

To adjust for PDR methodology/calculation change.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2024**  
 OF THE CONDITION AND AFFAIRS OF THE

**Healthier New Jersey Insurance Company**

(Name)

NAIC Group Code 01202 , 01202 NAIC Company Code 16714 Employer's ID Number 84-3673030  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile United States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO, Federally Qualified? Yes  No

Incorporated/Organized 10/17/2019 Commenced Business 01/13/2020

Statutory Home Office 3 Penn Plaza East PP-15D , Newark, NJ, US 07105-2248  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plaza East PP-15D  
(Street and Number)  
Newark, NJ, US 07105-2248 973-803-0441  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 3 Penn Plaza East PP-15D  
(Street and Number)  
Newark, NJ, US 07105-2248 973-803-0441  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Jordan Greenberg , 973-803-0441  
(Name) (Area Code) (Telephone Number) (Extension)  
jordan\_greenberg@horizonblue.com 973-466-7110  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Deborah Rittenour #</u>	<u>President and CEO</u>	<u>John William Doll</u>	<u>Secretary</u>
<u>Frank Anthony Melaccio</u>	<u>Interim Treasurer</u>	<u>Mark Leon Barnard</u>	<u>Chair</u>

**OTHER OFFICERS**

<u>Patrick Rodney Young</u>	<u>Vice Chair</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

**DIRECTORS OR TRUSTEES**

<u>Mark Leon Barnard</u>	<u>Jennifer Gail Velez</u>	<u>Patrick Rodney Young</u>	<u>Annette Catino</u>
<u>Kyle Christopher Stern</u>	<u>John William Doll</u>	<u></u>	<u></u>

State of New Jersey

County of Essex

**ss**

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.

Jacqueline Bonforte  
Assistant Secretary

Frank Anthony Melaccio  
Interim Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

a. Is this an original filing? Yes  No

b. If no:

1. State the amendment number	<u>1</u>
2. Date filed	<u>05/30/2025</u>
3. Number of pages attached	<u>14</u>

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	110,031,506		110,031,506	32,186,867
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....(962,054) , Schedule E-Part 1), cash equivalents (\$ .....75,622,038 , Schedule E-Part 2) and short-term investments (\$ .....18,432,613 , Schedule DA).....	93,092,596		93,092,596	100,010,669
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	203,124,103	0	203,124,103	132,197,536
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,177,045		1,177,045	420,152
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,768,299	38,797	1,729,502	2,812,652
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	8,895,620
24. Health care (\$ .....13,187,677 ) and other amounts receivable.....	32,491,644		32,491,644	42,343,456
25. Aggregate write-ins for other-than-invested assets .....	9,871	9,871	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	238,570,962	48,668	238,522,294	186,669,416
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	238,570,962	48,668	238,522,294	186,669,416
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid expenses.....	9,871	9,871	0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	9,871	9,871	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	74,138,284		74,138,284	62,998,425
2. Accrued medical incentive pool and bonus amounts	4,158,554		4,158,554	5,072,501
3. Unpaid claims adjustment expenses	578,320		578,320	457,633
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	75,554,132		75,554,132	41,102,028
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	354,141		354,141	164,067
9. General expenses due or accrued	8,849,056		8,849,056	10,697,064
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	3,052,998		3,052,998	3,733,530
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	166,685,485	0	166,685,485	124,225,248
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	700,000	700,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	444,190,032	316,772,757
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(373,053,224)	(255,028,589)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	71,836,808	62,444,168
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	238,522,293	186,669,416
<b>DETAILS OF WRITE-INS</b>				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	580,650	508,020
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	644,144,817	503,243,694
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(10,493,529)	(164,137)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	633,651,288	503,079,557
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		579,010,702	489,080,773
10. Other professional services .....		5,968,635	5,177,802
11. Outside referrals .....		15,722,728	10,672,012
12. Emergency room and out-of-area .....		1,843,637	1,633,608
13. Prescription drugs .....		51,493,430	25,368,324
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		2,792,309	4,737,460
16. Subtotal (Lines 9 to 15) .....	0	656,831,441	536,669,979
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	656,831,441	536,669,979
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....26,222,436 cost containment expenses.....		33,956,302	25,155,327
21. General administrative expenses.....		49,675,148	44,050,361
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		23,958,575	14,892,500
23. Total underwriting deductions (Lines 18 through 22) .....	0	764,421,466	620,768,167
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(130,770,178)	(117,688,610)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		7,706,662	4,421,795
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(66,204)	(113,641)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	7,640,458	4,308,154
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(123,129,720)	(113,380,456)
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(123,129,720)	(113,380,456)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	62,444,169	46,167,549
34. Net income or (loss) from Line 32 .....	(123,129,720)	(113,380,456)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	(38,917)	319
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	127,417,275	129,656,757
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	5,144,000	0
48. Net change in capital and surplus (Lines 34 to 47) .....	9,392,638	16,276,620
49. Capital and surplus end of reporting year (Line 33 plus 48)	71,836,807	62,444,169
<b>DETAILS OF WRITE-INS</b>		
4701. PDR adjustment .....	5,144,000	0
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	5,144,000	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	669,337,819	519,042,311
2. Net investment income .....	6,193,441	4,067,736
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	675,531,260	523,110,047
5. Benefit and loss related payments .....	670,564,104	528,649,342
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	85,358,771	63,379,828
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9) .....	755,922,875	592,029,170
11. Net cash from operations (Line 4 minus Line 10) .....	(80,391,615)	(68,919,123)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	21,762,326	6,192,485
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	4,107	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	21,766,433	6,192,485
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	98,920,949	8,635,060
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	98,920,949	8,635,060
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(77,154,516)	(2,442,575)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	127,417,275	129,656,757
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	23,210,780	(27,660,693)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	150,628,055	101,996,064
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(6,918,075)	30,634,366
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	100,010,670	69,376,304
19.2 End of year (Line 18 plus Line 19.1) .....	93,092,594	100,010,670

