

**STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

September 30, 2022

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	23,767,506	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	59,314,689	50,551,136
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	62,441,668	79,130,060
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	120,756,357	129,681,196
5. Premiums receivable (Schedule C, NY 10)	1,408,742	4,243,742
6. Other invested assets		
7. Receivable for securities		
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	145,932,605	133,924,938
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets	-	-
17. Total Assets(Lines 9 to 16)	145,932,605	133,924,938
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. _____		
1602. _____		
1603. _____		
1604. _____		
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	38,276,196	36,642,906
1.2 Additional amount required by Section 4706(a)(1)	1	1
1.3 Total claims payable	38,276,197	36,642,907
2. Premiums received in advance	2,814,969	2,744,168
3. General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable		
6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
8. Payable for securities		
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	334,121	365,162
12. Claim stabilization reserve	5,235,667	5,269,120
13. Unearned premiums		
14. Loans and notes payable		
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	46,660,954	45,021,357
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	84,889,853	75,348,841
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	14,381,798	13,554,740
22. Total capital and surplus (Lines 17 to 21)	99,271,651	88,903,581
23. Total liabilities, capital, and surplus (Lines 16 + 22)	145,932,605	133,924,938
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001.		
1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501.		
1502.		
1503.		
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701.		
1702.		
1703.		
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	348,867	350,764	467,394	XXX	XXX
2. Net premium income:					
2.1 Basic	151,008,878	142,379,265	189,766,366	432.86	406.01
2.2 Drugs	64,718,091	61,019,685	81,328,442	185.51	174.00
2.3 Total	215,726,969	203,398,950	271,094,808	618.36	580.01
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.3 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	1,818,434	25,013	25,013	5.21	0.05
5. Non-health revenues	182,027	23,958	50,084	XXX	XXX
6. Total revenues (Items 2 to 5)	217,727,430	203,447,921	271,169,905	624.10	580.17
Hospital and Medical:					
7. Hospital/medical benefits	77,780,920	80,805,608	109,698,538	222.95	234.70
8. Other professional services	50,758,058	50,387,357	69,356,049	145.49	148.89
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	6,418,928	6,368,977	8,533,036	18.40	18.26
11. Prescription drugs	59,238,616	52,977,131	72,577,389	169.80	155.28
12. Aggregate write-ins for other hospital and medical	3,172,015	10,092,889	5,625,347	9.09	12.04
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	(33,453)	615,398	735,380	(0.10)	1.57
15. Subtotal (Lines 7 to 14)	197,335,084	201,247,360	266,525,739	565.65	570.24
Less:					
16. Net reinsurance recoveries	(86,169)	(82,345)	(109,900)	(0.25)	(0.24)
17. Total hospital and medical (Lines 15-16)	197,421,253	201,329,705	266,635,639	565.89	570.47
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	-	-	-	-	-
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-	-
19.4 Marketing	-	-	-	-	-
19.5 Professional Fees	45,671	23,308	40,901	0.13	0.09
19.6 Administration Fees	6,497,395	6,943,182	9,259,769	18.62	19.81
19.7 Consulting Fees	-	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	3,395,041	3,172,555	4,340,327	9.73	9.29
19.9 Total administrative expenses	9,938,107	10,139,045	13,640,997	28.49	29.19
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	207,359,360	211,468,750	280,278,636	594.38	599.66
22. Net underwriting gain or (loss) (Lines 6 - 21)	10,368,070	(8,020,829)	(9,106,731)	29.72	(19.48)
23. Net investment income earned	-	-	-	-	-
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	-	-	-	-
26. Aggregate write-ins for other income or expenses	-	-	1	-	0.00
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	10,368,070	(8,020,829)	(9,106,730)	29.72	(19.48)
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	10,368,070	(8,020,829)	(9,106,730)	29.72	(19.48)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	-	25,013	25,013	-	0.05
0402. Excellus Performance Guarantee	1,730,434	-	-	4.96	-
0403. Excellus reimbursement for share of DFS audit fees	88,000	-	-	0.25	-
0404. -	-	-	-	-	-
0405. -	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	1,818,434	25,013	25,013	5.21	0.05
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical	2,633,071	3,037,528	3,290,985	7.55	7.04
1202. Change in Claims Payable	538,944	7,055,361	2,334,362	1.54	4.99
1203. -	-	-	-	-	-
1204. -	-	-	-	-	-
1205. -	-	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, Item 12)	3,172,015	10,092,889	5,625,347	9.09	12.04
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	(33,453)	615,398	735,380	(0.10)	1.57
1402. -	-	-	-	-	-
1403. -	-	-	-	-	-
1404. -	-	-	-	-	-
1405. -	-	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	(33,453)	615,398	735,380	(0.10)	1.57
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	79,632	78,276	78,276	0.23	0.17
19.802. Covered Lives Assessment	3,003,706	2,939,538	3,915,968	8.61	8.38
19.803. AEA Fees	87,511	105,157	145,695	0.25	0.31
19.804. Miscellaneous Expenses	-	5,916	21,418	-	0.05
19.805. DFS Audit Fees	183,724	2,250	137,552	0.53	0.29
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	40,468	1,418	41,418	0	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	3,395,041	3,172,555	4,340,327	9.73	9.29
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. Change in Additional amount required by Section 4706(a)(1)	-	-	1	-	0.00
2602. -	-	-	-	-	-
2603. -	-	-	-	-	-
2604. -	-	-	-	-	-
2605. -	-	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	-	-	1	-	0.00

* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	88,903,581	98,010,311
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	10,368,070	(9,106,730)
32. Change in valuation basis of aggregate policy and claim reserve		
33. Change in net unrealized capital gains and losses less capital gains tax		
34. Change in net deferred income tax		
35. Change in nonadmitted assets		
36. Change in unauthorized reinsurance		
37. Change in surplus notes	-	
38. Cumulative effect of changes in accounting principles		
39. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus		
40. Surplus adjustments:		
40.1 Paid in	-	
40.2 Transferred from capital		
41. Dividends to participating municipal corporations (or school districts)		
42. Change in surplus per Section 4706(a)(5)	827,058	128,328
43. Change in retained earnings/fund balance		
44. Interest on surplus notes		
45. Aggregate write-ins for changes in other net worth items	-	-
46. Aggregate write-ins for gains or (losses) in surplus	(827,058)	(128,328)
47. Net change in capital and surplus (Lines 31 to 46)	10,368,070	(9,106,730)
48. Capital and surplus end of reporting period (Line 30 + 47)**	99,271,651	88,903,581
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. _____		
4502. _____		
4503. _____		
4504. _____		
4505. _____		
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ (827,058)	\$ (128,328)
4602. _____		
4603. _____		
4604. _____		
4605. _____		
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	(827,058)	(128,328)

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve?

Hospital and Medical	Prescription
17%	3%
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes []	No [X]	Yes []	No [X]
---------	--------	---------	--------
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [X]	No []	Yes [X]	No []
---------	--------	---------	--------
- d) If c) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date: 08/12/15 08/12/15
- ii) When was the request approved? Date: 12/29/17 12/29/17
- iii) If approved, please attach a copy of the approval letter.
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?

Yes [X]	No []
---------	--------
- b) If No, give details: _____
13. a) Was the MCHBP's prior year's annual statement amended?

Yes [X]	No []
---------	--------
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
- i) Amendment number 1
- ii) Date of amendment 06/07/22
14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes [X]	No []
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15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- b) List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.
- | | 1
Name | 2
Amount Paid |
|--|-----------|------------------|
| | N/A | |
| | | |
| | | |
16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?

Yes []	No [X]
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 Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.
- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date: N/A
- ii) Anticipated amount of distribution. N/A
17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?

Yes [X]	No []
---------	--------
- b) If a) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date: 10/26/17
- ii) When was the request approved? Date: 10/26/17
- iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.
- c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes [X]	No []
---------	--------
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes []	No []
---------	--------
- c) If b) is "Yes", answer the following
- i) When was the request filed with the Department of Financial Services? Date: N/A
- ii) When was the request approved? Date: N/A
- iii) If approved, please attach a copy of the approval letter.
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing?

Yes []	No [X]
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- i) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))?

