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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	September 30, 2022	
· · · · · · · · · · · · · · · · · · ·		•

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

OF THE CONDITION AND AFFAIRS OF

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York

	made to the New York Stat	e Department of Financial Ser	rvices pursuant to the law	s thereof.
Date Certified As An MCHBP:	leaves t 00s			
	January 1, 201			
Commenced Business:	January 1, 200			
Mailing Address:	3599 Big Ridge Road, Sp	_		·
Address of Main Administrative Office:	3599 Big Ridge Road, Sp			
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Sp	encerport, NY 14559		
Name of Administrator:				
Name of Statement Contact Person:	Jennifer Talbot			
Statement Contact Person E-mail	jennifer.talbot@monroe2b Monroe	oces.org	_Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe		-	
- Descriptions	0	OFFICERS*		
President:	Scott Covell		_ Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo		-	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD	•	
Name	Title			Attacks of the
Scott Covell	Chairperson		Monroe I BOCES	Municipality
Steve Roland Lou Alaimo	Treasurer		Monroe 2 - Orleans BO	
Darrin Winkley	Secretary Director		Brighton Central School Brockport Central School	
# Matthew Deamural	Director		Churchville-Chili Central	
John Abbott Staci SanSoucie	Director	4	East Irondequoit Centra East Rochester Union F	
Matthew Stevens	Director		Fairport Central School	
Mitchell Ball Romeo Colilli	Director		Gates Chili Central School I Greece Central School I	
Adam Giest	Director		Hilton Central School Di	strict
Bruce Capron Dan Driffill	Director Director		Honeoye Falls-Lima Cer Penfield Central School	
Darrin Kenney	Director		Pittsford Central School	District On the Property of th
Andrew Whitmore Rick Wood	Director Director		Rush-Henrietta Central Spencerport Central Sch	
Brian Freeman	Director	<u> </u>	Webster Central School	District
James Brennan Jessica Jackson	Director		West Irondequoit Central Wheatland-Chili Central	
Charlotte Kimberly-Haag	Director		Brighton Central School	District (NYSUT Representative)
Kathy Occhioni Dwayne Cerbone	Director Director	-		School District (NYSUT Representative) District (NYSUT Representative)
Kevin Thomton	Director		Greece Central School [District (NYSUT Representative)
Bill Gregory	Director	_	SAANYS	
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<u> </u>	a lateral of the first security			
The first of the track to serve a			11	· · · · · · · · · · · · · · · · · · ·
STATE OF New York COUNTY O Scott Covell	President,	Lou Alaimo		, Secretary.
Steve Roland records of the MCHBP) of the		r Corresponding person havin Ith Plan II Municipal Cooperati		, being duly swom, each for himself deposes
and says that they are the above described of assets were the absolute property of the said I this Statement, together with related exhibits, statement of all the assets and liabilities and o its income and deductions the	ficers of the said MCHBP, ar MCHBP, free and clear from schedules and explanations of the condition and affairs of	nd that on the reporting period any liens or claims thereon, e therein contained, annexed or the said MCHBP as of the rep the best of their information, kn	I stated above, all of the hexcept as herein stated, all referred to is a full and troporting period stated above.	erein nd that ue re, and of ectively.
Subscribed And Swom To Before Me This		Day of		President
November	2022			Secretary
Helly Millets C	llu (Year)			Chief Financial Officer
KELLY Maralmut KELLY Maralmut Notary Public-State No. 01MU64 Qualified in Mon Commission Expire	e of New York 107319 Troe County			(Corporate Seal)
	(a) Is this an original filing	?	Yes M	No []
	(b) If no:	(i) state the amendment nur	11001	
		(ii) date filed		
		(iii) number of pages attach	ed	