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	644,144,817	.0	.0	.0	.0	.0	.0	644,144,817	.0	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	(10,493,529)							(10,493,529)						
3. Fee-for-service (net of \$ medical expenses)	.0													XXX
4. Risk revenue	.0													XXX
5. Aggregate write-ins for other health care related revenues	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	633,651,288	.0	.0	.0	.0	.0	.0	633,651,288	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits	579,010,702							579,010,702						XXX
9. Other professional services	5,968,635							5,968,635						XXX
10. Outside referrals	15,722,728							15,722,728						XXX
11. Emergency room and out-of-area	1,843,637							1,843,637						XXX
12. Prescription drugs	51,493,430							51,493,430						XXX
13. Aggregate write-ins for other hospital and medical	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	2,792,309							2,792,309						XXX
15. Subtotal (Lines 8 to 14)	656,831,441	.0	.0	.0	.0	.0	.0	656,831,441	.0	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries	.0													XXX
17. Total hospital and medical (Lines 15 minus 16)	656,831,441	.0	.0	.0	.0	.0	.0	656,831,441	.0	.0	.0	.0	.0	XXX
18. Non-health claims (net)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ 26,222,436 cost containment expenses	33,956,302							33,956,302						
20. General administrative expenses	49,675,147							49,675,147						
21. Increase in reserves for accident and health contracts	23,958,575							23,958,575						XXX
22. Increase in reserves for life contracts	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	764,421,465	.0	.0	.0	.0	.0	.0	764,421,465	.0	.0	.0	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(130,770,177)	0	0	0	0	0	0	(130,770,177)	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
0501.	.0													XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Healthier New Jersey Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.320							.320					
2. Additional policy reserves (a) .....	.64,151,075							.64,151,075					
3. Reserve for future contingent benefits .....	.0							.0					
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	.11,402,738							.11,402,738					
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.75,554,133	.0	.0	.0	.0	.0	.0	.75,554,133	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	75,554,133	0	0	0	0	0	0	75,554,133	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....	.0												
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....64,151,075 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....			0		0
2. Salaries, wages and other benefits .....			3,111,905		3,111,905
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			15,373,593		15,373,593
4. Legal fees and expenses .....			94,653		94,653
5. Certifications and accreditation fees .....			0		0
6. Auditing, actuarial and other consulting services .....			4,117,052		4,117,052
7. Traveling expenses .....			26,611		26,611
8. Marketing and advertising .....			5,172,935		5,172,935
9. Postage, express and telephone .....			479,292		479,292
10. Printing and office supplies .....			765,015		765,015
11. Occupancy, depreciation and amortization .....			0		0
12. Equipment .....			0		0
13. Cost or depreciation of EDP equipment and software .....			(65,150)		(65,150)
14. Outsourced services including EDP, claims, and other services .....	26,222,436	7,710,453	14,847,433		48,780,322
15. Boards, bureaus and association fees .....			88,706		88,706
16. Insurance, except on real estate .....			118,332		118,332
17. Collection and bank service charges .....			0		0
18. Group service and administration fees .....			0		0
19. Reimbursements by uninsured plans .....			0		0
20. Reimbursements from fiscal intermediaries .....			0		0
21. Real estate expenses .....			0		0
22. Real estate taxes .....			0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			0		0
23.2 State premium taxes .....			0		0
23.3 Regulatory authority licenses and fees .....			0		0
23.4 Payroll taxes .....			137,289		137,289
23.5 Other (excluding federal income and real estate taxes) .....			0		0
24. Investment expenses not included elsewhere .....			0		0
25. Aggregate write-ins for expenses .....	0	23,413	5,407,482	0	5,430,895
26. Total expenses incurred (Lines 1 to 25) .....	26,222,436	7,733,866	49,675,148	0 (a)	83,631,450
27. Less expenses unpaid December 31, current year .....		578,320	8,849,056		9,427,376
28. Add expenses unpaid December 31, prior year .....	0	457,633	10,697,064	0	11,154,697
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	26,222,436	7,613,179	51,523,156	0	85,358,771
<b>DETAILS OF WRITE-INS</b>					
2501. Prompt Pay Interest .....			263,482		263,482
2502. Provision for Claims Processing .....		23,413			23,413
2503. PDR .....			5,144,000		5,144,000
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	23,413	5,407,482	0	5,430,895