Yes []	No []
---------	--------
- ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:
- iii) Name N/A
- iv) Address _____
- v) Telephone Number _____
- vi) Email Address _____

SCHEDULE A -- CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M&T Checking account		XXX	0.003	XXX	XXX	10,548	-	34,839,266
JP Morgan Chase - Savings		XXX	0.008	XXX	XXX	6,756	-	23,475,411
Five Star Moneymarket		XXX	0.001	XXX	XXX	-	-	12
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	17,304	-	58,314,689
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	17,304	-	58,314,689
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Five Star CDARS placements			0.2% - 3.25%			49,774	-	57,185,368
RASHP II Required Cash Advance with Excellus			N/A			-	-	5,256,300
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	49,774	-	62,441,668
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 67,078	\$ -	\$ 120,756,357

NOTE: Negotiable certificates of deposit to be reported in Schedule B.

STATEMENT AS OF _____
 September 30, 2022
 (Quarter Ending)

OF THE _____
 Rochester Area School Health Plan II Municipal Cooperative Health Benefit
 Plan
 (Name)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
East Rochester City SD	336,755				-	\$ 336,755
Hilton CSD	1,071,987				-	1,071,987
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	1,408,742	-	-	-	-	1,408,742
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	1,408,742	-	-	-	-	1,408,742
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						1,408,742

STATEMENT AS OF September 30, 2022 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Quarter Ending) (Name)

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A Description of Claims	B Claims Paid During the Current Fiscal Year		D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year	F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year					
1. Hospital & Medical Claims	9,596,265	77,322,824	-	21,063,483	9,596,265	20,795,766	11,199,501
2. Drug Claims	(608,822)	59,847,438	-	4,189,321	(608,822)	3,618,813	4,227,635
3. Other	2,916,487	47,808,117	-	13,023,392	2,916,487	12,228,327	9,311,840
4. TOTAL	11,903,930	184,978,379	-	38,276,196	11,903,930	36,642,906	24,738,976

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1.1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1.1, Column 2, which must equal NY 3, Line 1.1, Column 1 of the previous annual statement.

NOTE: The Additional Amount Required by Section 4706(a)(1) of the New York Insurance Law is no longer included on this Schedule, but is now included on line 1.2 of page NY 3.

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	19	19	19	19	

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,551	14,603	14,493	14,527	

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	38,856	39,012	38,675	38,736	

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	14,527
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	287,635,959
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	14,381,798
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	13,554,740
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	14,381,798

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806.				XXX	XXX
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810.				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)				XXX	XXX
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606.				XXX	XXX
1607.				XXX	XXX
1608.				XXX	XXX
1609.				XXX	XXX
1610.				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)				XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES					
1006.				XXX	XXX
1007.				XXX	XXX
1008.				XXX	XXX
1009.				XXX	XXX
1010.				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)				XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES					
1506.				XXX	XXX
1507.				XXX	XXX
1508.				XXX	XXX
1509.				XXX	XXX
1510.				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)				XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				XXX	XXX
1707.				XXX	XXX
1708.				XXX	XXX
1709.				XXX	XXX
1710.				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)				XXX	XXX
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406.					
0407.					
0408.					
0409.					
0410.					
0498. TOTALS (Items 0406 thru 0410)					
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1206.					
1207.					
1208.					
1209.					
1210.					
1298. TOTALS (Items 1206 thru 1210)					
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1406.					
1407.					
1408.					
1409.					
1410.					
1498. TOTALS (Items 1406 thru 1410)					
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.806. Liability and Fiduciary Insurance	40,468	41,418	41,418	0	0
19.807.					
19.808.					
19.809.					
19.810.					
19.898. TOTALS (Items 19.806 thru 19.810)	40,468	41,418	41,418	0	0
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2606.					
2607.					
2608.					
2609.					
2610.					
2698. TOTALS (Items 2606 thru 2610)					

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NYS		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.		
4508.		
4509.		
4510.		
4598. TOTALS (Items 4506 thru 4510)		
Page NYS		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4606.		
4607.		
4608.		
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)		

* As reported on Prior Year End filed Annual Statement.