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 YEAR ENDING

December 31, 2022

To be filed 120 days from fiscal year 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

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

ANNUAL STATEMENT

Rochester Area School Health Plant II Municipal Cooperative Health Seath Plant II Municipal Cooperative Health Seath Programme of the Seath of the Seath of New York made to the New York Seath Popular of Principal Services purposed to the Seath of New York made to the New York Seath Popular of Principal Services purposed to the Seath of New York Seath Programme of the New York Seath Popular of Principal Services purposed to the Seath of New York Seath Principal Services Principal Serv			E CONDITION AND AFFAII		
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Alling Advises: Alling					
Address : Manifer and Process : 3599 Big Raige Raiss September Nr 14559 2599 Big Raige Raiss September I Nr 14559 2590 Big Raiss Raiss Septem	Date Certified As A MCHBP:	January 1, 2018	<u>]</u>		
Address of Walls Administrative Office (Registration of Books and Records Service of Administrative Manual Process Service of Administrative Manual Process Service of Administrative Manual Contact Person Ental Service (Contect Person Ental Service (Administrative Manual Contact Person Ental Service Areas (Contect) (Service Manual Contact Person Ental Service Areas (Contect) (Service Manual Contact Person Ental Service Areas (Contect) (Service Manual Contact Person Ental Service Manual Contact Person Person Person Person Person Person Person Person Pers	Commenced Business:	January 1, 2004			
Telephone Number: See See See See See See See See See Se	Mailing Address:	3599 Big Ridge Road, Spe	ncerport, NY 14559		
Telephone Number: Secondary Secondary	Address of Main Administrative Office:	3599 Big Ridge Road, Spe	ncerport, NY 14559		
Value of Statement Contact Person: Statement Contact Person: Statement Contact Person: Service Areas (Countes): Morines OFFICERS' Other Officers: Social Coveril One Officers: OOVERNING BOARD To Mance Tipe Manciosity Morines 2 - Coleans BOCES One Officers: Manciosity Morines 2 - Coleans BOCES One Officers: Manciosity Morines 2 - Coleans BOCES One Officers: Morines Coleans BOCES One Officers Morines Coleans BOCES One Officers One Officers Morines Coleans BOCES One Officers One Officers Morines Coleans BOCES One Officers One O	Telephone Number:				82-2738684
State of Statement Contact Person. E-rail E-review Areas (Counters): Designment Contact Person E-rail E-review Areas (Counters):	Principal Location of Books and Records:	3599 Big Ridge Road, Spe	ncerport, NY 14559		
Science Areas (Counties) Science Areas (Counties) Science Areas (Counties)	Name of Administrator:				
Service Avas (Countles): Other Officers	Name of Statement Contact Person:	Jennifer Talbot			
OFFICERS* Other Officers Scott Covet Scott Covet OCAL Street COVERNING BOARD* OCAL Street Name Coll Covet Covet Covet Covet Covet Name Coll Covet Name Coll Covet	Statement Contact Person E-mail	jennifer.talbot@monroe2bo	ces.org	_ Telephone Number:	585-352-2441
Receitable Secretary: Lou, Alaimo OVERNING BOARD Total Treasurer - Jennifier Tabbod OVERNING BOARD Name Total Treasurer - Jennifier Tabbod Serve Roland OVERNING BOARD Monroe SOCES Monroe SOCE	Service Areas (Counties):	Monroe			
Receitable Secretary: Lou, Alaimo OVERNING BOARD Total Treasurer - Jennifier Tabbod OVERNING BOARD Name Total Treasurer - Jennifier Tabbod Serve Roland OVERNING BOARD Monroe SOCES Monroe SOCE					
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Country OF Morroe Country Of Mo	Secretary:	Lou Alaimo		_	Deputy Treasurer - Jennifer Talbot
Sout Covell Chairperson Ch	Chief Financial Officer:	Steve Roland			
Sout Covell Chairperson Ch			COVERNING DOADS		
Scott Covell Chairperson Siever Roland Treasurer Out Allamo Servistary Servis			GOVERNING BOARD		
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# Michael Vespi Director Dire	Colin Pierce			Honeoye Falls-Lima Ce	ntral School District
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Allames Bernan Director Direc	Andrew Whitmore	Director		Rush-Henrietta Central	School District
James Brenan Director Director Director Director Director Director Director Director Diversor Director Diversor Director Diversor Director Directo					
COUNTY OF Monroe County Of Mo		Director		West Irondequoit Centra	al School District
County OF Monroe County Of Mo					
COUNTY OF Monroe STATE OF New York COUNTY OF Monroe COUNTY OF Monroe COUNTY OF Monroe COUNTY OF Monroe County of Image: President, County of Honoroe County of Monroe County of Honoroe County of Monroe (Corporate Seal) Yes [] No []				04 10 00 00 00	
SCOULT OF Monroe COUNTY OF Monroe President, Chief Financial Officer (or Corresponding person having charge of the financial Reports of the MCHBP) of the Rochester Area & doited Health Plan I Municipal Cooperative Health Benefit Plan being duly sworn, each depose and say 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. Then and clear from any liens or claims thereon, except as herein stated, and that his Statement, together with related exhibits, schedules and exhedules and exhedules and exhedules and exhedules and the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of the condition and the period stated above, and of the condition and the period stated above, and of the condition and the period stated above, and of the condition and the period stated above, and of the condition and the perio					
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COUNTY OF Monroe Scott Covell President, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the records of the MCHBP 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, and that on the reporting period stated above, all of the herein assets were that a statement of all the assets and liabilities 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 did make and isabilities and of the condition and affairs of the said MCHBP as did MCHBP as d					
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Cott Covell President, Chief Financial Officer (or Corresponding person having charge of the financial ecords of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each depose industry that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein issests were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that his 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 is 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 Oay of President Chief Financial Officer (Year) Chief Financial Officer Chief Financial Officer County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No []	STATE OF NEW YORK				
Chief Financial Officer (or Corresponding person having charge of the financial Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan being duly sworn, each depose and say that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein sasets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that his 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 Day of President Secretary Chief Financial Officer (Month) (Year) Day of Corporate Seal) Notary Public, State of New York County of Monroe Commission Expires June 21, 20 20 (a) Is this an original filing?	COUNTY	OF Monroe			
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Asterment 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 Oay of President Secretary Chief Financial Officer Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No [].					
Subscribed And Sworn To Before Me This Chief Financial Officer Chief Financial Officer Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? President Secretary (Corporate Seal) Yes [] No []	tatement of all the assets and liabilities and	d of the condition and affairs of t	the said MCHBP as of the re	eporting period stated abo	ove, and of
Chief Financial Officer LISA HARTMAN Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Secretary (Corporate Seal)	is income and deductions therefrom for the	period reported, according to the	e best of their information,	knowledge and belief, res	spectively.
Chief Financial Officer LISA HARTMAN Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Secretary (Corporate Seal)	Subscribed And Sworn To Before Me This		Day of	7	President
Chief Financial Officer LISA HARTMAN Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? (Corporate Seal) Yes [] No []				10,	Constant
Chief Financial Officer LISA HARTIMAN Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No []	(Month)	(Year)			Secretary
Notary Public, State of New York County of Monroe Commission Expires June 21, 20 220 (a) Is this an original filing? (Corporate Seal) (Page 1) (A) Is this an original filing? (Corporate Seal) (A) Is this an original filing?	(Wollar) I			<u> </u>	Chief Financial Officer
Notary Public, State of New York County of Monroe Commission Expires June 21, 20 220 (a) Is this an original filing? (Corporate Seal) (Proporate Seal) (A) Is this an original filing?		1) 2) 1 124	,		
Notary Public, State of New York County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No []	NOTARY BURN	C			(Comorate Seal)
County of Monroe Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No []	NOTARY PUBLISA HART	MAN			(Obiporate Cear)
Commission Expires June 21, 20 (a) Is this an original filing? Yes [] No []	NOTARY PUBLISA HART	MAN			(Corporate Cear)
(a) Is this an original filing? Yes [] No []	LISA HART Notary Public, State	MAN of New York			(corporate ocar)
· ·	LISA HART Notary Public, State County of M	MAN of New York onroe			(corporate ocar)
· ·	LISA HART Notary Public, State County of M	MAN of New York onroe			(cupotate dear)
(b) If no: (i) state the amendment number	LISA HART Notary Public, State County of M	MAN of New York onroe June 21, 20 <u>2</u>		Yes ()	
	LISA HART Notary Public, State County of M	MAN of New York onroe June 21, 20 <u>ale</u> (a) Is this an original filing?			