(a) Includes management fees of \$ .....to affiliates and \$ .....to non-affiliates.

## NOTES TO FINANCIAL STATEMENTS

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****A. Accounting Practices**

The accompanying financial statements of Healthier New Jersey Insurance Company d/b/a/ Braven Health (the Company) have been prepared in conformity with the National Association of Insurance Commissioners Annual Statement Instructions and Accounting Practices and Procedures manuals.

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of New Jersey.

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3) State Prescribed Practices that are an increase/(decrease)	1	4	32	\$ (123,129,720)	\$ (113,380,456)
(2) from NAIC SAP: State Permitted Practices that are an increase/(decrease) from	N/A	N/A	N/A	N/A	N/A
(3) NAIC SAP:	N/A	N/A	N/A	N/A	N/A
(4) NAIC SAP (1-2-3=4)				\$ (123,129,720)	\$ (113,380,456)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4) State Prescribed Practices that are an increase/(decrease)	1	3	33	\$ 71,836,808	\$ 62,444,168
(6) from NAIC SAP: State Permitted Practices that are an increase/(decrease) from	N/A	N/A	N/A	N/A	N/A
(7) NAIC SAP:	N/A	N/A	N/A	N/A	N/A
(8) NAIC SAP (5-6-7=8)				\$ 71,836,808	\$ 62,444,168

**B. Use of Estimates**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

The Company uses the following accounting policies:

- 1) Short-term investments are carried at market value.
- 2) Long-term bond investments are carried at amortized cost
- 3) Common stocks - None
- 4) Preferred stocks - None
- 5) Mortgage loans - None
- 6) Loan-backed securities - None
- 7) Investments in subsidiaries and affiliates - None
- 8) Investments in joint ventures, partnerships and limited liability companies - None
- 9) Derivatives - None
- 10) Premium deficiency -The Company factors investment income into the premium deficiency reserve calculation
- 11) The liability for claims incurred but unpaid for current year is estimated based upon certain actuarial assumptions which consider such factors as average enrollment, utilization, and claims paid in the current and preceding years. In addition, a provision is made for claim processing costs. Adjustments to these estimates are reflected in the year the actual results are known.
- 12) Capitalization policy and resultant predefined thresholds have not changed from the prior period.
- 13) Pharmacy rebate estimates are accrued for in accordance with SSAP No. 84, Certain Healthcare Receivables and Receivables Under Government Insured Plans.

**D. Going Concern**

The Management has assessed the Company's ability as a going concern and noted no such risk exists. There are no conditions or events that raise any concerns.

