

## **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

**Horizon Insurance Company** (Name)

	01202 ,	01202 (Prior Period)	NAIC Com	pany Code	14690	Employer's ID	Number _	46-1362174
Organized under the Laws	of	New Jerse	у	, State o	of Domicile	or Port of Entry _	N	ew Jersey
Country of Domicile				United 9	States			
Licensed as business type:	Life, Modiacii	a & Health [ X ] be Corporation [ ]	Vision S	y/Casualty [ ] Service Corpora O, Federally Qu		Health Maintenance		vice or Indemnity [ ]
Incorporated/Organized		10/11/2012		_ Commenced	Business		12/31/20	12
Statutory Home Office		3 Penn Plaza Ea (Street and Nu		,		Newark, N. (City or Town, Sta	J, US 07105 lte, Country and	
Main Administrative Office					Plz E Ste P			
Newa	ırk, NJ, US 071	05-2248		(Stre	et and Numbe	973-466-560	7	
	own, State, Country					(Area Code) (Telephone		
Mail Address		Plz E Ste PP-15D		,		Newark, NJ, US		
Primary Location of Books a	(	and Number or P.O. Box)				(City or Town, State, Coz E Ste PP-15D	untry and Zip C	ode)
Newa	ırk, NJ, US 071	05-2248			(Stree	t and Number) 973-466-560	7	
	wn, State, Country				(Area	a Code) (Telephone Numb		
Internet Web Site Address				www.hori	zonblue.co	m		
Statutory Statement Contac	et	Thomas D. Pro	otentis	,			66-5607	
thomas_r	orotentis@horiz	(Name) conblue.com				(Area Code) (Telepho 973-466-711		xtension)
	(E-Mail Address)					(Fax Number)		
			OEE	ICERS				
Name		Title	Oii	ICLKS	Name			Title
Kevin Patrick Conli		Chairman & 0		L	inda Anne	Willett,	;	Secretary
Douglas Richard Simp	son,	CFO and Trea			ark Leon B	arnard,		President
Michael James Consid	dine,	Vice Preside		OFFICER Christ		nael Lepre,	Executiv	ve Vice President
Mark Leon Barnard	#	<b>DIRE</b> Kevin Patrick (		OR TRUS	STEES topher Micl	nael Lepre	Douglas	Richard Simpson
State of	·	SS						
The officers of this reporting er above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rul knowledge and belief, respective when required, that is an exac regulators in lieu of or in additional control of the cont	ned assets were to writh related exhibing affairs of the ecordance with the es or regulations wely. Furthermore toopy (except for	he absolute property of ts, schedules and exp said reporting entity as e NAIC Annual Statem require differences in the scope of this atter formatting differences.	f the said repo- planations there of the reporting ent Instructions reporting not re- estation by the	rting entity, free a ein contained, an ag period stated a s and Accounting elated to account described officers	and clear fro nexed or re- bove, and o <i>Practices</i> and ing practices a also includ	m any liens or claims of ferred to, is a full and fits income and deduced to the	thereon, exce true statementions therefro except to the ording to the londing electro	pt as herein stated, and and of all the assets and of the period ended, extent that: (1) state law best of their information, onic filling with the NAIC,
				Anne Willett ecretary			iglas Richar	
Subscribed and sworn to l				·	b. lf ı 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	1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	23.276	0. 00 20,0	0. 00 20,0	45.944	45.944	23,276
Group subscribers:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
State						
0299997 Group subscriber subtotal	0	0	0	0	0	U
0299998 Premiums due and unpaid not individually listed	787 , 121	ļ <u>0</u>	J	0	ļ0	787 , 121
0299999 Total group	787 , 121	ļ0	ļ0	ļ0	ļ0	787 , 121
039999 Premiums due and unpaid from Medicare entities	L	ļ <u>0</u>	J	ļ0	ļ	J
049999 Premiums due and unpaid from Medicaid entities	040.007	0	0	U 45.044	45.044	040.007
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	810,397	0	0	45,944	45,944	810,397

