

**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, 2019

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

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 2019

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, 2018
 Commenced Business: January 1, 2004
 Mailing Address: 3599 Big Ridge Rd, Spencerport, NY 14559
 Address of Main Administrative Office: 3599 Big Ridge Rd, Spencerport, NY 14559
 Telephone Number: 585 352-2400 Employer's ID Number: 82-2738684
 Principal Location of Books and Records: 3599 Big Ridge Rd, Spencerport, NY 14559
 Name of Administrator: _____
 Name of Statement Contact Person: Mary Beth Luther
 Statement Contact Person E-mail: mluther@monroe2boces.org Telephone Number: 585 352-2441
 Service Areas (Counties): _____

OFFICERS*

President: Scott Covell Other Officers: Vice Chairperson: John Abbott
 Secretary: Lou Alaimo Deputy Treasurer: Mary Beth Luther
 Chief Financial Officer: Steve Roland

GOVERNING BOARD*

Name	Title	Municipality
Scott Covell	Chairperson	Monroe 1 BOCES
Steve Roland	Treasurer	Monroe 2 - Orleans BOCES
Lou Alaimo	Secretary	Brighton Central School District
Darrin Winkley	Director	Brockport Central School District
Frank Nardone	Director	Churchville-Chili Central School District
John Abbott	Director	East Irondequoit Central School District
David Green	Director	East Rochester Union Free School District
Matthew Stevens	Director	Fairport Central School District
Christopher Dailey	Director	Gates Chili Central School District
Romeo Colilli	Director	Greece Central School District
Scott Massie	Director	Hilton Central School District
Bruce Capron	Director	Honeoye Falls-Lima Central School District
Mark Sansouci	Director	Penfield Central School District
Darrin Kenney	Director	Pittsford Central School District
Andrew Whitmore	Director	Rush-Henrietta Central School District
Rick Wood	Director	Spencerport Central School District
Brian Freeman	Director	Webster Central School District
James Brennan	Director	West Irondequoit Central School District
Jessica Jackson	Director	Wheatland-Chili Central School District
Charlotte Kimberly-Haag	Director	Brighton Central School District
Kathy Occhioni	Director	Churchville-Chili Central School District
Dwayne Carbone	Director	Pittsford Central School District
Scott Steinberg	Director	West Irondequoit Central School District
Bill Gregory	Director	SANNYS

STATE OF New York

COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary,
Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each 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, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This _____ Day of _____, _____
 _____, President
 _____, Secretary
 _____, Chief Financial Officer

(Month) (Year)

NOTARY PUBLIC
(Seal)

(Corporate Seal)

(a) Is this an original filing? Yes [X] No []
 (b) If no: (i) state the amendment number _____
 (ii) date filed _____
 (iii) number of pages attached _____

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

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1	2
Total	Total	Total
1. Bonds (Schedule B line 0199999)	17,844,124	-
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)	77,614,966	82,618,981
4.2 Cash equivalents (Schedule A Line 0499999)	4,316,900	4,397,200
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	81,931,866	87,016,181
5. Premiums receivable (Schedule C, NY 10)	3,919,344	12,424,683
6. Other invested assets		
7. Receivable for securities		
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	103,695,334	99,440,864
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)	103,695,334	99,440,864

**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	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	31,840,194	18,792,064
1.2 Additional amount required by Section 4706(a)(1)	159,924	10,532,036
1.3 Total claims payable	32,000,118	29,324,100
2. Premiums received in advance		
3. General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable		
6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
8. Payable for securities		
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	358,979	1,100,843
12. Claim stabilization reserve	4,727,182	4,338,058
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	37,086,280	34,763,001
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	54,037,624	52,006,865
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	12,571,430	12,670,998
22. Total capital and surplus (Lines 17 to 21)	66,609,054	64,677,863
23. Total liabilities, capital, and surplus (Lines 16 + 22)	103,695,334	99,440,864
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR 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 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.

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

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
1. Member Months	482,644	485,867	XXX	XXX
2. Net premium income:				
2.1 Basic	176,000,022	177,393,967	364.66	365.11
2.2 Drugs	75,428,581	76,025,986	156.28	156.47
2.3 Total	251,428,603	253,419,953	520.94	521.58
3. Change in unearned premium reserves and reserve for rate credits:				
3.1 Basic	-	-	-	-
3.2 Drugs	-	-	-	-
3.3 Total	-	-	-	-
4. Aggregate write-ins for other health care related revenues	(254,197)	2,318,754	(0.53)	4.77
5. Non-health revenues	24,263	34,789	XXX	XXX
6. Total revenues (Items 2 to 5)	251,198,670	255,773,496	520.46	526.43
Hospital and Medical:				
7. Hospital/medical benefits	88,872,421	73,337,912	184.14	150.94
8. Other professional services	66,459,819	65,257,382	137.70	134.31
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	8,773,928	7,959,510	18.18	16.38
11. Prescription drugs	69,931,418	66,523,979	144.89	136.92
12. Aggregate write-ins for other hospital and medical	5,310,842	5,316,498	11.00	10.94
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	389,124	141,943	0.81	0.29
15. Subtotal (Lines 7 to 14)	239,737,551	218,537,224	496.72	449.79
Less:				
16. Net reinsurance recoveries	2,196,533	(1,390,460)	4.55	(2.86)
17. Total hospital and medical (Lines 15-16)	237,541,018	219,927,684	492.17	452.65
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-
19. General administrative expenses	-	-	-	-
19.1 Compensation	-	-	-	-
19.2 Interest expense	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-
19.4 Marketing	-	-	-	-
19.5 Professional Fees	111,131	34,999	0.23	0.07
19.6 Administration Fees	8,267,419	8,130,550	17.13	16.73
19.7 Consulting Fees	-	19,156	-	0.04
19.8 Aggregate write-ins for other administrative expenses	3,694,482	3,915,747	7.65	8.06
19.9 Total administrative expenses	12,073,032	12,100,452	25.01	24.90
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	249,614,050	232,028,136	517.18	477.55
22. Net underwriting gain or (loss) (Lines 6 - 21)	1,584,619	23,745,361	3.28	48.87
23. Net investment income earned	346,572	-	0.72	-
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	346,572	-	0.72	-
26. Aggregate write-ins for other income or expenses	-	-	-	-
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	1,931,192	23,745,361	4.00	48.87
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	1,931,192	23,745,361	4.00	48.87
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0401. Change in Non-Admitted Receivables	(254,197)	2,318,754	(0.53)	4.77
0402. _____	-	-	-	-
0403. _____	-	-	-	-
0404. _____	-	-	-	-
0405. _____	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4)	(254,197)	2,318,754	(1)	5
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1201. Other Hospital and Medical	2,794,747	2,600,095	5.79	5.35
1202. Change in Claims Payable	2,516,095	2,716,403	5.21	5.59
1203. _____	-	-	-	-
1204. _____	-	-	-	-
1205. _____	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)	5,310,842	5,316,498	11	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1401. Change in Stabilization Reserve	389,124	141,943	0.81	0.29
1402. _____	-	-	-	-
1403. _____	-	-	-	-
1404. _____	-	-	-	-
1405. _____	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)	389,124	141,943	1	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.801. PCORI and Reinsurance Fees	73,159	7,403	0.15	0.02
19.802. Covered Lives Assessment	3,917,442	3,811,675	8.12	7.85
19.803. AEA Fees	98,068	90,229	0.20	0.19
19.804. Miscellaneous Expenses	46,109	-	0.10	-
19.805. Prior Year Claims Adjustment	(473,220)	6,440	(0.98)	0.01
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	32,924	-	0	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8)	3,694,482	3,915,747	8	8
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 NY4, item 26)	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	64,677,863	40,932,502
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	1,931,192	23,745,361
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)	(99,568)	814,471
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	99,568	(814,471)
47. Net change in capital and surplus (Lines 31 to 46)	1,931,192	23,745,361
48. Capital and surplus end of reporting year (Line 30 + 47)**	66,609,054	64,677,863
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)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ 99,568	\$ (814,471)
4602. _____		
4603. _____		
4604. _____		
4605. _____		
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	99,568	(814,471)

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
	Total	Total
Cash from Operations		
1. Premiums collected net of reinsurance	259,679,746	252,724,771
2. Net investment income	179,453	-
3. Miscellaneous income	24,263	34,789
4. Total (Lines 1 through 3)	259,883,462	252,759,560
5. Benefit and loss related payments	234,475,876	219,964,056
6. Expenses paid and aggregate write-ins for deductions	12,814,896	11,942,628
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)		-
8. Total (Lines 5 through 7)	247,290,772	231,906,684
9. Net cash from operations (Line 4 minus Line 8)	12,592,690	20,852,876
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	18,820,547	-
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)	18,820,547	-
11. Cost of investments acquired (long-term only):		
11.1 Bonds	36,497,552	-
11.2 Stocks	-	-
11.3 Real estate	-	-
11.4 Miscellaneous applications	-	-
11.5 Total investments acquired (Lines 11.1 to 11.4)	36,497,552	-
12. Net increase (decrease) in contract loans and premium notes		-
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	(17,677,005)	-
Cash from Financing and Miscellaneous Sources		
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)		(814,471)
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	-	(814,471)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	(5,084,315)	20,038,405
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	870,161,811	669,777,776
17.2 End of year (Line 16 plus Line 17.1) *	81,931,866	87,016,181

* Line 17.2 should be the same amount reported on NY2, Line 4.3

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations? **Yes [] No [X]**

b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: **N/A**

i) If "approved", when was the filing request approved? Date: **N/A**
Date: **N/A**
Date: **N/A**
Date: **N/A**

ii) If not "approved" yet, what is the status of the filing request and the status date?
Date: **N/A**
Date: **N/A**
Date: **N/A**
Date: **N/A**

c) If "Yes", attach current copies of the documents if they have not been previously submitted.

2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: **N/A**

b) State the as of date that the latest financial examination report became available from either the state or the plan. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: **N/A**

3. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person? **Yes [X] No []**

4. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity? **Yes [] No [X]**

b) If "Yes", give particulars:
N/A

5. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? **Yes [] No [X]**
If "Yes", please complete the schedule below.

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Year End
N/A				
0599999 Totals				

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? **Yes [X] No []**

b) If "Yes", give name of surety company, amount of coverage and the effective period of the fidelity bond:
Traveller's Casualty and Surety Co of America - \$5,000,000

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date? **Yes [X] No []**

b) If "No", give location: **N/A**

8. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? **Yes [X] No []**

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
M&T Bank	28 E Main St Rochester, NY 14614

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

9. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? **Yes [] No [X]**

b) If "No", state who has the authority: **Treasurer and Deputy Treasurer**

10. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? **Yes [] No [X]**

b) If "Yes", give details:
N/A

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year? **Yes [] No [X]**

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)
N/A

12. a) What is the percentage that the MCHBP uses for its claims payable reserve?
Hospital and Medical 17% Prescription 5%

b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)? **Yes [] No [X]**

c) If b) is "No", did the MCHBP file a request to use a lower percentage from the Department of Financial Services as per Insurance Law § 4706(a)(1)? **Yes [X] No []**

d) If c) is "Yes", answer the following:
i) When was the request filed 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**

GENERAL INTERROGATORIES (Continued)

13 a) Provide the following information on the MCHBP's general liability insurance coverage:

- i) Name of Carrier: New York State Insurance Reciprocal
- ii) Limits of Coverage: General Liability: \$1,000,000 Excell Umbrella \$15,000,000
- iii) Expiration Date: 7/1/20

14 Complete the Itemization of Stop-Loss Fund Recoveries schedule below.

	Itemization of Stop-Loss Fund Recoveries		
	1 Current Year	2 Prior Year	3 Projected
1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	0	0	
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	1,798,801	1,315,703	
3. Total	1,798,801	1,315,703	

15 a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:

- i) Name of Carrier: Excellus Blue Cross Blue Shield
- ii) Limits of Coverage: Contact Period: 1/1/19-12/31/19
Specific Deductible: \$1,000,000 with \$500,000 Aggregating Specific Deductible Incurred 1/1/2019-12/31/2019 Paid 1/1/2019-6/30/2020 Lifetime Limit per |
Aggregate Stop-Loss: Monthly aggregate factor \$1,687.51 per employee composite Minimum annual deductible: \$274,707,704 with \$1 million limitation of
- iii) Expiration Date: 12/31/2019
- iv) **Please attach a copy of the stop-loss policy.**
- v) **Please attach a copy of the actuary's certification of expected claims for current fiscal year.**
- b) If the MCHBP does not have this coverage, explain:
N/A

16 a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []

b) If No, give details: N/A

17 a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]

b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

- i) Amendment number N/A
- ii) Date of amendment N/A

18 a) What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Raymond F. Wager, CPA, P.C.
100 Chestnut Street, Suite 1200
Rochester, NY 14604

b) Has the independent certified public accountant or accounting firm changed since the prior years annual audit? Yes [] No [X]

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

d) If answer is No, please attach the required notifications to this submission.

19 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Robert Jordan, A.S.A., M.A.A.A., F.C.A. Arthur J. Gallagher 125-310 Village Boulevard Princeton, NJ 08540-5753

20 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []

21. a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

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

1 Name	2 Amount Paid
<u>N/A</u>	<u>N/A</u>

22. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations during the next 90 days? Yes [] No [X]

b) If a) is "Yes", provide the following:

- i) Anticipated date of distribution. Date: N/A
- ii) Anticipated amount of distribution. N/A

23. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No []

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

- i) When was the request filed with the Department of Financial Services? Date: 10/26/17
- ii) When was the request approved? Date: 10/27/17
- iii) **If approved, please attach a copy of the approval letter.**

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

N/A
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		XXX		XXX	XXX	-		56,614,210
M & T - Savings		XXX		XXX	XXX	3,966		460,164
JPMorgan Chase - Savings		XXX		XXX	XXX	20,297		20,540,593
		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	24,263	-	77,614,966
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	24,263	-	77,614,966
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus								4,316,900
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	4,316,900
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 24,263	\$ -	\$ 81,931,866
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE B — INVESTMENTS

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22		
CUSIP Identification	Description	Code	Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A. C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date		
	UNITED STATES TREASURY BILLS DTD 06/20/2019 DUE 06/18/2020													XXX									
912796SV2	CUSIP: 912796SV2					17,677,005	1.863	17,677,005	18,000,000	17,844,124	25,677	167,119		XXX							7/1/2019	6/18/2020	
														XXX									
														XXX									
														XXX									
														XXX									
0199998	From Overflow Page (NY 19)					-	XXX	-	-	-	-	-	-	XXX	XXX	XXX	XXX	-	-	XXX	XXX		
0199999	Total bonds					\$17,677,005	XXX	\$ 17,677,005	\$18,000,000	\$17,844,124	\$ 25,677	\$ 167,119	-	XXX	XXX	XXX	XXX	\$ -	\$ -	XXX	XXX		
1	2	Codes		5	6	7	Fair Value			11	Dividends			Change in Book/Adjusted Carrying Value					23				
3	4	8	9				10	12	13		14	15	16	17	18	19	20	21		22			
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Year's (Amortization) Accreti	Year's Other Than Temporary Impairment	Change in B./A.C.V. Common	Total Change in B./A.C.V. Preferred Stocks	Foreign Exchange Change in B./A.C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired	
XXX	List Preferred 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	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	
0299998	From Overflow Page (NY 20)					-	XXX	-	-	-	-	-	-	-	-	XXX	XXX	-	XXX	XXX	XXX	XXX	
0299999	Total Preferred Stocks				XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	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	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	XXX	XXX	
																	XXX	XXX	XXX	XXX	XXX	XXX	
0399998	From Overflow Page (NY 21)				XXX	XXX	-	-	-	-	-	-	-	-	XXX	XXX	-	XXX	XXX	XXX	XXX	XXX	
0399999	Total Common Stocks				XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Common & Preferred Stocks						\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	XXX

STATEMENT AS OF

December 31, 2019
(Year Ending)

OF THE

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
(Name)**SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)**

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

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
Brighton CSD	853,924	862,365			-	\$ 1,716,289
Churchville-Chili CSD	897,797				-	897,797
Monroe 2-Orleans BOCES	1,082,523				-	1,082,523
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	2,834,244	862,365	-	-	-	3,696,609
0299999 Receivables Not Individually Listed	\$ 222,736			\$ 256,936	256,936	222,736
0399999 Gross Premiums Receivable	3,056,979	862,365	-	256,936	256,936	3,919,344
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					256,936	3,919,344

**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	B	C	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	17%	5%	XXXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 165,093,506	\$ 69,931,418	\$ 235,024,924	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 25,964,264	\$ 3,359,836	\$ 29,324,100	From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 28,496,351	\$ 3,503,767	\$ 32,000,118	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 28,336,427	\$ 3,503,767	\$ 31,840,194	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)	\$ 159,924	\$ 0	\$ 159,924	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 28,496,351	\$ 3,503,767	\$ 32,000,118	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims - Per Actuary	98,244,563	15,432,228	16,801,639	99,613,974
2. Drug Claims - Per Actuary	69,931,418	3,359,836	3,503,767	70,075,349
3. Other - Per Actuary	66,848,943	10,532,036	11,534,788	67,851,695
4. Total	235,024,924	29,324,100	31,840,194	237,541,018

*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	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary		16,801,639	16,801,639
2. Drug Claims - Per Actuary		3,503,767	3,503,767
3. Other - Per Actuary		11,534,788	11,534,788
4. Total	-	31,840,194	31,840,194

* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F	G**	H
	B	C	D	E	Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	Estimated Liability of Unpaid Claims at End of Previous Year	Amount Unpaid Claims is Over or (Under) Reserved
	Description of Claims	On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year			
1. Hospital & Medical Claims	9,532,114	88,712,449		16,801,639	9,532,114	15,432,228	5,900,114
2. Drug Claims	1,900,413	68,031,005		3,503,767	1,900,413	3,359,836	1,459,423
3. Other	2,646,707	64,202,236		11,534,788	2,646,707	10,532,036	7,885,329
4. TOTAL	14,079,234	220,945,690	-	31,840,194	14,079,234	29,324,100	15,244,866

* Must equal Section 1, Col. B.

** Must equal Section 1, Col. C.

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.

STATEMENT AS OF

December 31, 2019
(Year Ending)

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.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Excellus - Covered Lives Assessment	325,520					325,520
Excellus - Admin	33,459					33,459
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	358,979	-	-	-	-	358,979
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	358,979	-	-	-	-	358,979

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

A	B Current Year 2019	C 2018	D 2017	E 2016	F 2015
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	103,695,334	99,440,864			
2. Total Liabilities	37,086,280	34,763,001			
3. Total Capital and Surplus	66,609,054	64,677,863			
4. Contingency Reserve	12,571,430	12,670,998			
5. Total Net Worth	66,609,054	64,677,863			
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	251,428,603	253,419,953			
7. Total Revenues	251,198,670	255,773,496			
8. Total Hospital and Medical expenses	237,541,018	219,927,684			
9. Total Administration expenses	12,073,032	12,100,452			
10. Net Income	1,931,192	23,745,361			
11. Member Months	482,644	485,867			
12. Net Premium Income (PMPM)	520.94	521.58	#DIV/0!	#DIV/0!	#DIV/0!
13. Total Revenues(PMPM)	520.46	526.43	#DIV/0!	#DIV/0!	#DIV/0!
14. Total Hospital And Medical Expenses (PMPM)	492.17	452.65	#DIV/0!	#DIV/0!	#DIV/0!
15. Total Administration Expenses (PMPM)	25.01	24.90	#DIV/0!	#DIV/0!	#DIV/0!
16. Net Income (PMPM)	4.00	48.87	#DIV/0!	#DIV/0!	#DIV/0!
FORMULAS					
17. Other Invested Assets/Total Assets	0.00	0.00			
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.94	0.86			
19. Total Administration Expenses / Total Revenues	0.05	0.05			
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	14,079,234	9,462,920			
21. Estimated Liability of Unpaid Claims— Previous Year	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	15,031	15,046	15,003	14,896	15,027

