

# **ANNUAL STATEMENT**

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

**Horizon Insurance Company** (Name)

	ont Period) ,	01202 (Prior Period)	NAIC Company Cod	e <u>14690</u>	Employer's II	Number _	46-1362174
Organized under the Laws o	f	New Jersey	<u>,</u> ,	tate of Domicile	e or Port of Entry _	N	ew Jersey
Country of Domicile			Uı	nited States			
Licensed as business type:	·	& Health [ X ] e Corporation [ ]	Property/Casualty Vision Service Co	rporation [ ]	Health Maintenanc		vice or Indemnity [ ] on [ ]
Incorporated/Organized		10/11/2012	Comme	enced Business		12/31/20	12
Statutory Home Office		3 Penn Plaza Ea	et PP-15D		Newark N	J. US 07105	-2248
	-	(Street and Nu			(City or Town, Sta		
Main Administrative Office			3 F	enn Plz E Ste I	PP-15D		
		NE 0040	-	(Street and Numb	per)	• 4	
	k, NJ, US 0710 vn, State, Country a				973-466-595 (Area Code) (Telephone		
Mail Address	3 Penr	Plz E Ste PP-15D	_		Newark, NJ, US	3 07105-224	8
		and Number or P.O. Box)			(City or Town, State, Co		
Primary Location of Books a	nd Records				Plz E Ste PP-15D		
Newar	k, NJ, US 0710	)5-2248		(Stre	et and Number) 973-466-595	54	
	vn, State, Country a		,	(Ar	ea Code) (Telephone Num		
Internet Web Site Address			WWV	v.horizonblue.co	om		
Statutory Statement Contact		Catherine Me	rlino	.		66-5954	
catherine	merlino@horiz	(Name) onblue.com		phone Number) (Extension)			
Name Gary Dean St. Hilaire Douglas Richard Simps Michael James Consid	son ,	Title Chairman & C CFO and Trea	OTHER OFFIC	Name Linda Anne Mark Leon I EERS Christopher Mic	Willett ,, Barnard ,		Title Secretary President  ve Vice President
Mark Leon Barnard		<b>DIRE</b> Christopher Micha	ECTORS OR TI	RUSTEES Gary Dean S		Douglas	Richard Simpson
State of	New Jersey						
County of	Essex	SS					
The officers of this reporting entabove, all of the herein describe that this statement, together will is abilities and of the condition around have been completed in accomany differ; or, (2) that state rule knowledge and belief, respectively when required, that is an exact regulators in lieu of or in addition	ed assets were the threlated exhibited affairs of the stordance with the stor regulations ely. Furthermore copy (except for	ne absolute property of s, schedules and exp aid reporting entity as a NAIC Annual Stateme require differences in a the scope of this atternormatting differences	f the said reporting entity, lanations therein contain of the reporting period st ent Instructions and Accoreporting not related to a station by the described is due to electronic filing)	free and clear freed, annexed or readted above, and unting Practices accounting practice officers also include the enclosed seconds.	om any liens or claims eferred to, is a full and of its income and deduc nd <i>Procedures</i> manual as and procedures, accides the related corresp statement. The electron	thereon, excell true statement ctions therefrom except to the ording to the londing electro- cic filing may lead to the statement on the statement on the statement in the statement the statement on the statement the statement on the st	pt as herein stated, and ant of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC, be requested by various
			Nicholas Herbert Pe Secretary	terson		iglas Richar CFO and Tr	
Subscribed and sworn to bday of				b. If 1. 2.	this an original filing no: State the amendme Date filed Number of pages at	nt number	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	(235,914)	0	0	393,087	393,087	(235,914)
Group subscribers:	, i					` ´
					1	
		<u> </u>				
0299997 Group subscriber subtotal	0	0	0	0	0	0
10299998 Premiums due and unpaid not individually listed	819 , 120	<b> </b> 0	0	<u> </u> 0	<b> </b> 0	819 , 120
0299999 Total group	819,120	<b> </b> 0	0	ļ0	0	819,120
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities	ļ <u>0</u>	<u> </u> 0	0	ļ <u>0</u>	0	0
0499999 Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	583,206	0	0	393,087	393,087	583,206

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1000			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0499998 - Aggregate of amounts not individually listed above.	160,403	0		0		160.403
0499998 - Aggregate of amounts not individually listed above. 0499999 - Capitation Arrangement Receivables	160,403	0			0	160,403 160,403
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0799999 Gross Health Care Receivables	160,403	0	0	0	0	160,403