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

EMILETT		EXHIBIT O - HEALTH GARL REGELVABLES											
1 Name of Debtor	2 1 - 30 Days 87, 149	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted							
0499998 - Aggregate of amounts not individually listed above.	87.149	, (	0	0	0	87.149							
0499998 - Aggregate of amounts not individually listed above. 0499999 - Capitation Arrangement Receivables	87,149	(	0	0	0	87,149 87,149							
The state of the s													
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					I								
0799999 Gross Health Care Receivables	87,149		0	0	0	87 , 149							

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

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	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 in Prior Years (Columns 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		0	0	87 , 149	87,004	87,004
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	87,004	0	0	87,149	87,004	87,004

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	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	. 30 2 2,70	0. 00 20,0	0. 00 Eujo	c <u>2</u> c2ajc	0.0 <u>2</u> 0 2a,0	
Olamb Oripala (Neportea)	11,508,909	45,144	34,167	0	5,537	11,593,757
	11,000,000					
0199999 Individually listed claims unpaid		45,144		0	5 , 537	11,593,757
0299999 Aggregate accounts not individually listed-uncovered	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered	0	0	0	0	0	0
0499999 Subtotals	11,508,909	45,144	34,167	0	5,537	11,593,757
0599999 Unreported claims and other claim reserves	, , ,	· · ·	, , <u>, , , , , , , , , , , , , , , , , </u>		,	49,457,212
0699999 Total amounts withheld						0
0799999 Total claims unpaid						61,050,969
0899999 Accrued medical incentive pool and bonus amounts						149,427

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

_	0	2	1,0000		6	Adm	
!	2	ა	4	) 5	0	Adili	illea
						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.	555,337	0	0	0	0	555,337	0
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				1	[		
0199999 Individually listed receivables	555,337	0	L0	L	l0	555,337	0
0199999 Individually listed receivables	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	555,337	0	0	0	0	555,337	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.		47 , 126 , 796	47 , 126 , 796	0
0199999 Individually listed payables			47 , 126 , 796	0
0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		47,126,796	47,126,796	0

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### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

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	2,439,364	0.4	<b>0</b>	0.0	0	2,439,364
2. Intermediaries	15,288,147	2.7	<u></u> 0	0.0	0	15,288,147
3. All other providers		0.0	0	0.0	0	
4. Total capitation payments	17 ,727 ,511	3.2	0	0.0	0	17,727,511
Other Payments:						
5. Fee-for-service	30,629,181	5.5	xxx	Lxxx	0	30,629,181
6. Contractual fee payments	511,773,007	91.4	xxx	xxx	0	511,773,007
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	0
9. Non-contingent salaries	0	0.0	xxx	Lxxx	0	<u></u> 0
10. Aggregate cost arrangements	0	0.0	xxx	xxx	0	<u></u> 0
11. All other payments		0.0	xxx	Lxxx	0	<u> </u> 0
12. Total other payments	542,402,188	96.8	xxx	xxx	0	542,402,188
13. Total (Line 4 plus Line 12)	560,129,699	100 %	XXX	XXX	0	560,129,699

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

-	EXHIBIT 1-1 ART 2-00 MINIART OF TRANSACTION	<u> </u>			1
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Horizon Healthcare Services, Inc.		63,899	0	(
	Home Care Services.	2, 181, 207	181,767	0	[
	Radiology	6,411,224	534,269	0	l(
	Lab Insured		25,628	0	l
	Lab Cap Quest Insured.	47.582	3,965	0	l
	Lab Cap Quest Insured. Behavioral health.	2,605	217	0	l
	HearX	151,143	12,595	0	l
	Care Transition	4,647,283		0	[
	Palliative Care	772,787	64,399	0	L(
					<u> </u>
			]		<u> </u>
			]		<u> </u>
9999999 Totals		15,288,147	XXX	XXX	XXX

## **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						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍┕					
Durable medical equipment						
Other property and equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



