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 Boland		

President:

Chief Financial Officer:

Name

GOVERNING BOARD*

Title

Name	Inte
Scott Covell	Chairperson
Steve Roland	Treasurer
Lou Alaimo	Secretary
Darrin Winkley	Director
Frank Nardone	Director
John Abbott	Director
Staci SanSoucie	Director
Matthew Stevens	Director
Mitchell Ball	Director
Romeo Colilli	Director
Adam Giest	Director of the second second second
Bruce Capron	Director
Dan Driffill	Director
Darrin Kenney	Director
Andrew Whitmore	Director
Rick Wood	Director
Brian Freeman	Director
James Brennan	Director
Jessica Jackson	Director
Charlotte Kimberly-Haag	Director
Kathy Occhioni	Director
Dwayne Cerbone	Director
Scott Steinberg	Director.
Bill Gregory	Director
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Municipality	
Monroe I BOCES	11
Monroe 2 - Orleans BOCES	
Brighton Central School District	
Brockport Central School District	
Churchville-Chili Central School District	
East Irondequoit Central School District	
East Rochester Union Free School District	
Fairport Central School District	
Gates Chili Central School District	
Greece Central School District	
Hilton Central School District a series of the series of the series of the series	
Honeoye Falls-Lima Central School District	
Penfield Central School District	
Pittsford Central School District	
Rush-Henrietta Central School District	
Spencerport Central School District	
Webster Central School District	
West Irondequoit Central School District	
Wheatland-Chili Central School District	
Brighton Central School District	
Churchville-Chili Central School District	
Pittsford Central School District	1
West Irondequoit Central School District	1.
SANNYS	_

STATE OF New York

COUNTY OF Monroe

Scott Covell	, President,	Lou Alaimo	1	, Secretary,
Steve Roland	, Chief Financial Officer (c	r Corresponding person havin	g charge of the financial	
records of the MCHBP) of the	Rochester Area School He	alth Plan II Municipal Cooperati	ve Health Benefit Plan	, being duly sworn, each for himself deposes
and says that they are the above described of	ficers of the said MCHBP, a	nd that on the reporting period	stated above, all of the h	erein
assets were the absolute property of the said	MCHBP, free and clear from	any liens or claims thereon, e	except as herein stated, an	nd that 🥂
this Statement, together with related exhibits,	schedules and explanations	therein contained, annexed or	r referred to is a full and tr	ue //
statement of all the assets and liabilities and c	f the condition and affairs of	the said MCHBP as of the re	porting period stated abov	e, and of
its income and deductions therefrom for the pe	eriod reported, according to	the best of their information, ki	nowledge and belief, resp	ectively.
Subscribed And Sworn To Before Me This	22 nol-	Day of		
October	2021			Secretary
(Month)	(Year)		_	Salle
Kath	Untscher			Conter Financial Officer
- 1700cf				
NOTARY PUBLIC	<i>.</i>			(Corporate Seal)
				(Corporate Seal)
KELLY M. MU	ISCHLEN			
Notary Public-Sta	e of New York			
No. 01MU6	407319			
No. 01MU6	407319			
No. 01MU6 Qualified in Mo	407319 Nice County			
No. 01MU6	407319 Nice County			
No. 01MU6 Qualified in Mo	407319 Nice County	J2	Yes M	No []
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No. 01MU6 Qualified in Mo	407319 nroe County es 05/26/2024)? (i) state the amendment nu		No []
No. 01MU6 Qualified in Mo	407319 froe County es 05/26/2024 (a) Is this an original filing	(i) state the amendment nu		<u>No[]</u>
No. 01MU6 Qualified in Mo	407319 froe County es 05/26/2024 (a) Is this an original filing			No []
No. 01MU6 Qualified in Mo	407319 froe County es 05/26/2024 (a) Is this an original filing	(i) state the amendment nu	mber	No []

*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.

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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
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Monroe 2 - Orleans BOCES
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Wheatland-Chili Central School District
Brighton Central School District
Churchville-Chili Central School District
Pittsford Central School District
West Irondequoit Central School District
SANNYS

STATE OF New York

COUNTY OF Monroe , President, Lou Alaimo , Secretary, , Chief Financial Officer (or Corresponding person having charge of the financial cott Covell

 Scott Covent
 Instantial

 Stave Roland
 , Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area Schoot 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.

 22 nd President Day of orn To Before Me This Subscribed And Sv otober Secretary Chief Financial Officer (Corporate Seal) Qualified in Monroe County My Commission Expires Apr 10, 2025 ຄາສົພສະ Yes [X] No [] al filing? (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.

