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

June 30, 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

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING June 30, 2024

		HE CONDITION AND AFFA		60 Phys
	Rochester Area School I	(Name) alth Benefit Plan organized u	nder the laws of the State	of New York
	made to the New York Stat	te Department of Financial S	ervices pursuant to the law	s thereof.
Date Certified As An MCHBP:	January 1, 20	18		
Commenced Business:	January 1, 200	04		
Mailing Address:	3599 Big Ridge Road, Sp	encerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Road, Sp	encerport, NY 14559		
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Sp	encerport, NY 14559		
Name of Administrator:				
Name of Statement Contact Person: Statement Contact Person E-mail	Jennifer Talbot jennifer.talbot@monroe2b	occes oro	Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe	loces.org	Telephone Humber.	303-332-244
, ,		OFFICERS*		
President:	Scott Covell		Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo		_	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland			
		GOVERNING BOAR)*	
Massa	T-11	OO VERRING BOAR		
Name Scott Coveil	Title Chairperson		Monroe I BOCES	Municipality
Steve Roland	Treasurer Secretary		Monroe 2 - Orleans BO Brighton Central School	
Darrin Winkley	Director		Brockport Central Scho	ol District
Matthew DeAmaral John Abbott	Director Director		Churchville-Chili Centra East Irondequoit Centra	
Staci SanSoucie Matthew Stevens	Director		East Rochester Union F	ree School District
Mitchell Ball	Director Director		Fairport Central School Gates Chili Central Sch	
Romeo Colilli Adam Giest	Director Director	_	Greece Central School Hilton Central School D	
Colin Pierce	Director		Honeoye Falls-Lima Ce	ntral School District
Dan Driffill Michael Vespi	Director Director	-	Penfield Central School Pittsford Central School	
Andrew Whitmore Rick Wood	Director Director		Rush-Henrietta Central	
Brian Freeman	Director		Spencerport Central School Webster Central School	
James Brennan Jessica Jackson	Director Director		West Irondequoit Central Wheatland-Chili Central	
Charlotte Kimberly-Haag	Director		Brighton Central School	District (NYSUT Representative)
Kathy Occhioni Dwayne Cerbone	Director Director	-		School District (NYSUT Representative) District (NYSUT Representative)
Kevin Thornton Bill Gregory	Director Director			District (NYSUT Representative)
Bii Gregory	Driector		SAANTS	
		-		
	9			
STATE OF New York COUNTY O	F Monroe President,	Lou Alaimo		, Secretary,
Steve Roland	, Chief Financial Officer (o	Corresponding person havi		, Secretary,
records of the MCHBP) of the and says that they are the above described of assets were the absolute property of the said I this Statement, together with related exhibits, statement of all the assets and liabilities and o its income and deductions therefrom for the pe	ficers of the said MCHBP, an MCHBP, free and clear from schedules and explanations t f the condition and affairs of	any liens or claims thereon, therein contained, annexed of the said MCHBP as of the re	d stated above, all of the hi except as herein stated, ar or referred to is a full and to porting period stated above	nd that ue e, and of
Subscribed And Sworn To Before Me This	30	Day of		President President
11/12/	2024	Ĭ	17	Secretary
(Menth) 1 1	(Year)			Chief Financial Officer
JICOTIC.	Jina	_		Cilei Financiai Onicei
Notary Public, State County of Mc Commission Expires	of New York onroe	0		(Corporate Seal)
			W 1 W	N. P. I
		,	Yes [X]	No []
	(a) Is this an original filing?	,	100[7]	110,1
	(b) If no:	(i) state the amendment nu		10(1)