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

REPORT FOR: 1. CORPORATION Horizon Insurance Company

								(LOCATION)		14690	
IAIC Group Code 01202 BUSINESS IN THE STATE OF	New Jersey		DURING THE YEAR 2019						NAIC Company Code		
	1	Compreh (Hospital &	nensive Medical)	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:					,	•					
1. Prior Year		0	0	83,920	169,902	0	0	83,030	0	28,32	
2 First Quarter	319,273	0	0	81,862	185 , 108	0	0	24,079	0	28,22	
3 Second Quarter		0	0	81,472	189,829	0	0	23,701	0	28,08	
4. Third Quarter	321,445	0	0	80,826	189,628	0	0	23,306	0	27 ,68	
5. Current Year	320,751	0	0	79,810	190,059	0	0	23,364	0	27,51	
6 Current Year Member Months	3,856,892	0	0	975,959	2,261,203	0	0	284,208	0	335,52	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,749,388	0	0	2,719,591	0	0	0	29,797	0		
8. Non-Physician	1,565,099	0	0	1,550,760	0	0	0	14,339	0		
9. Total	4,314,487	0	0	4,270,351	0	0	0	44,136	0		
10. Hospital Patient Days Incurred	304,108	0	0	232,986	0	0	0	71,122	0		
11. Number of Inpatient Admissions	36,094	0	0	27,239	0	0	0	8,855	0		
12. Health Premiums Written (b)	588,209,456	0	0	262,772,245	10,883,541	0	0	278,224,933	0	36,328,73	
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		
15. Health Premiums Earned	588,126,428	0	0	263,066,906	10,874,310	0	0	277 , 858 , 364	0	36 , 326 , 84	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services		0	0	207,301,505	8,090,702	0	0	310,210,907	0	34,526,58	
18. Amount Incurred for Provision of Health Care Services	498,230,382	0	0	207,161,241	8,138,547	0	0	247,979,009	0	34,951,58	

<sup>...939</sup> and number of persons insured under indemnity only products. ...79,810 (a) For health business: number of persons insured under PPO managed care products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .............278,224,933



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

REPORT FOR: 1. CORPORATION

Horizon Insurance Company

2.

								(LOCATION)		
NAIC 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:						•				
1. Prior Year	365,174	0	0	83,920	169,902	0	0	83,030	0	28,322
2 First Quarter	319,273	0	0	81,862	185 , 108	0	0	24,079	0	28 , 22
3 Second Quarter	323,082	0	0	81,472	189,829	0	0	23,701	0	28,080
4. Third Quarter	321,445	0	0	80,826	189,628	0	0	23,306	0	27 ,685
5. Current Year	320,751	0	0	79,810	190,059	0	0	23,364	0	27,518
6 Current Year Member Months	3,856,892	0	0	975,959	2,261,203	0	0	284,208	0	335,522
Total Member Ambulatory Encounters for Year:										
7. Physician	2,749,388	0	0	2,719,591	0	0	0	29,797	0	(
8. Non-Physician	1,565,099	0	0	1,550,760	0	0	0	14,339	0	(
9. Total	4,314,487	0	0	4,270,351	0	0	0	44,136	0	(
10. Hospital Patient Days Incurred	304,108	0	0	232,986	0	0	0	71,122	0	(
11. Number of Inpatient Admissions	36,094	0	0	27,239	0	0	0	8,855	0	(
12. Health Premiums Written (b)	588 , 209 , 456	0	0	262,772,245	10,883,541	0	0	278,224,933	0	36,328,73
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	588 , 126 , 428	0	0	263,066,906	10,874,310	0	0	277 , 858 , 364	0	36,326,84
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	560 , 129 , 699	0	0	207,301,505	8,090,702	0	0	310,210,907	0	34 , 526 , 58
18. Amount Incurred for Provision of Health Care Services	498,230,382	0	0	207,161,241	8,138,547	0	0	247,979,009	0	34,951,58

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_939 and number of persons insured under indemnity only products \_\_\_\_\_\_\_\_79,810

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .............278,224,933

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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	7	8	9	10	11	12	13
NAIO					Type Of	Type Of			Reserve Liability Other Than For	D. J	NA . JPC . J	
NAIC	ID.			D					Other Than For	Reinsurance	Modified	F . d. Mrubbald
Company	ID	Effective Date	Nove of Below and	Domiciliary	Reinsurance	Business	B	Unearned	Unearned	Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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# SCHEDULE S - PART 2

	Rei 2	nsurance 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 Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	lth - Affiliates	- U.S Other				
		- Affiliates - U.S.	HORIZON HLTHCARE SERV INC	NJ	0	54,230,943 54,230,943
1499999 - Acci	dent and Health	- Affiliates - U.S.	- Total		0	54,230,943
1899999 - Acci	dent and Health	- Affiliates - Tota - Total Accident and	I Attiliates Health		0	54,230,943 54,230,943
2399999 - Tota	I U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)		0	54,230,943
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9999999 Tot	tals—Life, Annu	ity and Accident ar	nd Health		0	54,230,943

