



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

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202, 1202 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, Newark, NJ, US 07105-2248

Main Administrative Office 3 Penn Plaza East Ste PP-15D, Newark, NJ, US 07105-2248, 973-466-5607

Mail Address 3 Penn Plaza East Ste PP-15D, Newark, NJ, US 07105-2248

Primary Location of Books and Records 3 Penn Plaza East Ste PP-15D, Newark, NJ, US 07105-2248, 973-466-5607

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Thomas D Protentis, 973-466-5607, thomas_protentis@horizonblue.com, 973-466-7110

OFFICERS

Kevin Patrick Conlin, Chairman & CEO, Linda Anne Willett, Secretary, Douglas Richard Simpson, CFO & Treasurer

OTHER OFFICERS

Paul Gregory Alexander M.D., Chief Medical Officer, Mark Leon Barnard, President, Christopher Michael Lepre, Executive Vice President

DIRECTORS OR TRUSTEES

Paul Gregory Alexander M.D. #, Mark Leon Barnard, Kevin Patrick Conlin, Allen James Karp, Christopher Michael Lepre, Douglas Richard Simpson, Kathleen Ann Swain #, Donald Liss M.D. #

State of New Jersey

County of Essex

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Linda Anne Willett, Secretary

Douglas Richard Simpson, CFO & Treasurer

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare of New Jersey, Inc.

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	551,215	.0	.0	631,866	551,215	551,215
2. Claim overpayment receivables	2,599,378	.0	.0	2,999,077	2,599,378	2,599,378
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	1,260	.0	.0	2,519	1,260	1,260
7. Totals (Lines 1 through 6)	3,151,853	0	0	3,633,462	3,151,853	3,151,853

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

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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)	56,493,185					56,493,185
0199999 Individually listed claims unpaid	56,493,185	0	0	0	0	56,493,185
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	56,493,185	0	0	0	0	56,493,185
0599999 Unreported claims and other claim reserves						405,715,904
0699999 Total amounts withheld						
0799999 Total claims unpaid						462,209,089
0899999 Accrued medical incentive pool and bonus amounts						163,185

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
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

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Horizon Healthcare Services, Inc.....		55,690,205	55,690,205	0
Horizon Insurance Company.....		555,337	555,337	0
0199999 Individually listed payables.....		56,245,542	56,245,542	0
0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		56,245,542	56,245,542	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	43,635,959	0.9		0.0		43,635,959
2. Intermediaries	108,917,360	2.3		0.0		108,917,360
3. All other providers	0	0.0		0.0		
4. Total capitation payments	152,553,319	3.2	0	0.0	0	152,553,319
Other Payments:						
5. Fee-for-service	355,890,332	7.4	XXX	XXX		355,890,332
6. Contractual fee payments	4,327,785,150	89.5	XXX	XXX		4,327,785,150
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	4,683,675,482	96.8	XXX	XXX	0	4,683,675,482
13. Total (Line 4 plus Line 12)	4,836,228,801	100 %	XXX	XXX	0	4,836,228,801

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.....	232,040	19,337		
	Care Core National.....	96,882,280	8,073,523		
	Care Transition.....	1,589,935	132,495		
	LabCorp.....	10,212,531	851,044		
	Beacon.....	574	48		
9999999 Totals		108,917,360	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	0	3,874,159	0	0	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	5,107,033	2,564,588	7,588,760	82,861	82,861	0
6. Total	8,981,192	2,564,588	11,462,919	82,861	82,861	0



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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 2019						NAIC Company Code		95529
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	866,397	0	2,670	0	0	0	0	7,306	856,421	0		
2. First Quarter	854,410	0	2,490	0	0	0	0	9,843	842,077	0		
3. Second Quarter	860,390	0	2,437	0	0	0	0	11,126	846,827	0		
4. Third Quarter	857,310	1	2,338	0	0	0	0	11,807	843,164	0		
5. Current Year	845,022	1	2,336	0	0	0	0	12,320	830,365	0		
6. Current Year Member Months	10,258,885	6	28,969	0	0	0	0	132,545	10,097,365	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	12,662,624		27,290					3,871	12,631,463			
8. Non-Physician	2,916,123		13,132					1,896	2,901,095			
9. Total	15,578,747	0	40,422	0	0	0	0	5,767	15,532,558	0		
10. Hospital Patient Days Incurred	365,648		493					28,936	336,219			
11. Number of Inpatient Admissions	70,897		106					3,406	67,385			
12. Health Premiums Written (b)	5,464,879,857	(10,207)	19,430,306					289,637,435	5,155,822,323			
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	5,462,311,209	(10,884)	18,044,281					289,966,731	5,154,311,081			
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	4,836,228,802	174	21,141,657					204,506,297	4,610,580,674			
18. Amount Incurred for Provision of Health Care Services	4,904,104,632	174	19,735,290					219,260,791	4,665,108,377			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$289,637,435