^{*}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

QUARTERLY STATEMENT

June 30, 2024

FOR THE QUARTER ENDING _

	OF '	THE CONDITION AND AFFA	IRS OF	
	Rochester Area School	Health Plan II Municipal (Name)	Cooperative Health E	Benefit Plan
	A Municipal Cooperative He made to the New York Sta	alth Benefit Plan organized u te Department of Financial S	nder the laws of the State ervices pursuant to the lav	of New York ws thereof.
Date Certified As An MCHBP:	January 1, 20	218		
Commenced Business:	January 1, 20			
Mailing Address:	3599 Big Ridge Road, S	pencerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Road, S			
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Sp	pericerport, NY 14559		
Name of Administrator:				
Name of Statement Contact Person:	Jennifer Talbot	<u></u>		
Statement Contact Person E-mail Service Areas (Counties):	jennifer.talbot@monroe2 Monroe	boces.org	Telephone Number:	585-352-2441
		OFFICERS*		
President:	Scott Covell		Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo		_	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland	3		/
		GOVERNING BOARD	o*	
Name	Title			Municipality
Scott Covell Steve Roland	Chairperson Treasurer	-	Monroe I BOCES Monroe 2 - Orleans BO	
Lou Alaimo Darrin Winkley	Secretary		Brighton Central Schoo	District
Matthew DeAmaral	Director Director		Brockport Central Scho Churchville-Chili Centra	
John Abbott Staci SanSoucie	Director Director	_	East Prondequoit Centra East Rochester Union F	
Matthew Stevens Mitchell Ball	Director		Fairport Central School	District
Romeo Colilli	Director Director		Gates Chili Central School Greece Central School	
Adam Giest Colin Pierce	Director Director	_	Hilton Central School Di Honeoye Falls-Lima Cer	
Dan Driffill Michael Vespi	Director		Penfield Central School	District
Andrew Whitmore	Director Director		Pittsford Central School Rush-Henrietta Central	
Rick Wood Brian Freeman	Director Director		Spencerport Central School Webster Central School	hool District
James Brennan	Director		West Irondequoit Centra	al School District
Jessica Jackson Charlotte Kimberly-Haag	Director Director	-	Wheatland-Chili Central Brighton Central School	School District District (NYSUT Representative)
Kathy Occhioni Dwayne Cerbone	Director Director		Churchville-Chili Central	School District (NYSUT Representative) District (NYSUT Representative)
Kevin Thornton	Director		Greece Central School I	District (NYSUT Representative)
Bill Gregory	Director	-	SAANYS	
		-		
STATE OF New York COUNTY O	F Monroe	Lou Alaimo		, Secretary,
Steve Roland records of the MCHBP) of the		r Corresponding person havir lth Plan II Municipal Cooperati		•
and says that they are the above described of	ficers of the said MCHBP, ar	nd that on the reporting period	stated above, all of the h	, being duly swom, each for himself deposes erein
assets were the absolute property of the said this Statement, together with related exhibits,	schedules and explanations	therein contained, annexed o	r referred to is a full and to	ue .
statement of all the assets and liabilities and o its income and deductions therefrom for the pa	f the condition and affairs of	the said MCHBP as of the re	porting period stated above	e and of
Subscribed And Sworn To Before Me This	200	Day of		President
TUCKET	X-(2)X			Secretary
Murino	CCC Sear	_		Chief Financial Officer
NOTARY PUBLIC (Seal)				(Corporate Seal)
\				(Corporate Seal)
MELANIE M. DICKSON Notary Public, State of New No. 01DI6084720				
Qualified in Monroe Cour				
Commission Expires Dec. 16	(a) Is this an original filing?	,	Yes [X]	No []
	(b) If no:	(i) state the amendment nur		
	• •			
		(ii) date filed	2	
		(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.

June 30, 2024

(Quarter Ending)

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	56,359,448	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)	17,668,171	16,969,306
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	66,185,162	62,884,386
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	83,853,333	79,853,692
5. Premiums receivable (Schedule C, NY 10)	2,123,890	5,135,553
6. Other invested assets		
7. Receivable for securities		
Aggregate write-in for invested assets		En la
Subtotal cash and invested assets (Lines 1 to 8)	142,336,671	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		
Electronic data processing equipment and software		
 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)	142,336,671	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 ITHAN INVESTED ASSETS 601. 602. 603. 604.		

OF THE

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

June 30, 2024 (Quarter Ending)

