

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Harizon	Usaltheore		laraav	Inc
Horizon	Healthcare	OT New	Jersey,	inc.

		(Name)		
NAIC Group Code 1202 (Current Period		company Code 95529	Employer's ID Number	22-2651245
Organized under the Laws of	, (,	, State of Domicile o	or Port of Entry	New Jersey
Country of Domicile		United States	·	
Licensed as business type: Life, Ac	ccident & Health [] Prop	perty/Casualty []	Hospital, Medical & Dental S	ervice or Indemnity []
		on Service Corporation [] H	•	,
Other [[] s	HMO, Federally Qualified? Yes	[] No[X]	
Incorporated/Organized	10/24/1985	Commenced Business	06/01/2	1986
Statutory Home Office	3 Penn Plaza East Ste PP-1 (Street and Number)	<u>5D</u> ,	City or Town, State, Country a	
Main Administrative Office		3 Penn Plaza East Ste		
Newark, NJ, U	IS 07105-2248	(Street and Number)	973-466-5954	
	Country and Zip Code)	((Area Code) (Telephone Number)	
Mail Address 3 F	Penn Plaza East Ste PP-15D (Street and Number or P.O. Box)	,	Newark, NJ, US 07105-2	
Primary Location of Books and Reco	, ,	3 Ponn Plaza	(City or Town, State, Country and Zij East Ste PP-15D	b Code)
			and Number)	
(City or Town, State, C	IS 07105-2248 Country and Zip Code)	_,(Area (973-466-5954 Code) (Telephone Number) (Extensi	on)
Internet Web Site Address	····, · · · · · · · · · · · · · · · · ·	www.horizonblue.com	, , , , , , , , , , , , , , , , , , , ,	,
Statutory Statement Contact	Catherine Merlino		973-466-5954	
catherine merlino	(Name)		(Area Code) (Telephone Number) 973-466-7110	(Extension)
(E-Mail A			(Fax Number)	
	0	FFICERS		
Name	Title	Name		Title
Gary Dean St. Hilaire	, Chair & CEO	Linda Anne W		Secretary
Douglas Richard Simpson	, CFO & Treasurer	Mark Leon Ba	<u>maro</u> ,	President
Donald Liss M.D.	, Chief Medical Officer	Christopher Micha	ael Lepre, Execu	tive Vice President
			,,	
Mark Leon Barnard	Gary Dean St. Hilaire	RS OR TRUSTEES Allen James I	Karo S	Suzanne Kunis
Christopher Michael Lepre	Donald Liss MD	David Jeffrey Rose		as Richard Simpson
State ofNew Jers				
County ofEssex	SS			
The officers of this reporting entity being above, all of the herein described assets that this statement, together with related liabilities and of the condition and affairs and have been completed in accordance may differ; or, (2) that state rules or regu knowledge and belief, respectively. Furth when required, that is an exact copy (ex regulators in lieu of or in addition to the er	were the absolute property of the said of d exhibits, schedules and explanations to of the said reporting entity as of the rep with the NAIC Annual Statement Instruc- lations require differences in reporting n ermore, the scope of this attestation by ccept for formatting differences due to el	reporting entity, free and clear from therein contained, annexed or refe orting period stated above, and of i <i>tions</i> and <i>Accounting Practices</i> and not related to accounting practices a the described officers also includes	any liens or claims thereon, ex- rred to, is a full and true states its income and deductions there <i>Procedures</i> manual except to the and procedures, according to the s the related corresponding elect	tecpt as herein stated, and ment of all the assets and from for the period ended, he extent that: (1) state law le best of their information, ctronic filing with the NAIC,
	Nichola	as Herbert Peterson Secretary	 Douglas Rich CFO & T	
Subscribed and sworn to before meday of	e this	a. Is th b. If no 1. S ^a 2. D	nis an original filing?	Yes [X] No []