RE	PORT #1 — PART A: ASSETS	
		Current Quarter
		1
		Total
1.	Bonds (Schedule B line 0199999, Page NY 9)	
2.	Stocks:	
	2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	

September 30, 2021 (Quarter Ending)

2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	•	· · · · · · · · · · · · · · · · · · ·
2.2 Common stocks (Schedule B line 0399999, Page NY 9) 3. Real estate	a de la companya de l	
4.1 Cash (Schedule A Line 0399999, Page NY 8)	72,233.651	117 705 009
4.1 Cash (Schedule A Line 0399999, Page NY 8) 4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	59,105,972	<u>117,795,298</u> 4,680,200
4.2 Cash equivalents (Schedule A Line 04999999, Page NY 8)	131.385.623	122,475,498
5. Premiums receivable (Schedule C, NY 10)	4,457,551	10,656,965
6. Other invested assets	9,707,001	10,030,905
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	100,047,174	100,102,400
11. Reinsurance:	- A Las mental la militaria de martina de la militaria de militaria de la militaria de la milit En militaria de la militaria de la militaria de la militaria de la militaria de	
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	a best and a state state state at a state of a state and a state and a state and a state at a state at a state	
thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software	and a second	
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.	and the second second second	
0898. Summary of remaining write-ins for Item 8 from overflow page		
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)		n al Guine - An a Stan - Charles an
	22 - FRANK AND	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		

OF THE

THAN INVESTED ASSETS

1601.	
1602.	
1603.	
1604.	
1605.	
1698. S	ummary 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.

NY 2

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(Name)

Previous Year *

2 Total

STATEMENT	AS	OF

September 30, 2021 (Quarter Ending) Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name)

REPORT #1 - PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1	2
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	Total	Total 30,117,427
1.2 Additional amount required by Section 4706(a)(1)		-
1.3 Total claims payable	38,606.792	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	016 200	470.005
11. Accounts payable (Schedule G, NY12)	345,202	470,985 4,533,740
 Claim stabilization reserve Unearned premiums 	5,149,138 1,556,560	4,533,740
14. Loans and notes payable	1,550,500	
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		00,122,102
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
1001.		
1003.		
1004.	and a second	
1098. Summary of remaining write-ins for Item 10 from overflow page		a la su de ser de la ser esta de ser
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.	7	
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	In the second	
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)		e - Tarana ang Kabupatèn - Pangarén
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1701.		
1702.		
1702.		
1702. 1703. 1704.		
1702. 1703. 1704. 1705.		
1702. 1703. 1704.		

