

**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, 2021

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, 2021

OF THE CONDITION AND AFFAIRS OF

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

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: January 1, 2018
Commenced Business: January 1, 2004
Mailing Address: 3599 Big Ridge Road, Spencerport, NY 14559
Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport, NY 14559
Telephone Number: 585-352-2400 Employer's ID Number: 82-2738684
Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport, NY 14559
Name of Administrator:
Name of Statement Contact Person: Jennifer Talbot
Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441
Service Areas (Counties): Monroe

OFFICERS*

President: Scott Covell Other Officers: Vice Chairperson - John Abbott
Secretary: Lou Alaimo Deputy Treasurer - Jennifer Talbot
Chief Financial Officer: Steve Roland

GOVERNING BOARD*

Table with 3 columns: Name, Title, Municipality. Lists board members such as Scott Covell (Chairperson), Steve Roland (Treasurer), Lou Alaimo (Secretary), and various school district representatives.

STATE OF New York

COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary, Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 22nd Day of October 2021
Notary Public: Kelly M. Mutschler
Signatures of Scott Covell (President), Lou Alaimo (Secretary), and Steve Roland (Chief Financial Officer)

KELLY M. MUTSCHLER
Notary Public-State of New York
No. 01MU8407319
Qualified in Monroe County
Commission Expires 05/28/2024

- (a) Is this an original filing? Yes [X] No []
(b) If no: (i) state the amendment number
(ii) date filed
(iii) number of pages attached

*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 ENDING September 30, 2021

OF THE CONDITION AND AFFAIRS OF

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

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: January 1, 2018

Commenced Business: January 1, 2004

Mailing Address: 3599 Big Ridge Road, Spencerport, NY 14559

Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport, NY 14559

Telephone Number: 585-352-2400 Employer's ID Number: 82-2738684

Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport, NY 14559

Name of Administrator: _____

Name of Statement Contact Person: Jennifer Talbot

Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441

Service Areas (Counties): Monroe

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	Municipality
Scott Covell	Chairperson	Monroe I BOCES
Steve Roland	Treasurer	Monroe 2 - Orleans BOCES
Lou Alaimo	Secretary	Brighton Central School District
Darin Winkley	Director	Brockport Central School District
Frank Nardone	Director	Churchville-Chili Central School District
John Abbott	Director	East Irondequoit Central School District
Staci SanSoucie	Director	East Rochester Union Free School District
Matthew Stevens	Director	Fairport Central School District
Mitchell Ball	Director	Gates Chili Central School District
Romeo Collili	Director	Greece Central School District
Adam Giest	Director	Hilton Central School District
Bruce Capron	Director	Honeoye Falls-Lima Central School District
Dan Drifill	Director	Penfield Central School District
Darin Kenney	Director	Pittsford Central School District
Andrew Whitmore	Director	Rush-Henrietta Central School District
Rick Wood	Director	Spencerport Central School District
Brian Freeman	Director	Webster Central School District
James Brennan	Director	West Irondequoit Central School District
Jessica Jackson	Director	Wheatland-Chili Central School District
Charlotte Kimberly-Haag	Director	Brighton Central School District
Kathy Occhioni	Director	Churchville-Chili Central School District
Dwayne Carbone	Director	Pittsford Central School District
Scott Steinberg	Director	West Irondequoit Central School District
Bill Gregory	Director	SANNYS

STATE OF New York

COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary,
Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 23rd Day of October 2021 (Month) (Year)

[Signature] _____ President
[Signature] _____ Secretary
_____ Chief Financial Officer
(Corporate Seal)

[Signature]
NOTARY PUBLIC
(Seal)

**Qualified in Monroe County
My Commission Expires Apr 10, 2025**

(a) Is this an original filing? Yes No

(b) If no:
(i) state the amendment number _____
(ii) date filed _____
(iii) number of pages attached _____

*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.

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
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)	72,293,651	117,795,298
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	59,105,972	4,680,200
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	131,399,623	122,475,498
5. Premiums receivable (Schedule C, NY 10)	4,457,351	10,656,965
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)	135,847,174	133,132,463
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)	135,847,174	133,132,463

