



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

Horizon Insurance Company

(Name)

NAIC Group Code 01202, 01202 NAIC Company Code 14690 Employer's ID Number 46-1362174

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

Incorporated/Organized 10/11/2012 Commenced Business 12/31/2012

Statutory Home Office 3 Penn Plaza East PP-15D Newark, NJ, US 07105-2248

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

Mail Address 3 Penn Plz E Ste PP-15D Newark, NJ, US 07105-2248

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

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Thomas D. Protentis thomas\_protentis@horizonblue.com 973-466-5607 973-466-7110

OFFICERS

Kevin Patrick Conlin Chairman & CEO Linda Anne Willett Secretary
Douglas Richard Simpson CFO and Treasurer Mark Leon Barnard President

OTHER OFFICERS

Michael James Considine Vice President Christopher Michael Lepre Executive Vice President

DIRECTORS OR TRUSTEES

Mark Leon Barnard # Kevin Patrick Conlin Christopher Michael Lepre Douglas Richard Simpson

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 and Treasurer

Subscribed and sworn to before me this day of

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





**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company**

**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 .....	.0	.0	.0	.0	.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 .....	87,004	.0	.0	87,149	87,004	87,004
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)	87,004	0	0	87,149	87,004	87,004

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 Insurance Company

**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)	11,508,909	45,144	34,167	0	5,537	11,593,757
0199999 Individually listed claims unpaid	11,508,909	45,144	34,167	0	5,537	11,593,757
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	11,508,909	45,144	34,167	0	5,537	11,593,757
0599999 Unreported claims and other claim reserves						49,457,212
0699999 Total amounts withheld						0
0799999 Total claims unpaid						61,050,969
0899999 Accrued medical incentive pool and bonus amounts						149,427







**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 .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2.

(LOCATION)

NAIC Group Code	01202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019						NAIC Company Code	14690
	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 .....	365,174	0	0	83,920	169,902	0	0	83,030	0	28,322	
2. First Quarter .....	319,273	0	0	81,862	185,108	0	0	24,079	0	28,224	
3. Second Quarter .....	323,082	0	0	81,472	189,829	0	0	23,701	0	28,080	
4. Third Quarter .....	321,445	0	0	80,826	189,628	0	0	23,306	0	27,685	
5. Current Year .....	320,751	0	0	79,810	190,059	0	0	23,364	0	27,518	
6. Current Year Member Months	3,856,892	0	0	975,959	2,261,203	0	0	284,208	0	335,522	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,749,388	0	0	2,719,591	0	0	0	29,797	0	0	
8. Non-Physician .....	1,565,099	0	0	1,550,760	0	0	0	14,339	0	0	
9. Total	4,314,487	0	0	4,270,351	0	0	0	44,136	0	0	
10. Hospital Patient Days Incurred	304,108	0	0	232,986	0	0	0	71,122	0	0	
11. Number of Inpatient Admissions	36,094	0	0	27,239	0	0	0	8,855	0	0	
12. Health Premiums Written (b) .....	588,209,456	0	0	262,772,245	10,883,541	0	0	278,224,933	0	36,328,737	
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 .....	588,126,428	0	0	263,066,906	10,874,310	0	0	277,858,364	0	36,326,848	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	560,129,699	0	0	207,301,505	8,090,702	0	0	310,210,907	0	34,526,585	
18. Amount Incurred for Provision of Health Care Services	498,230,382	0	0	207,161,241	8,138,547	0	0	247,979,009	0	34,951,585	

(a) For health business: number of persons insured under PPO managed care products .....939 and number of persons insured under indemnity only products .....79,810

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....278,224,933

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		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	365,174	0	0	83,920	169,902	0	0	83,030	0	28,322	
2. First Quarter	319,273	0	0	81,862	185,108	0	0	24,079	0	28,224	
3. Second Quarter	323,082	0	0	81,472	189,829	0	0	23,701	0	28,080	
4. Third Quarter	321,445	0	0	80,826	189,628	0	0	23,306	0	27,685	
5. Current Year	320,751	0	0	79,810	190,059	0	0	23,364	0	27,518	
6. Current Year Member Months	3,856,892	0	0	975,959	2,261,203	0	0	284,208	0	335,522	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,749,388	0	0	2,719,591	0	0	0	29,797	0	0	
8. Non-Physician	1,565,099	0	0	1,550,760	0	0	0	14,339	0	0	
9. Total	4,314,487	0	0	4,270,351	0	0	0	44,136	0	0	
10. Hospital Patient Days Incurred	304,108	0	0	232,986	0	0	0	71,122	0	0	
11. Number of Inpatient Admissions	36,094	0	0	27,239	0	0	0	8,855	0	0	
12. Health Premiums Written (b)	588,209,456	0	0	262,772,245	10,883,541	0	0	278,224,933	0	36,328,737	
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	588,126,428	0	0	263,066,906	10,874,310	0	0	277,858,364	0	36,326,848	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	560,129,699	0	0	207,301,505	8,090,702	0	0	310,210,907	0	34,526,585	
18. Amount Incurred for Provision of Health Care Services	498,230,382	0	0	207,161,241	8,138,547	0	0	247,979,009	0	34,951,585	

(a) For health business: number of persons insured under PPO managed care products .....939 and number of persons insured under indemnity only products .....79,810