* 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

<u>.</u>	Current Fiscal	Prior Fiscal Year		Current Fiscal	
	Year to Date	to Date	Prior Fiscal Year* 3	Year to Date	Prior Fiscal Year* 5
1. Member Months 2. Net premium income:	Total 350,764	Total 361,052	Total 479,095	PMPM XXX	PMPM XXX
2.1 Basic 2.2 Drugs	142,379,265	141,540,973 60,660,417	187,969,761 80,558,469	405.91 173.96	392.34 168.15
2.3 Total 3. Change in unearned premium reserves and reserve for rate credits:	203,398,950	202,201,390	268,528,230	579.87	560.49
3.1 Basic 3.2 Drugs	* 1				-
3.3 Total 4. Aggregate write-ins for other health care related revenues	25,013	245,708	231,923	0.07	0.48
 Non-health revenues Total revenues (items 2 to 5) 	23,958 203,447,921	1,697 202,448,795	2,019 268,762,172	XXX 580.01	XXX 560.98
Hospital and Medical: 7. Hospital/medical benefits	80,805,608	60,182,347	84,780,005	230.37	176.96
Other professional services Outside referrals	50,387,357 6,368,977	45,086,060	62,448,160 8,307,809	143.65 - 18.16	130.35
10. Emergency room and out-of-area 11. Prescription drugs 12. Aggregate write-ins for other hospital and medical	52,977,131 10,092,889	51,794,495 1,781,875	68,085,452 579,895	151.03	142.11
Aggregate write-ins for other respenses Aggregate write-ins for other expenses	615,398	(312,241)	569,478		1.19
15. Subtotal (Lines 7 to 14)	201,247,360	164,631,728	224,770,799	573.74	469.16
 Net reinsurance recoveries Total hospital and medical (Lines 15-16) 	(82,345)	(497,991) 165,129,719	(376,929) 225,147,728	(0.23) 573.97	(0.79) 469.94
 Claims adjustment expenses, including cost containment expenses General administrative expenses 				1177 - 7, 180 - 11 18	
19.1 Compensation 19.2 Interest expense					
19.3 Occupancy, depreciation, and amortization 19.4 Marketing	00.000	00.514	00.510		•
19.5 Professional Fees 19.6 Administration Fees	23,308 6,943,182	36,514 6,648,219	36,513 9,217,859	0.07 19.79	0.08
19.7 Consulting Fees 19.8 Aggregate write-ins for other administrative expenses 19.9 Total administrative expenses	3,172,555 10,139,045	3,088,226 9,772,959	3,319,558 12,573,930	9.04 28.91	6.93 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) 23. Net investment income earned	(8,020,829)	27,546,117	31,040,514 360,743	(22.87)	64.79 0.75
 Net realized capital gains or (losses) less capital gains taxes Net investment gains or (losses) (Lines 23 + 24) 		346,133	360,743		0.75
 Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other 	•			-	•
federal income taxes (Lines 22 + 25 + 26) 28. Federal income taxes incurred	(8,020,829)	27,892,250	31,401,257	(22.87)	65.54
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				-	-
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 1203	7,055,361	(1,031,267)	(2,485,687)	20.11	(5.19)
1204	n and a start a			•	•
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 1403.			762,920		1.59
1404.		6 F. 1. 1999		•	
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 19.802. Covered Lives Assessment	78,276 2,939,538	75,249 2,910,636	75,249 3,853,642	0.22	0.16
19.803. AEA Fees 19.804. Miscellaneous Expense	105,157 5,916	61,808 5,868	96,279	0.30	0.20
19.805. INYS DFS audit expenses 19.898. Summary of remaining write-ins for Item 19.8 from overflow page 19.999. COTALS (Home 19.801 Hou 19.805 plus 19.899) (Page 4, item 19.8)	2,250 41,418 3,172,555	34,605 3,088,226	(728,255) 3,319,558	0.01	(2) 6.93
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	3,172,555	3,000,220	0,313,008	3.04	0.33
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.			-		•
2602.	1 A		10		
2605. 2695. Summary of remaining write-ins for Item 26 from overflow page			a di seconda di second Seconda di seconda di se		
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)			•	-	

• As reported on Prior Year End filed Annual Statement.

Benefit P (Name) EXPENSES AND SURPLUS Current Quarter 1 Total 98,010,311 (8,020,829) - - - - - - - - - - - - - - - - - - -)
Current Quarter 1 Total 98,010,311 (8,020,829) - - -	Previous Year * 2 Total 66,609,054
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1 70tal 98,010,311 (8,020,829) -	2 Total 66,609,054
98,010,311 (8,020,829)	66,609,054
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(133,518)	(854,982
(8,020,829)	31,401,257
89,989,482	98,010,311
	electrone estat de la Starte
	(8,020,829)

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(133,518)

(854,982)

4605. 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)