OF THE

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	_1	2
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	Total 45,941,688	Total 39,694,442
1.2 Additional amount required by Section 4706(a)(1)	÷0,5÷1,000	39,094,442
1.3 Total claims payable	45,941,688	39,694,442
2. Premiums received in advance		
B. General expenses due or accrued		
Current federal income tax payable and interest thereon		
1.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable		
Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
3. Payable for securities		
9. Funds held under reinsurance treaties	1.000	
Aggregate write-ins for other liabilities Aggregate payable (Sabadula C. AD/10)		
Accounts payable (Schedule G, NY12) Claim stabilization reserve	353,981	372,907
Unearned premiums	6,593,653	5,926,646
Loans and notes payable	4,348,819	
Aggregate write-ins for current liabilities		
6. Total liabilities (Lines 1.3 to 15)	57,238,141	45,993,995
7. Aggregate write-ins for special surplus funds	37,230,141	40,990,990
8. Gross paid-in and contributed surplus		
9. Unassigned funds (surplus)	68,850,063	82,771,562
20. Surplus notes	30,000,000	32,771,002
21. Surplus per Section 4706(a)(5) **	16,248,467	15,183,169
22. Total capital and surplus (Lines 17 to 21)	85,098,530	97,954,731
23. Total liabilities, capital, and surplus (Lines 16 + 22)	142,336,671	143,948,726
002.	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT		
501.	2	
502.		
503.		
504.		
505.		
598. Summary of remaining write-ins for Item 15 from overflow page		100 100
		44. 15
598. Summary of remaining write-ins for Item 15 from overflow page		6.9, 10
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)		
598. Summary of remaining write-ins for Item 15 from overflow page		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 701.		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 701		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 701. 702. 703.		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS UNDS 701. 702. 703. 704.		

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

^{**} Calculation of current year reserves shown on NY14 (Schedule K).

_____ OF THE __

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 Ye
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months Net premium income:	231,000	231,364	561,917	XXX	XXX
2.1 Basic 2.2 Drugs	113,739,268 48,745,401	106,832,108 45,785,189	212,564,367 91,099,014	492.38 211.02	378. 162.
2.3 Total Change in unearned premium reserves and reserve for rate credits:	162,484,669	152,617,297	303,663,381	703.40	540.
3.1 Basic					1 2 121 11
3.2 Drugs 3.3 Total	-			- 12 L	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Aggregate write-ins for other health care related revenues Non-health revenues	715,995 3,483,033	300,968	300,968	3.10	0.
Total revenues (Items 2 to 5)	166,683,697	1,354,300 154,272,565	3,676,178 307,640,527	XXX 721.57	XXX 547.
ospital and Medical:					
Hospital/medical benefits Other professional services	71,913,588	56,946,117	120,580,453	311.31	214.
Outside referrals	36,426,587	34,337,115	70,482,369	157.69	125.
Emergency room and out-of-area Prescription drugs	5,661,212 49,047,033	5,189,406 43,775,955	10,264,272 91,740,308	24.51	18. 163.
Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts	8,987,364	4,737,585	4,591,750	38.91	8.
Aggregate write-ins for other expenses	667,008	388,481	638,494	2.89	<u></u>
5. Subtotal (Lines 7 to 14) ess:	172,702,792	145,374,659	298,297,646	747.63	530.
Net reinsurance recoveries Total hospital and medical (Lines 15-16)	(62,846) 172,765,638	(58,293) 145,432,952	(116,454) 298,414,100	(0.27) 747.90	(0.
8. Claims adjustment expenses, including cost containment expenses	172,763,636	143,432,932	298,414,100	747.90	531.
General administrative expenses 19.1 Compensation					42 · · · ·
19.2 Interest expense 19.3 Occupancy, depreciation, and amortization				1 666 - 3	
19.4 Marketing					2 F1177
19.5 Professional Fees 19.6 Administration Fees	5,938 4,501,203	15,858 4,418,733	33,083 8,806,697	0.03	0. 15.
19.7 Consulting Fees 19.8 Aggregate write-ins for other administrative expenses	2,267,119	2,239,245	4,556,667	9.81	1
19.9 Total administrative expenses	6,774,260	6,673,836	13,396,447	29.33	8. 23.
Increase in reserves for A&H contracts Total underwriting deductions (Lines 17 to 20)	179,539,898	152,106,788	311,810,547	777.23	554.
Net underwriting gain or (loss) (Lines 6 - 21) Net investment income earned	(12,856,201)	2,165,777	(4,170,020)	(55.65)	(7.
4. Net realized capital gains or (losses) less capital gains taxes				v.=415	9 4965 691 0
Net investment gains or (losses) (Lines 23 + 24) Aggregate write-ins for other income or expenses					V of
 Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26) 	(40.050.004)	0.405	44.470.000		
B. Federal income taxes incurred	(12,856,201)	2,165,777	(4,170,020)	(55.65)	(7.
9. Net income (loss) (Lines 27 - 28)	(12,856,201)	2,165,777	(4,170,020)	(55.65)	. (7.
ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER					
EALTH CARE RELATED REVENUES 401. Excellus Performance Guarantee	715,995	300.968	300,968	3.10	0.0
402.	715,995	300,968	300,968	3.10	0.6
403. 404.			-	1 .11.11.11	1 .
498. Summary of remaining write-ins for Item 4 from overflow page				•	
499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	715,995	300,968	300,968	3.10	0.
ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER					
OSPITAL AND MEDICAL 201. Other Hospital and Medical Claims	1.700.015	1 007 044	0.004.000		
202. Change in Claims Payable	1,792,915 7,194,449	1,667,241 3,070,344	3,264,883 1,326,867	7.76	<u> </u>
204.				2 da € 200	
205. Summary of remaining write-ins for Item 12 from overflow page				17 Sept 17 4 Sept 17 5	ASP AND LY
299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	8,987,364	4,737,585	4,591,750	38.91	8.
ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER					
XPENSES					
101. Change in Stabilization Reserve	667,008	388,481	638,494	2.89	1.
403. 404.					i — Caroni.
405.				# - 15 L- 1544	# • 96
498. Summary of remaining write-ins for Item 14 from overflow page 499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	667,008	388,481	638,494	2.89	1.
ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES					
D.801. PCORI and Reinsurance Fees Covered Lives Assessment	2,140,859	0.140.040	85,089	0.07	0.
.803. AEA Fees	57,479	2,148,248 53,540	4,289,588 110,940	9.27 0.25	7.
.804. Miscellaneous expenses	29,785		33,593	0.13	0.0
.898. Summary of remaining write-ins for Item 19.8 from overflow page .899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	38,996 2,267,119	37,457 2,239,245	37,457 4,556,667	9.81	8.
		-,,	.,300,0073	3.01	0.
ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER COME OR EXPENSES					
01.		La			(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
602.			2	.Y • ai) is
04.					
605 698. Summary of remaining write-ins for Item 26 from overflow page					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)				120000000000000000000000000000000000000	