^{*}Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

QUARTERLY STATEMENT

FOR THE QUARTER ENDIN	G	September 30, 2022		-
	OF TH	E CONDITION AND AFFAIR	RS OF	
Ē	Rochester Area School He	<u>ealth Plan II Municipal (</u> (Name)	Cooperative Health Be	enefit Plan
	A Municipal Cooperative Healt made to the New York State			
Date Certified As An MCHBP:	January 1, 2018	1		
Commenced Business:	January 1, 2004	R .		
Mailing Address:	3599 Big Ridge Road, Sper	ncerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Road, Sper	ncerport, NY 14559		***
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Sper	ncerport, NY 14559		
Name of Administrator:	1			
Name of Statement Contact Person: Statement Contact Person E-mail	Jennifer Talbot jennifer.talbot@monroe2bo	200 012	Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe	Les.org	_ releptione realition.	000-002-2441
		OFFICERS*		
President:	Scott Covell		Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo		_	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland			A THE STREET STREET
		GOVERNING BOARD)#	
Name Scott Covell	Title Chairperson	1	Monroe I BOCES	Municipality
Steve Roland	Treasurer	-	Monroe 2 - Orleans BO	
Lou Alaimo Darrin Winkley	Secretary Director		Brighton Central School Brockport Central School	
# Matthew Deamural John Abbott	Director Director		Churchville-Chili Centra East Irondequoit Centra	
Staci SanSoucie	Director		East Rochester Union F	ree School District
Matthew Stevens Mitchell Ball	Director Director		Fairport Central School Gates Chili Central Sch	
Romeo Colilli Adam Giest	Director Director		Greece Central School Hilton Central School D	
Bruce Capron	Director		Honeoye Falls-Lima Ce	ntral School District
Dan Driffill Darrin Kenney	Director Director		Penfield Central School Pittsford Central School	
Andrew Whitmore	Director		Rush-Henrietta Central Spencerport Central Sc	
Rick Wood Brian Freeman	Director Director		Webster Central Schoo	1 District
James Brennan Jessica Jackson	Director Director	-	West Irondequoit Centra Wheatland-Chili Centra	
Charlotte Kimberly-Haag	Director		Brighton Central Schoo	District (NYSUT Representative)
Dwayne Cerbone	Director		Pittsford Central School	District (NYSUT Representative)
Kevin Thornton Bill Gregory	Director Director	+	Greece Central School SAANYS	District (NYSUT Representative)
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	7. TO 7			
AND THE RESERVE THE PROPERTY OF THE PROPERTY O			3 13	2011 W 1 TO THE TO THE TOTAL PARTY.
	1- 5.5 (1)		Later of the second	The state of the s
STATE OF New York	OF Monroe			
	OF Monroe			
Scott Covell Steve Roland	, President, , Chief Financial Officer (or	Lou Alaimo Corresponding person havi	ng charge of the financial	_, Secretary,
records of the MCHBP) of the and says that they are the above described of		Ith Plan II Municipal Coopera		_, being duly sworn, each for himself deposes
assets were the absolute property of the said	MCHBP, free and clear from a	any liens or claims thereon,	except as herein stated, a	nd that
this Statement, together with related exhibits statement of all the assets and liabilities and	of the condition and affairs of t	he said MCHBP as of the re	porting period stated above	ve, and of
its income and deductions therefrom for the	period reported, according to the	ne best of their information, I	knowledge and belief, resp	pectivély.
Subscribed And Sworn To Before Me This	2nd	Day of	Scott Coval	President
November	2022	Q	Lou Alaimo	Secretary
(Month)	(Year)			Chief Financial Officer
NOTATION OF THE PROPERTY OF TH	mille	_		
NOTARY PUBL	.iC			(Corporate Seal)
•				
Qualified in Monro	e County			
My Commission Expire	s Apr 10, 2025			
1000000	(a) Is this an original filing?	?	Yes [Y]	No []
	(b) If no:	(i) state the amendment no	umber	
		(ii) date filed		
		(iii) number of pages attac	hed	
		. ,		

^{*}Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Se	pten	ber	30,	2022

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	1 I I I I I I I I I I I I I I I I I I I
2. Stocks:		tore regiment to the second
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)	58,314,689	50,551,136
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	62,444,668	79,130,060
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	120756,357	129,681,196
5. Premiums receivable (Schedule C, NY 10)	1,408,742	4,243,742
6. Other invested assets	in the contract of	. La
7. Receivable for securities		Market and the control of the contro
B. 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		And the second s
11.2 Funds held by or deposited with reinsured companies 11.3 Other amounts receivable under reinsurance contracts	4	2
12.1 Current federal income tax recoverable and interest	A 12 12 12 12 12 12 12 12 12 12 12 12 12	rent to the state of the state
thereon		
12.2 Net deferred tax asset		The state of the s
13. Electronic data processing equipment and software	2.0.00	- 1 h n 1 1 1 1 7 7 7 7 7 1 2 7 7
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		The state of the s
16. Aggregate write-in for other than invested assets		(A) 在内部,图10克和克里斯·斯特克曼
17. Total Assets(Lines 9 to 16)	145,932,605	133,924,938
25744		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801.		meta, allocation from the
0802.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s
0802.		The second secon
0804.		e levier de la
0805.		CO St. St. Section Committee Committ
0898. Summary of remaining write-ins for Item 8 from overflow page		
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	新州岛北部城市城市山地市海市市市港市市 民	TENER OF THE PARTY OF THE
, and the state of		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	
1601.		
1602.		
1603.	and the desired services and the services and the services are services are services and the services are	Park and the second of the second
1604.	. 400	Control of the contro
1605.		
		The second of th
1698. Summary of remaining write-ins for Item 16 from overflow page	MATERIAL SALES HAS BOOK FO	