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

NT AS OF			OF THE	Rochester Area School Health	Plan	ve Health Senefit
	(Quarter Endin	g)	AL INTERROGATORIES		(Name)	
	- Hanna ha sa					
	v change been made since the last report ent; plan document or the number of part				Yes []	No [X]
	when was the filing request to change t	•	nents filed with the Departm	ent of Financial Services?	Date:	
i)	If "approved", when was the filing requ	uest approved?			Date: Date:	
					Date: Date:	. <u>1</u> . 1 1
ii)	If not "approved" yet, what is the statu	is of the filing request and	d the status date?		Date:	NA
				•	Date: Date:	
lf "Voe"	attach current copies of the documents	if they have not been pro-	would aubmitted		Date:	
	s of what date the latest financial examin				Date:	12/31/20
State the	e as of date that the latest financial exa	mination report became a	available from either the sta			
compan or relea:	y. This date should be the date of the e sed.	xamined balance sheet a	and not the date the report v	was completed	Date:	N/A
	person, while an officer, director or trus overed by this statement, any commissi				Yes []	No [X]
	give particulars:					
					_	
					-	
	oney loaned, directly or indirectly, during ? If "Yes", please complete the schedul		is report to any employee, o	officer, or director of the	Yes []	No [X]
					4	5
	1	2	3	3 Original Loan	Amount of Loan Principal Outstanding	Date Original Loan
	Name of Borrower	Position with MCHBP	Description of Loan	Amount	at Quarter End	Was Issued
					8 - 38 3 3	
	Totals				1. <u> </u>	
	oney loaned, directly or indirectly, prior to ae, officer, or director of the MCHBP? If			till outstanding, to any	Yes []	No [X]
				3	4 Amount of Loan	5 Date Original
	1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
			and a second			
	Totals					
Is the fis	Totals scal officer of the MCHBP covered by a	fidelity bond?			Yes [X]	No []
lf "Yes",	scal officer of the MCHBP covered by a give name of the surety company, and	amount of coverage:			Yes [X]	No [_]
lf "Yes",	scal officer of the MCHBP covered by a	amount of coverage:			Yes [X]	No.[_]
lf "Yes",	scal officer of the MCHBP covered by a give name of the surety company, and	amount of coverage:			Yes [X]	No []
If "Yes", Traveler Were all	scal officer of the MCHBP covered by a give name of the surety company, and rs Casualty and Surety Co. of America Casualty and Surety Co. of America the stocks, bonds, and other securities	amount of coverage: \$5,000,000	g period in the actual posse	ession of the		
If "Yes", Traveler Were all MCHBP	scal officer of the MCHBP covered by a give name of the surety company, and rs Casualty and Surety Co. of America Casualty and Surety Co. of America of the stocks, bonds, and other securities on the said date?	amount of coverage: \$5,000,000	g period in the actual posse	ession of the	Yes [X]	No []
If "Yes", Traveler Were all MCHBP If "No", {	scal officer of the MCHBP covered by a give name of the surety company, and rs Casualty and Surety Co. of America Casualty and Surety Co. of America the stocks, bonds, and other securities	amount of coverage: \$5,000,000				
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"Yes". ravelet rave	scal officer of the MCHBP covered by a give name of the surety company, and rs Casualty and Surety Co. of America () I the stocks, bonds, and other securities () on the said date? give location: ng real estate and investments held phy stocks, bonds and other securities, our ualified bank or trust company in accord Functions, Custodial or Safekeeping Ag sements that conform to the requirement () Name of Custodian(s) MCT Bank () PMorgan Chase Bank Five Star Bank () NAme(s) N/A () NAme(s) N/A () state who has the authority: r present or former officer, director or an which is not included in the financial st give details: MCHBP been subject to any administra uring the reporting period?	amount of coverage: \$5,000,000 	tity's offices, vaults or safet t year held pursuant to a di General Examination Cons <i>nancial Condition Examiner</i> Condition Examiners Handt NY 14614 Rochester, NY 14604 w, NY 14569 Financial Condition Examin Gomplete Explanation(s) Complete Explanation(s) a complete Explanation(s) complete the Board of Govern et any claim of any nature v esist orders, fines or suspen	by deposit boxes, rect custodial agreement siderations, F. Outsourcing of <i>s Handbook</i> ? pook, complete the following: ers Handbook, provide the name ers Handbook, provide the name mors or a subordinate	Yes [X]	No []]

STATEMENT		l Municipal Cooperative H me)	ealth Benefit Plan
	GENERAL INTERROGATORIES (Continued)		
11. a)	What is the percentage that the MCHBP uses for its claims payable reserve?	Hospital and M	edical 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 [
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	
ď)	If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services?	Date:0	8/12/15 08/12/15
	ii) When was the request approved?	Date: 1	2/29/17 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:		
			<u> </u>
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 thereol?	Yes [X]	No.L. 1
15 0)	committees intereor? What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of		<u>No[]</u>
15. a)			\$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 expend with matters before legislative bodies, officers or departments of government during the period covered by this statement.	itures in connection	
	1 2		
	Name Amount Paid		
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 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.	<u> Yes []</u> 90 days?	<u>No [X]</u>
b)	If a) is "Yes", provide the following:		
	i) Anticipated date of distribution.	Date: N/A	
	ii) Anticipated amount of distribution.	N/A	<u> </u>
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:	0/26/17
	ii) When was the request approved?		0/26/17
	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 Ser	vices.	
• •	N/A		
	N/A		
18 0)	Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?	Yes [X]	No []
18.a)		Yes []	No[]
b)	If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? If b) is "Yes", answer the following	1651.1	NOL 1
C)	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	act this violation?	
u,			
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 S Insurance Regulation No. 118 (11NYCRR 89.4(c))? 		No[]
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information	ation for the new CPA:	
		ation for the new CPA:	
	iii) Name NA	ation for the new CPA:	
		ation for the new CPA:	
	iii) Name NA	ation for the new CPA:	