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

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

	•	•	Ke				d by Reinsuring Com			Outstanding (	Ownell of Delief	40	1 44
1	2	3	4	5	6	7	8	9	10	Outstanding 9		13	14
NAIC	ın		Name of	D : -: : : :	Type of	Type of		Unearned	Reserve Credit	11	12	Modified	Conside Mittle bestel
Company	ID Normalia a r	Effective	,	Domiciliary Jurisdiction	Reinsurance	Business	D		Taken Other than for	O \/	Deias Vaas	Coinsurance Reserve	Funds Withheld
Code	Number	<b>Date</b> d - Affiliates -	Company	Jurisaiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
55069	22-0999690	0 - ATTITIATES -	U.S ULIEI	N I		I MD	250,402,440		30,480,190	0	۸	0	Ι
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC	NJNJ		MD	250,402,44029,433,394	2,053	765,900		0	0	l
55069	22-0999690	10/01/2015	HORIZON HLTHCARE SERV INC.	NJ		MS.	236,495,020	10,043,645	22,984,853	٥	0 N	0 N	i
		- Authorized - A	Iffiliates - U.S Other				516,330,854	10,379,630	54,230,943	Λ	Λ	Λ	
			Iffiliates - U.S Total				516,330,854	10,379,630	54,230,943	0	0	0	0
			Iffiliates - Total Authorized Affiliates				516,330,854	10,379,630	54,230,943	0	0	0	0
			otal General Account Authorized				516,330,854	10,379,630	54,230,943	0	Ů	0	0
			Account Authorized, Unauthorized and Certified				516,330,854	10,379,630	54,230,943	0	0	0	0
			999, 1499999, 1999999, 2599999, 3099999, 3799999	4299999 4899999	5399999 5999999 and	1 6499999)	516,330,854	10.379.630	54.230.943	0	0	0	0
0000000	10101 0.0. (00111	01 0000000, 0000	I	, 4200000, 40000000,		1 0400000)	010,000,004	10,070,000	04,200,040		0	0	0
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9999999	Totals						516,330,854	10,379,630	54,230,943	0	0	0	0

Schedule S - Part 4

Schedule S - Part 5

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

	(\$000 O				
	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	265,928	273,367	281,460	285,570	69,204
Title XVIII-Medicare	250,402	929,914	914,351	271,263	70,308
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	26,897,279	42,689,408	31,500,443	20,645,376	11,268,295
7. Claims payable	54,230,943	108,883,070	95,942,646	47 , 636 , 187	43,265,832
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.	32,891,209	54,010,128	61,713,345	33,705,856	2,840,293
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)	83,008,333	0	83,008,333
2.	Accident and health premiums due and unpaid (Line 15)	810,396	0	810,396
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	xxx	54,230,943	54,230,943
5.	All other admitted assets (Balance)	14,932,874		14,932,874
6.	Total assets (Line 28)	98,751,603	54,230,943	152,982,546
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	6,820,025	54,230,943	61,050,968
8.	Accrued medical incentive pool and bonus payments (Line 2)	149,427	0	149,427
9.	Premiums received in advance (Line 8)	1,498,238	0	1,498,238
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0	0	0
11.			0	0
12.			0	0
13.			0	
14.			0	50,876,550
15.	Total liabilities (Line 24)		54,230,943	113,575,183
16.	Total capital and surplus (Line 33)		XXX	39,407,363
17.	Total liabilities, capital and surplus (Line 34)	98,751,603	54,230,943	152,982,546
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	54,230,943		
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	54,230,943		
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	54,230,943		

