

To amend underwriting and investment exhibit part 2C



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

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202 (Current Period) , 1202 (Prior Period) NAIC Company Code 95529 Employer's ID Number 22-2651245

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 [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

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

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

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

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

Internet Web Site Address www.horizonblue.com

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

OFFICERS

Name	Title	Name	Title
Gary Dean St. Hilaire	Chair & CEO	Nicholas Herbert Peterson	Secretary
David Jeffrey Rosenberg	CFO and Treasurer	Mark Leon Barnard	President

OTHER OFFICERS

Joshua S. Ardise	Chief Medical Officer	Christopher Michael Lepre	Executive Vice President
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DIRECTORS OR TRUSTEES

Mark Leon Barnard	Gary Dean St. Hilaire	Jennifer Gail Velez	Andrea Harris
Christopher Michael Lepre	Joshua S. Ardise	David Jeffrey Rosenberg	

State of New Jersey

County of Essex

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Nicholas Herbert Peterson
Secretary

David Jeffrey Rosenberg
CFO and Treasurer

Subscribed and sworn to before me this
day of ,

- a. Is this an original filing? Yes [] No [X]
b. If no:
1. State the amendment number 3
2. Date filed 10/09/2025
3. Number of pages attached 4

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
1. Prior	XXX	XXX	XXX	XXX	
2.	XXX	XXX	XXX	XXX	
3.	XXX	XXX	XXX	XXX	
4.	XXX	XXX	XXX	XXX	
5.	XXX	XXX	XXX	XXX	
6.	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
1. Prior	XXX	XXX	XXX	XXX	
2.	XXX	XXX	XXX	XXX	
3.	XXX	XXX	XXX	XXX	
4.	XXX	XXX	XXX	XXX	
5.	XXX	XXX	XXX	XXX	
6.	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020.....	35,488	27,678	603	2.2	28,281	79.7			28,281	79.7
2. 2021.....	41,458	44,568	803	1.8	45,371	109.4			45,371	109.4
3. 2022.....	181,376	134,819	843	0.6	135,662	74.8			135,662	74.8
4. 2023.....	66,109	58,818	354	0.6	59,172	89.5	240		59,412	89.9
5. 2024.....	75,853	56,451	3,073	5.4	59,524	78.5	6,654	59	66,237	87.3

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1	2	3	4	5
1. Prior	Not Selected For Printing					XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1	2	3	4	5
1. Prior	Not Selected For Printing					XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020.....	556,811	474,066	12,584	2.7	486,650	87.4			486,650	87.4
2. 2021.....	726,752	763,310	13,477	1.8	776,787	106.9			776,787	106.9
3. 2022.....	2,854,547	2,123,991	21,465	1.0	2,145,456	75.2			2,145,456	75.2
4. 2023.....	888,049	918,600	6,067	0.7	924,667	104.1	8,765		933,432	105.1
5. 2024.....	859,622	698,948	19,291	2.8	718,239	83.6	107,330	576	826,145	96.1

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1	2	3	4	5
1. Prior						XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1	2	3	4	5
1. Prior						XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	.0	.0		.0	.0	.0			.0	.0
2. 2021	.0	.0		.0	.0	.0			.0	.0
3. 2022	.0			.0	.0	.0			.0	.0
4. 2023	.0	.194	.262	135.1	.456	.0	(.38)		.418	.0
5. 2024		0		0.0	0	0.0	.262		.262	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1	2	3	4	5
1. Prior						XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1	2	3	4	5
1. Prior						XXX				
2.						XXX	XXX			
3.						XXX	XXX	XXX		
4.						XXX	XXX	XXX		
5.						XXX	XXX	XXX	XXX	
6.						XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	594,325	504,495	15,938	3.2	520,433	87.6	0	0	520,433	87.6
2. 2021	769,974	809,464	15,866	2.0	825,330	107.2	0	0	825,330	107.2
3. 2022	3,039,776	2,265,011	28,509	1.3	2,293,520	75.5	0	0	2,293,520	75.5
4. 2023	954,723	978,986	8,057	0.8	987,043	103.4	9,007	0	996,050	104.3
5. 2024	935,492	755,969	22,934	3.0	778,903	83.3	114,250	649	893,802	95.5