**2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS**

There were no accounting changes or correction of errors in year-end 2024 or 2023

**3. BUSINESS COMBINATIONS AND GOODWILL**

Not applicable

**4. DISCONTINUED OPERATIONS**

Not applicable

**5. INVESTMENTS**

- A. Mortgage loans – None
- B. Debt restructuring – None
- C. Reverse mortgages – None
- D. Loan-backed securities – None
- E. Dollar Repurchase agreements and/or securities lending transactions – None
- F. Repurchase Agreements Transactions Accounted for Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets:

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
L. Restricted Assets							
(1) Restricted Assets (Including Pledged)							
a. Subject to contractual obligation for which a liability is not shown	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Collateral held under security lending agreements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Subject to repurchase agreements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. Subject to reverse repurchase agreements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Subject to dollar repurchase agreements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Subject to dollar reverse repurchase agreements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. Placed under option contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i. FHLB capital stock	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. On deposit with states	116,515	117,617	(1,102)	0	116,515	0.00	0.00
k. On deposit with regulatory bodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
m. Pledged as collateral not captured in other categories	0.00	0.00	0.00	0.00	0.00	0.00	0.00
n. Other restricted assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00
o. Total Restricted Assets (Sum of a through n)	116,515	117,617	(1,102)	0	116,515	0.00	0.00

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28

- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. 5GI Securities – None
- P. Short Sales – None
- Q. Prepayment Penalty and Acceleration Fees – None
- R. Reporting Entity’s Share of Cash Pool by Asset Type – None
- S. Aggregate Collateral Loans by Qualifying Investment Collateral – None

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES  
Not applicable

7. INVESTMENT INCOME
- A. Due and Accrued income was excluded from surplus - N/A
  - B. Total amount excluded - N/A
  - C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

Interest Income Due and accrued	Amount
1. Gross	\$ 1,177,045
2. Nonadmitted	\$ -
3. Admitted	\$ 1,177,045

- D. The aggregate deferred interest - N/A
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - N/A

8. DERIVATIVE INSTRUMENTS  
Not applicable

9. INCOME TAXES

1. Description	December 31, 2024			December 31, 2023		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 79,543,242	\$ 32,359	\$ 79,575,601	\$ 53,375,963	\$ 273,895	\$ 53,649,858
(b) Statutory valuation allowance adjustments	79,379,023	32,359	79,411,382	53,263,822	273,895	53,537,717
(c) Adjusted gross deferred tax assets (1a - 1b)	164,219	-	164,219	112,141	-	112,141
(d) Deferred tax assets nonadmitted	-	-	-	-	-	-
(e) Sub-total net admitted deferred tax asset (1c - 1d)	164,219	-	164,219	112,141	-	112,141
(f) Deferred tax liabilities	(164,219)	-	(164,219)	(112,141)	-	(112,141)
(g) Net admitted deferred tax asset (Net deferred tax liability) (1e - 1f)	\$ 0	\$ -	\$ 0	\$ (0)	\$ -	\$ (0)

2. Description	December 31, 2024			December 31, 2023		
	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation components SSAP No. 101						
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized Excluding The Amount Of Deferred Tax Assets From 2(a) above After Application of the Threshold Limitation (The Lessor of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	N/A	N/A	10,775,521	N/A	N/A	9,366,625
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	164,219	-	164,219	112,141	-	112,141
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101 (2(a) + 2(b) + 2(c))	164,219	-	164,219	112,141	-	\$ 112,141

NOTES TO FINANCIAL STATEMENTS

(3)	(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount.	313%	328%
	(b) Amount of Adjusted Capital And Surplus Used to Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	71,836,808	62,444,168

(4) Impact of tax planning strategies (TPS) on adjusted gross DTAs and net admitted DTAs:

Description	December 31, 2024			December 31, 2023		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Adjusted gross DTAs - Percentage	0%	0%	0%	0%	0%	0%
(b) Admitted adjusted gross DTAs - Percentage	0%	0%	0%	0%	0%	0%
(c) Do TPS include a reinsurance strategy?	No			No		

**B. Temporary differences for which a DTL has not been established:**

The Company has no unrecognized DTLs for amounts described in SSAP 101, paragraph 23.

At December 31, 2024, the Company had no adjustments of a DTA or DTL for enacted changes in tax laws or rates, or a change in tax status. Additionally, the Company had no adjustments to gross DTAs because of a change in circumstances that causes a change in judgment about the realizability of the related DTAs

**C. Significant components of income taxes incurred.**

**(1) Current income taxes incurred consist of the following major components:**

Description	2024	2023
(a) Current federal income tax expense / (benefit)	\$ -	\$ -
(b) Foreign income tax expense / (benefit)	-	-
(c) Subtotal	-	-
(d) Tax expense / benefit on realized capital gains / (losses)	-	-
(e) Utilization of capital loss carryforwards	-	-
(f) Other, including prior year underaccrual (overaccrual)	-	-
(g) Federal and foreign income taxes incurred	\$ -	\$ -

