890,660	0
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0	18,871,987	0		0	18,871,987	0
55069	22-0999690	Horizon Healthcare Services, Inc.	0	(15,275,000)	0	0	(308,948,688)	0		0	(324,223,688)	0
	13-4290405	Enterprise Property Holdings, LLC	0	0	0	0	(2,934,996)	0		0	(2,934,996)	0
	27-1179993	Three Penn Plaza Property Holding, LLC	0	0	0	0	(10,011,306)	0		0	(10,011,306)	0
14690	46-1362174	Horizon Insurance Company	0	0	0	0	56,041,299	0		0	56,041,299	0
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	0	0		0	0	0
	47-4428396	Multistate Investment Services, Inc.	0	15,275,000	0	0	16,297,577	0		0	31,572,577	0
			0	0	0	0	0	0		0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

## 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.

### MARCH FILING

- |   | <u>Responses</u> |
|---|------------------|
| 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..... |

### AUGUST FILING

- |   |               |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 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.

### MARCH FILING

- |  |                           |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO.....              |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO.....              |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO.....              |
| 14. 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.....              |
| 15. 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.....              |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO.....              |
| 17. 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?                                   | .....SEE EXPLANATION..... |
| 18. 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?   | .....SEE EXPLANATION..... |
| 19. 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?  | .....SEE EXPLANATION..... |

### 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, 2 and 3) be filed with the state of domicile and the NAIC by April 1?   | .....YES..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?  | .....YES..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | .....YES..... |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | .....YES..... |

### AUGUST FILING

- |  |               |
|--|---------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

#### Explanation:

11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. N/A, no request for relief.
18. N/A, no request for relief.
19. N/A, no request for relief.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

Bar code:

11.   
5 5 0 6 9 2 0 1 9 3 6 0 5 9 0 0 0

12.   
5 5 0 6 9 2 0 1 9 2 0 5 0 0 0 0 0

13.   
5 5 0 6 9 2 0 1 9 4 2 0 0 0 0 0 0

14.   
5 5 0 6 9 2 0 1 9 3 7 1 0 0 0 0 0

15.   
5 5 0 6 9 2 0 1 9 3 7 0 0 0 0 0 0

16.   
5 5 0 6 9 2 0 1 9 3 6 5 0 0 0 0 0

20.   
5 5 0 6 9 2 0 1 9 3 0 6 0 0 0 0 0

21.   
5 5 0 6 9 2 0 1 9 2 1 1 5 9 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	101,795,352	0	101,795,352	81,030,577
2505. Amounts withheld for the account of others.....	11,287,755	0	11,287,755	0
2506. ....	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	113,083,107	0	113,083,107	81,030,577

M015 Additional Aggregate Lines for Page 15 Line 9.

\*EXNETINVT - Exhibit of Net Investment Income

	1 Collected During Year	2 Earned During Year
0904. Miscellaneous adjustment.....		(21)
0905. ....		
0906. ....		
0907. ....		
0997. Summary of remaining write-ins for Line 9 from page 15	0	(21)

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