

**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

March 31, 2024

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 March 31, 2024

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 including Scott Covell (Chairperson), Steve Roland (Treasurer), Lou Alaimo (Secretary), and various directors from different municipalities like Monroe, Brighton, Brockport, etc.

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 8th Day of May 2024
(Month) (Year)
Melanie M. Dickson
NOTARY PUBLIC (Seal)
President, Secretary, Chief Financial Officer
(Corporate Seal)

MELANIE M. DICKSON
Notary Public, State of New York
No. 01DI6084720
Qualified in Monroe County
Commission Expires Dec. 16, 2026

(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.



QUARTERLY STATEMENT

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 State Department of Financial Services pursuant to the laws thereof.

OFFICERS***GOVERNING BOARD***[illegible]

COUNTY OF **Monroe**

 President
 Secretary

Chief Financial Officer

(Corporate Seal)

(a) Is this an original filing?

Yes [] No []

(b) If no:

(i) state the amendment number

(ii) date filed

(iii) number of pages attached

NY 1

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	55,210,736	58,959,481
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)	20,587,107	16,969,306
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	65,655,064	62,884,386
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	86,242,171	79,853,692
5. Premiums receivable (Schedule C, NY 10)	763,758	5,135,553
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)	142,216,665	143,948,726
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)	142,216,665	143,948,726

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. [REDACTED]
1602. [REDACTED]
1603. [REDACTED]
1604. [REDACTED]
1605. [REDACTED]
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 #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	115,890	116,009	561,917	XXX	XXX
2. Net premium income:					
2.1 Basic	57,271,942	53,641,048	212,564,367	494.19	378.28
2.2 Drugs	24,545,118	22,989,021	91,099,014	211.80	162.12
2.3 Total	81,817,060	76,630,069	303,663,381	705.99	540.41
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	-	-	300,968	-	0.54
5. Non-health revenues	1,957,794	508,950	3,676,178	XXX	XXX
6. Total revenues (Items 2 to 5)	83,774,854	77,139,019	307,640,527	722.88	547.48
Hospital and Medical:					
7. Hospital/medical benefits	37,967,903	29,141,446	120,580,453	327.62	214.59
8. Other professional services	18,439,652	17,137,251	70,482,369	159.11	125.43
9. Outside referrals				-	-
10. Emergency room and out-of-area	2,726,107	2,557,852	10,264,272	23.52	18.27
11. Prescription drugs	24,901,805	21,123,322	91,740,308	214.87	163.26
12. Aggregate write-ins for other hospital and medical	3,427,545	459,232	4,591,750	29.58	8.17
13. Incentive pool, withhold adjustments and bonus amounts				-	-
14. Aggregate write-ins for other expenses	864,957	371,439	638,494	7.46	1.14
15. Subtotal (Lines 7 to 14)	88,327,969	70,790,542	298,297,646	762.17	530.86
Less:					
16. Net reinsurance recoveries	(31,517)	(29,221)	(116,454)	(0.27)	(0.21)
17. Total hospital and medical (Lines 15-16)	88,359,486	70,819,763	298,414,100	762.44	531.06
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	4,815	6,287	33,083	0.04	0.06
19.6 Administration Fees	2,268,062	2,216,809	8,806,697	19.57	15.67
19.7 Consulting Fees				-	-
19.8 Aggregate write-ins for other administrative expenses	1,118,556	1,104,770	4,556,667	9.65	8.11
19.9 Total administrative expenses	3,391,433	3,327,866	13,396,447	29.26	23.84
20. Increase in reserves for A&H contracts				-	-
21. Total underwriting deductions (Lines 17 to 20)	91,750,919	74,147,629	311,810,547	791.71	554.90
22. Net underwriting gain or (loss) (Lines 6 - 21)	(7,976,065)	2,991,390	(4,170,020)	(68.82)	(7.42)
23. Net investment income earned				-	-
24. Net realized capital gains or (losses) less capital gains taxes				-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	-	-	-	-
26. Aggregate write-ins for other income or expenses	-	-	-	-	-
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(7,976,065)	2,991,390	(4,170,020)	(68.82)	(7.42)
28. Federal income taxes incurred				-	-
29. Net income (loss) (Lines 27 - 28)	(7,976,065)	2,991,390	(4,170,020)	(68.82)	(7.42)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Excellus Performance Guarantee	-	-	300,968	-	0.54
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)	-	-	300,968	-	0.54
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical Claims	859,569	785,019	3,264,883	7.42	5.81
1202. Change in Claims Payable	2,567,976	(325,787)	1,326,867	22.16	2.36
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)	3,427,545	459,232	4,591,750	29.58	8.17
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	864,957	371,439	638,494	7.46	1.14
1402.				-	-
1403.				-	-
1404.				-	-
1405.				-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	864,957	371,439	638,494	7.46	1.14
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	-	-	85,089	-	0.15
19.802. Covered Lives Assessment	1,076,141	1,078,897	4,289,588	9.29	7.63
19.803. AEA Fees	27,487	25,873	110,940	0.24	0.20
19.804. Miscellaneous expenses	14,928	-	33,593	0.13	0.06
19.805.				-	-
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	37,457	-	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	1,118,556	1,104,770	4,556,667	9.65	8.11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601.				-	-
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	97,954,731	102,124,751
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(7,976,065)	(4,170,020)
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)	1,180,243	801,601
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	(1,180,243)	(801,601)
47. Net change in capital and surplus (Lines 31 to 46)	(7,976,065)	(4,170,020)
48. Capital and surplus end of reporting period (Line30 + 47)**	89,978,666	97,954,731
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	\$ (1,180,243)	\$ (801,601)
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)	(1,180,243)	(801,601)

* 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 the 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
N/A					
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
N/A					
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 - \$1,000,000 limit with retention of \$10,000 for each claim effective June 1, 2023 through June 1, 2024

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 Street, 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]
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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: 08/12/1508/12/15

ii)

When was the request approved?

Date: 12/29/1712/29/17

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 []
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b)

If No, give details:

13. a)

Was the MCHBP's prior year's annual statement amended?

Yes []	No [X]
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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 []
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15. a)

What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$0

b)

List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
N/A	

16. a)

Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?
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.

Yes []	No [X]
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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 []
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b)

If a) is "Yes", answer the following:

i)

When was the request filed with the Department of Financial Services?

Date: 10/26/17

ii)

When was the request approved?

Date: 10/26/17

iii)

If approved, please attach a copy of the current community rating methodology as well as the approval letter.

c)

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

18. a)

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

Yes [X]	No []
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b)

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

Yes []	No []
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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]
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i)

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

Yes []	No []
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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
RASHP 2 Checking - M&T		XXX	0.030	XXX	XXX	80,406	-	19,007,126
RASHP 2 Chase Savings		XXX	0.028	XXX	XXX	5,089	-	1,579,941
Five Star Money Market		XXX	0.000	XXX	XXX	-	-	40
		XXX		XXX	XXX			
		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	85,495	-	20,587,107
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	85,495	-	20,587,107
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
NYCLASS			over 5% (varies daily)			17,490	-	2,294,773
Five Star CD's			4.2 - 5.25%			934,287	-	57,096,991
Excellus Cash advance			N/A			-	-	6,263,300
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	951,777	-	65,655,064
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$	1,037,272	\$	86,242,171
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

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
West Union Free School District	382,824	380,934			-	\$ 763,758
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	382,824	380,934	-	-	-	763,758
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	382,824	380,934	-	-	-	763,758
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						763,758

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	13,796,981	27,788,115	1,518,716	21,247,451	15,315,697	22,860,061	7,544,364
2. Drug Claims	(506,315)	25,408,120	-	5,349,078	(506,315)	4,598,315	5,104,630
3. Other	3,011,946	16,592,663	881,013	12,712,976	3,892,959	12,236,066	8,343,107
4. TOTAL	16,302,612	69,788,898	2,399,729	39,309,505	18,702,341	39,694,442	20,992,101

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

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

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

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

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

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

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	14,530	14,570			

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	38,487	38,567			

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	14,570
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	327,268,240
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	16,363,412
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	15,183,169
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	16,363,412

OVERFLOW PAGE FOR WRITE-INS

		Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
		1	2	3	4	5
		Total	Total	Total	PMPM	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		-	-	37,457	-	0
19.807.					-	-
19.808.					-	-
19.809.					-	-
19.810.					-	-
19.898. TOTALS (Items 19.806 thru 19.810)				37,457	-	0
Page NY 4						
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT						
ITEM 26 FOR OTHER INCOME OR EXPENSES						
2606.					-	-
2607.					-	-
2608.					-	-
2609.					-	-
2610.					-	-
2698. TOTALS (Items 2606 thru 2610)					-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS		
	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5 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 NY5 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.