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2) DTAs Resulting From Book/Tax Differences In	December 31, 2024	December 31, 2023	Change
(a) Ordinary			
(1) Net operating loss	\$ 64,851,973	\$ 43,963,069	\$ 20,888,904
(2) Non-admitted assets	10,220	2,048	8,172
(3) Unearned income	14,887	6,894	7,993
(4) Reserves	14,666,161	9,403,952	5,262,209
Subtotal - Gross ordinary DTAs	79,543,242	53,375,963	26,167,279
(b) Statutory valuation allowance adjustment - ordinary	(79,379,023)	(53,263,822)	(26,115,201)
(c) Nonadmitted ordinary DTAs	-	-	-
(d) Admitted ordinary DTAs	\$ 164,219	\$ 112,141	\$ 52,078
(e) Capital			
(1) Capital Loss Carryforward	32,359	32,359	-
(2) Unrealized Losses	0	241,536	(241,536)
Gross capital DTAs	32,359	273,895	(241,536)
(f) Statutory valuation allowance adjustment - capital	(32,359)	(273,895)	241,536
(g) Nonadmitted capital DTAs	-	-	-
(h) Admitted capital DTAs	\$ -	\$ 0	\$ (0)
(i) Admitted DTAs	\$ 164,219	\$ 112,141	\$ 52,078

## NOTES TO FINANCIAL STATEMENTS

(3) <b>DTLs Resulting From</b> <b>Book/Tax Differences In</b>	<b>December 31, 2024</b>	<b>December 31, 2023</b>	<b>Change</b>
<b>(a) Ordinary</b>			
(1) Accrued Interest	0 \$	(88,231.96)	88,232
(2) Accrued Market Discount	(164,219)	(23,909)	(140,310)
Ordinary DTLs	(164,219)	(112,141)	(52,078)
<b>(b) Capital</b>			
NONE	-	-	-
Capital DTLs	-	-	-
<b>(c) DTLs</b>			
	(164,219)	(112,141)	(52,078)
<b>(4) Net deferred tax assets/liabilities</b>			
	\$ (0)	\$ -	\$ -

The change in net deferred income taxes is comprised of the following:

	<b>December 31, 2024</b>	<b>December 31, 2023</b>	<b>Bal. Sheet Change</b>
Total deferred tax assets	\$ 79,575,601	\$ 53,649,858	\$ 25,925,743
Total deferred tax liabilities	(164,219)	(112,141)	(52,078)
Net deferred tax assets/liabilities	79,411,382	53,537,717	25,873,666
Statutory valuation allowance adjustment	79,411,382	53,537,717	25,873,665
Net deferred tax assets/liabilities after SVA	\$ -	\$ (0)	\$ 0
Tax effect of unrealized gains/(losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax [(charge)/benefit]			\$ 0

**D. Reconciliation of total statutory income taxes reported to tax at statutory rate:**

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes including realized capital gains losses.

The significant items causing this difference are as follows:

<b>Description</b>	<b>Amount</b>	<b>Statutory Rate 21.00% Tax Effect</b>	<b>Effective Tax Rate</b>
Income Before Taxes	\$ (123,129,719)	\$ (25,857,241)	21.00%
Nondeductible expenses	\$ 8,119	\$ 1,705	0.00%
Change in nonadmitted assets	\$ (38,916)	\$ (8,172)	0.01%
Change in statutory valuation allowance	\$ 123,207,932	\$ 25,873,666	-21.01%
Prior year adjustment - Perm RTP	\$ 4,196	\$ 881	0.00%
Other	\$ (51,611)	\$ (10,839)	0.01%
Total	\$ -	\$ -	0.00%
Federal income taxed incurred [expense/(benefit)]		-	0.00%
Prior year underaccrual (overaccrual)		-	0.00%
Change in net deferred income tax [charge/(benefit)]		(0)	0.00%
Total statutory income taxes		\$ (0)	0.00%

**E. Carryforwards, recoverable taxes, and IRC 6603 deposits:**

At December 31, 2024 the Company had operating loss carryforwards available to offset future taxable income totaling \$308,818,920: \$8,818,265 expiring in 2040, \$33,936,738 expiring in 2041, \$70,530,331 expiring in 2042, 96,914,515 expiring 2043, and \$98,619,072 expiring 2044.

As of December 31, 2024, the Company has capital loss carryforwards totaling \$154,091: \$2,931 expiring in 2026, \$39,856 expiring in 2027, and \$111,304 expiring in 2028.

