



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

Horizon Insurance Company

(Name)

NAIC Group Code 01202 (Current Period) , 01202 (Prior Period) 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 (Street and Number) , Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plz E Ste PP-15D (Street and Number)

Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-466-5954 (Area Code) (Telephone Number)

Mail Address 3 Penn Plz E Ste PP-15D (Street and Number or P.O. Box) , Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Penn Plz E Ste PP-15D (Street and Number)

Newark, NJ, US 07105-2248 (City or Town, State, Country and Zip Code) 973-466-5954 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Catherine Merlino (Name) 973-466-5954 (Area Code) (Telephone Number) (Extension)

catherine_merlino@horizonblue.com (E-Mail Address) 973-466-7110 (Fax Number)

OFFICERS

Name	Title	Name	Title
Gary Dean St. Hilaire	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	Christopher Michael Lepre	Gary Dean St. Hilaire	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.

Nicholas Herbert Peterson
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 2021 OF THE Horizon Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On 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	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	237,675	0	0	160,403	237,675	237,675
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)	237,675	0	0	160,403	237,675	237,675

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)

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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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	NONE					
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 2021 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 2021				NAIC Company Code		14690
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	323,589	0	0	74,733	200,728	0	0	23,435	0	24,693
2 First Quarter	321,011	0	0	75,134	198,369	0	0	15,089	0	32,419
3 Second Quarter	321,759	0	0	74,352	199,559	0	0	14,756	0	33,092
4. Third Quarter	321,299	0	0	73,791	199,044	0	0	14,516	0	33,948
5. Current Year	319,980	0	0	72,994	198,406	0	0	14,057	0	34,523
6 Current Year Member Months	3,856,185	0	0	893,241	2,386,533	0	0	177,022	0	399,389
Total Member Ambulatory Encounters for Year:										
7. Physician	3,045,638	0	0	2,332,525	0	0	0	713,112	0	0
8. Non-Physician	1,768,423	0	0	1,419,522	0	0	0	348,901	0	0
9. Total	4,814,061	0	0	3,752,047	0	0	0	1,062,014	0	0
10. Hospital Patient Days Incurred	234,062	0	0	188,772	0	0	0	45,290	0	0
11. Number of Inpatient Admissions	26,802	0	0	21,851	0	0	0	4,952	0	0
12. Health Premiums Written (b).....	460,069,725	0	0	237,458,148	12,936,917	0	0	183,864,025	0	25,810,635
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.....	462,014,138	0	0	238,433,866	12,929,580	0	0	180,845,926	0	29,804,765
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	414,381,257	0	0	186,218,981	8,539,777	0	0	184,173,727	0	35,448,772
18. Amount Incurred for Provision of Health Care Services	397,798,999	0	0	184,556,308	8,642,763	0	0	168,588,156	0	36,011,772

(a) For health business: number of persons insured under PPO managed care products1,051 and number of persons insured under indemnity only products72,994
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$183,864,025



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REPORT FOR: 1. CORPORATION Horizon Insurance Company 2. (LOCATION)

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	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	323,589	0	0	74,733	200,728	0	0	23,435	0	24,693
2 First Quarter	321,011	0	0	75,134	198,369	0	0	15,089	0	32,419
3 Second Quarter	321,759	0	0	74,352	199,559	0	0	14,756	0	33,092
4. Third Quarter	321,299	0	0	73,791	199,044	0	0	14,516	0	33,948
5. Current Year	319,980	0	0	72,994	198,406	0	0	14,057	0	34,523
6 Current Year Member Months	3,856,185	0	0	893,241	2,386,533	0	0	177,022	0	399,389
Total Member Ambulatory Encounters for Year:										
7. Physician	3,045,638	0	0	2,332,525	0	0	0	713,112	0	0
8. Non-Physician	1,768,423	0	0	1,419,522	0	0	0	348,901	0	0
9. Total	4,814,061	0	0	3,752,047	0	0	0	1,062,014	0	0
10. Hospital Patient Days Incurred	234,062	0	0	188,772	0	0	0	45,290	0	0
11. Number of Inpatient Admissions	26,802	0	0	21,851	0	0	0	4,952	0	0
12. Health Premiums Written (b).....	460,069,725	0	0	237,458,148	12,936,917	0	0	183,864,025	0	25,810,635
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.....	462,014,138	0	0	238,433,866	12,929,580	0	0	180,845,926	0	29,804,765
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	414,381,257	0	0	186,218,981	8,539,777	0	0	184,173,727	0	35,448,772
18. Amount Incurred for Provision of Health Care Services	397,798,999	0	0	184,556,308	8,642,763	0	0	168,588,156	0	36,011,772

(a) For health business: number of persons insured under PPO managed care products1,051 and number of persons insured under indemnity only products72,994
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$183,864,025

ANNUAL STATEMENT FOR THE YEAR 2021 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type Of Reinsurance Assumed	Type Of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