^{*} As reported on Prior Year End filed Annual Statement.

OF THE

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1	2
4 Hannid claims (Cabadida Ellina A. Cal D. E. Barra NIV 44)	Total	Total 36,642,906
.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11) .2 Additional amount required by Section 4706(a)(1)	38.276,196	30,642,900
3 Total claims payable	38,276,197	36,642,907
. Premiums received in advance	2,814,969	2,744,168
B. General expenses due or accrued	2,011,000	and the same of th
.1 Current federal income tax payable and interest thereon	H 7 4 1	
.2 Net deferred tax liability		
. Ceded reinsurance premiums payable		
. Amounts withheld or retained for the account of others		
. Borrowed money and interest thereon		THE STREET STREET STREET
. Payable for securities		
. Funds held under reinsurance treaties		
Aggregate write-ins for other liabilities	是是是是是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	
Accounts payable (Schedule G, NY12)	334 121	365,162
Claim stabilization reserve	5,235,667	5,269,120
3. Unearned premiums	egaffund u uu 1 = 1	
4. Loans and notes payable		
5. Aggregate write-ins for current liabilities		RECEIVED THE SECOND PROPERTY.
6. Total liabilities (Lines 1.3 to 15)	46,660,954	45,021,357
7. Aggregate write-ins for special surplus funds		を できる は、
8. Gross paid-in and contributed surplus		the contract to the section of
9. Unassigned funds (surplus)	84,889,853	75,348,841
20. Surplus notes		10.554.740
21. Surplus per Section 4706(a)(5) **	14,381,798	13,554,740 88,903,581
22. Total capital and surplus (Lines 17 to 21) 23. Total liabilities, capital, and surplus (Lines 16 + 22)	99,271,651 145,932,605	133,924,938
001. 002. 003. 004. 005. 098. Summary of remaining write-ins for Item 10 from overflow page 099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT IABILITIES 501. 502. 503. 504. 505.		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS UNDS 701.	S	
703		
1702. 1703. 1704. 1705. 1798. Summary of remaining write-ins for Item 17 from overflow page		