At December 31, 2024, the Company did not have any AMT credit carryforwards.

At December 31, 2024, the Company did not have any foreign tax credit carryforwards.

## NOTES TO FINANCIAL STATEMENTS

Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

Available from tax year	Ordinary	Capital	Total
2022	-	-	-
2023	-	-	-
2024	-	-	-
Total	\$ -	\$ -	\$ -

At December 31, 2024, the Company had no tax amounts deposited in accordance with Section 6603 of the Internal Revenue Code.

**F. Income tax loss contingencies**

At December 31, 2024, the Company did not have any income tax loss contingencies as described under SSAP 101, paragraph 27.

**10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AFFILIATES AND OTHER RELATED PARTIES**

- A. HNJC is a wholly-owned subsidiary of NJ Collaborative Care, LLC (NJCC), which is a joint venture among Horizon Healthcare Services, Inc. (HHSI) d/b/a Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), Hackensack Meridian Health (HMH) and Robert Wood Johnson Barnabas Health Inc. HNJC is an independent licensee of the Blue Cross Blue Shield Association. HNJC began offering its Medicare Advantage products to the residents of eight counties in New Jersey beginning on January 1, 2021 and then expanded the business to rest of thirteen counties in New Jersey in 2023. The Horizon Group reorganized into a not-for-profit mutual holding company system effective 11/1/2022, at which time Horizon Healthcare Services, Inc., the former ultimate parent of the Horizon Group, became a stock subsidiary within the not-for-profit mutual holding company system.
- B. Not applicable
- C. Not applicable
- D. The company reported \$3,287,152 and \$146,806 in payables to Horizon Healthcare Services, Inc. and Horizon Insurance Company, respectively, and \$380,960 in receivables from Horizon Healthcare of New Jersey, Inc. at December 31, 2024. The company reported \$66,475 and \$3,659,004 in payables to Horizon Healthcare of New Jersey, Inc. and Horizon Healthcare Services, Inc. respectively, and \$ 278,545 and \$8,609,024 in receivables from Horizon Insurance Company and NJ Collaborative Care, LLC, respectively at December 31, 2023. The Company looks to settle these transactions typically within ninety days of month end.
- E. Horizon BCBSNJ acts as a third-party administrator to the Company. The Company is charged for this service at cost and paid \$39,661,434 and \$34,136,809 to Horizon BCBSNJ in 2024 and 2023, respectively.
- F. Not applicable
- G. Not applicable
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable
- O. Not applicable

**11. DEBT**

Not applicable

**12. RETIREMENT PLANS, DEFERRED COMPENSATION POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

Employees of the Company participate in the Horizon BCBSNJ retirement programs. These programs provide retirement benefits, as well as health and life insurance coverage for former employees, based upon employee compensation and years of service. Under the existing arrangements with Horizon BCBSNJ, all pension and post retirement liabilities and funding are recorded by Horizon BCBSNJ, which is responsible for all pension and post retirement liabilities accrued by the Company's employees. The Company's share of these pension and post-retirement expenses for 2024 and 2023 was \$3,765 and \$(15,073), respectively. These amounts have been included in operating expenses.

In addition, eligible employees of the Company can participate in Horizon BCBSNJ's Management and Union Employees' Savings and Investment Plans, which are contributory savings' plans for management and union employees. All management and union employees with 30 days of service are eligible for membership. For the years ended December 31, 2024 and 2023, the Company's contributions were approximately \$38,937 and \$45,715, respectively.

**13. CAPITAL AND SURPLUS AND SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

- A. The Company has no common stock authorized, issued, or outstanding.
- B. The Company has no preferred stock outstanding.
- C. The Company is required to maintain minimum amounts of paid-in capital and paid-in surplus, as specified under New Jersey Insurance Law. The Company's capital and surplus currently exceed those requirements. The Company may not distribute any dividend unless notice of its intention to declare the dividend has been filed with the DOBI and the DOBI has not disapproved the distribution within 30 days of the notice.