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

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

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
30. Capital and surplus prior reporting year	97,954,731	102,124,75
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(12,856,201)	(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		
10. Surplus adjustments:		
40.1 Paid in		
40.2 Transferred from capital		
Dividends to participating municipal corporations (or school districts)		
12. Change in surplus per Section 4706(a)(5)	1,065,298	901 601
13. Change in retained earnings/fund balance	1,005,296	801,601
4. Interest on surplus notes		
15. Aggregate write-ins for changes in other net worth items		
16. Aggregate write-ins for gains or (losses) in surplus	(4.005.000)	4001
77. Net change in capital and surplus (Lines 31 to 46)	(1,065,298)	(801,601
18. Capital and surplus end of reporting period (Line30 + 47)**	(12,856,201)	(4,170,020
o. Capital and surplus end of reporting period (Line30 + 47)	85,098,530	97,954,731
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN DITHER NET WORTH ITEMS 1501		
1504.		
1505.		
598. Summary of remaining write-ins for Item 46 from overflow page		
1598. Summary of remaining write-ins for Item 46 from overflow page 1599. 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 (603. 604. 604. 604. 604. 604. 604. 604. 604	\$ (1,065,298) \$	(801,601
DETAILS (Items 4501 thru 4505 plus 4598) (Page 5, item 45) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR LOSSES) IN SURPLUS 601. Change in Surplus 602. 603. 604. 605.		(801,601
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR LOSSES) IN SURPLUS 601. Change in Surplus 603. 604.		(801,601