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)	38,806,792	30,117,427
1.2 Additional amount required by Section 4706(a)(1)	-	-
1.3 Total claims payable	38,806,792	30,117,427
2. Premiums received in advance		
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)	345,202	470,985
12. Claim stabilization reserve	5,149,138	4,533,740
13. Unearned premiums	1,556,560	
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	45,857,692	35,122,152
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	76,429,552	84,583,899
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	13,559,930	13,426,412
22. Total capital and surplus (Lines 17 to 21)	89,989,482	98,010,311
23. Total liabilities, capital, and surplus (Lines 16 + 22)	135,847,174	133,132,463
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	350,764	361,052	479,095	XXX	XXX
2. Net premium income:					
2.1 Basic	142,379,265	141,540,973	187,969,761	405.91	392.34
2.2 Drugs	61,019,685	60,660,417	80,558,469	173.96	168.15
2.3 Total	203,398,950	202,201,390	268,528,230	579.87	560.49
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	25,013	245,708	231,923	0.07	0.48
5. Non-health revenues	23,958	1,697	2,019	XXX	XXX
6. Total revenues (Items 2 to 5)	203,447,921	202,448,795	268,762,172	580.01	560.98
Hospital and Medical:					
7. Hospital/medical benefits	80,805,608	60,182,347	84,780,005	230.37	176.96
8. Other professional services	50,387,357	45,086,060	62,448,160	143.65	130.35
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	6,368,977	6,099,192	8,307,809	18.16	17.34
11. Prescription drugs	52,977,131	51,794,495	68,085,452	151.03	142.11
12. Aggregate write-ins for other hospital and medical	10,092,889	1,781,875	579,895	28.77	1.21
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	615,398	(312,241)	569,478	1.75	1.19
15. Subtotal (Lines 7 to 14)	201,247,360	164,631,728	224,770,799	573.74	469.16
Less:					
16. Net reinsurance recoveries	(82,345)	(497,991)	(376,929)	(0.23)	(0.79)
17. Total hospital and medical (Lines 15-16)	201,329,705	165,129,719	225,147,728	573.97	469.94
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	23,308	36,514	36,513	0.07	0.08
19.6 Administration Fees	6,943,182	6,648,219	9,217,859	19.79	19.24
19.7 Consulting Fees	-	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	3,172,555	3,088,226	3,319,558	9.04	6.93
19.9 Total administrative expenses	10,139,045	9,772,959	12,573,930	28.91	26.25
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	211,468,750	174,902,678	237,721,658	602.88	496.19
22. Net underwriting gain or (loss) (Lines 6 - 21)	(8,020,829)	27,546,117	31,040,514	(22.87)	64.79
23. Net investment income earned	-	346,133	360,743	-	0.75
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	346,133	360,743	-	0.75
26. Aggregate write-ins for other income or expenses	-	-	-	-	-
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(8,020,829)	27,892,250	31,401,257	(22.87)	65.54
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(8,020,829)	27,892,250	31,401,257	(22.87)	65.54
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	25,013	245,708	231,923	0.07	0.48
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
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)	25,013	245,708	231,923	0.07	0.48
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical	3,037,528	2,813,142	3,065,582	8.66	6.40
1202. Change in Claims Payable	7,055,361	(1,031,267)	(2,485,687)	20.11	(5.19)
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)	10,092,889	1,781,875	579,895	28.77	1.21
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	615,398	(312,241)	(193,442)	1.75	(0.40)
1402. Administrative portion needing to be under Hospital and Medical	-	-	762,920	-	1.59
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)	615,398	(312,241)	569,478	1.75	1.19
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	78,276	75,249	75,249	0.22	0.16
19.802. Covered Lives Assessment	2,939,538	2,910,636	3,853,642	8.38	8.04
19.803. AEA Fees	105,157	61,808	96,279	0.30	0.20
19.804. Miscellaneous Expense	5,916	5,868	22,643	0.02	0.05
19.805. NYS DFS audit expenses	2,250	-	-	0.01	-
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	41,418	34,635	(728,255)	0	(2)
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	3,172,555	3,088,226	3,319,558	9.04	6.93
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. Change in Additional amount required by Section 4706(a)(1)	-	-	-	-	-
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)	-	-	-	-	-

* 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	98,010,311	66,609,054
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(8,020,829)	31,401,257
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)	133,518	854,982
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	(133,518)	(854,982)
47. Net change in capital and surplus (Lines 31 to 46)	(8,020,829)	31,401,257
48. Capital and surplus end of reporting period (Line30 + 47)**	89,989,482	98,010,311
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	\$ (133,518)	\$ (854,982)
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)	(133,518)	(854,982)

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)? Yes [] No [X]
- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: N/A
- i) If "approved", when was the filing request approved? Date: N/A
Date:
Date:
Date:
- ii) If not "approved" yet, what is the status of the filing request and the status date? Date: N/A
Date:
Date:
Date:

- c) If "Yes", attach current copies of the documents if they have not been previously submitted.
2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: 12/31/20
- b) State as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: N/A

3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity? Yes [] No [X]
- b) If "Yes", give particulars:

4. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

- b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [X] No []
- b) If "Yes", give name of the surety company, and amount of coverage: Traveler's Casualty and Surety Co. of America - \$5,000,000

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes [X] No []
- b) If "No", give location:

7. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
M&T Bank	28 E Main St, Rochester, NY 14614
JP Morgan Chase Bank	1 S Clinton Ave, Floor 7, Rochester, NY 14604
Five Star Bank	55 North Main St, Warsaw, NY 14569

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? Yes [] No [X]
- b) If "No", state who has the authority:

9. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? Yes [] No [X]
- b) If "Yes", give details:

10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period? Yes [] No [X]
- b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

GENERAL INTERROGATORIES (Continued)

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

Hospital and Medical	Prescription
17%	5%
- 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 []
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- 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 []	No [X]
---------	----------
- 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 _____
- ii) Date of amendment _____
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 []
-----------	--------
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 | 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]
---------	----------

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

Yes []	No [X]
---------	----------
- 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		XXX	.02%	XXX	XXX	2,406		46,031,042
JP Morgan Chase Savings		XXX	.08%	XXX	XXX	554		26,251,402
Five Star Bank Savings		XXX	.01%	XXX	XXX	-	-	1,207
		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	2,960	-	72,283,651
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	2,960	-	72,283,651
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RASHP II Required Cash Advance with Excellus			N/A					5,103,900
Five Star Bank CD Option Placement			.17-.27%			2,072		54,002,072
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	2,072	-	59,105,972
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 5,032	\$ -	\$ 131,389,623

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

SCHEDULE B — INVESTMENTS

1 CUSIP Identification	2 Description	3 Par Value	4 Actual Cost	5 Fair Value	6 Book/Adjusted Carrying Value	7 Acquired	8 Stated Contractual Maturity Date
N/A	N/A						N/A
0199999	Total bonds	\$ -	\$ -	\$ -	\$ -	XXX	XXX
1 CUSIP Identification	2 Description	3 Number of Shares	4 Par Value per Share	5 Actual Cost	6 Fair Value	7 Book/Adjusted Carrying Value	8 Date Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
0299999	Total Preferred Stocks		XXX	\$ -	\$ -	\$ -	XXX
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
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			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
			XXX				
0399999	Total Common Stocks			\$ -	\$ -	\$ -	XXX
0499999	Total Common & Preferred Stocks			\$ -	\$ -	\$ -	XXX

STATEMENT AS OF _____
 September 30, 2021
 (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 UFSD	319,561				-	\$ 319,561
Hilton CSD	1,012,190	992,418	990,380		-	2,994,988
Monroe 2 Orleans BOCES	1,116,353				-	1,116,353
Wheatland-Chili CSD	26,649				-	26,649
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
01999999 Individually Listed Receivables	2,474,753	992,418	990,380	-	-	4,457,551
02999999 Receivables Not Individually Listed					-	-
03999999 Gross Premiums Receivable	2,474,753	992,418	990,380	-	-	4,457,551
04999999 Less Allowance for Doubtful Accounts						
05999999 Premiums Receivable					-	4,457,551

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

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		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	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	9,275,948	81,018,510		22,070,223	9,275,948	16,329,972	7,054,024
2. Drug Claims	(1,382,137)	54,359,268		3,805,149	(1,382,137)	3,399,036	4,781,173
3. Other	3,532,262	47,470,493		12,931,420	3,532,262	10,388,419	6,856,157
4. TOTAL	11,426,073	182,848,271	-	38,806,792	11,426,073	30,117,427	18,691,354

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.

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.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Excellus - Covered Lives Assessment	327,223					327,223
Fairport CSD	17,979					17,979
0199999 Total Accounts Payable - Individually Listed	345,202					345,202
0299999 Aggregate Accounts Not Individually Listed - Due						
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						
9999999 Total Accounts Payable	345,202					345,202

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	14,695	14,631	14,534	14,615	

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	39,300	39,117	38,878	39,010	

STATEMENT AS OF

September 30, 2021
(Quarter Ending)

OF THE

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

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	14,615
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	271,198,600
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	13,559,930
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	13,426,412
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	13,559,930

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	41,418	34,665	34,665	0	0
19.807. Administrative fee needing to be classified as Hospital and Medical			(762,920)	-	(2)
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	41,418	34,665	(728,255)	0	(2)
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.