## NOTES TO FINANCIAL STATEMENTS

- D. The Company did not pay any dividends in 2024 or 2023.  
E. Within the limitations of (3) above, there are no restrictions placed on the portion of Company's profits that may be paid as ordinary dividends to stockholders.  
F. There were no restrictions placed on the Company's surplus. Including for whom the surplus is being held  
G. There were no unpaid advances to surplus.  
H. There was no stock held by the Company for special purposes.  
I. There were no special surplus funds.  
J. There were no portion of unassigned surplus represented or reduced by unrealized gains and losses in in 2024 or 2023.  
K. The Company has no surplus notes.  
L. There has been no quasi-reorganization.  
M. Disclose the effective date of a quasi-reorganization for a period of ten years following the reorganization – N/A

**14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

- A. Contingent commitments – None  
B. Assessments - None  
C. Gain contingencies – None  
D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None  
E. Joint and several liabilities - None  
F. All other contingencies – None

**15) LEASES**

Not applicable

**16) INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK**

Not applicable

**17) SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES**

Not applicable

**18) GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

Not applicable

**19) DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

Not applicable

**20) FAIR VALUE MEASUREMENTS****A. Fair Value Measurements at Reporting Date**

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalent (E-2)					
Other MM Mutual Fund	\$ 75,622,038	\$ -	\$ -	\$ -	\$ 75,622,038
Total Cash Equivalent (E-2)	\$ 75,622,038	\$ -	\$ -	\$ -	\$ 75,622,038
Separate account assets	---	---	---	---	---
Total assets at fair value	\$ 75,622,038	\$ -	\$ -	\$ -	\$ 75,622,038
b. Liabilities at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

**B. Other Fair Value Disclosures - None****C. Fair Value of Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bond	\$ 126,068,022	\$ 128,464,119	\$ -	\$ 126,068,022	\$ -	\$ -
Money Market Fund	75,622,038	75,622,038	75,622,038	-	-	-
Total:	\$ 201,690,060	\$ 204,086,157	\$ 75,622,038	\$ 126,068,022	\$ -	\$ -

- D. Not Practicable to Estimate Fair Value - None  
E. Nature and Risk of Investments Reported at NAV - None

**21) OTHER ITEMS**

- A. Unusual or infrequent items – None  
B. Troubled debt restructuring: debtor – None  
C. Other disclosures - None  
D. Business interruption insurance recoveries – None  
E. State transferable and non-transferable tax credits – None  
F. Sub-prime mortgage related risk exposure – None  
G. Retained assets – None  
H. Insurance – Linked Securities (ICS) Contracts – None

NOTES TO FINANCIAL STATEMENTS

I. Amount that could be realized on life insurance where the reporting entity is the owner and beneficiary or otherwise has obtained rights to control the policy - None

22) EVENTS SUBSEQUENT

The Company follows established guidelines for accounting and disclosure of events that occur after the balance sheet date but before financial statements are issued. The Company has evaluated subsequent events for recognition or disclosure in these financial statements through the date of their issuance on March 1, 2025.

23) REINSURANCE

Not applicable

24) RETROSPECTIVELY RATED CONTRACTS and CONTRACTS SUBJECT TO REDETERMINATION

Not applicable

25) CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

The Company establishes a liability for claims on hand and claims incurred and not reported. The amount of the liability is determined by following a detailed process that entails using both historical claim payment patterns as well as emerging cost trends to project claim liabilities. Reserves for incurred claims attributable to insured events of prior years of \$1,970,520 favorably impacted the results of operations at December 31, 2024 as a result of re-estimation of unpaid claims. The favorable impact is the result of ongoing analysis of recent loss development trends. Original estimates are revised as additional information becomes available.

26) INTERCOMPANY POOLING ARRANGEMENTS

Not applicable

27) STRUCTURED SETTLEMENTS

Not applicable

28) HEALTH CARE RECEIVABLES

The Company reported a receivable from its pharmacy benefits manager for pharmacy rebates.

29) PARTICIPATING POLICIES

Not applicable

30) PREMIUM DEFICIENCY RESERVES

1	Liability carried for premium deficiency reserves	\$ 64,151,075
2	Date of the most recent evaluation of this liability	12/31/2024
3	Was anticipated investment income utilized in the calculation?	Yes

31) ANTICIPATED SALVAGE AND SUBROGATION

Not applicable

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$.....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....
- 1.31 Reason for excluding .....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$.....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$.....0
- 1.62 Total incurred claims \$.....0
- 1.63 Number of covered lives .....
- All years prior to most current three years:
- 1.64 Total premium earned \$.....0
- 1.65 Total incurred claims \$.....0
- 1.66 Number of covered lives .....
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$.....0
- 1.72 Total incurred claims \$.....0
- 1.73 Number of covered lives .....
- All years prior to most current three years:
- 1.74 Total premium earned \$.....0
- 1.75 Total incurred claims \$.....0
- 1.76 Number of covered lives .....