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

	(Quarter Endi	ing)			(Name)	
		GENER	AL INTERROGATORIE	S		
Usa sau	, abanca haan do siero de o loca	and a second second				
	or change been made since the last repent; plan document or the number of p				Yes []	No [X]
If "Yes",	when was the filing request to change	the agreements or docum	nents filed with the Departr	nent of Financial Services?	Date	N/A
i)	If "approved", when was the filing red	quest approved?			Date Date	
					Date Date	
ii)	If not "approved" yet, what is the stat	tus of the filing request an	d the status date?		Duto	
		<u>.</u>		-	Date Date	
		<u> </u>		-	Date:	
If "Yes",	attach current copies of the document	ts if they have not been pr	eviously submitted.			
State as	of what date the latest financial exam	ination of the MCHBP was	made or is being made.		Date	12/31/20
	e as of date that the latest financial ex y. This date should be the date of the					
or releas	sed.			•	Date	N/A
Did any period co	person, while an officer, director or tru- overed by this statement, any commis-	stee of the reporting entity sion on the business trans	 receive directly or indirect actions of the reporting en 	tly, during the tity?	Yes []	No [X]
If "Yes",	give particulars:					
					_	
					-	
Was mor	ney loaned, directly or indirectly, during ? If "Yes", please complete the schedu	g the period covered by th	is report to any employee,	officer, or director of the	Yes[]	No [X]
				<u> </u>	4	5
	1	2	3	3 Original Loan	Amount of Loan Principal Outstanding	Date Original Loan
	Name of Borrower	Position with MCHBP	Description of Loan	Amount	at Quarter End	Was Issued
	Totals					
	ney loaned, directly or indirectly, prior to officer, or director of the MCHBP? If			still outstanding, to any	Yes []	No [X]
,					4	5
	1	2	3	3 Original Loan	Amount of Loan Principal Outstanding	Date Original Loan
	Name of Borrower	Position with MCHBP	Description of Loan	Amount	at Quarter End	Was issued
	Totals					
	cal officer of the MCHBP covered by a	•			Yes [X]	No []
If "Yes", ç	cal officer of the MCHBP covered by a	amount of coverage:	nation of \$40,000 for each	alaim Markina kura 4, 2000 N		No.[]
lf "Yes", ç	cal officer of the MCHBP covered by a	amount of coverage:	ention of \$10,000 for each	claim effective June 1, 2023 th		No.[]
lf "Yes", ç	cal officer of the MCHBP covered by a	amount of coverage:	ention of \$10,000 for each	claim effective June 1, 2023 th		No []
f "Yes", ç	cal officer of the MCHBP covered by a give name of the surety company, and s Casualty and Surety Co. of America the stocks, bonds, and other securities	amount of coverage: \$1,000,000 limit with rete				No []
If "Yes", o	cal officer of the MCHBP covered by a give name of the surety company, and s Casualty and Surety Co. of America the stocks, bonds, and other securities on the said date?	amount of coverage: \$1,000,000 limit with rete			nrough June 1, 2024	No []
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If "Yes", s Traveler: Were all a MCHBP of If "No", gi Excluding were all s with a quantity Critical Fi For agree For all ag location a Is the pur committee If "No", st. Has any p MCHBP of	cal officer of the MCHBP covered by a give name of the surety company, and is Casualty and Surety Co. of America the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held physicoks, bonds and other securities, own alified bank or trust company in accordunctions, Custodial or Safekeeping Agements that conform to the requirement Name of Custodian(s) M&T Bank JP Morgan Chase Bank Five Star Bank JY Morgan Chase Bank J	Jamount of coverage: \$1,000,000 limit with return to the same of the reporting entered throughout the currendance with Section 1, III – greements of the NAIC Financial Country of the NAI	g period in the actual possitity's offices, vaults or safe tyear held pursuant to a di General Examination Constancial Condition Examiners Handlester, NY 14614 Rochester, NY 14604 W, NY 14569 Financial Condition Examin	by deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook? book, complete the following: ers Handbook, provide the national states of the service of the servi	Yes [X] Yes [X]	No [] No [] No [X]
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If "Yes", g Were all a If "No", gi Excluding the que Critical Fr For all agu Sociation a If "No", si Has any F If "Yes", g Has the M If "Yes", g Has the M Has the	cal officer of the MCHBP covered by a give name of the surety company, and is Casualty and Surety Co. of America the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held phystocks, bonds and other securities, own alified bank or trust company in accordunctions, Custodial or Safekeeping Agreements that conform to the requirement that conform to the requirement that conform to the requirements that conform to the requirements. The same of Custodian(s) M&T Bank JP Morgan Chase Bank Five Star Bank greements that do not conform to the related a complete explanation: 1 Name(s) 1 Name(s) 1 Name(s)	Jamount of coverage: \$1,000,000 limit with return to the sound as of the reporting entered throughout the currendance with Section 1, III – greements of the NAIC Financial Country of the	g period in the actual possibity's offices, vaults or safe tyear held pursuant to a di General Examination Constancial Condition Examiners Handlester, NY 14614 Rochester, NY 14604 W, NY 14569 Ginancial Condition Examiners Gomplete Explanation(s) either the Board of Government of any claim of any nature values of the same of t	ession of the ty deposit boxes, rect custodial agreement siderations, F. Outsourcing of s Handbook? pook, complete the following: ers Handbook, provide the nat hors or a subordinate thatsoever against the	rough June 1, 2024 [Yes [X]] me, [Yes []]	No []

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

GENERAL INTERROGATORIES (Continued)

11. a)	What is the percentage that the	ne MCHBP uses for its claims payable reserve?		Hospital a	nd Medical Prescriptio	5%
b)	Is the percentage used for cla	ims payable reserve equal to the minimum requirement of 25% as per			17,0	<u> </u>
-1	Insurance Law § 4706(a)(1)?			Yes []	No [X] Yes [] No [X]
c)	Services as per Insurance Lav	le a request to use a lower percentage with the Department of Financial $\$$ 4706(a)(1)?		Yes [X]	No[] Yes[X] No	
d)	If c) is "Yes", answer the follow i) When was the request for	ving: led with the Department of Financial Services?	Date:		08/12/15 08/12	/15
	ii) When was the request	approved?	Date:		12/29/17 12/29	/17
	iii) If approved, please atte	ich a copy of the approval letter.				
12. a)	Does the MCHBP set up its cla	aim liability for hospital and other medical services on a service date basis?		Yes [X]	No []	
b)	If No, give details:					
	1				<u> </u>	
13. a)	Was the MCHBP's prior year's	annual statement amended?		Yes []	No [X]	
b)	If yes, fumish the following infi filed with the MCHBP's state of	ormation regarding the last amendment to the prior year's annual statement f domicile				
	i) Amendment number					
	ii) Date of amendment					
14.	Does the reporting entity keep committees thereof?	a complete permanent record of the proceedings of its governing board and all subordi		Yes [X]	No []	
15. a)	What is the amount of paymer	nts for expenditures in connection with matters before legislative bodies, officers or depa	artments of governments	nent, if any?		\$0
b)		and provide the amount if any such payment represented 5% or more of the total payme bodies, officers or departments of government during the period covered by this statem		connection		
	1 Name	2 Amount Dail				
	Name N/A	Amount Paid				
40 ->	Daniel MOUDD also to a fee					
16. a)	Law and anticipated expenses Note: Planned refunds of any	nd any amounts in excess of reserves and surplus required by § 4706 of the New York I in the plan's joint funds to participating municipal corporations (or school districts) durin amounts in excess of reserves and surplus required by § 4706 of the New York Insuran- sision of this statement, but before the next required statement filling, should be reported advance notice.	ng the next 90 days ice Law	Yes [] ?	No [X]	
b)	If a) is "Yes", provide the follow	ring:				
	i) Anticipated date of distril	aution.	Date:	N/A		
	ii) Anticipated amount of dis	stribution.		N/A		
17 0\	Has the MCHBP's current com § 4705(d)(5)(B) of the New Yor	munity rating methodology been filed with and approved by the superintendent as requi			117.5	
17. a) b)	If a) is "Yes", answer the follow			Yes [X]	No []	
0,		ed with the Department of Financial Services?	Date:		10/26/17	
	ii) When was the request a		-			
		ch a copy of the current community rating methodology as well as the approval let			10/20/17	
c)		cluding when the community rating methodology will be filed with the Department of Fin				
٥,	u/ 15 145 , give particulate, in	The community rating methodology will be need with the Department of First	ianciai Services.			
18. a)	Does the MCHRP maintain Sto	p-loss insurance as required by Insurance Law Section 4707(a)?		Yes [X]	No []	
b)		ted pursuant to Section 4707(b) of the Insurance Law?		Yes []	No.[]	
c)	If b) is "Yes", answer the follow			00,131	110,1	
,		ed with the Department of Financial Services?	Date:	N/A		
	ii) When was the request a	pproved?	Date:			
	iii) If approved, please attac	h a copy of the approval letter.				
d)	If b) is "No", the MCHBP is in v	iolation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP inten	nds to correct this vi	olation?		
9. a)	Has the MCHBP changed its C	PA since the last Annual Statement filing?		Yes []	No [X]	
		MCHBP submit the required notifications as outlined in New York State Department of F .118 (11NYCRR 89.4(c))?		Yes []	No.[]	
	ii) If answer is No, please at	tach the required notifications to this submission. In addition, please provide the following	ing information for t	he new CPA	:	
	iii) Name	N/A				
	iv) Address					
	v) Telephone Number					
	vi) Email Address					
	,an r raus vad					

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
Five Star Moneymarket		xxx	0.000	xxx	xxx			40
M&T Checking		xxx	0.030	xxx	xxx	107,935		16,565,137
Chase Savings		xxx	0.018	xxx	xxx	4,402		1,102,994
		xxx		xxx	xxx			
		xxx	- 1	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	112,337		17,668,171
0299999 Cash in Company's Office	XXX	XXX	xxx	XXX	XXX	XXX	XXX	
0399999 Total Cash	XXX	xxx	XXX	XXX	XXX	112,337		17,668,171
Description Cash Equivalent	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx
Five Star Bank CD's - Various			4.2 - 5.25%			500,135		57,597,126
Cash advance on hand with Excellus			0.000					6,263,300
NYCLASS			0.052			29,962		2,324,736
					3			
					_,	1 1 1 1 1 1 1	,	
0499999 Total Cash Equivalent	xxx	XXX	XXX	XXX		530,097		66,185,162

OF THE

SCHEDULE B — INVESTMENTS

Interfacts	1	2	3	4	5	6	7	8
202-202-202-202-202-202-202-202-202-202			Par Value	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Acquired	Stated Contractual Maturity Date
1997 - 144 North State 1								2/20/202
1979 1979	912797GB7	US Treasury Bill	500,000	480,202	480,202	480,202	10/5/2023	7/11/202
10.00000	912797GW1 912797GW1							10/3/202 10/3/202
1979 1.5	912797LQ8					3,410,548	6/20/2024	12/19/202
1912 TEACH 1915 191	912797LN5	US Treasury Bill	4,000,000	3,805,544	3,805,544	3,805,544	6/13/2024	6/12/202
11/2012/19 15 15 15 15 15 15 15								7/25/202
1929000 3 1938-yr 10	912797GB7	US Treasury Bill	6,000,000	5,861,400	5,861,400	5,861,400	1/25/2024	7/11/202
1-200715 100	912797KU0 912797GK7							10/17/202
112-252-11	912797LE5		3,500,000	3,423,642	3,423,642	3,423,642	6/20/2024	11/21/202
1972/1976 S. Trabucción 2,000,000 1,04,468 1,044,400 1,044,100 1,0	912797GW1	US Treasury Bill	2,750,000	2,616,897				10/31/202 10/3/202
1927/2016 1918/2017 1918								9/12/202
	912797GL5	US Treasury Bill	2,500,000	2,371,336	2,371,336	2,371,336	9/7/2023	9/5/202
1	912797KJ5	US Treasury Bill	5,000,000	4,759,356	4,759,356	4,759,356	3/20/2024	3/20/202
1								
1								
1								
1								
1								
1								
1								
1								
1					-			
1								
1								
1								
1								
1								
1								
Cuts Description	0199999	Total bonds	\$ 58,500,000	\$ 56,359,448	\$ 56,359,448	\$ 56,359,448	XXX	xxx
Cuts Description	1	2	3	4	5	6	7	
NXX			Number of	Par Value		Fair	Book/Adjusted	Date
XXX				7001	- AAA	7,7,7	77,7	AAA
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX						-		
XXX								
XXX								
XXX								
XXX								
XXX								
XXX	0299999							
XXX	XXX	List Common Stocks	XXX		XXX	XXX	XXX	XXX
XXX				XXX				
XXX								
				XXX				
XXX								
XXX				XXX				
XXX				XXX				
XXX								
XXX				XXX				
XXX								
XXX				XXX				
XXX				XXX				
XXX								
XXX				XXX				
XXX								
XXX								
XXX								
XXX				XXX XXX				
399999 Total Common Stocks \$ - \$ - XXX				XXX XXX XXX				
1 100 1 1 100 1 10				xxx xxx xxx xxx xxx				
17 1W 1 AAA	1399999	Total Common Stocks		XXX XXX XXX XXX XXX XXX	\$	\$	3	VVV

			Rochester Area School Health Plan II Municipal Cooperative Health Benef
FATEMENT AS OF	June 30, 2024	OF THE	Plan
	(Quarter Ending)		(Name)

${\tt SCHEDULE~C-PREMIUMS~RECEIVABLE~(Other~than~Affiliates)}$

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

	1	2	3	4	5	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
East Rochester UFSD	379,798					\$ 379,798
Rush-Henrietta CSD	1,737,738					1,737,738
Spencerport CSD			6,354		COMPLET THE TOUR	6,354
					The second secon	
					CHARLEST OF	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0199999 Individually Listed Receivables	2,117,536	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,354			
	21.11,000					2,123,890
0299999 Receivables Not Individually Listed						
0299999 Necesvables Not Individually Listed						-
0399999 Gross Premiums Receivable	2,117,536		6,354	N.	The first of the late.	2,123,890
						7
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable		·				2,123,890

June 30, 2024

___OF THE

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

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

A	Claims Paid During the	Current Fiscal Year	Claims Unp of Current (Estimated Li of Curren	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and Claims Unpaid	G Estimated	н
Description of Claims	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	at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
Hospital & Medical Claims	13,898,414	66,199,159		27,117,728	13,898,414	22,860,061	8,961,647
2. Drug Claims	(497,060)	49,544,093		5,215,168	(497,060)	4,598,315	5,095,375
3. Other	3,205,123	33,221,463	<u> </u>	13,608,792	3,205,123	12,236,066	9,030,943
4. TOTAL	16,606,477	148,964,715	1. 1.	45,941,688	16,606,477	39,694,442	23,087,965

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.

STAT	EMEN	T AS	OF

June 30, 2024

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

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.

	1	2	3	4	5	6
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Excellus - Covered Lives Assessment - June	353,981					353,981
						Ten ten
		V				
						in v
						- 10 m
						1,31,313
						1101 100
						C. many
						Della mile
						-1 1/4-
						to the late
						* and 0
						10.
						Ni -
						Transfer 110 110
0199999 Total Accounts Payable - Individually Listed	353,981	2				353,981
0299999 Aggregate Accounts Not Individually Listed - Due						A COUNTY
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	<u> </u>				· ·	å "t.
999999 Total Accounts Payable	353,981		ge			353,981

			Rochester Area School Health Plan II Municipal
STATEMENT AS OF	June 30, 2024	OF THE	Cooperative Health Benefit Plan
	(Quarter Ending)		(Name)

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

${\tt SCHEDULE~I-1-PARTICIPATING~MUNICIPAL~CORPORATIONS~(OR~SCHOOL~DISTRICTS)}\\$

A	B Prior Year End	C 1st Quarter	D 2nd Overtor	E and Outsides	F 4th Ownstern
Number of Participating Municipal Corporations	19	19	2nd Quarter	3rd Quarter	4th Quarter
		100-0	1 Township		100

${\tt SCHEDULE~I-2-EMPLOYEES~AND~RETIREES~OF~THE~MUNICIPAL~CORPORATIONS~(OR~SCHOOL~DISTRICTS)~ENROLLED}\\$

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	14,500		

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	38,318		

STATEMENT AS OF

June 30, 2024 (Quarter Ending)

OF THE

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

- 1. Number of paticipating Municipal Corporations (or school districts)

- Number of paticipating Municipal Corporations (or school districts)
 Number of enrolled members
 Maintains Stop-loss insurance as required by 4707(a)
 Percentage used to calculate the Surplus per Section 4706(a)(5)
 Annualized Net premium income
 Surplus per Section 4706(a)(5) using Annualized Net Premium Income
 Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Cur	rent Quarter
	19
	14,500
	Yes
	5.0%
W 4 19	324,969,338
	16,248,467
	15,183,169
	16,248,467

OVERFLOW PAGE FOR WRITE-INS Prior Year to Date Previous Year * Current Quarter Previous Year * 2 3 4 5 Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS
0806.
0807.
0808.
0809.
0810.
0898. TOTALS (Items 0806 thru 0810) PMPM Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS XXX XXX XXX 1608. 1609. 1610. 1698. TOTALS (Items 1606 thru 1610) Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES 1006. 1007. 1008. 1009. 1010. 1099. TOTALS (Items 1006 thru 1010) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1506. 1507. 1508. 1509. 1510. 1599. 1510. Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. 1709. 1709. 1709. 1709. 1708. 1707. 1708. 1709. 1709. 1710. 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) 37,457 37,457 37,457 37,457 Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES 2606. 2607.

2610. 2698. TOTALS (Items 2606 thru 2610)

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

	Rochester Area School Health Plan II Municipal Cooperative Health
June 30, 2024	Benefit Plan
(Occasion Ending)	(1)

		Rochester Area School Health Plan II Muni
STATEMENT AS OF	June 30, 2024	Benefit Plan
	(Quarter Ending)	(Name)

	VERFLOW PAGE FOR WRITE-INS Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
TEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
506.		
507.		
508.		
509.		
510.		
598. TOTALS (Items 4506 thru 4510)	- w	or production is:
Page NYS		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
TEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
606.		
607.		
608.		
609.		
610		

As reported on Prior Year End filed Annual Statement.