^{*} 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	Prior Fiscal Year		Current Fiscal	
	Year to Date	to Date	Prior Fiscal Year*	Year to Date	Prior Fiscal Year*
	Total	Total	Total	PMPM	5 PMPM
Member Months Net premium income:	348,867	350,764	467,394	XXX	XXX
2.1 Basic 2.2 Drugs	151,008,878 64,718,091	142,379,265 61,019,685	189,766,366 81,328,442	432.86 185.51	406.01 174.00
2.3 Total Change in unearned premium reserves and reserve for rate credits:	215,726,969	203,398,950	271,094,808	618.36	580.01
3.1 Basic 3.2 Drugs					
3.3 Total		SECRETE UNITE			
Aggregate write-ins for other health care related revenues Non-health revenues	1,818,434 182,027	25,013 23,958	25,013 50,084	5.21 XXX	XXX
6. Total revenues (Items 2 to 5)	217,727,430	203,447,921	271,169,9051	624.10	580.17
Hospital and Medical:					
Hospital/medical benefits Other professional services	77,780,920 50,758,058	80,805,608 50,387,357	109,698,538 69,356,049	222.95 145.49	234.70. 148.39.
9. Outside referrals	V E V EE	. and water .	u Gran	如何望到流水学	国的主义 公司的1879年1
Emergency room and out-of-area Prescription drugs	6,418,928 59,238,616	6,368,977 52,977,131	8,533,036 72,577,389	18.40 169.80	18.26 155.28
Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts	3,172,015	10,092,889	5,625,347	9.09	12.04
 Aggregate write-ins for other expenses Subtotal (Lines 7 to 14) 	(33,453) 197,335,084	615,398 201,247,360	735,380 266,525,739	(0.10) 565.65	157 570.24
Less:					
16. Net reinsurance recoveries17. Total hospital and medical (Lines 15-16)	(86,169) 197,421,253	(82,345) 201,329,705	(109,900) 266,635,639	(0.25) 565.89	(0.24) 570.47
 Claims adjustment expenses, including cost containment expenses General administrative expenses 	A Banasa		1 1 LI		
19.1 Compensation 19.2 Interest expense					
19.3 Occupancy, depreciation, and amortization 19.4 Marketing	<u> </u>				
19.5 Professional Fees	45,671	23,308	40,901	0.13	0.09
19.6 Administration Fees 19.7 Consulting Fees	6,497,395	6,943,182	9,259,769	744 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.81
19.8 Aggregate write-ins for other administrative expenses 19.9 Total administrative expenses	3,395,041 9,938,107	3,172,555 10,139,045	4,340,327 13,640,997	9.73 28.49	9.29 29.19.
20. Increase in reserves for A&H contracts 21. Total underwriting deductions (Lines 17 to 20)	207,359,360	211,468,750	280,276,636	594.38	599.66
22. Net underwriting gain or (loss) (Lines 6 - 21) 23. Net investment income earned	10,368,070	(8,020,829)		29.72	(19.48)
24. Net realized capital gains or (losses) less capital gains taxes				THE CHE DANGE SE	
25. Net investment gains or (losses) (Lines 23 + 24)26. Aggregate write-ins for other income or expenses				The behalf of	0.00
 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)
23. 14ct income (1033) (Lines 27 - 20)	10,368,070	(8,020,629)	(9,100,730)		(15.46)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER					,
HEALTH CARE RELATED REVENUES 0401. Change in Non-Admited Receivables	-	25,013	25,013	Maksah sika sa 4a.⊋aka	10.05
0402. Excellus Performance Guarantee 0403. Excellus reimbursement for share of DES audit fees	1,730,434 88,000	· · · ·		4.96 0.25	
0404.	7			SHE THE SHEET SHEET	September 188
0405					
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	E1302 DOTAL 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
1403. 1404.		112,	1 11		
1405. 1498. Summary of remaining write-ins for Item 14 from overflow page		Carlotta (As Est		gradistration and the second	
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 19.802. Covered Lives Assessment	79,632 3,003,706	78,276 2,939,538	78,276 3,915,968	0.23 8.61	0.17
19.803. AEA Fees	87,51.1	105,157	145,695	MANUAL 10.25	Existrate (0.81)
19.804. Miscellaneous Expenses 19.805. DFS Audit Fees	183,724	5,916 2,250	21,418 137,552	0.53	0.05
19.898. Summary of remaining write-ins for Item 19.8 from overflow page 19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	40.468	3,172,555	41,418	9.73	0. (A) 46 VE 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)					0.00
2602.					To estimate the state of the st
2604. 2605.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2698. Summary of remaining write-ins for Item 26 from overflow page		- "S			"生活"。这种"增加"。
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	j•]			*	0.00

^{*} As reported on Prior Year End filed Annual Statement.

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

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	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
2. Change in valuation basis of aggregate policy and claim reserve	A STATE OF THE PARTY OF THE PAR	
3. Change in net unrealized capital gains and losses less capital gains tax	1 (f) (f)	the state of the s
4. Change in net deferred income tax	(D) " ' '''	
5. Change in nonadmitted assets	es	(D) E) E.
6. Change in unauthorized reinsurance		The state of the s
7. Change in surplus notes	HI SALAWAYARA KARAKATAN	and the second second
8. Cumulative effect of changes in accounting principles		
9. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus	TOTAL TOTAL PROPERTY.	
0. Surplus adjustments:		27 70 77
40.1 Paid in		المامي جاري
40.2 Transferred from capital		40 t true 20
Dividends to participating municipal corporations (or school districts)		
2. Change in surplus per Section 4706(a)(5)	827,058	128,328
Change in retained earnings/fund balance		1 1/2 1/2 D
4. Interest on surplus notes	11 ,	o o beda
5. Aggregate write-ins for changes in other net worth items		10 - 10 10 10 10 10 10 10 10 10 10 10 10 10
6. Aggregate write-ins for gains or (losses) in surplus	(827,058)	(128,328
7. Net change in capital and surplus (Lines 31 to 46)		(9.106.730
8. Capital and surplus end of reporting period (Line30 + 47)**	99,271,651	88,903,581
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN DITHER NET WORTH ITEMS		
502.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
503. 504.		
503. 504. 505.		
503. 504.		
503. 504. 505. 505. 506. 507. 508. Summary of remaining write-ins for Item 46 from overflow page 599. 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		
503. 504. 505. 598. Summary of remaining write-ins for Item 46 from overflow page 599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR	\$ (827,058) \$	
503. 504. 505. 505. 506. 507. 508. Summary of remaining write-ins for Item 46 from overflow page 599. 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		
503. 504. 505. 506. 507. 508. Summary of remaining write-ins for Item 46 from overflow page 599. 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 601. Change in Surplus		
503. 504. 505. 506. 507. 508. Summary of remaining write-ins for Item 46 from overflow page 599. 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 601. Change in Surplus 602.		
503. 504. 505. 5598. Summary of remaining write-ins for Item 46 from overflow page 5599. 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 601. Change in Surplus 602. 603.		
503. 504. 505. 505. 506. 507. 508. Summary of remaining write-ins for Item 46 from overflow page 599. 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 601. Change in Surplus 602. 603. 604.		(128,328