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

					siness 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	IN		-			·	·
16. lowa	JA		-			·	-
17. Kansas			-				-
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							
22. Massachusetts							
23. Michigan							
	MN						
25. Mississippi							
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon			.				
39. Pennsylvania			.				
40. Rhode Island	RI		.				.
41. South Carolina	SC		.				.
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	T		<u> </u>				
46. Vermont	VT		.				
47. Virginia	VA		.				
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						<u> </u>
51. Wyoming							ļ
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0		0	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					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01202	BCBS of NJ Group.	55069	22-0999690			<i>'</i>	Horizon Healthcare Services Inc.	NJ	UIP			0.0		l	
	'						Horizon Healthcare Plan			Horizon Healthcare Services			Horizon Healthcare		
01202	BCBS of NJ Group	00000	22-2561496				Holding Company, Inc	NJ	UDP	Inc	Ownership	100.0	Services Inc		C
							Horizon Healthcare Dental,			Horizon Healthcare Plan	1		Horizon Healthcare		
01202	BCBS of NJ Group	11146	22-3331515				Inc.	NJ	I A	Holding Company, Inc.	Ownership	100 0	Services Inc		C
0.202	2020 01 110 01 0up									Horizon Healthcare Plan	p		Horizon Healthcare		
01202	BCBS of NJ Group	95529	22-3346524				Horizon Casualty Services, Inc	NJ	NIA	Holding Company, Inc	Ownership	100 0	Services Inc		C
01202	1 110 01 0 dp	00020	22 00 1002 1				100172011 000001117 00111000, 11101			Horizon Healthcare Plan	0 #1101 0111 p		Horizon Healthcare		
01202	BCBS of NJ Group.	14690	46 - 1362174				Horizon Insurance Company	NJ	I A	Holding Company, Inc	Ownership	100 0	Services Inc		ſ
01202	Бово от не отоар	14000	1002174				Multistate Professional			Horizon Healthcare Services	. O WITO TOTT P		Horizon Healthcare		
01202	BCBS of NJ Group	00000	46-2605607				Services. Inc	NJ	NIA	Inc	Ownership	100.0	Services Inc		ſ
01202	DODO 01 NO 0100p	00000	40-2000007				Multistate Investment Services,			Horizon Healthcare Services,	1 0 WIIGT 3111 P		Horizon Healthcare		
01202	BSBC of NJ Group	00000	47 - 4428396				Inc	NJ	NIA	Inc	.Ownership	100.0	Services Inc		(
01202	DODG OT NO OTOUP	00000	47 -4420000				Enterprise Property Holdings,		N 1 /	Horizon Healthcare Services	. Owner sirrp		Horizon Healthcare		
01202	BCBS of NJ Group.	00000	13-4290405				Inc	NJ	NIA	Inc	Ownership	100.0	Services Inc		(
01202	I	00000	13-4230400				Three Penn Plaza Property		N 1 //	Horizon Healthcare Services	. Owner sirrp	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	00000	27 - 1179993				Holdings Urban Renewal, LLC	NJ	NIA	lno	Ownership.	100.0	Services Inc		ſ
0 1202	DCD3 01 NJ 010up	00000	21 - 111 9995				Horizon Charitable Foundation.		NIA	Horizon Healthcare Services	. Owner Sirip	100.0	Horizon Healthcare		0
01202	BCBS of NJ Group	00000	20-0522405				norizon charitable roundation,	NJ	N I A	norizon hearthcare services	Ownership	100.0	Services Inc		(
0 1202	DCDS OF NJ Group	00000	20-0322403				Horizon Healthcare of New	NJ	N I A	Horizon Healthcare Plan	Townership		Horizon Healthcare		
01202	DCDC of NI Croup	00000	22-2651245					NJ	I A		Ownorship		Services Inc		(
01202	BCBS of NJ Group	00000	22-2001240				Jersey, Inc	NJ		Holding Company, Inc	Ownership	100.0	Services inc		
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Asterisk	Explanation