(iii) number of pages attached

[&]quot;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.

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

ANNUAL STATEMENT

FOR THE PERIOD ENDING	December 31, 2022
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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 A MCHBP:	January 1, 2	2018		
Commenced Business:	January 1, 2			
Mailing Address:	3599 Big Ridge Road.	Spencerport, NY 14559		
Address of Main Administrative Office:		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@monroe	2boces.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		-	Separation and the separation of the separation
	TOTAL TOTAL TO	 	· · · · · · · · · · · · · · · · · · ·	
		GOVERNING BOARD)*	
Name	Title			Municipality
Scott Covell Steve Roland	Chairperson Treasurer	-	Monroe I BOCES Monroe 2 - Orleans BO	CES
Lou Alaimo	Secretary		Brighton Central School	I District
Darrin Winkley Matthew Deamural	Director Director	_	Brockport Central Scho Churchville-Chili Centra	
John Abbott	Director		East Irondequoit Centra	al School District
Staci SanSoucie Matthew Stevens	Director Director	_	East Rochester Union F Fairport Central School	
Mitchell Ball	Director		Gates Chili Central Sch	nool District
Romeo Colilli Adam Giest	Director Director		Greece Central School Hilton Central School D	
# Colin Pierce	Director		Honeoye Falls-Lima Ce	
Dan Driffill # Michael Vespi	Director Director		Penfield Central School Pittsford Central School	
Andrew Whitmore	Director		Rush-Henrietta Central	
Rick Wood Brian Freeman	Director Director		Spencerport Central School	
James Brennan	Director		Webster Central Schoo West Irondequoit Centr	
Jessica Jackson Charlotte Kimberly-Haag	Director		Wheatland-Chili Centra	
Kathy Occhioni	Director Director			District (NYSUT Representative) School District (NYSUT Representative)
Dwayne Cerbone Kevin Thornton	Director			District (NYSUT Representative)
Bill Gregory	Director Director	-	SAANYS	District (NYSUT Representative)
		-		
STATE OF New York				
	1			
dounty/c	Monroe			
Scott Covell	President,	Lou Alaimo		, Secretary,
Steve Roland ecords of the MCHBP) of the		(or Corresponding person havi		
and say that they are the above described of				, being duly sworn, each depose erein
assets were the absolute property of the said	MCHBP, free and clear fro	om any liens or claims thereon,	except as herein stated, a	and that
his Statement, together with related exhibits, statement of all the assets and liabilities and				
ts income and deductions therefrom for the p				
Subscribed And Sworn To Before Me This	11040	Day of		President
Mairen	2/2			
(Month)	(Year)		<u> </u>	Secretary
i Velennallille	11			Chief Financial Officer
NOTARY PUBLI	ie .	_		
REBEGGA N	M. KERR			(Corporate Seal)
NOTARY PUBLIC STAT	TE OF NEW YO	RK		
MONROE COUNTY I	NO 01KE628639)2 [']		
COMMISSION EXPIR	RES 115120	26		
		F		
	(a) Is this an original fili	ng?	Yes []	No []
	(b) If no:	(i) state the amendment nu	mber	
		(ii) date filed		
		(iii) number of pages attach	ned	
		,, Fugue etteri		

^{*}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.

${\bf MUNICIPAL\ COOPERATIVE\ HEALTH\ BENEFIT\ PLANS\ (MCHBP)-NEW\ YORK\ DATA\ REQUIREMENTS}$

ANNUAL STATEMENT

FOR THE PERIOD ENDING	December 31, 2022

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 A MCHBP:	January 1, 201	· •	•	
Commenced Business:	January 1, 201 January 1, 200			
	A 7			
Mailing Address:	3599 Big Ridge Road, Sp			
Address of Main Administrative Office:	3599 Big Ridge Road, Spe			7-
Telephone Number: Principal Location of Books and Records:	585-352-2400	Employer's ID Number:		82-2738684
Name of Administrator:	3599 Big Ridge Road, Spi	encerport, NT 14559		
Name of Statement Contact Person:	Jennifer Talbot	-		
Statement Contact Person E-mail	jennifer.talbot@monroe2b	2000 000	Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe	0063.019	_ releptions (valide).	1365-332-2441
(33, 1, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				
		OFFICERS*		
President:	Scott Covell		Other Officers	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo	-	_	
•			-	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD	•	
<u>Name</u>	Title	2		Municipality
Scott Covell Steve Roland	Chairperson Treasurer		Monroe BOCES	250
Lou Alaimo	Secretary		Monroe 2 - Orleans BOO Brighton Central School	
Darrin Winkley Matthew Deamural	Director Director		Brockport Central School	
John Abbott	Director		Churchville-Chili Central East Irondequoit Centra	School District
Staci SanSoucie Matthew Stevens	Director Director	-	East Rochester Union F Fairport Central School	ree School District
Mitchell Ball	Director		Gates Chili Central School	
Romeo Colilli Adam Giest	Director Director		Greece Central School I Hilton Central School Di	
# Colin Pierce	Director		Honeoye Falls-Lima Cer	
Dan Driffill # Michael Vespi	Director Director		Penfield Central School Pittsford Central School	
Andrew Whitmore	Director		Rush-Henrietta Central	School District
Rick Wood Brian Freeman	Director	- I	Spencerport Central School Webster Central School	
James Brennan	Director	1	West Irondequoit Centra	
Jessica Jackson Charlotte Kimberly-Haag	Director Director		Wheatland-Chili Central	School District District (NYSUT Representative)
Kathy Occhioni	Director		Churchville-Chili Central	School District (NYSUT Representative)
Dwayne Cerbone Kevin Thornton	Director Director	-		District (NYSUT Representative) District (NYSUT Representative)
Bill Gregory	Director		SAANYS	District (NTSOT Nepresentative)
		-		
	_	-		
STATE OF New York				
COUNTY	The Imonroe			
Scott Covell	, President,	Lou Alaimo	a sharps of the finencial	, Secretary,
Steve Roland records of the MCHBP) of the		Corresponding person havin alth Plan II Municipal Cooper		, being duly swom, each depose
and say that they are the above described off				
assets were the absolute property of the said this Statement, together with related exhibits,				
statement of all the assets and liabilities and of				
its income and deductions therefrom for the p	10th	ie oest of their information, Kr	iowicayo and Delien, respi	Scuvery.
Subscribed And Sworn To Before Me This	3577	Day of		President
TIVIT	WLD		<u> </u>	Secretary
· M. Da (Monto) My	(Year)			Chief Financial Officer
Grander 100		_		CLUST FINANCIAL OTICO
NOTARY PUBLIC (Seal)	C			(Corporate Seal)
(000)				(Corporate Sear)
#ELANIE M. DICKSON	N			
···v Public, State of New	/ York			
No. 01DI6084720 Qualified in Monroe Cou	ntv .			
Commission Expires Dec. 18	5, 20 <i>_LLQ</i>			
	(a) Is this an original filing?	'	Yes []	No [_]
	(b) If no:	(i) state the amendment num	nber	
*,		(ii) date filed		
			, I	
		(iii) number of pages attache	ed	

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

December	21	2022
December	IJΙ,	2022

OF THE (Year Ending)

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999)	55,223,611	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)		
2.2 Common stocks (Schedule B line 0399999)		
3. Real estate (Schedule J line 0199999)		
4.1 Cash (Schedule A Line 0399999)	21,389,811	50,551,136
4.2 Cash equivalents (Schedule A Line 0499999)	62,535,277	79,130,060
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	83,925,088	129,681,196
5. Premiums receivable (Schedule C, NY 10)	6,045,460	4,243,742
6. Other invested assets		
7. Receivable for securities		
Aggregate write-in for invested assets		
Subtotal cash and invested assets (Lines 1 to 8)	145,194,159	133,924,938
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest		
thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets		
17. Total Assets(Lines 9 to 16)	145,194,159	133,924,938
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801.		
0802.		
0802.		
0804.		·
0805.		
0898. Summary of remaining write-ins for Item 8 from overflow page		
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		
601.		
602.		
1603. <u> </u>		
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)	The second secon	ALIMATE DATE OF THE REPORT OF THE SERVICE STATES

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

December 31, 2022 (Year Ending)

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	35,142,014	36,642,906
1.2 Additional amount required by Section 4706(a)(1)		1
1.3 Total claims payable	35,142,014	36,642,907
Premiums received in advance General expenses due or accrued	2,293,271	2,744,168
General expenses due or accrued Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
Ceded reinsurance premiums payable		
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)	345,971	365,162
12. Claim stabilization reserve	5,288,152	5,269,120
13. Unearned premiums		
14. Loans and notes payable		-
15. Aggregate write-ins for current liabilities16. Total liabilities (Lines 1 to 16)	42,000,400	45 001 057
17. Aggregate write-ins for special surplus funds	43,069,408	45,021,357
Aggregate write-ins for special surplus furius Bross paid-in and contributed surplus		**************************************
19. Unassigned funds (surplus)	87,743,183	75,348,841
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	14,381,568	13,554,740
22. Total capital and surplus (Lines 17 to 21)	102,124,751	88,903,581
23. Total liabilities, capital, and surplus (Lines 16 + 22)	145,194,159	133,924,938
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 NY3, 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 NY3, 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 NY3, item 17)		

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

NY 3

^{**} Calculation of current year reserves shown on NY16 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year	Previous Year *	Current Year	Previous Year
	1 Total	2 Total	3 PMPM	4 PMPM
. Member Months	464,848	467,394	XXX	XXX
. Net premium income:		1		
2.1 Basic	201,341,956	189,766,366	433.14	406.0
2.2 Drugs 2.3 Total	86,289,409 287,631,365	81,328,442 271,094,808	185.63 618.76	174.0 580.0
Change in unearned premium reserves and reserve for rate credits:	207,031,303	271,054,000	010.70	560.1
3.1 Basic				
3.2 Drugs			and the second of the second	-
3.3 Total				
Aggregate write-ins for other health care related revenues	1,818,434	25,013	3.91	0.0
i. Non-health revenues	393,448	50,084	XXX	XXX
3. Total revenues (Items 2 to 5)	289,843,247	271,169,905	623.52	580.
			-	
lospital and Medical:	404.045.055	100 000 500	205.05	
Hospital/medical benefits Other professional services	104,615,355 67,770,811	109,698,538	225.05 145.79	234. 148.
Outside referrals	07,770,611	09,330,049	145:79	140.
D. Emergency room and out-of-area	8,671,568	8,533,036	18.65	18.
Prescription drugs	79,848,115	72,577,389	171.77	155.
Aggregate write-ins for other hospital and medical	2,296,392	5,625,347	4.94	12.
Incentive pool, withhold adjustments and bonus amounts				
Aggregate write-ins for other expenses	19,032	735,380	0.04	Marini Line 1.
5. Subtotal (Lines 7 to 14)	263,221,273	266,525,739	566.25	570.
988:	(444.070)	(400,000)	(0.00)	- /0
Net reinsurance recoveries Total hospital and medical (Lines 15-16)	(114,876) 263,336,149	(109,900)	(0.25)	(0. 570.
3. Claims adjustment expenses, including cost containment expenses	203,330,149	200,033,039	300.30	570.
General administrative expenses			COLUMN TO STATE OF THE	
19.1 Compensation		10		
19.2 Interest expense		all dis		
19.3 Occupancy, depreciation, and amortization		-		
19.4 Marketing		13		
19.5 Professional Fees	57,031	40,901	0.12	0.
19.6 Administration Fees	8,678,818	9,259,769	18.67	19.
19.7 Consulting Fees	4 FEO 070	4.040.007	- 70	
19.8 Aggregate write-ins for other administrative expenses 19.9 Total administrative expenses	4,550,078 13,285,927	4,340,327 13,640,997	9.79	9. 29.
D. Increase in reserves for A&H contracts	13,263,927	13,640,997	20.36	29
Total underwriting deductions (Lines 17 to 20)	276,622,076	280,276,636	595.08	599.
2. Net underwriting gain or (loss) (Lines 6 - 21)	13,221,171	(9,106,731)	28.44	(19.
3. Net investment income earned				erit i flavorist school of
Net realized capital gains or (losses) less capital gains taxes				
5. Net investment gains or (losses) (Lines 23 + 24)	(- Education of the Control of the	THE RESERVE OF THE PARTY OF THE		Denied and a series
Aggregate write-ins for other income or expenses	411111111111111111111111111111111111111	A CONTRACTOR OF THE CONTRACTOR	(0.00)	0.
7. Net income or (loss) after capital gains tax and before all other			James Cont.	
federal income taxes (Lines 22 + 25 + 26)	13,221,170	(9,106,730)	28.44	(19.
8. Federal income taxes incurred	12 001 170	(0.106.700)	- 00 44	-
9. Net income (loss) (Lines 27 - 28)	13,221,170	(9,106,730)	28.44	(19.
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER IEALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables	1 720 424	25,013	2.70	0.0
## ACCOUNT OF THE PROPERTY OF	1,730,434 88,000	25,013	3.72 0.19	0.0
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 406. 407. 407. 407. 407. 407. 407. 407. 407	1,730,434	25,013	0.19	•
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee Excellus reimbursement for share of DFS audit fees 404. 405. 406. 407. 407. 407. 407. 407. 407. 407. 407	1,730,434 88,000		0.19	
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 406. 407. 408. Summary of remaining write-ins for Item 4 from overflow page 499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER	1,730,434 88,000		0.19	
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434	25,013	3.91	0.
tealth care related revenues 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932	25,013	3.91	0.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 405. 406. 407. 407. 407. 407. 407. 407. 407. 407	1,730,434 88,000 1,818,434	25,013	3.91 7.14 (2.20)	0.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 498. Summary of remaining write-ins for Item 4 from overflow page 499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable	1,730,434 88,000 1,818,434 3,317,932	25,013	3.91	0.
### AGRE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405.	1,730,434 88,000 1,818,434 3,317,932	25,013	3.91 7.14 (2.20)	7.7.4.4.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 498. Summary of remaining write-ins for Item 4 from overflow page 499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable	1,730,434 88,000 1,818,434 3,317,932	25,013	7.14 (2.20)	7. 4.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405 408. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203 204. 205.	1,730,434 88,000 1,818,434 3,317,932	25,013	7.14 (2.20)	0.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405. Excellus reimbursement for share of DFS audit fees 409. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. Change in Claims Payable 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)	1,730,434 88,000 1,818,434 3,317,932 (1,021,540)	25,013 3,290,985 2,334,362	7.14: (2.20)	7. 4.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. Excellus reimbursement for share of DFS audit fees 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. Economic Summary of remaining write-ins for Item 12 from overflow page 204. Economic Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER	1,730,434 88,000 1,818,434 3,317,932 (1,021,540)	25,013 3,290,985 2,334,362	7.14: (2.20)	0.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 408. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	7.14 (2.20)	7. 4.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 408. Summary of remaining write-ins for Item 4 from overflow page 499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve	1,730,434 88,000 1,818,434 3,317,932 (1,021,540)	25,013 3,290,985 2,334,362	7.14: (2.20)	7. 4. 12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405. Excellus reimbursement for share of DFS audit fees 409. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 	7. 4. 12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. Page 10	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 	7. 4. 12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 	12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 	7. 4
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 3.91 7.14 (2.20) 4.94	12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347	0.19 	12.
Change in Non-Admitted Receivables Excellus Performance Guarantee Excellus Performance Guarantee Excellus reimbursement for share of DFS audit fees 103. Excellus reimbursement for share of DFS audit fees 104. 105. 106. 107. 108. Summary of remaining write-ins for Item 4 from overflow page 109. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER DISPITAL AND MEDICAL 101. Other Hospital and Medical claims 102. Change in Claims Payable 103. 108. Summary of remaining write-ins for Item 12 from overflow page 109. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER REPENSES 101. Change in Stabilization Reserve 102. 103. 104. 105. 106. 106. 106. 106. 106. 106. 106. 106	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347 735,380	0.19	12.
Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. 105. 106. 107. 108. 108. Summary of remaining write-ins for Item 4 from overflow page 109. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER DSPITAL AND MEDICAL 101. Other Hospital and Medical claims 102. Change in Claims Payable 103. 104. 105. 108. Summary of remaining write-ins for Item 12 from overflow page 109. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER REPENSES 101. Change in Stabilization Reserve 102. 103. 104. 105. 106. 106. 106. 106. 106. 106. 106. 106	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392	25,013 3,290,985 2,334,362 5,625,347 735,380 735,380	0.19	7. 4. 4. 12. 11. 1
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus reimbursement for share of DFS audit fees 103. Excellus reimbursement for share of DFS audit fees 104. 105. 106. 107. 108. Summary of remaining write-ins for Item 4 from overflow page 109. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER 109. 107. 107. 107. 107. 107. 107. 107. 107	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645	25,013 3,290,985 2,334,362 5,625,347 735,380 735,380 78,276 3,915,968	0.19	7. 4. 4. 12. 12. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. 105. 106. 107. 108. Summary of remaining write-ins for Item 4 from overflow page 109. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER DSPITAL AND MEDICAL 101. Other Hospital and Medical claims 102. Change in Claims Payable 103. 104. 105. 106. 106. 106. 106. 106. 106. 106. 106	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645 113,616	25,013 3,290,985 2,334,362 5,625,347 735,380 735,380 78,276 3,915,968 145,695	0.19	12. 12.
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus reimbursement for share of DFS audit fees 104. 105. 106. 107. 107. 107. 107. 107. 107. 107. 107	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 4,112,645 113,616 19,896	25,013 3,290,985 2,334,362 5,625,347 735,380 735,380 78,276 3,915,968 145,695 21,418	0.19	12.
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. 105. Sexumary of remaining write-ins for Item 4 from overflow page 1099. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 101. Other Hospital and Medical claims 102. Change in Claims Payable 103. Change in Claims Payable 104. Change in Claims Payable 105. Change in Claims 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER REPENSES 101. Change in Stabilization Reserve 102. Change in Stabilization Reserve 103. Change in Stabilization Reserve 104. Change in Stabilization Reserve 105. Change in Stabilization Reserve 106. Change in Stabilization Reserve 107. Change in Stabilization Reserve 108. Summary of remaining write-ins for Item 14 from overflow page 1099. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14) ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES 10.801. PCORI and Reinsurance Fees 10.802. Covered Lives Assessment 10.803. AEA Fees 10.804. Miscellaneous expenses 10.805. DFS Audit fees	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645 113,616	25,013 3,290,985 2,334,362 5,625,347 735,380 735,380 78,276 3,915,968 145,695	0.19	12.
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. 105. 105. 106. 107. 108. 108. 108. 108. 108. 108. 108. 108	1,730,434 88,000 1,818,434 1,818,434 1,021,540) 2,296,392 19,032 79,632 4,112,645 113,616 19,896 183,821	735,380 78,276 3,915,968 145,695 21,418 137,552	0.19	12. 1. 1. 0. 8. 0. 0. 0.
EALTH CARE RELATED REVENUES 101. Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. 105. 105. 106. 107. 108. 108. 108. 108. 108. 108. 108. 108	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645 113,616 19,896 183,821 40,468	78,276 3,915,968 145,695 21,418 137,552 41,418	0.19	12 12 10 10 10 10 10 10 10 10 10 10 10 10 10
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645 113,616 19,896 183,821 40,468	78,276 3,915,968 145,695 21,418 137,552 41,418	0.19	12. 12. 1. 1. 1. 1.
Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405. 406. 407. Excellus reimbursement for share of DFS audit fees 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims Cochange in Claims Payable 202. Change in Claims Payable 203. For MRITE-INS AGGREGATED AT ITEM 14 FOR OTHER 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve 402. 403. 404. 405. 409. 409. 409. 409. 409. 409. 409. 409	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 4,112,645 113,616 19,896 183,821 40,468 4,550,078	78,276 3,915,968 145,695 21,418 4,340,327	0.19	12. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Change in Non-Admitted Receivables Excellus Performance Guarantee 102. Excellus Performance Guarantee 103. Excellus reimbursement for share of DFS audit fees 104. Excellus reimbursement for share of DFS audit fees 105.	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 79,632 4,112,645 113,616 19,896 183,821 40,468	78,276 3,915,968 145,695 21,418 137,552 41,418	0.19 3.91 7.14 (2.20) 4.94 0.04 0.04 0.17 8.85 0.24 0.04 0.40 0 9.79	12. 12. 12.
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables Excellus Performance Guarantee 402. Excellus reimbursement for share of DFS audit fees 404. 405. 405. 406. 407. 408. 409. 409. 409. 409. 409. 409. 409. 409	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 4,112,645 113,616 19,896 183,821 40,468 4,550,078	78,276 3,915,968 145,695 21,418 4,340,327	0.19	12. 12. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 406. 407. Excellus reimbursement for share of DFS audit fees 408. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve 402. 403. 404. 405. 409. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, Item 14) ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reinsurance Fees 9.802. Covered Lives Assessment 9.803. AEA Fees 9.804. Miscellaneous expenses 9.805. DFS Audit fees 9.808. Summary of remaining write-ins for Item 19.8 from overflow page 9.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, Item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reinsurance Fees 9.802. Overed Lives Assessment 9.803. AEA Fees 9.804. Miscellaneous expenses 9.805. DFS Audit fees 9.809. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, Item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER ICOME OR EXPENSES 801. Change in Additional amount required by Section 4706(a)(1) 802.	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 4,112,645 113,616 19,896 183,821 40,468 4,550,078	78,276 3,915,968 145,695 21,418 4,340,327	0.19 3.91 7.14 (2.20) 4.94 0.04 0.04 0.17 8.85 0.24 0.04 0.40 0 9.79	12. 12. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. 408. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER COSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. 208. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve 402. 403. 404. 405. 406. 407. 408. Summary of remaining write-ins for Item 14 from overflow page 499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, Item 14) ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reissurance Fees 9.802. Covered Lives Assessment 9.803. AEA Fees 9.804. Miscellaneous expenses 9.805. DFS Audit fees 9.809. Miscellaneous expenses 9.809. Summary of remaining write-ins for Item 19.8 from overflow page 9.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER Miscellaneous expenses 9.805. DFS Audit fees 9.809. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER COME OR EXPENSES 601. Change in Additional amount required by Section 4706(a)(1) 602. 603. 604.	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 4,112,645 113,616 19,896 183,821 40,468 4,550,078	78,276 3,915,968 145,695 21,418 4,340,327	0.19 3.91 7.14 (2.20) 4.94 0.04 0.04 0.40 0.40 0.9.79 (0.00)	12. 12. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19
EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402. Excellus Performance Guarantee 403. Excellus reimbursement for share of DFS audit fees 404. 405. Summary of remaining write-ins for Item 4 from overflow page 409. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4) ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER OSPITAL AND MEDICAL 201. Other Hospital and Medical claims 202. Change in Claims Payable 203. 204. 205. Summary of remaining write-ins for Item 12 from overflow page 209. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, Item 12) ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER XPENSES 401. Change in Stabilization Reserve 402. 403. 404. 405. 405. Summary of remaining write-ins for Item 14 from overflow page 409. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, Item 14) ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reinsurance Fees 9.802. Covered Lives Assessment 9.803. AEA Fees 9.804. Miscellaneous expenses 9.805. DFS Audit fees 9.808. Summary of remaining write-ins for Item 19.8 from overflow page 9.809. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, Item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reinsurance Fees 9.802. DFS Audit fees 9.803. Summary of remaining write-ins for Item 19.8 from overflow page 9.809. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, Item 19.8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER ICOME OR EXPENSES 501. Change in Additional amount required by Section 4706(a)(1) 502.	1,730,434 88,000 1,818,434 3,317,932 (1,021,540) 2,296,392 19,032 19,032 4,112,645 113,616 19,896 183,821 40,468 4,550,078	78,276 3,915,968 145,695 21,418 4,340,327	0.19	12. 12. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19

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

December 31, 2022
(Many Fueline)

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

	Current Year	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
30. Capital and surplus prior reporting year	88,903,581	98,010,311
GAINS AND LOSSES TO CAPITAL & SURPLUS:	THE PROPERTY OF THE PARTY OF	
31. Net income or (loss) from Line 29	13,221,170	(9,106,730)
32. Change in valuation basis of aggregate policy and claim reserve		
33. Change in net unrealized capital gains and losses less capital gains tax		
34. Change in net deferred income tax		
35. Change in nonadmitted assets		
36. Change in unauthorized reinsurance		
37. Change in surplus notes		
38. Cumulative effect of changes in accounting principles		
39. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus		
40. Surplus adjustments:		
40.1 Paid in		
40.2 Transferred from capital		
41. Dividends to participating municipal corporations (or school districts)		
42. Change in surplus per Section 4706(a)(5)	826,828	128.328
43. Change in retained earnings/fund balance		
44. Interest on surplus notes		
45. Aggregate write-ins for changes in other net worth items		
46. Aggregate write-ins for gains or (losses) in surplus	(826,828)	(128,328)
47. Net change in capital and surplus (Lines 31 to 46)	13,221,170	(9,106,730)
48. Capital and surplus end of reporting year (Line 30 + 47)**	102,124,751	88,903,581
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501.		-
4502.		
4503.		
4504.		
4505.		
4598. Summary of remaining write-ins for Item 46 from overflow page		
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page NY5, item 45)	- se in acceptation and a community of a	inflamma da de la companya del companya del companya de la company
1000. TO TAES (items 4501 tills 4505 plus 4550) (Tage 1115, item 45)		4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ (826,828) \$	(128,328)
4602.		
4603.		
4604.		
4605.	Indiana and a second a second and a second a	
4698. Summary of remaining write-ins for Item 47 from overflow page		
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	(826,828)	(128,328)
, V, V.	, , , , , , , , , , , , , , , , , , , ,	()

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

OF THE

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

(Year Ending)

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
Cash from Operations	Total	Total
Premiums collected net of reinsurance	285,378,750	280,277,212
2. Net investment income	393,448	-
3. Miscellaneous income	1,818,434	50,084
4. Total (Lines 1 through 3)	287,590,632	280,327,296
5. Benefit and loss related payments	264,818,010	268,666,088
Expenses paid and aggregate write-ins for deductions	13,305,119	4,455,510
7. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains		
(losses)		
8. Total (Lines 5 through 7)	278,123,129	273,121,598
9. Net cash from operations (Line 4 minus Line 8)	9,467,503	7,205,698
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	22,435,158	
10.2 Stocks		
10.3 Real estate		
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments		
10.5 Miscellaneous proceeds		
10.6 Total investment proceeds (Lines 10.1 to 10.5)	22,435,158	
11. Cost of investments acquired (long-term only):		
11.1 Bonds	77,658,769	
11.2 Stocks	11,000,100	
11.3 Real estate		
11.4 Miscellaneous applications		
11.5 Total investments acquired (Lines 11.1 to 11.4)	77,658,769	
12. Net increase (decrease) in contract loans and premium notes	117,000,7.00	- Contract of the Contract of
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	(55,223,611)	
Cash from Financing and Miscellaneous Sources	(00,220,011)	
14. Cash provided (applied):		
14.1 Surplus notes		
14.2 Capital and paid in surplus		
14.3 Borrowed funds	-	
14.4 Dividends to participants		
14.5 Other cash provided (applied)		
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line		WEST CONSTRUCTION
14.4 plus Line 14.5)	and the second s	and the second of the second o
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines land 15)	(45,756,108)	7,205,698
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	129681196	12247549
17.2 End of year (Line 16 plus Line 17.1) *	83,925,088	129,681,196

 $[\]mbox{^{*}}$ Line 17.2 should be the same amount reported on NY2, Line 4.3

STATEMENT AS OF December 31, 2022 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name)

GENERAL INTERROGATORIES (Continued)

13 a)	Provide the following information	on on the MCHBP's general liability insurance	coverage:					
i)	Name of Carrier:	Travelers Excess and Surplus Lines Comp	pany					
ii)	Limits of Coverage:	General Liability: \$1,000,000						
iii)	Expiration Date:	June 1, 2023						
14	Complete the Itemization of Sto	p-Loss Fund Recoveries schedule below.						
			Itemization of	Stop-Loss Fun	d Recoveries			
		Aggregate Stop-Loss Coverage	Current Year		Projected			
		Per Insurance Law § 4707(a)(1) 2. Specific Stop-Loss Coverage	0	0	0			
		Per Insurance Law § 4707(a)(2) 3. Total	0	0	0			
15 a)	Provide the following information	on on the MCHBP's reinsurance (stop-loss) co	waraga:	0				
i)	Name of Carrier:	Excellus Blue Cross Blue Shield	verage.					
ii)	Limits of Coverage:	Contract period 01/01-22 - 12/31/2022						
")	Limits of Coverage.	Specific Deductible: \$5,000,000 Incurred 1 Aggregate Stop-Loss Monthly Aggregate F				nit per person		_
iii)	Expiration Date:	Minimum annual aggregate deductible \$30				-		=
iv)	Please attach a copy of the st							
		ctuary's certification of expected claims for	r current ficaal ve					
v)			current tiscal ye	ai.				
b)	If the MCHBP does not have thi	s coverage, explain:						
16 -)		im liability for hospital and other medical servi	inac on a continu	lata basis?				Yes [X] No []
16 a)	If No, give details:	m lability for hospital and other medical servi	Ces on a service (iate basis:				Tes [X] NO[]
b)	ii No, give details:							
17 a)	Was the MCHBP's prior year's a	annual statement amended?						Yes [X] No []
t/ a)		rmation regarding the last amendment to the p	nrinr vear's annua	statement				Hes [X] Hot]
υ,	filed with the MCHBP's state of		prior year 3 amila	Statement				
	i) Amendment number	1						
	ii) Date of amendment	06/06/22						
18 a)	What is the name and address	of the independent certified public accountant	t or accounting fire	n retained to c	onduct the annu	al audit?		
	Mengel Metzger Barr and Co LL 100 Chestnut Street, Suite 1200							
	Rochester, NY 14604							
b)	Has the independent certified p	ublic accountant or accounting firm changed	since the prior yea	rs annual audi	1?			Yes [] No [X]
c)	If answer is Yes, did the MCHBI Insurance Regulation No. 118 (P submit the required notifications as outlined	d in New York Stat	e Department	of Financial Ser	vices		Yes [] No []
d)	-	he required notifications to this submission.						
19		I affiliation (officer/employee of the reporting e	entity or actuary/co	nsultant assoc	iated with an ac	tuarial		
		I providing the statement of actuarial opinion/						
	Robert Jordan, A.S.A., M.A.A.A	Arthur J. Gallagher 125-310 Village Boulevi	ard, Princeton, NJ	05840-5753				
20	Does the reporting entity keep a committees thereof?	a complete permanent record of the proceeding	ngs of its governin	g board and all	subordinate			Yes[X] No[]
21. a)	Amount of payments for expend	ditures in connection with matters before legis	slative bodies, office	ers or departm	ents of governr	nent, if any?		\$0.
b)		e amount paid if any such payment represent podies, officers or departments of government				in connection		
	1	2		•				
	Name Name	Amount Paid N/A						
22. a)		d any amounts in excess of reserves and surp in the plan's joint funds to participating munici				e		Yes[] No[X]
	Note: Planned refunds of any ar	mounts in excess of reserves and surplus req sion of this statement, but before the next req	uired by § 4706 o	the New York	Insurance Law			
	Department with 30-days				,			
b)	If a) is "Yes", provide the following	ing:						
	i) Anticipated date of distrib	ution.					D	eate: N/A
	ii) Anticipated amount of dis-	tribution.						N/A
23. a)	Has the MCHBP's current comm § 4705(d)(5)(B) of the New York	munity rating methodology been filed with and k Insurance Law?	approved by the	superintendent	as required by			Yes [X] No []
b)	If a) is "Yes", answer the followi							
• •		ed with the Department of Financial Services?	?				С	Pate: 10/26/17
	ii) When was the request a							Pate: 10/26/17
		ch a copy of the approval letter.					_	
c)	, ,,	cluding when the community rating methodolo	gy will be filed wit	h the Departme	ent of Financial	Services:		
-/	N/A							
	/							

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 Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository Cash	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX
M&T Checking Account		xxx	0.750	xxx	xxx	59,612		20,708,255
RASHP II - Chase Savings		xxx	1.810	xxx	xxx	26,458		681,544
Five Star Money Market		xxx	0.010	xxx	xxx	716		12
		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	86,786		21,389,811
0299999 Cash in Company's Office	xxx	xxx	xxx	xxx	XXX	xxx	xxx	
0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	86,786		21,389,811
Description Cash Equivalent	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Five Star Certificate of Deposits			0.6 - 4.75%			241,820		57,278,977
Excellus Cash Advance			N/A					5,256,300
					PARTY TOTAL	Million Com. or No. 18 Company	the number of Calls	
0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent	XXX	XXX	xxx xxx	XXX XXX	\$	241,820 \$ 328,606	\$	62,535,277 \$ 83,925,088

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

STATEMENT AS OF December 31, 2022 OF THE (Year Ending)

SCHEDULE B — INVESTMENTS

0499999	0399999	0399998										XXX	0299999	0299998										XXX	IOBININGATION	CUSIF	2		_	0199999	0199998	912796YJ2	912796YN3	912796YJ2	912796ZL6	912796YH6	912796XQ7	912796YXO	912796V48	912796S34	CUSIP	-	_
Total Common & Preferred Stocks	Total Common Stocks	From Overflow Page (NY 21)										List Common Stocks	Total Preferred Stocks	From Overflow Page (NY 20)		-	T. Carrier							List Preferred Stocks	_				w	Total bonds	From Overflow Page (NY 19)	US Treasury Bill	n Description	2	_								
											İ	XXX												XXX	Code)			Codes												Code	з	
												××												××	Foreign				4										I	ŀ	Foreign	4	Conca
												XXX												XX	Shigues	9	Number	ľ	л												Bond NAIC Foreign Characteristics Designation	ъ	
		xxx	XXX	xxx	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX	××											XXX	Snare	per	Value	Par	3 0												NAIC Designation	6	_
		xxx	xxx	xxx	XXX	XXX	××	××	XX	XX	XXX	××	L											XX	L		Rate		7	\$ 55,223,611	34,179,087	720,450	490,534	480.589	498,228	482 993	1,946,909	4 849 491	5 642 346	ž	Actual Cost	7	
O CAN SHOW	\$ 25.5.38.2	The state of										×	\$	3.5										ž	value	Carrying	Adjusted	Rook/	00	×	XX										Rate Used to Obtain Fair Value	80	l
XXX	XXX											XXX	XXX	XXX										XX	Fair Value	to Obtain	Share Used	Rate Per	Fair Value	\$ 55,506,437	34,355,880	720,450	490,534	480.589	498,228	482 993	1,952,467	4 865 138	5,500,120	5 985 125	Fair Value	9	- 44
Authorities 18.	\$ EM	Company of the Company										XXX	\$ 25.00 (20.00)	E a Company										XXX	value	Fair	1		alue 10	55,506,437 \$ 56,500,000	35,000,000	750,000	500,000	T	T	1	2,000,000	5,000,000	5 750 000	6,000,000	Par Value	10	_
Bullion to the company	FOR STREET S	出る 一下 第一										XXX	\$3300	THE PERSON NAMED IN										XXX	Cost	Actual			=	\$ 55,223,611	34,179,087	720,450	490,534	480.589	498,228	482 993	1.946.909	4 849 491	5,502,507	5 932 984	Book/ Adjusted Carrying Value	=	_
to the Takeon Miles		Section 12 Control										XXX	\$	The state of the last										XXX	Unpaid	but	Declared	i	3	\$ 282,826			-				5,558	35 647	32,141	52 141	Unrealized Valuation Increase/ (Decrease)	12	ı
Complete State of the Co.	经无法分为利益	Committee of the										XXX	Single C	Contract of the last										XXX	Year	During	Received	Amount	Dividends	\$ STEELS AND STORY											Current Year's (Amortization)/	13	21.90 000.01
The same of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Frank Service										XX	\$ 30 Share	-i pro mo motor.										XXX	but Unpaid	Declared	Nonadmitted	;	ž	\$2,700								İ		1	Other Than Temporary Impairment Recognized	14	Change in poorendasied carrying value
	\$	Branch of the			Ī							××	\$	7 27										××	(Decrease)	Increase/	Valuation	Ilnrealized	2	XX	XXX	××	×	×	×	XXX	× S	XX	XX	×××	Foreign Exchange Change in] 1	l
\$	×	XXX	X	XX	X	XX	×	×	Š	×	X	××	- \$	-			_					r		××	 ≥			4	Cha	š	XX	4.14	3.87	4.010	3.71	2 5	2.846	2 128	1010	_	Rate of	16	
XXX	××	XXX										××	XX	XXX								Ī		××	impairment			į,	nge in Book	š	XXX	4.14	3.87	4.010	3.71	35	2.846	3 138	1 010		Effective Rate of	17	
×××	DEET \$									T		××	××	XX	××	XXX	XXX	XXX	××	××	XX	×	X	××	s	_	_	Change	Adjusted Ca	×	XXX		1		1	1	Ť		1	4	When	18	lea rall II
* T. T. T. T. T. T. T. T. T. T. T. T. T.	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XX	XXX	XX	XX	XXX	\$ 1100000000000000000000000000000000000		F 's SERVER	Haraconto de	FRANKLIN ST	100000	COLD IN SUCE	1.000 1.000 1.000	The second second	- This could be	STORY OF	xxx	٦	_		ola Ola	Change in Book/Adjusted Carrying Value	\$ 30000000	The same of the sa										Admitted Amount Due & Accrued	19	Cot
XXX	XX	XXX	XXX	XX	XX	XXX	XXX	××	ž	×	×	××	XX	XXX	XXX	XX	XXX	XXX	XX	×	×	×	××	××	B./A.C.V.	Change in	_	+	30	\$ 100 Bloom											Amount Received During Year	20	
XXX	XX	XX	XXX	XX	××	xxx	XX	××	×	×	×	××	××	XXX	XXX	XXX	XXX	XX	××	š	×	×	×	×	Designation	NAIC		!	2	××	XXX	10/12/202	10/6/2022	10/6/2022	12/20/2022	9/8/2022	8/2/202	8/10/202	4/27/2020	T	Acquired	21	l
XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XX	×	×	×	XXX	×××	XXX	XXX	XX	XX	X	××	×	XX	×	××	XX	indicator (a)		NAIC	F	3	×	XXX	2		Ì	Ĭ	Ĭ	2 5	0	A/20/202	4	Stated Contractual Maturity Date	22	Carco
xxx	XX											×××	XXX		en.	1				E L	SUI			×××	Acquired	_			3			ជ	ယ်	إند	اً إِنْ	<u> </u>	ယ်ပြ	الق	<u>ئ]د</u>	[ند			_

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.

	1	2	ω	4	5	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
Brockport CSD	952,726				•	\$ 952,726
Churchville-Chili CSD	1,036,692					1,036,692
East Rochester UFSD	351,785					351,785
Monroe 1 BOCES	1,711,141				The state of the s	1,711,141
Pittsford CSD	1,993,116					1,993,116
					in the second se	
					Fath and the second sec	Part of the second seco
019999 Individually Listed Receivables	6,045,460					6,045,460
029999 Receivables Not Individually Listed					10 To 10 To	1
0399999 Gross Premiums Receivable	6,045,460	•	•			6,045,460
049999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					•	6,045,460

STATEMENT AS OF December 31, 2022 OF THE (Year Ending)

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

N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS (ON A FISCAL YEAR BASIS)

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] /(1-percent approved by the department expressed as a decimal)

	A	В	С	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	17%	5%	XXXXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 185,019,266	\$ 79,817,775	\$ 264,837,041	From Section I, Col C, Line 4 below. Includes expenses on
Unpaid claims PY	\$ 33,024,093	\$ 3,618,813	\$ 38,642,906	claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 31,131,541	\$ 4,010,472	\$ 35,142,013	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 31,131,542	\$ 4,010,472	\$ 35,142,014	To be reported on page NY 3 Line 1.1. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Total Additional Amount Required by Section 4706(a)(1)	\$	An and the first	\$	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 31,131,542	\$ 4,010,472	\$ 35,142,014	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

Α	В	С	D	E	
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)	
Hospital & Medical Claims - Per Actuary	117,229,423	20,795,766	19,751,472	116,185,129	
2. Drug Claims - Per Actuary	79,817,775	3,618,813	4,010,472	80,209,434	
3. Other - Per Actuary	67,789,843	12,228,327	11,380,070	66,941,586	
4. Total	264.837.041	36,642,906	35,142,014	263,336,149	

^{*} Must equal hospital and medical expenses incurred which are reported on Report #2, page NY4, Line 17

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	В	С	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
Hospital & Medical Claims - Per Actuary	-	19,751,472	19,751,472
2. Drug Claims - Per Actuary	-	4,010,472	4,010,472
3. Other - Per Actuary		11,380,070	11,380,070
4 Total		35 142 014	35 142 014

Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

ΑΑ			**		F	G**	Н
	Claims Paid Du	ring the Year*	Claims Unp of Current Estimated Lia of Curre	Year Viz: ability at End	Total Claims Paid During the Year and Claims Unpaid		
	В	C	D	E	at End of	Estimated	
Description of Claims	On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year	On Claims Incurred During the Year	Current Year on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Year	Amount Unpaid Claims is Over or (Under) Reserved
Hospital & Medical Claims	9,771,962	107,457,461		19,751,472	9,771,962	20,795,766	11,023,804
2. Drug Claims	(607,177)	80,424,952		4,010,472	(607,177)	3,618,813	4,225,990
3. Other	3,046,500	64,743,343		11,380,070	3,046,500	12,228,327	9,181,827
4. TOTAL	12,211,285	252,625,756		35,142,014	12,211,285	36,642,906	24,431,621

^{*} Must equal Section 1, Col. B.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

^{**} Must equal Section 1, Col. C.

December 31, 2022	(Year Ending)
STATEMENT AS OF	

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

OF THE

SCHEDULE G — ACCOUNTS PAYABLE

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

	_	2	3	4	5	ç
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Excellus - Covered Lives Assessment - December	343,507					343,507
Harter Secrest - December legal services	2,464					2,464
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						Section of the sectio
						A STATE OF THE STA
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						A CONTRACT OF THE PARTY OF THE
0199999 Total Accounts Payable - Individually Listed	345,971	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		E 18 7 W		345,971
0299999 Aggregate Accounts Not Individually Listed - Due						
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						
9999999 Total Accounts Payable	345,971					345,971

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year	С	D	E	F
	2022	2021	2020	2019	2018
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	145,194,159	133,924,938	133,132,463	103,695,334	99,440,864
2. Total Liabilities	43,069,408	45,021,357	35,122,152	37,086,280	34,763,001
3. Total Capital and Surplus	102,124,751	88,903,581	98,010,311	66,609,054	64,677,863
4. Contingency Reserve	14,381,568	13,554,740	13,426,412	12,571,430	12,670,998
5. Total Net Worth	102,124,751	88,903,581	98,010,311	66,609,054	64,677,863
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	287,631,365	271,094,808	268,528,230	251,428,604	253,419,953
7. Total Revenues	289,843,247	271,169,905	268,762,172	251,198,670	255,773,496
8. Total Hospital and Medical expenses	263,336,149	266,635,639	224,987,804	237,541,018	219,927,684
9. Total Administration expenses	13,285,927	13,640,997	12,573,930	12,073,032	12,100,452
10. Net Income	13,221,170	(9,106,730)	31,401,257	1,931,192	23,745,361
11. Member Months	464,848	467,394	479,095	482,644	485,867
12. Net Premium Income (PMPM)	618.76	580.01	560.49	520.94	521.58
13. Total Revenues(PMPM)	623.52	580.17	560.98	520.46	526.43
14. Total Hospital And Medical Expenses (PMPM)	566.50	570.47	469.61	492.17	452.65
15. Total Administration Expenses (PMPM)	28.58	29.19	26.25	25.01	24.90
16. Net Income (PMPM)	28.44	(19.48)	65.54	4.00	48.87
FORMULAS					
17. Other Invested Assets/Total Assets			0.00	0.00	0.00
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.92	0.98	0.84	0.94	0.86
19. Total Administration Expenses / Total Revenues	0.05	0.05	0.05	0.05	0.05
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	12,211,285	11,438,989	12,411,228	14,079,234	9,462,920
21. Estimated Liability of Unpaid Claims— Previous Yea	ar 36,642,906	30,117,427	31,840,194	29,324,100	30,095,351

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	19

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,551	14,603	14,493	14,527	14,521

SCHEDULE I-3 — ENROLLMENT DATA (Participants)

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	38,856	39,012	38,675	38,736	38,669

STATEMENT AS OF

December 31, 2022 OF THE (Year Ending)

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(Name)

SCHEDULE J — REAL ESTATE

Г	Location								Change in	Book/Adjusted Carry Encumbrances	d Carry rances	ress		
	2	ო	4	2	9	7	œ	6	10	11 Current	12	13	14	15
							Book/Adjusted			Year's Other Than		Total	Gross income Earned Less	Taxes, Repairs,
			Date	Date of Last	Actual	Amount of	Carrying Value Less	Fair Value Less	Current Year's	Temporary Impairment	Current Year's Change in Change in B./A.C.V.	Change in B./A.C.V.	Interest Incurred on	and Expenses
	City	State	Acquired	Appraisal	Cost	Encumbrances	Encumbrances	Encumbrances Encumbrances Encumbrances	Depreciation	Recognized	Encumbrances (12-10-11) Encumbrances	(12-10-11)	Encumbrances	
												THE PROPERTY.		

STATEMENT AS OF

December 31, 2022 (Year Ending)

OF THE

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

- 1. Number of paticipating Municipal Corporations
- 2. Number of enrolled members3. Maintains Stop-loss insurance as required by 4707(a)
- 3. Percentage used to calculate the Surplus per Section 4706(a)(5)
- 4. Net premium income
- 5. Surplus per Section 4706(a)(5)

	Current Year	
		19
		14,521
	Yes	
1	5.0%	1 1000
	287,63	31,365
	14,38	31,568

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-				
	Current Year	Previous Year *	Current Year 3	Previous Year *
	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
0810.			XXX	XXX
0898. TOTALS (Items 0806 thru 0810)			XXX	XXX
Dogo NV 0				
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 16 FOR OTHER THAN INVESTED ASSETS				
1606.			XXX	XXX
1607.	-		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.		4	xxx	xxx
1007.			XXX	XXX
1008.			XXX	XXX
1009.			XXX	XXX
1010. 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
1510.			XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	A CLASSIC PLY-1		XXX	XXX
Page NY 3	_			
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 17 FOR SPECIAL SURPLUS FUNDS		p.	233	
1706.			XXX	XXX
1707.			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			Miles Control of the	
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0406.				
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0406 0407				i i
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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.				- - - -
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0406. 0407. 0408. 0409. 0410. 0498. TÖTALS (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.				
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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)				
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				
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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.				
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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 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 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance	40,468	41,418		
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. 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 19.807.	-1	41,418		
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^{*} As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF

OVERFLOW PAGE FOR WRITE-INS

	Current Year	Previous Year *
	1	2
	Total	Total
age NY5		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
EM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
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^{*} As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

STATEMENT AS OF December 31, 2022 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name) (Name)

			Codes				Fa	Fair Value			Cha	Change in Book/Adjusted Carrying Value	sted Carrying Vali	er	L		Interest				Dates
-	2	3	4	2	9	7	8	6	10	Ξ	12	13	14	15	16	17	18	19	20	21	22
													Current Year's	Total							
							Rate			Book/	Unrealized		Other Than	Foreign							
							Used to			Adjusted	Valuation	Current Year's	Temporary	Exchange				Admitted	Amount		Stated
CUSIP		4		Bond	NAIC	Actual	Obtain	Cole Mobile		Carrying	Increase/	(Amortization)/	Impairment	Change in	i	Effective	When	Amount Due	_		Contractual
lderininganoni VVV	Describion	apo S	roreign	Citalaciensucs	Cesignation	1600	rall value	rail value	rar value	Agine	(Decrease)	Accretion	necodulzed	D/A. C.V.	Late of	Hale of	raid	& Accrued	During rear	Acquired	Maturity Date
***	LIST Bonds	XXX	ž	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XX	×	××	×	×	×	ž	ž
912796V48	US Treasury Bill					600626		800626	1000000	600626	0			XXX	4.3	4.3	Ī	0	0	10/20/2022	4/20/2023
912796ZM4	US Treasury Bill					4982417		4982417	2000000	4982417	0			XX	3.68	3.68		0	0	12/27/2022	1/31/2023
912796YV5	US Treasury Bill					489438		489438	200000	489438	0			××	4.45	4.45		0	0	11/1/2022	4/27/2023
912796V48	US Treasury Bill					979264		979264	1000000	979264	0			XX	4.2	4.2		0	0	10/18/2022	4/20/2023
912796YH6	US Treasury Bill					1925662		1939931	2000000	1925662	14269			X	4.028	4.028		0	0	9/7/2022	9/7/2023
912796YT0	US Treasury Bill					3833372		3848197	4000000	3833372	14825			XX	4.643	4.643		0	0	11/30/2022	11/2/2023
912796YV5	US Treasury Bill					2447023		2464773	2500000	2447023	17750			XXX	4.403	4.403		0	0	11/1/2022	4/27/2023
912796Y86	US Treasury Bill					1972762		1985248	2000000	1972762	12486			XX	4.212	4.212		0	0	11/9/2022	3/7/2023
912796X95	US Treasury Bill					1983673		1999596	2000000	1983673	15923			XXX	3.26	3.26		0	0	10/4/2022	1/5/2023
912796XR5	US Treasury Bill					1983108		1998264	2000000	1983108	15156			XX	3.333	3.333		0	0	10/12/2022	1/12/2023
912796YJ2	US Treasury Bill					4800962		4831066	2000000	4800962	30104			××	4.169	4.169		0	0	10/12/2022	10/5/2023
912796YH6	US Treasury Bill					2894093		2909896	3000000	2894093	15803			XX	3.898	3.898		0	0	10/4/2022	9/7/2023
912796YM5	US Treasury Bill					4908304		4948781	2000000	4908304	40477			××	3.8	3.8		0	0	10/4/2022	3/30/2023
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0199998	Total Overflow Bonds					\$ 34,179,087	XXX	\$ 34,355,880 \$ 35,000,000 \$ 34,179,087 \$ 176,783 \$	\$ 35,000,000	\$ 34,179,087	\$ 176,793	TO STATE OF	\$	×	ž	×××	×	5	49	××	XX

NY 19

STATEMENT AS OF December 31, 2022 OF THE Rochester Area School Health Plan III Municipal Cooperative Health Benefit Plan (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (PREFERRED STOCKS)

		Codes						Fair Value	alue			Dividends			Chang	Change in Book/Adjusted Carrying Value	usted Carry	ing Value		\mid		
-	2	8	4	2	9	7	80	6	10	Ξ	12	13	14	15	16	17	18	19	20	21	22	23
																H	Total					
															Current	Current	Change	Total Obsession	Loto			
					Par		Book	Rate Per				Amount		Linrealized	(Amoril	_		in B /A C V	Foreign		•	
				Number	Value	Rate	Adjusted	Share Used			Declared	Received	Nonadmitted		zation)				Exchange		NAIC	
CUSIP					per	Per	Carrying	to Obtain	Fair	Actual	pnt	During	Declared	Increase/	Accretio		Stocks	Stocks	Change in		Market	Date
Identification	_		Foreign	_	Share	Share	Value	Fair Value	Value	Cost	Unpaid	Year	but Unpaid	(Decrease)		pe;	Н	_		Designation	Indicator (a)	Acquired
××	List Preferred Stocks	XXX	XX	XXX	XXX	XXX	xxx	XXX	XXX	xxx	xxx	XXX	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX
	N/A																XXX		×××	××	xxx	
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																	XXX	THE SELL	×	××	XXX	
																	XXX		×	×××	XXX	
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																	XXX	LANGE STORY	××	xxx	XXX	
																	XXX		××	XXX	XXX	
																	XXX		XXX	xxx	xxx	
																	XXX	FARTHER S	××	×××	XXX	
																	XXX	Sect. 505.1	××	XXX	×××	
																	XXX	SALE SALE	××	XXX	XXX	
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029998	Total Overflow Preferred Stocks				××	××	T. Carlotte September 1	XX	September 1	S German Programmer	To a supplied to	- Strang Control			\$	××	XXX	49	××	××	××	XX

NY 20

December 31, 2022 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name) STATEMENT AS OF

Total Foreign Exchange Change in B/A.C.V. ž Total Change in B./A.C.V. Preferred Stocks (15+16-17) Total Change in B./A.C.V. Common Stocks (15-17) XXX Current Year's Other Than E Temporary (Impairment Recognized × Unrealized Vatuation Increase/ (Decrease) × OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (COMMON STOCKS) Nonadmitted Declared but Unpaid XXX Amount Received During Year XXX Declared but Unpaid XXX Actual Cost Ξ Fair Value XXX Rate Per Share Used to Obtain Fair Value × Book/ Adjusted Carrying Value XXX ISISISISISIS Number of Shares XXX Foreign ж ХХ List Common Stocks

CUSIP Identification × Date Acquired XXX

23

×

\$ XXX

XX

XX

0399998 Total Overflow Common Stocks