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....644,144,817	\$	.....503,243,694
2.2	Premium Denominator	\$ .....633,651,288	\$	.....503,079,557
2.3	Premium Ratio (2.1/2.2)	.....1.017		.....1.000
2.4	Reserve Numerator	\$ .....74,138,284	\$	.....62,998,424
2.5	Reserve Denominator	\$ .....153,850,971	\$	.....109,172,954
2.6	Reserve Ratio (2.4/2.5)	.....0.482		.....0.577

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ X ]
- 5.2 If no, explain:  
Contracts with participating providers conventional hold harmless and completion of treatment provisions. In addition, the reporting entity
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$.....
- 5.32 Medical Only \$.....
- 5.33 Medicare Supplement \$.....
- 5.34 Dental and Vision \$.....
- 5.35 Other Limited Benefit Plan \$.....
- 5.36 Other \$.....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ ] No [ X ]
- 7.2 If no, give details  
Contracts with participating providers conventional hold harmless and completion of treatment provisions. In addition, the reporting entity
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....103,949
- 8.2 Number of providers at end of reporting year .....26,534
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months .....
- 9.22 Business with rate guarantees over 36 months .....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]
- 10.2 If yes:
- |  |   |         |
|--|---|---------|
|  | 10.21 Maximum amount payable bonuses          | \$..... |
|  | 10.22 Amount actually paid for year bonuses   | \$..... |
|  | 10.23 Maximum amount payable withholds        | \$..... |
|  | 10.24 Amount actually paid for year withholds | \$..... |
- 11.1 Is the reporting entity organized as:
- |  |   |                  |
|--|---|------------------|
|  | 11.12 A Medical Group/Staff Model,                  | Yes [ ] No [ X ] |
|  | 11.13 An Individual Practice Association (IPA), or, | Yes [ ] No [ X ] |
|  | 11.14 A Mixed Model (combination of above) ?        | Yes [ ] No [ X ] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....45,873,574
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
All 21 counties in the state of New Jersey.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- |                              |         |
|------------------------------|---------|
| 15.1 Direct Premium Written  | \$..... |
| 15.2 Total Incurred Claims   | \$..... |
| 15.3 Number of Covered Lives | .....   |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ X ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

**FIVE - YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	238,522,294	186,669,416	125,978,296	54,612,679	17,274,375
2. Total liabilities (Page 3, Line 24)	166,685,485	124,225,248	79,810,747	31,953,846	2,177,439
3. Statutory minimum capital and surplus requirement	45,873,574	38,081,430	26,507,360	15,063,232	0
4. Total capital and surplus (Page 3, Line 33)	71,836,808	62,444,168	46,167,549	22,658,833	15,096,936
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	633,651,288	503,079,557	315,397,309	172,299,068	0
6. Total medical and hospital expenses (Line 18)	656,831,441	536,669,979	337,631,706	179,104,755	0
7. Claims adjustment expenses (Line 20)	33,956,302	25,155,327	14,966,920	8,947,951	0
8. Total administrative expenses (Line 21)	49,675,148	44,050,361	35,140,653	20,271,269	8,826,551
9. Net underwriting gain (loss) (Line 24)	(130,770,178)	(117,688,610)	(95,541,970)	(38,124,907)	(8,826,551)
10. Net investment gain (loss) (Line 27)	7,640,458	4,308,154	754,871	92,482	7,645
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(123,129,720)	(113,380,456)	(94,787,099)	(38,032,425)	(8,818,917)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(80,391,615)	(68,919,123)	(53,064,197)	(6,978,887)	(8,815,376)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	71,836,808	62,444,168	46,167,549	22,658,833	15,096,936
15. Authorized control level risk-based capital	22,943,354	19,040,715	13,253,680	7,531,616	27,082
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	49,394	43,549	27,942	17,890	0
17. Total members months (Column 6, Line 7)	580,650	508,020	325,368	193,697	0
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	103.7	106.7	107.0	103.9	0.0
20. Cost containment expenses	4.1	3.7	3.3	3.7	0.0
21. Other claims adjustment expenses	1.2	1.3	1.4	1.5	0.0
22. Total underwriting deductions (Line 23)	120.6	123.4	130.3	122.1	0.0
23. Total underwriting gain (loss) (Line 24)	(20.6)	(23.4)	(30.3)	(22.1)	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	57,715,802	44,292,245	28,308,862	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	68,070,925	45,157,789	25,263,091	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain