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, 2021

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	3	June 30, 2021		_
	OF T	HE CONDITION AND AFFAIR	S OF	
<u>R</u>	ochester Area School I	Health Plan II Municipal C	cooperative Health Be	enefit Plan
		(Name)		
A	A Municipal Cooperative Hea	alth Benefit Plan organized und	der the laws of the State	of New York
	made to the New York State	te Department of Financial Ser	vices pursuant to the law	s thereof.
Date Certified As An MCHBP:	January 1, 20	<mark>18</mark>		
Commenced Business:	January 1, 20	<mark>04</mark>		
Mailing Address:	3599 Big Ridge Rd, Spen	ncerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Rd, Spen	ncerport, NY 14559		
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Rd, Spen	ncerport, NY 14559		
Name of Administrator:				
Name of Statement Contact Person:	Jennifer Talbot			
Statement Contact Person E-mail	jennifer.talbot@monroe2l	<mark>bo</mark> ces.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		_	
offici i mandar officer.	Oteve Roland			
		GOVERNING BOARD	*	
Name	<u>Title</u>	_		<u>Municipality</u>
Scott Covell Steve Roland	Chairperson Treasurer	_	Monroe I BOCES Monroe 2 - Orleans BO	CES
Lou Alaimo	Secretary		Brighton Central Schoo	
Darrin Winkley Frank Nardone	Director Director		Brockport Central Scho Churchville-Chili Centra	
John Abbott	Director		East Irondequoit Centra	
Staci SanSoucie Matthew Stevens	Director		East Rochester Union F Fairport Central School	
Mitchell Ball	Director Director		Gates Chili Central Sch	
Romeo Colilli	Director		Greece Central School	
Adam Giest Bruce Capron	Director Director		Hilton Central School D Honeoye Falls-Lima Ce	
Dan Driffill	Director		Penfield Central School	
Darrin Kenney Andrew Whitmore	Director Director		Pittsford Central Schoo Rush-Henrietta Central	
Rick Wood	Director		Spencerport Central Sc	
Brian Freeman James Brennan	Director Director		Webster Central School West Irondequoit Centr	
Jessica Jackson	Director		Wheatland-Chili Centra	
Charlotte Kimberly-Haag Kathy Occhioni	Director Director		Brighton Central Schoo Churchville-Chili Centra	
Dwayne Cerbone	Director		Pittsford Central Schoo	
Scott Steinberg Bill Gregory	Director Director		West Irondequoit Centre SANNYS	al School District
		_		
STATE OF New York				
STATE OF New York				
COUNTY C)F County			
Scott Covell	, President,	Lou Alaimo		, Secretary,
Steve Roland		or Corresponding person havir		
records of the MCHBP) of the and says that they are the above described or		ealth Plan II Municipal Cooperati and that on the reporting period		_, being duly sworn, each for himself deposes herein
assets were the absolute property of the said				
this Statement, together with related exhibits, statement of all the assets and liabilities and				
its income and deductions therefrom for the p	eriod reported, according to	the best of their information, k	nowledge and belief, res	pectively.
Subscribed And Sworn To Before Me This		Day of		President
(Month)	(Year)			Secretary
· · ·				Chief Financial Officer
NOTARY PUBLI	C	<u> </u>		
(Seal)				(Corporate Seal)

(a) Is this an original filing?

(b) If no:

(i) state the amendment number

(iii) number of pages attached

(ii) date filed

Yes []

^{*}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.

STAT	TEMEN T	AS OF

June 30, 2021 (Quarter Ending) OF THE

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	=
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	76,600,907	117,795,298
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	59,103,900	4,680,200
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	135,704,807	122,475,498
5. Premiums receivable (Schedule C, NY 10)	2,249,847	10,656,965
6. Other invested assets		
7. Receivable for securities		
Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	137,954,654	133,132,463
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest		
thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets	127.054.654	122 122 162
17. Total Assets(Lines 9 to 16)	137,954,654	133,132,463
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS 0801. 0802. 0802. 0804. 0805. 0898. Summary of remaining write-ins for Item 8 from overflow page 0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1601. 1602. 1603. 1604.		
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-

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

STATEMENT AS OF

(Quarter Ending)

OF TH

Plan (Name)

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1	2
1.1 Uppeid claims (Schodule Ellins 4. Col.D. L.E. Dogo NV 11)	Total	Total 20 117 427
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)1.2 Additional amount required by Section 4706(a)(1)	35,638,737	30,117,427
1.3 Total claims payable	35,638,737	30,117,427
Premiums received in advance	33,030,737	30,117,427
General expenses due or accrued		
4.1 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		
Payable for securities		
Funds held under reinsurance treaties		
Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	324,091	470,985
12. Claim stabilization reserve	5,059,146	4,533,740
13. Unearned premiums	1,467,387	.,,.
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	42,489,361	35,122,152
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	81,831,091	84,583,899
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	13,634,203	13,426,412
22. Total capital and surplus (Lines 17 to 21)	95,465,293	98,010,311
23. Total liabilities, capital, and surplus (Lines 16 + 22)	137,954,654	133,132,463
OTHER LIABILITIES 1001. 1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501.		
1502.		
1503.		
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1701.		
1702.		
1703.		
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	1	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	-	-

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

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

OF THE

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

REPORT #2 STATEMENT O	F REVENUE, EXPE	NOES AND SORPE			
	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
Member Months	Total 234,527	Total 241,683	Total 479,095	PMPM XXX	PMPM XXX
Net premium income: 2.1 Basic	95,439,418	94.863.956	187,969,761	406.94	392.34
2.2 Drugs	40,902,607	40,655,981	80,558,469	174.40	168.15
2.3 Total Change in unearned premium reserves and reserve for rate credits:	136,342,025	135,519,937	268,528,230	581.35	560.49
3.1 Basic 3.2 Drugs				-	-
3.3 Total 4. Aggregate write-ins for other health care related revenues	25.013	255,029	231,923	0.11	0.48
5. Non-health revenues	17,379	157,433	2,019	XXX	XXX
6. Total revenues (Items 2 to 5)	136,384,417	135,932,399	268,762,172	581.53	560.98
Hospital and Medical:					
Hospital/medical benefits Other professional services	51,614,352 33,306,577	37,992,415 28,400,954	84,780,005 62,448,160	220.08 142.02	176.96 130.35
Outside referrals Emergency room and out-of-area	4,161,666	4,058,001	8,307,809	17.74	17.34
11. Prescription drugs	35,443,128	34,995,902	68,085,452	151.13	142.11
12. Aggregate write-ins for other hospital and medical13. Incentive pool, withhold adjustments and bonus amounts	6,992,510	(2,107,316)	579,895 -	29.82	1.21
14. Aggregate write-ins for other expenses15. Subtotal (Lines 7 to 14)	525,406 132,043,639	(442,113) 102.897.843	569,478 224,770,799	2.24 563.02	1.19 469.16
Less: 16. Net reinsurance recoveries	(55,156)	(396,444)	(376,929)	(0.24)	(0.79)
17. Total hospital and medical (Lines 15-16)	132,098,795	103,294,287	225,147,728	563.26	469.94
18. Claims adjustment expenses, including cost containment expenses19. General administrative expenses				-	-
19.1 Compensation 19.2 Interest expense				-	-
19.3 Occupancy, depreciation, and amortization 19.4 Marketing				-	-
19.5 Professional Fees	12,688	23,369	36,513	0.05	0.08
19.6 Administration Fees 19.7 Consulting Fees	4,657,566	4,150,446	9,217,859	19.86	19.24
19.8 Aggregate write-ins for other administrative expenses 19.9 Total administrative expenses	2,160,386 6,830,640	2,021,677 6,195,492	3,319,558 12,573,930	9.21 29.13	6.93 26.25
Increase in reserves for A&H contracts Total underwriting deductions (Lines 17 to 20)	138,929,435	109,489,779	237,721,658	- 592.38	- 496.19
22. Net underwriting gain or (loss) (Lines 6 - 21)	(2,545,018)	26,442,620	31,040,514	(10.85)	64.79
23. Net investment income earned24. Net realized capital gains or (losses) less capital gains taxes			360,743	<u> </u>	0.75
25. Net investment gains or (losses) (Lines 23 + 24)26. Aggregate write-ins for other income or expenses	-	-	360,743	-	0.75
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(2,545,018)	26,442,620	31,401,257	(10.85)	65.54
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(2,545,018)	26,442,620	31,401,257	(10.85)	65.54
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER					
HEALTH CARE RELATED REVENUES	05.040	055.000	004.000	0.44	
0401. Change in Non-admitted Receivables 0402.	25,013	255,029	231,923	0.11	0.48
0403. 0404.				<u> </u>	-
0405. 0498. Summary of remaining write-ins for Item 4 from overflow page			_		-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	25,013	255,029	231,923	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical Change in Claims Payable	1,952,924 5,039,586	1,679,447 (3,786,763)	3,065,582 (2,485,687)	8.33 21.49	6.40 (5.19)
1203. 1204.	0,000,000	(0,100,100)	(2,400,001)	-	-
1205.				-	-
1298. Summary of remaining write-ins for Item 12 from overflow page 1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	6,992,510	(2,107,316)	579,895	30	- 1
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	525,406	(442,113)	(193,442)	2.24	(0.40)
1402. Administrative portion needing to be under Hospital and Medical 1403.			762,920	-	1.59
1404. 1405.				-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	525,406	(442.112)	- 569,478	- 2	- 1
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	525,406	(442,113)	569,476		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER					
ADMINISTRATIVE EXPENSES	70 070		75 240	0.22	0.46
19.801. PCORI and Reinsurance Fees 19.802. Covered Lives Assessment	78,276 1,967,649	1,948,371	75,249 3,853,642	0.33 8.39	0.16 8.04
19.803. AEA Fees 19.804. Miscellaneous Expenses	73,043	38,586 55	96,279 22,643	0.31	0.20 0.05
19.805. 19.898. Summary of remaining write-ins for Item 19.8 from overflow page	41,418	34,665	(728,255)	- 0	- (2)
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	2,160,386	2,021,677	3,319,558	9	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. 2602.				-	-
2603. 2604.					-
2605.				-	-
2698. Summary of remaining write-ins for Item 26 from overflow page 2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	-		-	-	-

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

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

OF THE

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
30. Capital and surplus prior reporting year	98,010,311	66,609,054
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(2,545,018)	31,401,257
32. Change in valuation basis of aggregate policy and claim reserve		
33. Change in net unrealized capital gains and losses less capital gains tax		
34. Change in net deferred income tax		
35. Change in nonadmitted assets		
36. Change in unauthorized reinsurance		
37. Change in surplus notes	-	
38. Cumulative effect of changes in accounting principles		
39. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus		
40. Surplus adjustments:		
40.1 Paid in	-	
40.2 Transferred from capital		
41. Dividends to participating municipal corporations (or school districts)		
42. Change in surplus per Section 4706(a)(5)	207,791	854,982
43. Change in retained earnings/fund balance		
44. Interest on surplus notes		
45. Aggregate write-ins for changes in other net worth items	_	_
46. Aggregate write-ins for gains or (losses) in surplus	(207,791)	(854,982)
47. Net change in capital and surplus (Lines 31 to 46)	(2,545,018)	31,401,257
48. Capital and surplus end of reporting period (Line30 + 47)**	95,465,293	98,010,311
-40. Cupital and surplus and arroporting pariod (Emoso 1.41)	00,100,200	50,010,011
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS 4501. 4502. 4503. 4504. 4505. 4508. Summary of remaining write-ins for Item 46 from overflow page 4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 4601. Change in Surplus 4602. 4603. 4604. 4605. 4605. 4608. Summary of remaining write-ins for Item 46 from overflow page	\$ (207,791)	\$ (854,982)
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	(207,791)	(854.982)
+030. TOTALO (Items 4001 tillu 4000 pius 4030) (Fage 3, Item 40)	(207,791)	(034,902)

^{*} 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

STATEMENT AS OF

June 30, 2021 (Quarter Ending)

GENERAL INTERROGATORIES (Continued)

4.4	۵)	\A#- ·	in the persentant of the control of the persentant of the control	ACHED	simo novelle e			Hospital	and Medical	Prescripti	
11.	a) b)		is the percentage that the M percentage used for claims			irement of 25% as per			17%	1	5%
	יט		ance Law § 4706(a)(1)?	o payable reserve equa	ario ine <u>millimum</u> requ	nement of 25% as per		Yes []	No [X]	Yes[] No	[X]
	c)		s "No", did the MCHBP file a ces as per Insurance Law §		er percentage with the I	Department of Financial		Yes [X]	No []	Yes[X] No	[]
	d)		s "Yes", answer the following When was the request filed		of Financial Services?		Date:		08/12/15	08/12	2/15
		ii)	When was the request app	proved?			Date:		12/29/17	12/29)/17
		iii)	If approved, please attach	a copy of the appro	val letter.						
12.	a)	Does	the MCHBP set up its claim	liability for hospital ar	nd other medical service	es on a service date basis?		Yes [X]		No []	
	b)	If No,	give details:							-	
13.	a)	Was t	he MCHBP's prior year's an	nnual statement amen	ded?			Yes []		No [X]	
	b)		, furnish the following inform		st amendment to the pr	ior year's annual statement					
			vith the MCHBP's state of do								
		,	Amendment number		N/A	-					
		′	Date of amendment		1.60						
14.			the reporting entity keep a contitues thereof?	complete permanent r	ecora of the proceeding	gs of its governing board and all sub	ordinate	Yes [X]		No[]	
15.	a)	What	is the amount of payments	for expenditures in co	nnection with matters b	efore legislative bodies, officers or d	lepartments of governm	ent, if any?	•		\$0
	b)					resented 5% or more of the total pa during the period covered by this sta		connection			
			1 Name	Amou	2 unt Paid						
			N/A	N/A							
16.	a)					us required by § 4706 of the New Your al corporations (or school districts) of		Yes[]		No [X]	
	b)	If a) is	s "Yes", provide the following	g:							
		i)	Anticipated date of distributi	ion.			Date:	N/A		_	
		ii)	Anticipated amount of distril	bution.				N/A		_	
17.	a)		he MCHBP's current commu 5(d)(5)(B) of the New York I		gy been filed with and a	approved by the superintendent as r	equired by	Yes [X]		No []	
	b)	If a) is	s "Yes", answer the following	g:							
		i)	When was the request filed	with the Department	of Financial Services?		Date:		10/26/17	=	
		ii)	When was the request app	proved?			Date:		10/26/17	=	
		iii)	If approved, please attach	a copy of the curre	nt community rating n	nethodology as well as the approv	val letter.				
	c)	If a) is	s "No", give particulars, inclu	uding when the commu	unity rating methodolog	y will be filed with the Department of	f Financial Services:				
		N/A									
		N/A									
18.	a)	Does	the MCHBP maintain Stop-l	loss insurance as requ	uired by Insurance Law	Section 4707(a)?		Yes [X]		No []	
	b)		s "No", was a waiver granted	·	4707(b) of the Insurance	e Law?		Yes []		No []	
	c)		s "Yes", answer the following	-							
		,	When was the request filed	•	of Financial Services?			N/A		-	
			When was the request app				Date:	N/A		-	
	D	,	If approved, please attach a			Diagram and the MOLIDD		-1-4:0			
	d)	N/A			, ,	v. Please explain how the MCHBP i	intends to correct this vi	olation?			
		IN/A									
19.	a)	Has ti	he MCHBP changed its CPA	A since the last Annua	Il Statement filing?			Yes []		No [X]	
			If answer is Yes, did the MC Insurance Regulation No. 1			lined in New York State Department	t of Financial Services	Yes []		No[]	
		ii)	If answer is No, please attac	ch the required notific	ations to this submissio	n. In addition, please provide the fo	llowing information for t	he new CP	A:		
		iii)	Name	N/A							
		iv)	Address								
		v)	Telephone Number								
			Email Address								

June 30, 2021 (Quarterly Ending)

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository Cash	xxx	xxx	xxx	xxx	XXX	xxx	xxx	XXX
M&T Checking	7001	XXX	0.002	XXX	XXX	7,025	7,094	50,348,852
M&T Savings		XXX	0.001	XXX	XXX	311	4,753	_
JP Morgan Chase Savings		XXX	0.008	XXX	XXX	959	4,325	26,250,848
Five Star Bank account		XXX	0.003	XXX	XXX	1,070	1,207	1,207
		xxx		xxx	XXX	-	-	
		XXX		xxx	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		xxx	XXX			
0199999 Total Cash on Deposit	XXX	XXX	XXX	xxx	XXX	9,365	17,379	76,600,907
0299999 Cash in Company's Office	XXX	XXX	xxx	XXX	xxx	XXX	xxx	
0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	9,365	17,379	76,600,907
Description Cash Equivalent	xxx	XXX	xxx	xxx	XXX	XXX	xxx	XXX
RASHP II Required Cash Advance with Excellus			N/A					5,103,900
Five Star Bank CD			0.180					5,000,000
Five Star Bank CDARS account			.2127					49,000,000
0499999 Total Cash Equivalent	XXX	XXX	XXX	XXX	-		-	59,103,900
0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 9,365	\$ 17,379	\$ 135,704,807
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

NY8

SCHEDULE A — CASH AND CASH EQUIVALENTS

STATEMENT AS OF June 30, 2021 (Quarterly Ending)

SCHEDULE B — INVESTMENTS

		<u>-</u>					_	
Memory Marco Mar	1 CUSIP	2	3	4	5	6 Book/Adjusted	7	8 Stated Contractual
	Identification					Carrying Value		Maturity Date
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1								
1								
1								
1								
1								
1								
1								
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1								
1								
Interference Security Share Per Share Acquired Share Acquired Share Acquired Share Acquired Share Acquired Share Acquired Share Shar	0199999	Total bonds	\$ -	\$ -	-	-	XXX	XXX
Interference Security Share Per Share Acquired Share Acquired Share Acquired Share Acquired Share Acquired Share Acquired Share Shar	1	2	3	4	5	6	7	8
NOX	CUSIP		Number of	Par Value		Fair	Book/Adjusted	Date
							Carrying Value	
XXX	^^^	LIST FIGURE STOCKS	^^^	^^^	^^^	***	***	^^^
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
XXX								
	0299999							
	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 XX				XXX				
XXX				XXX				
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				XXX XXX				
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				XXX				
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX								
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				XXX				
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX								
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				XXX				
XXX XXX XXX XXX XXX XXX XXX XXX XXX XX								
XXX								
0399999 Total Common Stocks \$ - \$ - \$ XXX				XXX				
				XXX XXX XXX				
T	039999	Total Common Stocks		XXX XXX XXX	S	\$	\$	XVV
				XXX XXX XXX				

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

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

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

	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	312,657		-		-	\$ 312,657			
Monroe I BOCES	1,704,133				-	1,704,133			
Pittsford CSD	1,914				-	1,914			
Wheatland Chili CSD	231,143				-	231,143			
					-	-			
					-	-			
					-	-			
						_			
					-	-			
					-	-			
0199999 Individually Listed Receivables	2,249,847	-	-	-	-	2,249,847			
,	, -,-					, -,-			
0299999 Receivables Not Individually Listed					-	-			
0399999 Gross Premiums Receivable	2,249,847	-	-	-	-	2,249,847			
0499999 Less Allowance for Doubtful Accounts						-			
0599999 Premiums Receivable					-	2,249,847			

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

A					F	G	Н
			Claims Ung	Claims Unpaid at End			
			of Current C	Quarter Viz:	Paid During the		
	Claims Paid During the	e Current Fiscal Year	Estimated Lia	ability at End	Fiscal Year and		
			of Curren	t Quarter	Claims Unpaid	Estimated	
	В	С	D	E	at End of	Liability of	
	On Claims	On Claims	On Claims		Current Quarter	Unpaid Claims	Amount
	Incurred Prior	Incurred During	Unpaid	On Claims	on Claims Incurred	at End of	Unpaid Claims
	to the Current	the Current	at End of	Incurred	in Prior Years	Previous	is Over or
Description of Claims	Fiscal Year	Fiscal Year	Previous Year	During the Year	(B + D)	Fiscal Year	(Under) Reserved
Hospital & Medical Claims	9,144,594	48,584,348	-	19,902,022	9,144,594	16,329,972	7,185,378
2. Drug Claims	2,020,370	33,422,758	-	3,518,185	2,020,370	3,399,036	1,378,666
3. Other	3,478,989	29,827,588	-	12,218,530	3,478,989	10,388,419	6,909,430
4. TOTAL	14.643.953	111.834.694	_	35.638.737	14.643.953	30.117.427	15,473,474

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

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

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

STATEMENT AS OF	June 30, 2021	OF THE	Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
	(Quarter Ending)		(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	324,091					324,091
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	324,091					324,091
0199999 Total Accounts Payable - Individually Listed	324,091	-	-		-	324,091
0299999 Aggregate Accounts Not Individually Listed - Due	-					-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	-					-
999999 Total Accounts Payable	324,091			-	-	324,091

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.

OF THE

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

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

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

A	В	С	D	E	F
	Prior				
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	14,695	14,631	14,534		

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

А	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	39,300	39,117	38,878		

			Rochester Area School Health Pl
TATEMENT AS OF	June 30, 2021	OF THE	Benef
	(Quarter Ending)		(Na

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

- Number of paticipating Municipal Corporations (or school districts)
 Number of enrolled members
 Maintains Stop-loss insurance as required by 4707(a)

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

- 6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income 7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement 8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Current Quarter
19
14,534
Yes
5.0%
272,684,050
13,634,203
13,426,412
13,634,203

n II Municipal Cooperative Health t Plan ne)

(Quarter Ending

OF

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW P.	AGE FOR WRITE				
	Current Quarter	Prior Year to Date 2	Previous Year *	Current Quarter 4	Previous Year * 5
	Total	Total	Total	PMPM	PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
1TEM 8 FOR INVESTED ASSETS 0806.				vvv	ww
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810.				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606. 1607.				XXX	XXX
1608.				XXX	XXX
1609.				XXX	XXX
1610.				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 10 FOR OTHER LIABILITIES					
1006. 1007.				XXX	XXX
1008.				XXX	XXX
1009.				XXX	XXX
1010				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	XXX	XXX
Page NY 3	1				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR CURRENT LIABILITIES					
1506.				XXX	XXX
1507. 1508.				XXX	XXX
1509.				XXX	XXX
1510.				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-		XXX	XXX
B. AlVa					
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				xxx	xxx
1707.				XXX	XXX
1708.				XXX	XXX
1709. 1710.				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406.					
0407.				-	-
0408.				-	-
0409.				-	-
0410 0498. TOTALS (Items 0406 thru 0410)	_	_	_	-	-
0400. TO TALES (ILBINO 0400 UNU 0410)					
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1206.				-	-
1208.				-	-
1209.					
1210.				-	-
				-	- -
1298. TOTALS (Items 1206 thru 1210)	-	-	-		
1298. TOTALS (Items 1206 thru 1210) Page NY 4	-	-	-		
1298. TOTALS (Items 1206 thru 1210) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT	-	-	-		
1298. TOTALS (Items 1206 thru 1210) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES	-	-	-		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406.		-	-	-	
1298. TOTALS (Items 1206 thru 1210) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES	-	-	-		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408.	-	-		- - - -	- - - - -
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1409. 1409.	-	-	٠	- - - - -	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408.	-	-		- - - -	- - - - -
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	-	-	-	- - - - -	
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 A1	-	-		- - - - -	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410.	-			-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED A1 ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance	41,418	34,665	34,665	- - - - -	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED A1 ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance 19.807. Administrative fee needing to be classified as Hospital and Medical 19.808.	41,418	34,665		- - - - - - -	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 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. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.808.	41,418	34,665	34,665		- - - - - - - 0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1410. 1410. 1410. 1410. 1410. 1411. 1		-	34,665 (762,920)		0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 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. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.808.	41,418	34,665	34,665		- - - - - - - 0 (2)
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. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4		-	34,665 (762,920)		0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED A1 ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance 19.807. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		-	34,665 (762,920)		0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 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. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES		-	34,665 (762,920)		0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1499. 1410. 1499. 150 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. 19.808. 19.809. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES		-	34,665 (762,920)	0 0	0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED A1 ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance 19.807. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES		-	34,665 (762,920)	- - - - - - - - - 0	0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1499. 1410. 1499. 150 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. 19.808. 19.809. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES		-	34,665 (762,920)	0 0	0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED A1 ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance 19.807. Administrative fee needing to be classified as Hospital and Medical 19.808. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES 2606. 2608. 2609. 2609.		-	34,665 (762,920)	0 0 -	0 (2)
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1419. 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. 19.808. 19.809. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES 2606. 2607. 2608. 2609.		-	34,665 (762,920)	0 0 0	0 (2)

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

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.		
4508.		
4509.		
4510.		
4598. TOTALS (Items 4506 thru 4510)		
4380. TOTALS (Items 4300 tillu 4310)	_	-
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4606.		
4607.		
4608.		
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)	-	-
•		

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