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals		0	0	0	0	
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	
0299998 Premiums due and unpaid not individually listed						
0299999 Total group				2,481,918		
0399999 Premiums due and unpaid from Medicare entities	0	0	0	0	0	
0499999 Premiums due and unpaid from Medicaid entities	0	0	0	0	0	
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,326,043	1,755,153	325,569	2,481,918	338,095	6,550,58

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3 31 - 60 Days	4	5 Over 90 Days	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	1,610,552	0	0	0	0	1,610,552 1,610,552
0199999 - Pharmaceutical Rebate Receivables	1,610,552	0	0	0	0	1,610,552
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	1,074,838	392,005	841,626	423,776	0	2,732,240
0299999 - Claim Overpayment Receivables	1,074,838	392,005	841,626	423,776	0	2,732,246
0799999 Gross Health Care Receivables	2,685,390	392,005	841,626	423,776	0	4,342,798

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

	Health Care Rece or Offset Du	eivables Collected ring the Year	Health Care Receivables Accrued as of December 31 of Current Year		5	6
Type of Health Care Receivable	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 from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		0	0	1,610,552	631,866	
2. Claim overpayment receivables		0	0	2 ,732 ,245	2,999,077	2 ,999 ,077
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables		0	0		2,519	2,519
7. Totals (Lines 1 through 6)	3,633,462	0	0	4,342,797	3,633,462	3,633,462

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpai	d Claims	```		•	,
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
		0	0	0	0	
0199999 Individually listed claims unpaid					0	
0299999 Aggregate accounts not individually listed-uncovered 0399999 Aggregate accounts not individually listed-covered				0		
0499999 Subtotals	66,863,590	0	0	0	0	66,863,590
	00,003,590	0	0	0	0	
0599999 Unreported claims and other claim reserves						729,752,273
0699999 Total amounts withheld						706 615 962
0799999 Total claims unpaid						796,615,863
0899999 Accrued medical incentive pool and bonus amounts						1,133,385

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999 Individually listed receivables 0299999 Receivables not individually listed	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Horizon Healthcare Services, Inc Horizon Insurance Company Horizon Healthcare Plan Holding Company				0
Horizon Insurance Company		1,540,445		0
Horizon Healthcare Plan Holding Company				
0199999 Individually listed payables 0299999 Payables not individually listed				0
0299999 Payables not individually listed				
0399999 Total gross payables		258,539,182	258,539,182	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.8	0		0	
2. Intermediaries		1.4	0		0	
3. All other providers	0	0.0	0		0	0
4. Total capitation payments			0		0	
Other Payments:						
5. Fee-for-service			XXX		0	
6. Contractual fee payments			XXX	XXX	0	
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	0	0
10. Aggregate cost arrangements	0	0.0		XXX	0	0
11. All other payments		0.0	XXX		0	0
12. Total other payments	6,220,750,406	97.8	XXX	XXX	0	6,220,750,406
13. Total (Line 4 plus Line 12)	6,362,068,305	100 %	XXX	XXX	0	6,362,068,305

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6 Intermedian/a
			Average Monthly	Intermediary's	Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	CareCentrix			0	0
	Care Core National			0	0
	Care Transition	(533,502)		0	0
	LabCorp		1,080,412	0	0
			· · ·		
		00.040.075			
9999999 Totals		92,216,875	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	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	7,642,507	29,113	29,113	0
6. Total	8,981,192	2,564,588	11,516,666	29,113	29,113	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare of	f New Jersey, Inc.		•			2	()			
NAIC Group Code 1202 BUSINESS IN THE STATE O	F New Jersev			DURING THE YEAR 2	2021			(LOCATION)	IC Company Code	95529
	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10
	Total	2 Individual	3 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		5	2,191	0	0	0	0		1,005,773	C
2 First Quarter	1,059,835		1,850	0	0	0	0		1 ,042 ,289	
3 Second Quarter		44	1,806	0	0	0	0		1,068,963	
4. Third Quarter			1,783	0	0	0	0		1,092,715	C
5. Current Year	1,132,888	63	1,761	0	0	0	0	16,805	1,114,259	(
6 Current Year Member Months	13,072,915	529	21,698	0	0	0	0	193,300	12,857,388	0
Total Member Ambulatory Encounters for Year:										
7. Physician		0	24,665	0	0	0	0	601,286	16 , 958 , 679	
8. Non-Physician	3,626,039	0	15,367	0	0	0	0	295,023	3,315,649	(
9. Total	21,210,669	0	40,032	0	0	0	0	896,309	20,274,328	(
10. Hospital Patient Days Incurred	525,212	0	605	0	0	0	0	78,739	445,868	(
11. Number of Inpatient Admissions	92,831	0	111	0	0	0	0	8,133	84,587	0
12. Health Premiums Written (b)				0	0	0	0	414, 155, 834		
13. Life Premiums Direct		0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	(
15. Health Premiums Earned			17 , 448 , 968 .	0	0	0	0		7 , 267 , 522 , 470	(
16. Property/Casualty Premiums Earned	0	0		0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services		701,758	20,113,278	0	0	0	0		5,979,258,737	(
18. Amount Incurred for Provision of Health Care Services	6,553,381,926	847,653	16,509,739	0	0	0	0	366,935,604	6,169,088,930	(