^{*} As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

Rochester Area School Health Plan

Plan (Name)

GENERAL INTERROGATORIES (Continued)

1. a)	What is the percentage that the MCHBP uses for its claims payable reserve?	новрна	17% Prescription
b)	Is the percentage used for claims payable reserve equal to the <u>minimum</u> 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.		
2. 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:		
3. 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		
4.	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?	Yes [X]	No []
5. a)	What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of		
b)	List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expending	•	
-,	with matters before legislative bodies, officers or departments of government during the period covered by this statement.		•
	1 2 Name Amount Paid		
	N/A		
6. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance	Yes []	No [X]
	Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.	90 days?	
b)	If a) is "Yes", provide the following:		
	i) Anticipated date of distribution.	Date: N/A	
	ii) Anticipated amount of distribution.	N/A	
7. 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.f. 1
, a) b)	If a) is "Yes", answer the following:	162 [V]	No.[]
٥,	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 Serv	vices:	
-,			
3. 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 corre	ect this violation?	
a)	Has the MCHBP changed its CPA since the last Annual Statement filing?	Yes []	No [X]
	If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Se Insurance Regulation No. 118 (11NYCRR 89.4(c))?	ervices Yes []	No.[v]
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information		
	iii) Name		
	iv) Address		
	Para		
	v) Telephone Number		
	vi) Email Address		

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

SCHEDULE A -- CASH AND CASH EQUIVALENTS

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
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		xxx		XXX	xxx			1 455 1 65
		xxx		xxx	xxx			16
		xxx		xxx	xxx			A 75 Step #1 1000 11
1199999 Total Cash on Deposit	xxx	xxx	xxx	xxx	xxx	17,304		58,314,
0299999 Cash in Company's Office	жх	xxx	xxx	xxx	xxx	xxx	xxx	
399999 Total Cash	XXX	XXX	XXX	XXX	XXX	17,304		58,314,
Description Cash Equivalent	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX
Five Star CDARS placements	. ==	40.40	0.2% - 3.25%			49,774		57,185,
RASHP II Required Cash Advance with Excellus		2	N/A		e can are a	The state of the s	. 8	5,256,
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STATEMENT AS OF

OF THE

SCHEDULE B \longrightarrow INVESTMENTS

1	2	3	4	5	6	7	8
CUSIP Identification					Book/Adjusted Carrying Value		Stated Contractual Maturity Date
912796S34	Description US Treasury Bill	Par Value 6,000,000	Actual Cost 5,932,984	Fair Value 5,932,984	5.932.984	Acquired 4/27/2022	1/26/2023
912796V48	US Treasury Bill	5,750,000	5,642,346	5,642,346	5,642,346	4/27/2022	4/20/2023
912796XYO 912796XQ7	US Treasury Bill US Treasury Bill	2,000,000	4,849,491 1,946,909	4,849,491 1,946,909	4,849,491 1,946,909	8/19/2022 8/2/2022	8/10/2023 7/13/2023
912796YH6	US Treasury Bill	500,000	482,993	482,993	482,993	9/8/2022	9/7/2023
912796YR4 912796YE3	US Treasury Bill US Treasury Bill	500,000 500,000	497,784	497,784 499,043	497,784 499,043	9/27/2022 9/20/2022	11/22/2022
912796YH6	US Treasury Bill	2,000,000	1,925,662	1,925,662	1,925,662	9/27/2022	9/7/2023
912796YD5	US Treasury Bill	2,000,000	1,990,294	1,990,294	1,990,294	7/12/2022	10/11/2022
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Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
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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.