### 42

## **SCHEDULE Y**

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

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
					Purchases, Sales or Exchanges of Loans, Securities, Real			Income/		Any Other Material		Reinsurance Recoverable/ (Payable) on
NAIC						Undertakings for the	Management	(Disbursements) Incurred Under		Activity Not in the Ordinary Course of		Losses and/or Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
Code	13-4290405	Enterprise Property Holdings, Inc.	Dividends	Continuations	nivestilients	Allillate(s)	2,934,996	Agreements		Dusiness	2,934,996	Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc	n l				(3,642,898)	 N	·	†	(3,642,898)	۷
11140	22-2561496	Horizon Healthcare Plan Holding Company,	n l		0		849,431	0		†	849,431	 N
95529	22-2301430	Horizon Healthcare of New Jarsey Inc			l		(227,890,660)	 0		t	(227,890,660)	 N
35525	22 - 2651245 22 - 3346524	Horizon Healthcare of New Jersey, Inc. Horizon Casualty Services, Inc.	o	 N	l	 N	(18,871,987)	0		t	(18,871,987)	 0
55069	22-0999690	Horizon Healthcare Services, Inc.	 Λ	(15,275,000)	o	 N	293,673,688	 0		†0	278,398,688	 0
00008	27 - 1179993	Three Penn Plaza Property Holdings, LLC.		(13,213,000)	<sup>U</sup>	J	10,011,306	 N	ļ	† <sup>\(\)</sup>	10,011,306	 n
	46 - 1362174	Harizon Incurance Company	U	U	<sup>0</sup>	J	(56,041,299)	0	ļ	† <sup>\(\)</sup>	(56,041,299)	 n
14090	47 - 4428396	Horizon Insurance Company Multistate Investment Services, Inc	 N	15,275,000		J	(1,022,577)		ļ	†\dagger		
	47 -4420390	Murtistate investment Services, inc	l	13,273,000	J	L	(1,022,377)	U	·	ł	14,232,423	D
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9999999	Control Totals		0	0	1 0	0	0	0	XXX	0	0	0

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	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.		YES
6.		YES
7.		YES
0	JUNE FILING	YES.
8. 9.	· · · · · · · · · · · · · · · · · · ·	YES
Э.	AUGUST FILING	, LO.
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	SEE EXPLANATION
Howe interr	ollowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response considering the accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your componer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific
	MARCH FILING	
11.		YES
12.	••	N0
13.		N0
14.	be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.		N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17.	filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	electronically with the NAIC by March 1?	SEE EXPLANATION
19.	electronically with the NAIC by March 1?	SEE EXPLANATION
20	APRIL FILING	NO
20. 21.	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?	N0N0
22.	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
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
24.	April 1?  Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YESYES
25.	Will the Adjustments to the Life. Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be	
		YES
00	AUGUST FILING	CEE EVOLAMATION
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
Expla	nation:	
•	ee explanation	
12. Bi	usiness not written	
13. Bu	usiness not written	
14. Bu	usiness not written	
15. Bi	usiness not written	
17. Se	ee explanation	
18. Se	ee explanation	
19. Se	ee explanation	