STATEMENT AS OF September 30, 2021 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
(Quarterly Ending) (Name)

SCHEDULE A - CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest		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		ххх	.02%	xxx	xxx	2,406		46,031,042
JP Morgan Chase Savings		xxx	.08%	xxx	xxx			26,251,402
Five Star Bank Savings		xxx	.01%	xxx	xxx		N रेप्स् र तका का का	1,207
		ххх		xxx	xxx		in . Le foitht . fim	lead 13.5.3
		ххх		xxx	xxx	1999-00 - 00 - 10 - 1910-07 - 175		
		xxx		xxx	xxx			
		ххх		xxx	xxx			
		ххх		xxx	xxx		المرابع المحمدية	
		ххх		xxx	xxx			
		ххх		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	ххх	XXX	ххх
RASHP II Required Cash Advance with Excellus			N/A	. L <u>.</u>			· · · · · · · · · · · · · · · · · · ·	5,103,900
Five Star Bank CD Option Placement			.1727%			2,072		54,002,072
		and at the second						
						Commence of the commence with		
								with the set
	Trans. Street a second set of second			25 - 2				
0499999 Total Cash Equivalent	xxx	xxx	xxx	ххх		2,072	•	59,105,972
0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ 70 alexing 40 (45 -	\$ 5,032	\$	\$ 131,389,623
NOTE: Negotiable certificates of deposit to be reported in Schedul	e B.							

STATEMENT	AS	OF	

SCHEDULE B — INVESTMENTS

	2	3	4	5	6	7	β
1 CUSIP	······				6 Book/Adjusted Carrying Value		8 Stated Contractual Maturity Date
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquired	N/A
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		and the second secon	1017 Access 6. (1996)	12/10/2020 (1922) (1922) (2022) 19 (2022) (1922) (2022) (2	t total of a total tota tota	14 1. 1 × 12 1 1 1 1 1 1 1 1 12 1 1 1	e Maria
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	and the second	1 1					
		an an an anna a sa					
	20	जनसम्बद्धाः का	a - a - a - a		2	1 ₁₂	
) <u>B</u> B					1.12		
0199999	Total bonds	\$ 415-10-00-16-16-16-16-16-16-16-16-16-16-16-16-16-	S	\$ 24.00 PARTY (10.000 -)	\$	XXX	XXX
1	2	3	4	5	6	7	8
1 CUSIP		3 Number of Shares	4 Par Value per Share		6 Fair	7 Book/Adjusted Carrying Value	8 Date
Identification XXX	Description List Preferred Stocks	Shares XXX	per Share XXX	Actual Cost XXX	Value XXX	XXX XXX	Acquired XXX
	List Preferred Stocks	***					
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0299999	Total Preferred Stocks		XXX	the second s	\$ -	\$ -	XXX XXX
XXX	List Common Stocks	XXX	XXX XXX	XXX	XXX	XXX	***
		-	XXX				
	and a property		XXX XXX		and the second second second		
			XXX			na an an an Array an Array an Array an Arr	1
		· · · · · · · · · · · · · · · · · · ·	XXX XXX	Carlos Gamerano Gotta			
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			XXX			45-11-11-11	2
		a di secondo de la composición de la co	XXX XXX				41.5 4.4
			XXX				
			XXX XXX	9 8 10 4	3	Courtes Diferences	
0399999	Total Common Stocks			s -	\$	s -	ХХХ
				\$	\$		XXX
0499999	Total Common & Preferred Stocks			 202/53620520152030095		· · · · · · · · · · · · · · · · · · ·	7007

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

September 30, 2021 (Quarter Ending)

STATEMENT AS OF

OF THE

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	з	4	σι	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	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
						A CALL AND A CALL AND A CALL AND A CALL
					[· · · · · · · · · · · · · · · · · · ·	
						Contraction of the second s
0199999 Individually Listed Receivables	2,474,753	992,418	990,380			4,457,551
0299999 Receivables Not Individually Listed						
0399999 Gross Premiums Receivable	2,474,753	992,418	086'066			4,457,551
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						4,457,551

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(Name)

September 30, 2021 (Quarter Ending)

STATEMENT AS OF

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

OF THE

A					ĽL.	ത	т
			Claims Un	Claims Unpaid at End	Total Claims		
			of Current (of Current Quarter Viz:	Paid During the		
	Claims Paid During the Current Fiscal Year	Current Fiscal Year	Estimated Li	Estimated Liability at End	Fiscal Year and		
			of Curren	of Current Quarter	Claims Unpaid	Estimated	
	Β	ပ	۵	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	9,275,948	81,018,510		22,070,223	9,275,948	16,329,972	7,054,024
	(1 200 127)	EA 250 769		3 805 140	(1 380 137)	3 200 036	A 781 172
	(101,200,1)	009,000,10		0,000,0		000'000'0	0/11/10/14
3. Other	3.532.262	47,470,493		12,931,420	3.532.262	10,388,419	6.856.157
	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.