	2	3	4	ហ	თ
1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
336,755				116	\$ 336,755
1,071,987					1,071,987
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1,408,742					1,408,742
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	· ·				1,408,742
	1.30 Days 336,755 1,071,987 1,408,742	8,742 8,742	8,742 8,742 8,742	8,742 8,742 8,742	2 3 4 Non-Admitted 6,755 Over 90 Days Over 90 Days 1,987 Over 90 Days 8,742

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

Α					F	G	Τ
			Claims Unpaid at End	aid at End	Total Claims		
			of Current Quarter Viz:	uarter Viz:	Paid During the		
	Claims Paid During the Current Fiscal Year	Current Fiscal Year	Estimated Liability at End	ability at End	Fiscal Year and		
			of Current Quarter	t Quarter	Claims Unpaid	Estimated	
	В	С	D	ш	at End of	Liability of	
	On Claims	On Claims	On Claims		Current Quarter	Unpaid Claims	Amount
	Incurred Prior	Incurred During	Unpaid	On Claims	on Claims Incurred	at End of	Unpaid Claims
	to the Current	the Current	at End of	Incurred	in Prior Years	Previous	is Over or
Description of Claims	Fiscal Year	Fiscal Year	Previous Year	During the Year	(B + D)	Fiscal Year	(Under) Reserved
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
	0 016 487	47 000 447		10,000,000	00000	40,000,007	
(C,010, TO	77,000,117		10,020,002	C,0110,570.1	16,660,067	
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.

OF THE

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

\	-			2		i o
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Excellus - Covered Lives Assessment	334,121					334,121
			7			
		2		6		
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			2 20			
019999 Total Accounts Pavable - Individually Listed	334 191	i		fi.		101 7 88
0299999 Aggregate Accounts Not Individually Listed - Due						
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						4
0000000 Total Accounts Davidale	334,121	4		4		334,121

September 30, 2022 (Quarter Ending)

OF THE

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 1-2 — 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	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	38,856	39,012	38,675	38,736	

STATEMENT AS OF

OF THE

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

- Number of paticipating Municipal Corporations (or school districts)
 Number of enrolled members
- 3. Maintains Stop-loss insurance as required by 4707(a)
- 4. Percentage used to calculate the Surplus per Section 4706(a)(5)

- Felcentage used to calculate the Surplus per Scotton 47 56(a)(5)
 Annualized Net premium income
 Surplus per Section 4706(a)(5) using Annualized Net Premium Income
 Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Cur	rent Quarter
	19
	14,527
E 112	Yes
1.51	5.0%
	287,635,959
福建設建設	14,381,798
	13,554,740
STATE OF THE STATE OF THE STA	14,381,798

OVERFLOW PAGE FOR WRITE-INS

| Current Quarter | Prior Year to Date | Previous Year * | Current Quarter | Previous Year * |
| 1 | 2 | 3 | 4 | 5 Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM & FOR INVESTED ASSETS
0806.
0807.
0808.
0809.
0810.
0898. TOTALS (Items 0806 thru 0810) Total PMPM Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES 1006. 1007. 1008. 1009. 1010. 1098. TOTALS (Items 1006 thru 1010) XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1506. 1507. 1508. 1509. 1510. 1598. TOTALS (Items 1506 thru 1510) XXX XXX XXX XXX Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. 1707. 1709. 1709. 1710. 1798. TOTALS (Items 1706 thru 1710) XXX XXX XXX XXX 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. 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 19.807. 19.808. 19.809. 19.810. 19.810. 19.810. 19.810. 19.810. 41,418 41,418 40,468 41,418 41,418 40,468 Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES

2606. 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 NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.	in the same same	
4508.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4509.		
4510		
4598. TOTALS (Items 4506 thru 4510)	1995 - Addison Magdala, 2. 000.0 200.0 1010. URAN 1990. 1110. 124 12	to the state of th
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
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4607.	17 E	
4608.	The state of the s	الدراريان سراء عف عبدات و 5بيا
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)	problem and the transfer of the first of the second	transport of the property of the second

^{*} As reported on Prior Year End filed Annual Statement.