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	40,347	40,326	40,162	39,965	40,152

SCHEDULE J — REAL ESTATE

1	Location		4	5	6	7	8	9	Change in Book/Adjusted Carrying Value Less Encumbrances			14	15	
	2	3							10	11	12			13
Description of Property	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (12-10-11)	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0199999 Totals							-	-	-	-	-	-	-	-

STATEMENT AS OF

December 31, 2019
(Year Ending)

OF THE

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

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

	Current Year
1. Number of participating Municipal Corporations	19
2. Number of enrolled members	15,027
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	251,428,603
5. Surplus per Section 4706(a)(5)	12,571,430

OVERFLOW PAGE FOR WRITE-INS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 8 FOR INVESTED ASSETS				
0806.			XXX	XXX
0807.			XXX	XXX
0808.			XXX	XXX
0809.			XXX	XXX
0810.			XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	XXX	XXX
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 16 FOR OTHER THAN INVESTED ASSETS				
1606.			XXX	XXX
1607.			XXX	XXX
1608.			XXX	XXX
1609.			XXX	XXX
1610.			XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 10 FOR OTHER LIABILITIES				
1006.			XXX	XXX
1007.			XXX	XXX
1008.			XXX	XXX
1009.			XXX	XXX
1010.			XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 15 FOR CURRENT LIABILITIES				
1506.			XXX	XXX
1507.			XXX	XXX
1508.			XXX	XXX
1509.			XXX	XXX
1510.			XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1706.			XXX	XXX
1707.			XXX	XXX
1708.			XXX	XXX
1709.			XXX	XXX
1710.			XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	XXX	XXX
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0406.			-	-
0407.			-	-
0408.			-	-
0409.			-	-
0410.			-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1206.			-	-
1207.			-	-
1208.			-	-
1209.			-	-
1210.			-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 14 FOR OTHER EXPENSES				
1406.			-	-
1407.			-	-
1408.			-	-
1409.			-	-
1410.			-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.806. Liability and Fiduciary Insurance	32,924		0	-
19.807.			-	-
19.808.			-	-
19.809.			-	-
19.810.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)	32,924	-	0	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 26 FOR OTHER INCOME OR EXPENSES				
2606.			-	-
2607.			-	-
2608.			-	-
2609.			-	-
2610.			-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

	Current Year		Previous Year *	
	1	2	1	2
	Total		Total	
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS				
4506.				
4507.				
4508.				
4509.				
4510.				
4598. TOTALS (Items 4506 thru 4510)		-		-
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS				
4606.				
4607.				
4608.				
4609.				
4610.				
4698. TOTALS (Items 4606 thru 4610)		-		-

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF December 31, 2019 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
(Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A. C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	
XXX	List Bonds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199998	Total Overflow Bonds					\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	XXX	XXX	

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS PREFERRED STOCKS)

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					21	22	23		
		3	4					9	10		12	13	14	15	16	17	18	19				20	
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate Per Share	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. Common Stocks (15-17)	Total Change in B./A.C.V. Preferred Stocks (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired	
XXX	List Preferred 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	-	XXX	XXX	XXX		
																	XXX	-	XXX	XXX	XXX		
																	XXX	-	XXX	XXX	XXX		
																	XXX	-	XXX	XXX	XXX		
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																	XXX	-	XXX	XXX	XXX		
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																	XXX	-	XXX	XXX	XXX		
																	XXX	-	XXX	XXX	XXX		
																	XXX	-	XXX	XXX	XXX		
0299998	Total Overflow Preferred Stocks				XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	

STATEMENT AS OF December 31, 2019 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (COMMON STOCKS)

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value						21	22	23
		3	4					9	10		12	13	14	15	16	17	18	19	20			
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. Common Stocks (15-17)	Total Change in B./A.C.V. Preferred Stocks (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired
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									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	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	
					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	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	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	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		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	
0399998	Total Overflow Common Stocks							\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	XXX