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

		eivables Collected ring the Year		eivables Accrued 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
Pharmaceutical rebate receivables	0	0	0	0	0	0
Claim overpayment receivables	0	0	0	0	0	0
Loans and advances to providers	0	0	0	0	0	0
Capitation arrangement receivables	237,675	0	0	160,403	237,675	237 , 675
Risk sharing receivables	0	0	0	0	0	0
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)

	Aging Analysis of Unpaid	l 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)						1
		151,355	11,659	0	0	10,905,091
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0199999 Individually listed claims unpaid			11,659	0	0	10,905,091
0299999 Aggregate accounts not individually listed-uncovered	10,742,070	101,000	11,000	0	0	10,000,001
0399999 Aggregate accounts not individually listed-covered	Ĭ ő	0		0	0	0
0499999 Subtotals	10,742,076	151,355	11,659	0	0	10,905,091
0599999 Unreported claims and other claim reserves	10,7 12,070	101,000	11,000	v I		50,451,770
0699999 Total amounts withheld						00,401,770
0799999 Total claims unpaid						61,356,861
0899999 Accrued medical incentive pool and bonus amounts						151,074
dogagaa Accided inedical incentive pool and bolida allibuilta						101,074

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	<u> </u>	2	1		l e	Adm	ittod
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						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Horizon Healthcare of New Jersey, Inc.	655 , 567		485,747	0	L0	1,540,397	0
		<u> </u>	· ·				
							<u> </u>
							İ
0100000 Individually listed as equipplies	655,567		485 , 747	^	h	1,540,397	·····
0199999 Individually listed receivables	, 307, 000, 001	101	400,747	J	I	1,040,397	J
U299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	655,567	399,131	485,747	0	0	1,540,397	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		52,368,162	52,368,162	0
Healthier New Jersey Insurance Company		144,830	144,830	0
		-		
0199999 Individually listed payables		52,512,992	52,512,992	0
0199999 Individually listed payables		1 0	0	0
0399999 Total gross payables		52,512,992	52,512,992	0

EXHIBIT 7 - PART 1- SUMMA	ARY OF TRA	NSACTION	S WITH PR	<b>OVIDERS</b>
	4		•	4

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	1,467,130	0.4	0	0.0	0	1 , 467 , 130
2. Intermediaries	4,926,373	1.2	0	0.0	0	4,926,373
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	6,393,503	1.5	0	0.0	0	6,393,503
Other Payments:						
5. Fee-for-service	21,877,082	5.3	xxx	Lxxx	0	21,877,082
6. Contractual fee payments		93.2	xxx	xxx	0	386,110,672
7. Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	xxx	0	L0
Bonus/withhold arrangements - contractual fee payments	. 0	0.0	xxx	xxx	0	L0
9. Non-contingent salaries	0	0.0	xxx	xxx	0	0
10. Aggregate cost arrangements	. 0	0.0	xxx	xxx	0	0
11. All other payments		0.0	xxx	xxx	0	<u> </u>
12. Total other payments	407,987,754	98.5	xxx	xxx	0	407, 987, 754
13. Total (Line 4 plus Line 12)	414,381,257	100 %	XXX	XXX	0	414,381,257

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	LATIBITY - FART 2 - SUMMART OF TRANSACT	<u> </u>		<u> </u>	
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
	Horizon Healthcare Services, Inc.		43,071	0	
	Home Care Services.	1,480,875	123,406	0	
	_Turning Point		4,199	0	
	Radiology	4.075.395	339,616	0	
	Lab Insured		16,163	0	
	Lab Cap Quest Insured		2,555	0	
	HearX '		4,556	0	
	Care Transition.	(1,476,422)	(123,035)	0	
		` ' ' '	<u> </u>		
					·····
9999999 Totals		4,926,373	XXX	XXX	XXX
aaaaaaa rotais		4,920,373		^^^	

# **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
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
NAIC Group Code 01202 BUSINESS IN THE STATE O	F New Jersey		, ,	DURING THE YEAR					IC Company Code	14690
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
	Total	2	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	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	(
9. Total	4,814,061	0	0	3,752,047	0	0	0	1,062,014	0	(
10. Hospital Patient Days Incurred	234,062	0	0	188,772	0	0	0	45,290	0	(
11. Number of Inpatient Admissions	26,802	0	0	21,851	0	0	0	4,952	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	(
14. Property/Casualty Premiums Written	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	(
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

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............183,864,025



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Horizon Insurance Company 2.

								(LOCATION)		
IAIC Group Code 01202 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR					IC Company Code	14690
	1	Compre (Hospital 8		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:	Total	IIIdividdai	Group	Зиррієпієпі	Offig	Offig	Fidil	Wedicare	iviedicaid	Other
	323,589	0	0	74.733	200.728	0	0	23.435		24,69
1. Prior Year	1		0	,	,		0			,
2 First Quarter	321,011	0	0	75 , 134	198,369	0	0	15,089	0	32,41
3 Second Quarter	321,759	0	0	74,352	199,559	0	0	14,756	0	33,09
4. Third Quarter	321,299	0	0	73,791	199,044	0	0	14,516	0	33,94
5. Current Year	319,980	0	0	72,994	198,406	0	0	14,057	0	34,52
6 Current Year Member Months	3,856,185	0	0	893,241	2,386,533	0	0	177,022	0	399,38
Total Member Ambulatory Encounters for Year:										
7. Physician	3,045,638	0	0	2,332,525	0	0	0	713,112	0	
8. Non-Physician	1,768,423	0	0	1,419,522	0	0	0	348,901	0	
9. Total	4,814,061	0	0	3,752,047	0	0	0	1,062,014	0	
10. Hospital Patient Days Incurred	234,062	0	0	188,772	0	0	0	45,290	0	
11. Number of Inpatient Admissions	26,802	0	0	21,851	0	0	0	4,952	0	
12. Health Premiums Written (b)	460,069,725	0	0	237 , 458 , 148	12,936,917	0	0	183,864,025	0	25,810,63
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	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	29,804,76
16. Property/Casualty Premiums Earned	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	35,448,77
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	36,011,77

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .............183,864,025

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

	Rei 2	insurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year	7
	2	3	4	5	6	7
1 NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Affiliates	- U.S Other	HORIZON HLTHCARE SERV INC.	NJ	0	54,286,777
1399999 - Acci	dent and Health	- Affiliates - U.S.	- Other		0	54,286,777
1499999 - Acci	dent and Health dent and Health	- Affiliates - U.S. - Affiliates - Tota	– Total L Affiliates		0	54,286,777 54,286,777
2299999 - Acci	dent and Health	- Total Accident and	d Health		0	54,286,777
2399999 - Tota	II U.S. (Sum of U	399999, 0899999, 149	99999 and 1999999)	I	0	54,286,777
	······					
0000000 To	tale_l ifo Appu	ity and Accident ar	l	[	^	54,286,777
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### ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company

## **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31.	Current Veer

			Re	einsurance Ceded	Accident and Healt	th Insurance Liste	d by Reinsuring Com	ipany as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding S	urplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	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
General Acc	count - Authorize			•	•			,		•		•	-
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJ		MR	162,761,336	3,664,392	26,363,770	0	0	0	0
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC.	NJ		MD	26,825,126	(3,593,731)	2,151,900	0	0	0	0
55069	22-0999690		HORIZON HLTHCARE SERV INC			MS	213,712,333	8,481,819	25,771,107	0	0	0	0
			Affiliates - U.S Other				403,298,796	8,552,481	54,286,777	0	0	0	0
			Affiliates - U.S Total				403,298,796	8,552,481	54,286,777	0	0	0	
			Affiliates - Total Authorized Affiliates				403,298,796	8,552,481		0	0		0
			Total General Account Authorized				403,298,796	8,552,481	54,286,777	0	0	Ů	0
			Account Authorized, Unauthorized, Reciprocal Ju				403,298,796	8,552,481	54,286,777	0	0	0	0
			9999, 1499999, 1999999, 2599999, 3099999, 369999	9, 4199999, 4899999,	5399999, 59999999, 64	99999, 7099999,	400 000 700	0 550 404	54 000 777				
7599999,	8199999 and 8699	999)		1	1		403,298,796	8,552,481	54,286,777	0	0	0	0
				···									
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		<del> </del>					·		·				-
9999999	) Totala	<b>!</b>					403,298,796	8,552,481	54,286,777	0	0	Λ	
999999	ว เบเสเร						403,290,790	0,002,481	04,200,777	0	U	0	1 0

Schedule S - Part 4

NONE

Schedule S - Part 5

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	,	Omitted)			1
	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
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
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
13.				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		

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

					isiness Only		
States, Etc.		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							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA						
12. Hawaii							
13. Idaho							
14. Illinois	IL					·	-
15. Indiana	JN					ļ	-
16. lowa	JA		·			-	-
17. Kansas			-				-
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	HN						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania	-						
40. Rhode Island		• • • • • • • • • • • • • • • • • • • •					
41. South Carolina						<u> </u>	
42. South Dakota							
43. Tennessee	TN	•					
44. Texas	TX	•		• • • • • • • • • • • • • • • • • • • •			
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
•						·····	
50. Wisconsin						†	·
51. Wyoming						·	-
52. American Samoa							
53. Guam							
54. Puerto Rico							-
55. US Virgin Islands			-			ļ	-
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien	OT			i			1

# 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
						Name of					Type of Control				
						Securities			L		(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC		l <u>-</u>		Publicly	Names of		_ to		Management,	Ownership		Filing	
Group		Company		Federal		Traded (U.S. or			Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity UIP	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services Inc.	NJ	UIP	United the second secon			Horizon Healthcare		0
04000	DODO of NI Consum	00000	22-2561496				Horizon Healthcare Plan	l NII	UDP	Horizon Healthcare Services	Ownership	100.0			0
01202	BCBS of NJ Group	00000	22-2001490				Holding Company, Inc.	NJ	UUP	Horizon Healthcare Plan	ownership	100.0	Services Inc Horizon Healthcare		0
04000	DODO of NI Consum	11146	22 2224545				Horizon Healthcare Dental,	NJ	]IA		Ownership	100.0			0
01202	BCBS of NJ Group	11140	22-3331515				Inc	NJ	I A	Holding Company, Inc Horizon Healthcare Plan	Ownership	100.0	Services Inc Horizon Healthcare		
01202	BCBS of NJ Group	95529	22-3346524				Harizon Convolty Corvince Inc	NJ	NIA		Ownership	100.0	Services Inc		0
01202	BCBS OF NJ Group	90029	22-3340324				Horizon Casualty Services, Inc		N I A	Holding Company, Inc Horizon Healthcare Plan	ownership	100.0	Horizon Healthcare		
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company	NJ	IA	Holding Company, Inc.	Ownership.	100 0	Services Inc		0
01202	DCD3 01 NJ 010UP	14090	40-13021/4				Multistate Professional	NJ	I A	Horizon Healthcare Services	Owner Sirrp	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	00000	46-2605607				Services. Inc	NJ	NIA	Ino	Ownership	100 0	Services Inc		0
01202	1 BCB3 01 NJ G10up	00000	40-2003007				Multistate Investment Services,	NJ	N I A	Horizon Healthcare Services.	Owner Sirrp	100.0	Horizon Healthcare	·	
01202	BSBC of NJ Group	00000	47 - 4428396				Inc	NJ	lNIA	Inc	Ownership	100 0	Services Inc		0
01202	DODG OT NO OTOUP	00000	47 -4420000				Enterprise Property Holdings.			Horizon Healthcare Services	Owner sirrp	100.0	Horizon Healthcare		
01202	BCBS of NJ Group.	00000	13-4290405				Inc	NJ	NIA	Inc	Ownership.	100 0	Services Inc		0
01202	1 DODO OT NO OTOUP	00000	10-4250405				Three Penn Plaza Property			Horizon Healthcare Services	0 W 110 1 311 1 P	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	Inc	Ownership	100 0	Services Inc		0
01202	. Бово от не отоар	00000	27 1170000				Horizon Charitable Foundation.			Horizon Healthcare Services	ожног эттр		Horizon Healthcare		
01202	BCBS of NJ Group	00000	20-0522405				Inc	NJ	NIA	Inc	Ownership	100 0	Services Inc		0
01202	Вово от но отоар	00000	20 0022400				Horizon Healthcare of New			Horizon Healthcare Plan	0 #1101 3111 p		Horizon Healthcare		
01202	BCBS of NJ Group	00000	22-2651245				Jersey, Inc.	NJ	IA	Holding Company, Inc.	Ownership		Services Inc.		0
0.202	3020 01 110 01 04p									Horizon Healthcare Services.	0 0 p		Horizon Healthcare		
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care. LLC	NJ	UDP	Inc	Ownership.	50.0	Services Inc.	]	0
							Healthier New Jersey Insurance		1		* · · · · · · · · · · · · · · · · · · ·	1	Horizon Healthcare		
01202	BCBS of NJ Group.	16714	84-3673030				Company	NJ	IA	NJ Collaborative Care, LLC	Ownership	100.0	Services Inc.	]	0
							Greenwood Insurance Company,			Horizon Healthcare Plan			Horizon Healthcare		
00000	BCBS of NJ Group	00000	86 - 1229594				Inc.	NJ	NIA	Holding Company, Inc.	Ownership		Services Inc	]]	0
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Asterisk	Explanation

## 42

## **SCHEDULE Y**

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

		3	l 4 l	5	l 6	7	l 8	9	l 10	1 11 1	12	13
1	2	J v	T	3		Income/			'0		12	10
'					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real Estate, Mortgage	Guarantees or	Management	(Disbursements) Incurred Under		Activity Not in the		Losses and/or Reserve
1410 0	I		01	0 11 - 1	Estate, Mortgage	Undertakings for the				Ordinary Course of		
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other Investments	Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	١.	the Insurer's Business	Takala	Credit Taken/(Liability)
Code					investments	Affiliate(s)		Agreements		Business	Totals	raken/(Liability)
44440	. 13-4290405	Enterprise Property Holdings, Inc.	(3,000,000)	1,943,218	J	JU	(2,979,000)	I	ļ	ł ½	(4,035,782)	l
11146	22-3331515	Horizon Healthcare Dental, Inc.	n		ļū	J	3,472,466			ł ½	3,472,466	
05500	22-2561496	Horizon Healthcare Plan Holding Company,	n	10,000,000	ļū	J	10,625	0		ł h. h.	10,010,625	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.	ū	0	ļ0	0	384,119,165	243,599,109		łū	627,718,274	(26, 934, 664
	22-3346524	Horizon Casualty Services, Inc.	0	0	0	J0	16,061,641	0	ļ	ļū ļ	16,061,641	
55069	22-0999690	Horizon Healthcare Services, Inc.	37,000,000	(130,564,445)	J0	J0	(423,584,464)	(242,662,436)	ļ	ļ0 ļ	(759,811,345)	26 , 118 , 224
	27-1179993	Three Penn Plaza Property Holdings, LLC	(4,000,000)	70 , 486 , 227	J	J0	(10,736,757)	0	ļ	<b></b> 0 <b></b>	55,749,470	(
14690	46-1362174	Horizon Insurance Company	0	0	J	0	34,567,467	(936,673)	ļ	ļ0 ļ	33,630,794	816 , 440
	47 - 4428396	Multistate Investment Services, Inc.	(30,000,000)	15,335,000	J	0	(135,036)	0	ļ	ļ0 <u> </u>	(14,800,036)	(
16714	84-3673030	Healthier New Jersey Insurance Company	0	22,800,000	0	0	0	0	ļ	ļ0 <b> </b>	22,800,000	(
	46-2605607	IMultistate Professional Services. Inc.	0	0	0	0	0	0	ļ	0	0	(
	84-2280217	NJ Collaborative Care, LLC	0	0	0	0	0	0	<u> </u>	L0 L	0	(
	86-1229594	Greenwood Insurance Company, Inc.	0	10,000,000	0	0	(796, 107)	0	L	0 [	9,203,893	(
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## **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 -					
1	2	3	4	5	6	7	8
			Granted Disclaimer				Granted Disclaimer
		Ownership	of Control\Affiliation			Ownership	of Control\Affiliation of Column 5 Over
		Percentage	of Column 2 Over			Percentage	of Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities 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.

	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							
ne 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.									

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**

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
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
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
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
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
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
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	
Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
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
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
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	
Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?  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?  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?  Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  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?  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?  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?  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?  Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC by April 1?  Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?  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?

#### Explanation:

16.

17 .

18.

#### Bar code:









19.

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES





# **OVERFLOW PAGE FOR WRITE-INS**



NAIC Company Code 14690.

#### **SUPPLEMENT FOR THE YEAR 2021 OF THE Horizon Insurance Company**

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

Person Completing This Exhibit Jeffrey Schindler  Title Director, Actuarial Telephone Number 973-466-5319																	
1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020, 2021			
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	5297		No	2	08/01/1992				Medigap Plan A	669,302	335,642	50.1	243	79,876	44,387	55.6	29
	5298 MGP-UW		No No	2	08/01/1992			<del> </del>	Medigap Plan C Medigap Plan D.	18,163,568	13,583,966	74.8 0 0	4,546	1,238,607 1,040,649	2,530,818 3,448,999	204.3 .331.4	310
	5317		INO		05/01/1995				Medigan Plan E	73,688,856	57 ,712 ,686	78.3	19.946	21,930,064	12,060,278	55.0	5,936
Yes	5320.			25	08/01/1992	· · · · · · · · · · · · · · · · · · ·		12/31/2005	Medigap Plan F Medigap Plan I	2,020,403	1,093,177	54.1	328	21,930,004	12,000,276	0.0	٥٥٤, د
Yes	6058		No	25	01/01/2006		· · · · · · · · · · · · · · · · · · ·	12/01/2000	Medigap Plan I (Basic)	13,803,926	9,428,132	68.3	3,312			0.0	
	6059	j	No	25 25	01/01/2006				Medigap Plan J	38,775,116	24,847,723	64.1	8,644	0	0	0.0	0
Yes	MGP-UW	G	No.						Medigap Plan G	3,830,234	5.614.471	146.6	1,586	14,019,235	9,929,761	70.8	5,805
	MGP - UW	K	No						Medigap Plan K	77,891	59,014	75.8	72	244,492	136,534	55.8	226
	MGP-UW	N	No						Medigap Plan N "BCBS 65"	34,091,032	34,976,608	102.6	15,268	9,197,076	5,531,399	60.1	4,119
	5271	.  <u>P</u>	No	2	07/01/1966			07/30/1992	"BCBS 65"	626,935	327,903	52.3	228	0	0	0.0	0
	5274		No	2	01/01/1982			07/30/1992		29,036	28,094	96.8	20	0	0	0.0	0
	5277		No	[2	06/01/1986			07/30/1992	"Super 65"	4,907,571	2,866,715	58.4	1,190	0	0	0.0	0
0199999 10	OTAL EXPERIEN	ICE ON INDIVID	UAL POLICIES	<u>s</u>	т	1	1	1		190,683,869	150,874,131	79.1	55,383	47,749,998	33,682,177	70.5	17,093
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		+			<del> </del>			<del> </del>	<del> </del>			·····					
					<b>†</b>			<del> </del>	·····								
0299999 T	OTAL EXPERIEN	ICE ON GROUP	POLICIES			•	<b>!</b>		<del></del>	0	Λ	0.0	Λ	n	n	0.0	Λ
020000 T	O TOTAL EXPERIENCE ON GROUP POLICIES									0 1	U	0.0	0	0 1	U	0.0	- 0

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

NAIC Group Code 01202

Address (City, State and Zip Code) Newark, NJ 07105-2248

- 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:
- 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:
- 4. Explain any policies identified above as policy type "O"



### MEDICARE PART D COVERAGE SUPPLEMENT

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

NAIC Group Code 01202

NAIC Company Code 14690

	Individual Cov		Group Co	5	
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage				XXX	17 ,357 ,99
1.12 Without Reinsurance Coverage	0	XXX	0	XXX	
1.13 Risk-Corridor Payment Adjustments				XXX	(2,332,87
1.2 Supplemental Benefits			0		
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					
2.2 Supplemental Benefits				XXX	
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	151 650	YYY	0	YYY	yyy
3.12 Without Reinsurance Coverage					
3.2 Supplemental Benefits					
Risk-Corridor Payment Adjustments-change	0.000.070				
4.1 Receivable					l
4.2 Payable	0	XXX	0	XXX	XXX
Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage			0		l
5.12 Without Reinsurance Coverage	0		1	XXX	l .
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	25,041,11
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	21,537,611	XXX	0 _	XXX	21,537,61
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	037 675	YYY	0	YYY	yyy
8.12 Without Reinsurance Coverage					
8.2 Supplemental Benefits				XXX	l
	(3/3, 100)				 
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage			0		XXX
9.12 Without Reinsurance Coverage			0	XXX	l .
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	XXX
10.12 Without Reinsurance Coverage	0	XXX		XXX	ххх
10.2 Supplemental Benefits	13,513,601	XXX	0	XXX	XXX
11. Total Claims	35,988,887	XXX	0	XXX	35,426,31
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	XXX	0	XXX	0	
12.2 Reimbursements Received but Not Applied-change			XXX	0	
12.3 Reimbursements Received but Not Applied-change				0	XXX
12.4 Health Care Receivables-change		0		0	XXX
					ХХХ
Aggregate Policy Reserves-change      Expenses Paid		0		0	i
I = VDODEGE PAIG			0	XXX	1
	4 000 000				
Expenses Incurred	1,866,208 [ (7,827,596)	XXX XXX	0	XXXXXX	XXXXXX