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.....	236,943	254,407	265,928	273,367	281,460
2. Title XVIII-Medicare.....	165,478	246,450	250,402	929,914	914,351
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	22,955,947	21,468,230	26,897,279	42,689,408	31,500,443
7. Claims payable.....	54,286,777	68,975,071	54,230,943	108,883,070	95,942,646
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.....	32,472,842	30,465,710	32,891,209	54,010,128	61,713,345
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)	110,094,845	0	110,094,845
2. Accident and health premiums due and unpaid (Line 15).....	583,206	0	583,206
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	54,286,777	54,286,777
5. All other admitted assets (Balance).....	7,054,016	0	7,054,016
6. Total assets (Line 28)	117,732,067	54,286,777	172,018,844
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	7,070,082	54,286,777	61,356,859
8. Accrued medical incentive pool and bonus payments (Line 2).....	151,074	0	151,074
9. Premiums received in advance (Line 8).....	1,535,876	0	1,535,876
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).....	56,419,005	0	56,419,005
15. Total liabilities (Line 24).....	65,176,037	54,286,777	119,462,815
16. Total capital and surplus (Line 33).....	52,556,030	XXX	52,556,030
17. Total liabilities, capital and surplus (Line 34)	117,732,067	54,286,777	172,018,845
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	54,286,777		
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	54,286,777		
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	54,286,777		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL0
2. Alaska	AK0
3. Arizona	AZ0
4. Arkansas	AR0
5. California	CA0
6. Colorado	CO0
7. Connecticut	CT0
8. Delaware	DE0
9. District of Columbia	DC0
10. Florida	FL0
11. Georgia	GA0
12. Hawaii	HI0
13. Idaho	ID0
14. Illinois	IL0
15. Indiana	IN0
16. Iowa	IA0
17. Kansas	KS0
18. Kentucky	KY0
19. Louisiana	LA0
20. Maine	ME0
21. Maryland	MD0
22. Massachusetts	MA0
23. Michigan	MI0
24. Minnesota	MN0
25. Mississippi	MS0
26. Missouri	MO0
27. Montana	MT0
28. Nebraska	NE0
29. Nevada	NV0
30. New Hampshire	NH0
31. New Jersey	NJ0
32. New Mexico	NM0
33. New York	NY0
34. North Carolina	NC0
35. North Dakota	ND0
36. Ohio	OH0
37. Oklahoma	OK0
38. Oregon	OR0
39. Pennsylvania	PA0
40. Rhode Island	RI0
41. South Carolina	SC0
42. South Dakota	SD0
43. Tennessee	TN0
44. Texas	TX0
45. Utah	UT0
46. Vermont	VT0
47. Virginia	VA0
48. Washington	WA0
49. West Virginia	WV0
50. Wisconsin	WI0
51. Wyoming	WY0
52. American Samoa	AS0
53. Guam	GU0
54. Puerto Rico	PR0
55. US Virgin Islands	VI0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

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PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

SCHEDULE Y

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

[illegible]

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

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?

.....YES.....
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?

.....YES.....
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?

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

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

.....SEE EXPLANATION.....

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:

16.

17.

18.

Bar code:

11.


1 4 6 9 0 2 0 2 1 2 0 5 5 9 0 0 0

12.


1 4 6 9 0 2 0 2 1 4 2 0 0 0 0 0 0

13.


1 4 6 9 0 2 0 2 1 3 7 1 0 0 0 0 0

14.

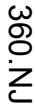

1 4 6 9 0 2 0 2 1 3 7 0 0 0 0 0 0

19.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF New Jersey

NAIC Company Code 14690.....

Telephone Number 973-466-5319.....

0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES

1. If response in Column 1 is no, give full and complete details

2.1 Address: 3 Penn Plaza Newark, NJ 07105

Billing address and contact person for user f

3.1 Address: 3 Penn Plaza Newark, NJ 07105

Explain any policies identified above as policies

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SUPPLEMENT FOR THE YEAR 2021 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.....	17,357,990	XXX	0	XXX	17,357,990
1.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments.....	(2,332,872)	XXX	0	XXX	(2,332,872)
1.2 Supplemental Benefits.....	10,015,993	XXX	0	XXX	10,015,993
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	3,492,816	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
2.2 Supplemental Benefits.....	(839,300)	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	151,659	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
3.2 Supplemental Benefits.....	70,200	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	2,332,872	XXX	0	XXX	XXX
4.2 Payable.....	0	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	20,699,147	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.....	9,106,493	XXX	0	XXX	XXX
6. Total Premiums.....	29,805,640	XXX	0	XXX	25,041,112
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	21,537,611	XXX	0	XXX	21,537,611
7.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	0
7.2 Supplemental Benefits.....	13,888,701	XXX	0	XXX	13,888,701
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	937,675	XXX	0	XXX	XXX
8.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
8.2 Supplemental Benefits.....	(375,100)	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.....	22,475,286	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	13,513,601	XXX	0	XXX	XXX
11. Total Claims	35,988,887	XXX	0	XXX	35,426,312
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of 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.....	(221,859)	0	0	0	XXX
14. Expenses Paid.....	1,866,208	XXX	0	XXX	1,866,208
15. Expenses Incurred.....	1,866,208	XXX	0	XXX	XXX
16. Underwriting Gain/Loss.....	(7,827,596)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(12,251,408)