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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 2019						NAIC Company Code		95529
	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	866,397	0	2,670	0	0	0	0	7,306	856,421	0		
2. First Quarter	854,410	0	2,490	0	0	0	0	9,843	842,077	0		
3. Second Quarter	860,390	0	2,437	0	0	0	0	11,126	846,827	0		
4. Third Quarter	857,310	1	2,338	0	0	0	0	11,807	843,164	0		
5. Current Year	845,022	1	2,336	0	0	0	0	12,320	830,365	0		
6. Current Year Member Months	10,258,885	6	28,969	0	0	0	0	132,545	10,097,365	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	12,662,624	0	27,290	0	0	0	0	3,871	12,631,463	0		
8. Non-Physician	2,916,123	0	13,132	0	0	0	0	1,896	2,901,095	0		
9. Total	15,578,747	0	40,422	0	0	0	0	5,767	15,532,558	0		
10. Hospital Patient Days Incurred	365,648	0	493	0	0	0	0	28,936	336,219	0		
11. Number of Inpatient Admissions	70,897	0	106	0	0	0	0	3,406	67,385	0		
12. Health Premiums Written (b)	5,464,879,857	(10,207)	19,430,306	0	0	0	0	289,637,435	5,155,822,323	0		
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	5,462,311,209	(10,884)	18,044,281	0	0	0	0	289,966,731	5,154,311,081	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	4,836,228,802	174	21,141,657	0	0	0	0	204,506,297	4,610,580,674	0		
18. Amount Incurred for Provision of Health Care Services	4,904,104,632	174	19,735,290	0	0	0	0	219,260,791	4,665,108,377	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$289,637,435

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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

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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 - Affiliates - U.S. - Other													
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ		CMM	17,478,092	1,349,974	1,271,450				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ		MR	260,673,691	1,873,856	23,554,249				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ		MC	4,640,240,090	3,159,007	391,162,481				
0299999 - General Account - Authorized - Affiliates - U.S. - Other							4,918,391,873	6,382,837	415,988,180	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							4,918,391,873	6,382,837	415,988,180	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							4,918,391,873	6,382,837	415,988,180	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							4,918,391,873	6,382,837	415,988,180	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							4,918,391,873	6,382,837	415,988,180	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							4,918,391,873	6,382,837	415,988,180	0	0	0	0
9999999 Totals							4,918,391,873	6,382,837	415,988,180	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
A. OPERATIONS ITEMS					
1. Premiums.....	17,478	21,330	25,575	.0	.0
2. Title XVIII-Medicare.....	260,674	157,351	79,204	.0	.0
3. Title XIX-Medicaid.....	4,640,240	4,673,107	4,462,574	.0	.0
4. Commissions and reinsurance expense allowance.....	.0	.0	.0	.0	.0
5. Total hospital and medical expenses.....	490,367,971	469,661,063	448,938,886	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	92,277,073	88,899,256	15,805,383	.0	.0
7. Claims payable.....	415,988,180	349,337,720	62,458,350	.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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,317,832,452	0	1,317,832,452
2. Accident and health premiums due and unpaid (Line 15).....	6,527,434	0	6,527,434
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	415,988,180	415,988,180
5. All other admitted assets (Balance).....	18,091,618	0	18,091,618
6. Total assets (Line 28)	1,342,451,504	415,988,180	1,758,439,684
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	46,220,909	415,988,180	462,209,089
8. Accrued medical incentive pool and bonus payments (Line 2).....	163,185	0	163,185
9. Premiums received in advance (Line 8).....	11,748	0	11,748
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	85,832,836	0	85,832,836
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).....	95,077,089	0	95,077,089
15. Total liabilities (Line 24).....	227,305,767	415,988,180	643,293,947
16. Total capital and surplus (Line 33).....	1,115,145,737	XXX	1,115,145,737
17. Total liabilities, capital and surplus (Line 34)	1,342,451,504	415,988,180	1,758,439,684
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	415,988,180		
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	415,988,180		
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	415,988,180		

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

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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 of New Jersey, 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 Healthcare Services, Inc.	NJ	UIP			0.0			0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc.	NJ	UDP	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, Inc.	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, Inc.	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 Company, 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	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	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	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 Company	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
	46-2605607	Multistate Professional Services, Inc.	0	0	0	0	0	0		0	0	0
55069	22-0999690	Horizon Healthcare Services, Inc.	0	(15,275,000)	0	0	(293,673,688)	0		0	(308,948,688)	0
00000	13-4290405	Enterprise Property Holdings, LLC	0	0	0	0	(2,934,996)	0		0	(2,934,996)	0
	27-1179993	3 Penn Plaza Prop. Urban Renewal Holding	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
	47-4428396	Multistate Investment Services, Inc.	0	15,275,000	0	0	1,022,577	0		0	16,297,577	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?	.....NO.....
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?	.....NO.....
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?	.....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, 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. Business not written
- 18. Business not written
- 19. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

Bar code:

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

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

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

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

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

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

17. 
9 5 5 2 9 2 0 1 9 2 2 4 0 0 0 0 0

18. 
9 5 5 2 9 2 0 1 9 2 2 5 0 0 0 0 0

19. 
9 5 5 2 9 2 0 1 9 2 2 6 0 0 0 0 0

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

21. 
9 5 5 2 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.....	44,500		44,500	132,453
2505. Other Assets.....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	44,500	0	44,500	132,453

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