STATEMENT AS OF

September 30, 2021 (Quarter Ending)

OF THE

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(Name)

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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	ß	4	S	9
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Excellus - Covered Lives Assessment	327,223					327,223
Fairport CSD	17,979					17,979
						1
						•
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

			Rochester Area School Health Plan II Municipal
STATEMENT AS OF	September 30, 2021	OF THE	Cooperative Health Benefit Plan
	(Quarter Ending)	•	(Name)

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	

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

September 30, 2021 (Quarter Ending)

- 4. Percentage used to calculate the Surplus per Section 4706(a)(5)
- 5. Annualized Net premium income

STATEMENT AS OF

- 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

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

OF THE

19
14,615
Yes
5.0%
271,198,600
13,559,930
13,426,412
13,559,930

STATEMENT AS OF	September 30, 2021 (Quarter Ending)	OF THE	Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name)

OVERFLOW F	AGE FOR WRITE-IN	IS			
	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	XXX XXX
0808.				XXX	XXX
0809	1			XXX	XXX XXX
0898. TOTALS (Items 0806 thru 0810)	REAL PROPERTY.		Reference and a state of the	ХХХ	XXX
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS					
	s	·		xxx	xxx
1607. 10.000	and the second sec			XXX XXX	XXX
1609.			a construction of the second s	XXX	XXX XXX
1610				XXX XXX	XXX XXX
	WATER PART A DESCRIPTION	The second s	- The product of the product of the		
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 10 FOR OTHER LIABILITIES					
1006				XXX XXX	XXX XXX
1008.		an an an ar	, els ens	XXX	XXX
1009.		and a second	ning The second second	XXX 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		21-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
1506.		Seat - Landard - State		xxx	ххх
1507.		<u> </u>	10 mm - 00 mm - 00 mm -	XXX	XXX
1508.		~		XXX XXX	XXX
1510. 1598. TOTALS (Items 1506 thru 1510)			1	XXX	XXX
1598. TOTALS (nems 1506 and 1510)	Wattick Chip by Last portage -		12.2.1 CB 104.1 EXAMPLE 17.1 -	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				XXX	xxx
1707. 1708. 1709. 1	Contraction Contraction	and the second second		XXX XXX	XXX XXX
1709.		P.0 (797	91 83 5 6 69 6 1	XXX	ХХХ
1798. TOTALS (Items 1706 thru 1710)	and a second	ile strater and		XXX XXX	XXX XXX
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406					-
0408.			7.67		
0409. 0410.					
0498. TOTALS (Items 0406 thru 0410)		Parister Carlos -	BRETSCHOOLS MORE TRAD	NOR STREET, ST	
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL 1206.			_		
1207.		5 O O	a an 3		
1208.					
1210. 1000 1000 1000 1000 1000 1000 1000	Carlos - Car		ana a sal		•
			New Jor Lot, Annald and Call -	Manufacture -	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				Museumonane Manuel	
1406					
1408.					•
1409. <u>1</u>			and Distance Charles tradely Press		
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	41,410	34,005	(762,920)	0	(2
19.808.					
19.810.				ANGLISTOALEAND	CARATERINA COMPANY
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 2006.					
2607.					
2608. 2609. 2	a in an				
2610.				HER PRESERVES	Sauchter Alternations -
2698. TOTALS (Items 2606 thru 2610)	All der seine tille die strategiet -				
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* As reported on Prior Year End filed Annual Statement.

		Rochester Area School Health Plan II Municipal Cooperative Health
STATEMENT AS OF	September 30, 2021	Benefit Plan
	(Quarter Ending)	(Name)

OVERFLOW PAGE FOR WRITE-INS Current Quarter Previous Year*

1 Total	3 Total
Total	Total
A CONTRACT OF A PROPERTY AND A DATE	
PARTICIPATION DESIGNATION DESIGNATION - 1	
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As reported on Prior Year End filed Annual Statement.