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Horizon Healthcare of	f New Jersey, Inc.					2	()			
NAIC Group Code 1202 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR 2	2021			(LOCATION)	IC Company Code	95529
	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10
	Total	2 Individual	3 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		5	2,191	0	0	0	0	14,939	1,005,773	C
2 First Quarter				0	0	0	0		1 ,042 ,289	C
3 Second Quarter				0	0	0	0		1 ,068 ,963 .	C
4. Third Quarter			1,783	0	0	0	0		1,092,715	0
5. Current Year	1,132,888	63	1,761	0	0	0	0	16,805	1,114,259	C
6 Current Year Member Months	13,072,915	529	21,698	0	0	0	0	193,300	12,857,388	C
Total Member Ambulatory Encounters for Year:										
7. Physician		0		0	0	0	0	601,286	16,958,679	C
8. Non-Physician	3,626,039	0	15,367	0	0	0	0	295,023	3,315,649	0
9. Total	21,210,669	0	40,032	0	0	0	0	896,309	20,274,328	C
10. Hospital Patient Days Incurred	525,212	0	605	0	0	0	0	78,739	445,868	C
11. Number of Inpatient Admissions	92,831	0	111	0	0	0	0	8,133	84,587	C
12. Health Premiums Written (b)				0	0	0	0	414, 155, 834		C
13. Life Premiums Direct		0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	(
15. Health Premiums Earned				0	0	0	0	414,582,783	7 ,267 ,522 ,470	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	C
17. Amount Paid for Provision of Health Care Services				0	0	0	0		5,979,258,737	C
18. Amount Incurred for Provision of Health Care Services	6,553,381,926	847,653	16,509,739	0	0	0	0	366,935,604	6,169,088,930	0

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

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
				NC								
9999999	Totals						0	0	0	0	0	0

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31. Current Ye

	Rei 2	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current 5	Year	7
	2	3	4	5	6	7
1						
NAIC			Name			
Company Code	ID Number	Effective	of	Domiciliary Jurisdiction	Paid Losses	Unpaid
Accident and Hea	Number alth - Affiliates	-US - Other	Company	JUNSAICTION	Losses	Losses
55069		01/01/2017	HORIZON HLTHCARE SERV INC	NJ	0	716,954,276
1399999 - Acci	dent and Health ·	- Affiliates - U.S.	- Other		0	716,954,276
1499999 - ACCI	dent and Health	- Affiliates - U.S. - Affiliates - Tota	- lotal Affiliates		0	716,954,276 716,954,276
2299999 - Acci	dent and Health .	- Total Accident and	d Health		0	716,954,276
2399999 - Tota	al U.S. (Sum of O3	399999, 0899999, 149	99999 and 1999999)		0	716,954,276
			l			
0000000	tolo life Arra	the and Assident	L		^	746 054 070
aaaaaaa 10	ais—Lite, Annui	ity and Accident ar			0	716,954,276

SCHEDULE S - PART 3 - SECTION 2

1 NAIC Company	2	2											
		3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
Compony			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
		Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count – Authorized												
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM							
55069 55069		01/01/2017	HORIZON HLTHCARE SERV INC	NJNJ.	QA/IQA/I	MR							
			ffiliates - U.S Other			JMC	6,929,383,962			0		0	
			ffiliates - U.S Total				6,929,383,962	12,000,024		0	0	0	0
			ffiliates - Total Authorized Affiliates				6,929,383,962	12,655,024		0	0	0	0
			otal General Account Authorized				6.929.383.962	12,000,024		0	0	0	0
			Account Authorized, Unauthorized, Reciprocal Jun	risdiction and Certif	ied		6.929.383.962	12,055,024		0	0	0	0
			1999, 1499999, 1999999, 2599999, 3099999, 3699999			99999 7099999	0,020,000,002	12,000,024	110,004,210	Ū	0	0	0
7599999,	8199999 and 86999	999)		, +100000, +000000,	0000000, 0000000, 04	00000, 1000000,	6,929,383,962	12,655,024	716,954,276	0	0	0	0
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				-					· [[
9999999	Totala		H			•••••	6,929,383,962	12,655,024	716,954,276	Λ	Δ	^	^

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(\$000 Omitted)									
		1 2021	2 2020	3 2019	4 2018	5 2017			
A. (OPERATIONS ITEMS								
1.	Premiums					25,575			
2.	Title XVIII-Medicare								
3.	Title XIX-Medicaid		5,094,547	4,640,240	4,673,107	4,462,574			
4.	Commissions and reinsurance expense allowance	0	0	0	0	0			
5.	Total hospital and medical expenses								
B. E	BALANCE SHEET ITEMS								
6.	Premiums receivable			92 , 277 , 073		15,805,383			
7.	Claims payable	716,954,276		415 , 988 , 180					
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			
	INAUTHORIZED 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			
	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)		0	1,621,882,948
2.	Accident and health premiums due and unpaid (Line 15)	6,550,588	0	6,550,588
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	xxx	716 ,954 ,276	716,954,276
5.	All other admitted assets (Balance)	17,222,071		17,222,071
6.	Total assets (Line 28)	1,645,655,607	716,954,276	2,362,609,883
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		716,954,276	796,615,864
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,133,385	0	1,133,385
9.	Premiums received in advance (Line 8)		0	23,245
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).		0	
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)		0	
14.	All other liabilities (Balance)	349, 167, 328	0	349,167,328
15.	Total liabilities (Line 24)			1, 173, 874, 485
16.	Total capital and surplus (Line 33)	1,188,735,398	XXX	1,188,735,398
17.	Total liabilities, capital and surplus (Line 34)	1,645,655,607	716,954,276	2,362,609,883
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	716,954,276		
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	716,954,276		
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	716,954,276		

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

1 2 3 4 5 Ling (Group and Individual) Company (Group and Inditindividual) Company (Group and Inditing and Ind	Allocated By States and Territories Direct Business Only									
Ling Ling Ansules (Rep) Ling Tenn Carbon Deposit-Type 1. Aldema At Atom Second			1	2		-	5	6		
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57. Canada										
58. Aggregate Other Alien OT										

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
Group Code	Group Name	NAIC Company Code	/ ID Number	Federal RSSD	СІК	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)	(Ownership, Board, Management, Attorney-in-Fact,				*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	UIP			0.0			0
01202	BCBS of NJ Group		22-2561496				Horizon Healthcare Plan Holding	NJ	UDP	Horizon Healthcare Services, Inc	Ownership		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 Horizon Healthcare Plan	Ownership		Horizon Healthcare Services, Inc Horizon Healthcare		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc	NJ	IA	Holding Company, Inc	Ownership		Services, Inc		0
01202	BCBS of NJ Group		22-2651245				Horizon Healthcare of New Jersey, Inc	NJ	IA	Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	00000	. 13-4290405				Enterprise Property Holdings, LLC.	NJ	NIA	Horizon Healthcare Services, Inc	Ownership		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		Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	14690	. 46-1362174				Horizon Insurance Company Horizon Charitable Foundation.	NJ	I A	Horizon Healthcare Plan Holding Company, Inc Horizon Healthcare Services.	Ownership		Horizon Healthcare Services, Inc Horizon Healthcare		0
01202	BCBS of NJ Group	00000	20-0522405				Inc	NJ	NIA	Inc	Ownership		Services, Inc		0
01202	.BCBS of NJ Group	00000	. 46 - 2605607				Multistate Professional Services, Inc Multistate Investment Services.	NJ	NIA	Horizon Healthcare Services, Inc Horizon Healthcare Services,	Ownership		Horizon Healthcare Services, Inc Horizon Healthcare		0
01202	BCBS of NJ Group	00000	. 47 - 4428396				Inc	NJ	NIA	Inc Horizon Healthcare Services.	Ownership		Services, Inc		0
01202	BCBS of NJ Group	00000	. 84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Inc	Ownership		Horizon Healthcare Services, Inc		0
01202	BCBS of NJ Group	16714	. 84-3673030				Healthier New Jersey Insurance Company, Inc	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services, Inc		0
00000	.BCBS of NJ Group	00000	. 86 - 1229594				Greenwood Insurance Company, Inc	NJ		Horizon Healthcare Plan Holding Company, Inc	Ownership		Horizon Healthcare Services Inc		0
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Asterisk	Explanation

SCHEDULE Y

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

	2	3	4	5	6	7	8	9	10 11	12	13
1 NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance	Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	* Business	Totals	Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc	0	0	0	0	3,472,466	0	l0		Q
	22-2561496	Horizon Healthcare Plan Holding Company,	0		0	0		0	0		0
95529	22-2651245	Horizon Healthcare of New Jersey, Inc Horizon Casualty Services, Inc Muitistate Professional Services, Inc	0	0	0	0		243 , 599 , 109	0		
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	0		0	0		0
	46-2605607	Muitistate Professional Services, Inc	0	0	0	0	0	0	0	0	0
	22-0999690	Horizon Healthcare Services, Inc.		(130,564,445)	0	0	(423,584,464)	(242,662,436)	0	(759,811,345)	
00000	13-4290405	Enterprise Property Holdings, LLC 3 Penn Plaza Prop. Urban Renewal Holding		1,943,218	J0	0		0	JD		0
	27 - 1179993	3 Penn Plaza Prop. Urban Renewal Holding	(4,000,000)		ļ0	0	(12,979,000) (10,736,757) (10,736,767,467)	0	l0		0
14690	46-1362174	Horizon Insurance Company		0	0	0		(936,673)	l		
	47-4428396	Multistate Investment Services, Inc.			ļ0	0	(135,036)	0	l0		Q
	84-3673030	Healthier New Jersey Insurance Company	0		0	0	0	0	0		0
	86-1229594 84-2280217	Greenwood Insurance Company, Inc NJ Collaborative Care, LLC	0		0	0	(796,107)	0	0	9,203,893	0
9999999 Control Totals			0	0	0	0	0	0	XXX 0	0	0

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1		Column 2 of	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1	5	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
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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								

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO					
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO					
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO					
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO					
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO					
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO					
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO					
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO					
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO					
	APRIL FILING						
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO					
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO					
21.	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.					
22.	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					
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES					
AUGUST FILING							
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES					

Explanation:

- 10. Business not written
- 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
- 20. Business not written

Bar code:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Healthcare of New Jersey, Inc.

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

ABBETB - ASSEIS					
		2	3	4	
	1				
			Net Admitted		
		Nonadmitted	Assets	Net Admitted	
	Assets	Assets	(Cols. 1 – 2)	Assets	
2504. ACA Risk Adjustment Receivable		0			
2505.			0	0	
2597. Summary of remaining write-ins for Line 25 from Page 2	37,664	0	37,664	46,358	