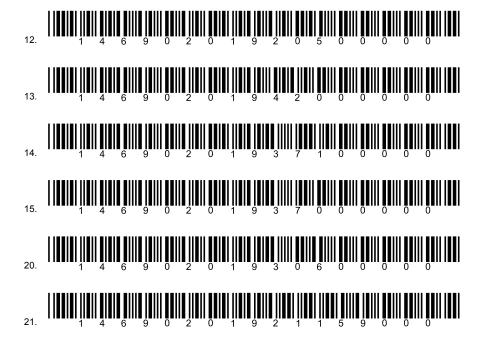
20. Business not written

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

26. Not subject to the Model Audit Rule

#### Bar code:



## **OVERFLOW PAGE FOR WRITE-INS**



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Jersey		
NAIC Group Code 01202	NAIC Company Code	14690
Address (City, State and Zip Code) Newark, NJ 07105-2248		
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 2016			Policies Issued in	2017, 2018, 2019	9
										11	Incurred	Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes.	5297	٨	No	25	08/01/1992				Medigap Plan A	849,056	606,723	71.5	310	109,556	75,011	68.5	40
Yes	5298	Λ	No	25	08/01/1992				Medigap Plan C	20,533,357	20 620 428	100.4	5,249	4,533,847	7,031,127	155 . 1	1,159
Yes	5317	F	No	25	05/01/1995				Medigap Plan F	79 824 102	20,620,428	75.7	22 . 176	22,382,137	16,535,755	73.9	6,218
Yes	5320	1	No	25	05/01/1995 08/01/1992		•	12/31/2005	Medigap Plan I	2.452.561	1 167 777	47.6		0	0	0.0	0
Yes	6058	ı	No.	25	01/01/2006				Medigap Plan I (Basic)	2,452,561 16,838,695	11.491.717	68.2	415 4 , 176	0	0	0.0	0
Yes	6059	J	No	25	01/01/2006				Medigap Plan J.	45,450,744	28.520.738	62.8	10.545	0	0	0.0	0
	Plan G	G.	No		01/01/2010				Medigap Plan G	4,578,172	4.600.954	100.5	1,485	4,837,139	3,467,386	71.7	1,569
	Plan K	K	No	.	01/01/2010				Medigap Plan K	101,800	64,638	63.5	75	153,378	110,870	72.3	113
	Plan N	N	No	.	01/01/2010				Medigap Plan N	34 , 184 , 582	31,776,037	93.0	15,603	16,096,528	14,654,426	91.0	7,347
	5751	Р	No	. 2	07/01/1966			07/30/1992	"BCBS 65"	1,032,181	615,413	59.6	367	0	0	0.0	0
	5274	<u>P</u>	No	. 2	01/01/1982			07/30/1992 07/30/1992	"Select" "Super 65"	41,914	36,288	86.6	30	0	0	0.0	0
	5277	Р	No	. 2	06/01/1986			07/30/1992	"Super 65"	9,067,160	5,371,456	59.2	2,256	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES	<u> </u>						214,954,324	165,286,664	76.9	62,687	48,112,585	41,874,575	87.0	16,446
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0299999 T	OTAL EXPERIENC	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 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: Jeffrey Schindler 973-466-5319
- 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.
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: Jeffrey Schindler 973-466-5319



# SUPPLEMENT FOR THE YEAR 2019 OF THE Horizon Insurance Company MEDICARE PART D COVERAGE SUPPLEMENT

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

NAIC Group Code 01202 NAIC Company Code 14690

	Individual Coverage		Group Co		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage				XXX	24 , 384 , 422
1.12 Without Reinsurance Coverage	0	XXX	0 [	ХХХ	
1.13 Risk-Corridor Payment Adjustments		XXX	0 [	XXX	1,972,290
1.2 Supplemental Benefits	8,091,333	XXX	0 [	XXX	8,091,333
Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(191,388)	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage					XXX
2.2 Supplemental Benefits					XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	(290.515)	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage				XXX	
3.2Supplemental Benefits					XXX
Risk-Corridor Payment Adjustments-change	(00,000)				
4. Risk-Comidor Payment Adjustments-Change	(1 972 290)	YYY		YYY	YYY
4.2 Payable			0		
5. Earned Premiums		ΛΛΛ			ΛΛΛ
5. 1Standard Coverage					
5.11 With Reinsurance Coverage	24 483 540	VVV	0	XXX	VVV
5.11 With Reinstrance Coverage			1		XXX
			1	i i	
5.13 Risk-Corridor Payment Adjustments				XXX	
5.2 Supplemental Benefits	8,218,333 32,701,882	XXX	0	XXX	34 , 448 , 04
6. Total Premiums	32,701,002	XXX	0	XXX	34,440,04
7. Claims Paid					
7.1 Standard Coverage	00, 000, 400				00 000 101
7.11 With Reinsurance Coverage					
7.12 Without Reinsurance Coverage					
7.2Supplemental Benefits	8,265,323	XXX	0	XXX	8,265,32
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage					XXX
					XXX
8.2 Supplemental Benefits	(121 , 100)	XXX	0	XXX	XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX			XXX
9.12 Without Reinsurance Coverage		XXX <u></u>		ХХХ	XXX
9.2 Supplemental Benefits	0	XXX		ХХХ	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	23,782,593	XXX		ХХХ	XXX
10.12 Without Reinsurance Coverage		XXX	0	XXX	XXX
10.2 Supplemental Benefits	8,144,223	XXX	0	XXX	XXX
11. Total Claims	31,926,816	XXX	0	XXX	31,501,81
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX	0	XXX	0	
12.2Reimbursements Received but Not Applied-change				0	
12.3 Reimbursements Received but Not ripplied orlange				0	XXX
12.4 Health Care Receivables-change				ا ۱	VVV
Aggregate Policy Reserves-change		0		ا ۱	VVV
Aggregate Policy Reserves-change.      Expenses Paid		XXX		yyyy	4,451,69
15. Expenses Incurred		ХХХ	1		
	(4,057,439)				
16. Underwriting Gain/Loss	`	XXX	+	XXX	XXX (4. FOF. 46
17. Cash Flow Result	XXX	XXX	XXX	XXX	(1,505,46

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