

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**

## **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,  
(Street and Number or P.O. Box) Newark, NJ, US 07105-2248  
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_ 3 Penn 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
Deborah Rittenour #	President and CEO	John William Doll	Secretary
Frank Anthony Melaccio	Interim Treasurer	Mark Leon Barnard	Chair

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## OTHER OFFICERS

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## **DIRECTORS OR TRUSTEES**

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

State of ..... New Jersey.....

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County of .....Essex.....

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 1  
2. Date filed 05/30/2025  
3. Number of pages attached 14

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	203,124,103		203,124,103
2. Accident and health premiums due and unpaid (Line 15).....	1,729,502		1,729,502
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	33,668,689		33,668,689
6. Total assets (Line 28)	238,522,294	0	238,522,294
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	74,138,284	0	74,138,284
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,158,554		4,158,554
9. Premiums received in advance (Line 8).....	354,141		354,141
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	88,034,506		88,034,506
15. Total liabilities (Line 24).....	166,685,485	0	166,685,485
16. Total capital and surplus (Line 33).....	71,836,808	XXX	71,836,808
17. Total liabilities, capital and surplus (Line 34)	238,522,293	0	238,522,293
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
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 .....	0		
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	0		