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**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company**

**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
<b>NONE</b>												
9999999 Totals							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.....	265,928	273,367	281,460	285,570	69,204
2. Title XVIII-Medicare.....	250,402	929,914	914,351	271,263	70,308
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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	26,897,279	42,689,408	31,500,443	20,645,376	11,268,295
7. Claims payable.....	54,230,943	108,883,070	95,942,646	47,636,187	43,265,832
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.....	32,891,209	54,010,128	61,713,345	33,705,856	2,840,293
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 Insurance Company**

**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) .....	83,008,333	0	83,008,333
2. Accident and health premiums due and unpaid (Line 15).....	810,396	0	810,396
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	54,230,943	54,230,943
5. All other admitted assets (Balance).....	14,932,874		14,932,874
6. Total assets (Line 28)	98,751,603	54,230,943	152,982,546
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	6,820,025	54,230,943	61,050,968
8. Accrued medical incentive pool and bonus payments (Line 2).....	149,427	0	149,427
9. Premiums received in advance (Line 8).....	1,498,238	0	1,498,238
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).....	50,876,550	0	50,876,550
15. Total liabilities (Line 24).....	59,344,240	54,230,943	113,575,183
16. Total capital and surplus (Line 33).....	39,407,363	XXX	39,407,363
17. Total liabilities, capital and surplus (Line 34)	98,751,603	54,230,943	152,982,546
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	54,230,943		
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 .....	54,230,943		
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	54,230,943		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company

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

NONE



**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company**

**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)
	13-4290405	Enterprise Property Holdings, Inc.	0	0	0	0	2,934,996	0		0	2,934,996	0
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
55069	22-0999690	Horizon Healthcare Services, Inc.	0	(15,275,000)	0	0	293,673,688	0		0	278,398,688	0
	27-1179993	Three Penn Plaza Property Holdings, 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
	47-4428396	Multistate Investment Services, Inc.	0	15,275,000	0	0	(1,022,577)	0		0	14,252,423	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**

**Responses**

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....YES.....
- 2. Will an actuarial opinion be filed by March 1? .....YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....YES.....

**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? .....SEE EXPLANATION.....

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? .....YES.....
- 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? .....YES.....
- 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? .....SEE EXPLANATION.....

**Explanation:**

- 10. See explanation
- 12. Business not written
- 13. Business not written
- 14. Business not written
- 15. Business not written
- 17. See explanation
- 18. See explanation
- 19. See explanation
- 20. Business not written

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

26. Not subject to the Model Audit Rule

Bar code:



**OVERFLOW PAGE FOR WRITE-INS**

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SUPPLEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 01202, Address (City, State and Zip Code) Newark, NJ 07105-2248, Person Completing This Exhibit Jeffrey Schindler, Title Director, Actuarial, NAIC Company Code 14690, Telephone Number 973-466-5319

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2016 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2017, 2018, 2019 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 3 Penn Plaza Newark, NJ 07105
2.2 Contact Person and Phone Number: Jeffrey Schindler 973-466-5319
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 3 Penn Plaza Newark, NJ 07105
3.2 Contact Person and Phone Number: Jeffrey Schindler 973-466-5319
4. Explain any policies identified above as policy type "O"

360.NJ



**SUPPLEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company  
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)  
 (To Be Filed By March 1)

NAIC Group Code

01202

NAIC Company Code

14690

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	24,384,422	XXX	0	XXX	24,384,422
1.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments.....	1,972,290	XXX	0	XXX	1,972,290
1.2 Supplemental Benefits.....	8,091,333	XXX	0	XXX	8,091,333
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	(191,388)	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
2.2 Supplemental Benefits.....	36,700	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	(290,515)	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
3.2 Supplemental Benefits.....	(90,300)	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(1,972,290)	XXX	0	XXX	XXX
4.2 Payable.....	0	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	24,483,549	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits.....	8,218,333	XXX	0	XXX	XXX
6. Total Premiums.....	32,701,882	XXX	0	XXX	34,448,045
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	23,236,493	XXX	0	XXX	23,236,493
7.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
7.2 Supplemental Benefits.....	8,265,323	XXX	0	XXX	8,265,323
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	546,100	XXX	0	XXX	XXX
8.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
8.2 Supplemental Benefits.....	(121,100)	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
9.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	23,782,593	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	8,144,223	XXX	0	XXX	XXX
11. Total Claims	31,926,816	XXX	0	XXX	31,501,816
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX	0	XXX	0	0
12.2 Reimbursements Received but Not Applied-change.....	XXX	0	XXX	0	0
12.3 Reimbursements Receivable-change.....	XXX	0	XXX	0	XXX
12.4 Health Care Receivables-change.....	XXX	0	XXX	0	XXX
13. Aggregate Policy Reserves-change.....	380,815	0	0	0	XXX
14. Expenses Paid.....	4,451,690	XXX	0	XXX	4,451,690
15. Expenses Incurred.....	4,451,690	XXX	0	XXX	XXX
16. Underwriting Gain/Loss.....	(4,057,439)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(1,505,461)

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part E	E24
Schedule DB – Verification	SI14
Schedule DL – Part 1	E25
Schedule DL – Part 2	E26
Schedule E – Part 1 – Cash	E27
Schedule E – Part 2 – Cash Equivalents	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E29
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

